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Pregnancy

Pregnancy is often a joyous event and a significant milestone in people's lives. Yet, even a desired pregnancy can come with a number of challenges that involve making decisions about prenatal care, developing birthing plans, implementing lifestyle modifications (e.g., smoking cessation, dietary changes), and navigating adjustments in interpersonal relationships. People also have needs and desires to control their fertility through pregnancy planning and child spacing. As such, health communication scholarship examining the pregnancy context has addressed a wide range of communicative issues, including public health campaigns aimed at family planning initiatives and pregnancy prevention, health care interactions between pregnant women and their providers, and the connection between interpersonal relationships and pregnancy outcomes.

This entry summarizes research on both formal and informal communication about pregnancy, with a particular focus on discourses of control and prevention, the communication of risk, decision-making processes, and relational communication. The entry also addresses critiques of

dominant discourses about pregnancy and childbearing and the role of emergent technologies in shaping the pregnancy experience.

Research On Formal Communication About Pregnancy

Scholars and practitioners both in the United States and across international borders have designed strategic health communication campaigns aimed at guiding decisions related to pregnancy, contraception, sexual health behaviors, and family planning. Communication campaigns centered on the control and prevention of pregnancy in the United Sates have typically focused on the prevention of adolescent pregnancy. Dominant norms in the United States define adolescent pregnancy as deviant, and research has demonstrated that teenage childbearing can have negative health outcomes for teen mothers and their children. As such, public health efforts have been aimed at deterring pregnancy in teens. Such campaigns are often coupled with efforts to promote safer sex practices more generally (e.g., choosing abstinence, using condoms) in an attempt to reduce other potential negative health outcomes, such as sexually transmitted infections (STIs).

Some of these efforts have taken the form of traditional mass media campaigns, including television and radio advertisements and billboard displays. Mass media campaigns can also include posters displayed at middle and high schools, workshops for teens and their families, and educational materials distributed to parents of teens. Research has demonstrated that well-designed campaigns can result in declining rates of teen pregnancy in geographic areas that implement such campaigns when compared to areas that do not. In addition to more traditional mass media campaigns, interventions have consisted of computer- and Internet-based programs that have been successful in increasing adolescents' knowledge of the benefits of delayed sexual activity and improving their confidence in negotiating condom use with sexual partners. Finally, campaigns aimed at prevention of teen pregnancy have also sought to encourage improved family communication about sex, birth control, and healthy decision making in an effort to reduce rates of pregnancy and STIs among teens.

Strategic communication efforts targeted across borders frequently center on educating populations, particularly women, about ways to control their fertility, including educational campaigns to teach audiences about child spacing and various methods of contraception. Campaigns about the importance of spacing pregnancies might be of particular significance in developing nations, where cultural values encourage large family sizes but where women and children do not have access to high quality prenatal and newborn care. Some strategic efforts are aimed at educating audiences about the health benefits of child spacing by teaching target populations that both women and their children benefit from healthy spacing of three to five years between pregnancies. Such efforts have included messages designed to target particular audiences, including women who may become pregnant, their sexual or romantic partners, and even extended family members such as mothers-in-law. These efforts often seek to promote more open and effective communication about contraceptive use between partners.

In addition to educating audiences about the potential health benefits of child spacing, communication campaigns in developing countries have sought to promote healthy pregnancies and build women's confidence in their ability to space their children by increasing their knowledge about a range of birth control methods, including disseminating information about their rates of effectiveness and local availability. What these varied strategic communication efforts share in common is an ultimate goal of improving health outcomes for women and children (e.g., reducing maternal and infant mortality) by giving women and families the tools and resources they need to plan their pregnancies and control their fertility.

Beyond communicative efforts geared toward fertility control and pregnancy prevention, a variety of public health campaigns and educational interventions have sought to encourage healthy pregnancies through the management and reduction of health behaviors that put women and their babies at risk for poor outcomes. Pregnant women are encouraged to engage in a range of lifestyle and dietary modifications, such as avoidance of high-risk physical activities (e.g., bicycling, contact sports, horseback riding), proper nutritional choices, and elimination of tobacco and alcohol

use, to ensure their own health, and especially the health of their unborn children. A number of public health initiatives have been designed to prevent early term births, which are associated with a host of negative and potentially lifelong health consequences for children. Strategic efforts have also been made to reduce the prevalence of babies born with birth defects.

Of particular interest to many scholars and practitioners has been educating women about the role of folic acid supplements in reducing the risk for neural tube defects that can result in conditions such as spina bifida. In fact, federal-level health initiatives in the United States have made the use of folic acid among all women, even prior to conception, a primary goal. Preconception consumption of folic acid supplements has been linked to significant reductions in serious defects to the brain and spine. However, efforts to encourage preconception use have shown mixed results, with folic acid use among nonpregnant women of reproductive age still at suboptimal levels.

Smoking cessation during pregnancy has also received a great deal of attention from scholars and public health officials. In fact, some scholars have argued that quitting smoking is the most critical behavioral modification that a pregnant woman can make. A wealth of research has identified smoking during pregnancy as a risk factor for both mothers and infants, potentially resulting in restricted weight gain, stillbirth, or preterm birth. But this literature also demonstrates that women who stop smoking when they become pregnant can reduce their risk levels to levels comparable to nonsmokers. Despite the known risks and the ample evidence to support the benefits of smoking cessation, many pregnant women struggle to end their smoking habit. Some intervention and educational efforts have proven successful in aiding smoking cessation in pregnant women, particularly programs that combine suggestions and advice from health care providers with skill building information that teaches women how to quit.

Unfortunately, women who manage to stop smoking early in pregnancy are highly likely to start smoking again later in their pregnancy or shortly after giving birth. In response to this trend, scholars and health care professionals have also begun to focus their risk reduction efforts on smoking-relapse prevention materials for pregnant and postpartum women.

Though many health communication scholars have focused on influencing behavior changes that can reduce health risks for pregnant woman and babies, other scholars have explored issues of risk by drawing attention to effective communication of genetic risk information. As prenatal screenings for potential birth defects, genetic abnormalities, and hereditary conditions become increasingly available, pregnant women, their partners, and their health care providers are faced with navigating the difficult terrain of handling the ethical decisions that accompany this form of testing. Women are first faced with decisions about whether to undergo diagnostic screenings. Though many of these tests are relatively noninvasive, others pose greater levels of risk to mothers and their unborn children (e.g., miscarriage). Some researchers have explored the most effective ways to communicate risks versus benefits of testing to pregnant women. Clinicians might be more likely to offer or encourage genetic testing in women with high-risk pregnancies, such as women over the age of 35 or those with known medical conditions, because miscarriage, developmental disabilities, and genetic disorders are more likely among these populations.

If patients consent to testing, clinicians are then faced with decisions about how to communicate testing procedures and test results to women and their families. Research has shown that clinicians and patients might have different goals in these interactions, with women showing greater concern for protecting their pregnancy and clinicians showing greater concern for identifying and resolving potential problems. Clinicians might also be concerned about the threat of malpractice suits if they fail to present all options for diagnosis and treatment of potential threats. Finally, patients might vary greatly in their prior knowledge and understanding of what are often highly complex and uncertain test results. Thus, the development of shared decision-making models is essential to ensuring that women and their partners can make well-informed choices that are consistent with their values.

In addition to exploring communication about genetic risk among pregnant women and their

health care providers, scholarship on patient–provider interactions in this context has explored a wide array of issues that might arise in prenatal consultations. In addition to discussing the many bodily changes that accompany pregnancy, asking about fetal development, and making plans for the impending birth, pregnant women might disclose prior or current substance abuse, reveal that they are victims of intimate partner violence, or discuss other situations that are unsafe for themselves and their babies. In these cases, health care providers must decide how to discuss such issues and promote positive health outcomes and safer environments. The nature and quality of interactions between women and their providers can vary substantially according to the characteristics of the health care providers. For example, compared to obstetricians, midwives tend to spend more time with their patients during prenatal appointments and are more likely to engage in shared decision making. In addition, a number of studies have suggested that women tend to prefer female obstetrician-gynecologists rather than male physicians because female doctors might be more likely to engage in patient-centered communication styles that lead to increased patient satisfaction.

Research On Informal Communication About Pregnancy

Although much of the relational communication research in the pregnancy context has examined relationships between pregnant women and their health care providers, other scholarship has stressed the importance of communication in less formal relationships, such as those between women and their partners and the role of support from friends and family. Though this literature is somewhat limited in scope compared to research on patient–provider interactions, evidence suggests a link between this sort of informal, everyday communication and health outcomes for mothers and babies. For instance, pregnant women whose romantic partners meet their needs for supportive communication have reported reduced anxiety and fewer depressive symptoms both during and immediately after pregnancy. The couple context has also been linked to birth outcomes, such as infant birth weight, with increasing evidence pointing to higher risks for inadequate prenatal care and preterm birth when pregnancies are unintended and occur in noncommitted partners. Unplanned pregnancies can also have a negative impact on couples' well-being and relational satisfaction among both married and nonmarried relational partners. And even wanted and planned pregnancies can prompt relational changes as expectant parents anticipate and discuss the joys and challenges of impending parenthood. Prospective parents who report greater levels of confidence in their parenting abilities have reported better levels of mental health and higher levels of relationship satisfaction.

Relationships outside the couple context also play a critical role in the lives of pregnant women and have been linked to an array of health-related outcomes. Greater levels of social support reported by women during the prenatal period have predicted more optimal fetal growth, higher birth weight for newborns, and a reduced risk for low birth weight. Some studies have also suggested that the critical role of social support might be even more significant in certain subgroups, such as Latina and African American women, which suggests that accounting for the combination of social interactions and the broader sociocultural context is crucial in understanding maternal and child well-being.

Although social support has been linked to improved outcomes for mothers and their babies, such support is not always forthcoming, and well-intentioned support can be frustrating, annoying, or even distressing for pregnant women. For example, women have described receiving unsolicited and unwelcome comments and advice about their pregnancies from family, friends, and even strangers. When people notice a visibly pregnant woman, they often feel free to ask questions about a woman's due date or the sex of the baby, offer suggestions ranging from opinions about the baby's name to preferred childbirth options, and even make explicit comments about an expectant mother's weight gain. Some pregnant women have reported people sharing stories about long and traumatic childbirth experiences, which can produce anxiety and uncertainty in expectant women. Thus, the positive results associated with social support might be tempered by less successful attempts at swapping experiences or unwanted and perhaps even hurtful advice.

Critiques

In addition to testing strategic communication initiatives intended to improve pregnancy-related outcomes and exploring relational aspects of the pregnancy experience, scholars have offered critiques of the way pregnancy is sometimes framed in public discourses and major media outlets, including television and film. For instance, this line of research suggests that public discourses tend to celebrate and reward certain choices made by pregnant women while simultaneously punishing or ignoring other choices. Media portrayals of unplanned pregnancies, particularly adolescent pregnancies, can reinforce dominant norms about ideal family forms by commending women when they decide to keep and raise their child(ren) and marry the father of their child(ren) by framing such choices as the best way to take responsibility for one's actions. This framing implies that other choices, such as adoption or remaining single, are viewed as less responsible decisions. At the same time, other portrayals of pregnancy might include unrealistic or incomplete information about the challenges of single motherhood, including a potential lack of access to health care resources.

Finally, some scholars have argued that the media present distorted, idealized, or narrow ideas about the pregnancy and childbirth process. The medicalization of pregnancy, meaning that pregnancy is handled as a condition to be diagnosed, monitored, and treated, has come under increasing scrutiny by both scholars and particular medical practitioners (e.g., midwives). Those concerned with rising rates of elective and physician-encouraged caesarean sections are questioning the way that social discourses, particularly the discourse of medicine, have changed pregnancy and childbirth from natural processes to disease-like states that require medical attention.

Media critiques have also pointed to inaccurate depictions in popular media that suggest that childbirth is invariably an agonizing experience and that disparage nontraditional choices made by pregnant women, such as using a midwife to oversee prenatal care and delivery, as deviant and uninformed. Critical analysts have also begun to question and explore the role of emergent medical technologies, such as genetic screening tests and ultrasound procedures, which contribute to the surveillance of women's bodies and prompt ethical decision making for women, their partners, and their health care providers.

Communication about pregnancy unfolds in both formal and informal contexts, can be planned or spontaneous, and is linked to a wide variety of health behaviors and health outcomes. From designing strategic efforts to control fertility and prevent pregnancy, to understanding patient–provider communication, to exploring everyday conversations, communication scholars have sought to understand the many and varied communicative issues related to pregnancy.

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See Also: Birth Control and Contraception; Childbirth; Contraception; Family: Relationship to Health; Fertility; Genetics; Newborn Care; Nutrition and Diet; Sex Education; Sexual Health; Smoking; Social Support; Women's Health.

Further Readings

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