

Cultural Care of Women with Spousal Military Deployment

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Culturally Sensitive Care of Women with Spousal Military Deployment

Spousal military deployment poses significant challenges for soon-to-be mothers with obstacles such as loss of a major support system, moves, decreased spousal communication, added stress, and the worries of being a single parent (Durham et al., 2023). In the United States, roughly 300,000 women annually experience pregnancy and childbirth while their spouses are on military deployment. Losing a support system like a spouse can cause many complications with pregnancy and postpartum stressors that may have long-lasting mental health issues for the mother (Durham et al., 2023). These mothers find themselves acting in the role of a single parent until their spouse returns, some with great support systems while others do not.

Religion

A wide variety of religions are prevalent in women of spousal military deployment; however, the most widely professed religion is the Christian faith. People of Christian belief view life to be precious, with life beginning at conception in a pregnancy. They pray for good health, no complications in labor, a safe delivery, and protection for the mother and baby postpartum. There are no religious preferences in regard to having to have a male or female provider. The patient however may have a personal preference as to if they want to have a male or female provider in assistance with their pregnancy and delivery.

Healing Beliefs and Practices

Childbearing women of Christianity believe in modern medicine and prayer throughout pregnancy and newborn care. This includes pain management for the mother if requested, in addition to any other interventions that may be necessary for her and the newborn's care. Prayer for God's protection for the family is an essential part of the healing process and is done mostly in private by both the mother and the family. If the mother is living on a military base, there may

be access to a Chaplin who may be invited to assist the family in prayer. There are no special practices related to labor, delivery, or postpartum care unless requested by the mother.

Family Life

Family life for a pregnant mother with her spouse away on military deployment can be a very challenging task. The common structure of a Christian military family includes a husband and wife, and their child or children, all centered around their belief in God. The elders of the family are respected but typically do not live with them. In some cases, the parents may take in an elderly person if their health declines; however, many go into long-term professional healthcare facilities to be cared for by nurses. For women of spousal deployment family structure can be very difficult. Poor mental health from not having their spouse around may lead to numerous adverse outcomes for them and the family (Godier-McBard et al., 2019). It is found that military spouses are more vulnerable to developing perinatal mental health problems (Godier-McBard et al., 2019). The lack of protective nature of spousal support for a woman who does not have a strong alternative support system may lead to increased anxiety, stress, and depression throughout pregnancy (Godier-McBard et al., 2019).

Communication

In healthcare communication, the woman and her spouse are normally considered to be equals. Both verbal and nonverbal communication is very normal and part of everyday conversation. Given that the spouse is on military deployment, the woman is now responsible throughout her pregnancy to be the lead communicator with the healthcare team. If the woman has a good support system, she may have a family member or friend join her to help retain and discuss pertinent information regarding her and the baby's care. For spousal communication and support, this may create an issue and put added stress on the mother in taking on the burden of all

healthcare appointments, regulations, and the birthing process herself without her spouse present. In some cases, not having the ability to have the spouse present with communication creates a sense of worry and anxiety for a mother without a strong alternative support system.

Diet

There are no significant food items for Christian women of military spousal deployment unless born of a different ethnicity with varying cultural values. Women at home may continue to prepare regular meals or eat with family as they please to obtain the required nutrients to support both herself and the baby. This includes staying hydrated, eating adequate amounts of protein, and being sure to not ingest foods or drinks that may cause complications with pregnancy. Women of this culture would not be impacted by hospitalization due to not having much cultural preference for various food items.

Core Values

As previously mentioned, the core values of a Christian family include a focus on God and prayer. Pregnancy and birth are thought of as a beautiful process in which the baby is “formed by Christ”, and the child is born free of sin to walk the path of Christ. Normally there are no complications of core values regarding pregnancy and childbirth; however, spousal deployment poses a conflict. Deployment effects may vary depending on maternal age and number of previous children, but still have a lasting impact on mental health and trust in the healthcare setting (Durham et al., 2023). Studies show that stress experienced during pregnancy such as being away from a spouse is directly associated with outcomes such as pre-term delivery and low birth weight (Morris, 2021). Many women who have deployed partners and lack support develop trust issues, depression, and difficulty accepting pregnancy (Durham et al., 2023). Addressing these issues for a patient during the childbearing experience is crucial for the health

of the mother and the baby. If the mother is not properly taking care of herself due to mental health issues, then the baby may not be getting the needed nutrients and care needed for a healthy development.

Priority Interventions with Maternal Care

As a nurse taking care of a childbearing mother with spousal deployment, it is important to first establish a trusting relationship and rapport. One important intervention may include using a psychosocial health assessment screening tool to help determine the mother's adaptation to pregnancy and to identify any potential risk factors (Durham et al., 2023). This screening tool can be used to determine risk factors such as substance abuse, physical abuse, emotional abuse, depression, self-neglect, etc. This also addresses any additional life stressors, relationship issues, and general feelings towards pregnancy. Another intervention during prenatal visits may involve assessing the patient for the need for psychotropic medications to help with increased anxiety and depression (Durham et al., 2023). Due to pregnancy, any medications would have to be cleared and determined safe for the mother and baby but should be addressed early on to promote a safe and healthy pregnancy. Lastly, another nursing intervention may include discussing with the patient about their current support system and if non-existent, providing them with any resources needed for them to seek additional care. Without a spouse at home, many women may find it difficult to cope with pregnancy and support themselves or the rest of the family alone. Refer to other members of the healthcare team in assisting with programs and local community programs that assist mothers with deployed spouses through these difficult times. In the end, childbearing women struggling with the deployment of a spouse and taking on the role of a single caregiver require special attention from the professional healthcare team, in providing them with the appropriate resources and giving them effective care.

References

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