Cooped-Up Moms-To-Be Get Help Coping

By Chris Swingle, Gannett News Service

Diana Colón of Rochester, N.Y., was confined to her bed for much of her pregnancy. From May until her daughter was born in September, she was allowed to get up only for meals, trips to the bathroom and doctor’s appointments. "Basically, it's a complete withdrawal from everything," Colón says. "You're staring at four walls. The highlight of the day is for the mail to come." Each year, nearly 700,000 U.S. women whose pregnancies run into trouble are told to quit work and stay off their feet. That's 18% - nearly one out of five - of pregnancies that last at least 20 weeks. Bed rest is ordered for many reasons, including pre-term labor, problems with the cervix, vaginal spotting, and complications from multiple pregnancies, diabetes or abdominal surgery. Though physicians generally support the practice, studies of bed rest haven't been able to show that it improves newborns' health. And women often say the experience is far from relaxing.

Trapped upstairs

Colón, who lost one twin in August before having a healthy 3-pound, 11-ounce girl, is one of 15 mothers whose worries were eased by a small support group in her community made up of two bed-rest veterans who call and visit those who are bedridden.

Pregnant women say someone who's been through the same isolation can offer a level of understanding and encouragement that most friends or husbands can't.

Palma Jackman of Ogden, N.Y., fretted about not being able to take her daily walk or drive her 9-year-old daughter to religious instruction or Girl Scout meetings. She couldn't even go outside to enjoy the sunshine.

Friends brought meals, cleaned her home and washed her clothes. And volunteer Kim Rovitelli eased her mind, calling every week. "She kept giving me that reassurance. . . . 'It's OK the yard work isn't getting done,'" says Jackman, whose son was born Dec. 29 after about 15 weeks of varying levels of bed rest.
A Pillow of Support, Rovitelli’s fledgling Rochester support group, was conceived after she spent parts of two pregnancies in her second-floor bedroom. "I can remember lying up there and thinking, 'I wonder where they're putting the potato peeler? I'll never find it again.'"

**Stress on top of worry**

That was the lighter side. Rovitelli also remembers leaving the doctor’s office in tears when, six months into her first pregnancy, he ordered complete bed rest except for bathroom trips. It was added stress at a time when she and her husband had just moved and her father-in-law and aunt had died. "Every twinge, every twitch, you wonder what's going on," Rovitelli says. "You're worrying that the baby's not going to make it."

During her second pregnancy, Rovitelli’s complete bed rest started earlier and stretched on for three months. Her sister took over her home day-care business, and her husband, Dave, came home from his computer job at lunchtime to help juggle the cooking, cleaning and caring for their year-old son. Recognizing that many other women with high-risk pregnancies are lonely, bored and anxious, the former preschool teacher felt compelled to create local support. She was encouraged in her efforts by representatives of Strong Memorial Hospital, Blue Cross/Blue Shield of the Rochester Area, nurses and others.

The result delighted physician James Woods, who oversees high-risk pregnancies at Strong. Women are bound to be more at ease and healthier if someone offers empathy as well as coping tips. "That is the kind of advice that, sadly enough, most of us don’t take the time to offer," he says. A support group can be "a true complement to the medical care that's going to have to evolve as we move more and more care to home."

Doctors say weeks 24 to 28 of pregnancy (full term is 40 weeks) are critical to the developing baby. During that time, each extra day in the womb increases the chance of survival by 3%, Woods says. Women on bed rest need to hear - from medical personnel, friends or volunteers - that they are actively helping themselves and their babies by resting.
Still, since studies of newborns haven't proved that bed rest is effective, there is some controversy. Judith Maloni, associate professor at the Bolton School of Nursing at Cleveland's Case Western Reserve University, has documented a number of negative side effects of extended bed rest for the mothers: depression, anxiety, boredom, muscle atrophy, weight loss and body aches. The problems can continue well after delivery, she says, just as space travel's weightlessness can have long-term effects on astronauts.

"Bed rest is a form of sensory deprivation," says Maloni, who has studied bed rest for a dozen years. Patients need people to visit them and offer support: "That's what keeps women going."

**It's the little things**

Woods concedes that bed rest isn't a proven way to improve newborns' health, and he acknowledges that there is much doctors don't know about the early months of pregnancy. But bed rest is a common prescription because doctors believe it makes sense. In cases of vaginal spotting, for example, reducing activity lowers blood pressure and cuts the risk of bleeding, Woods says. Bed rest traditionally hasn't included frequent checks on the mother-to-be. Woods says that if such support were more common, bed-rest studies might find more benefits.

One of the first women referred to Pillows of Support was Sue Barnes of Rochester, who now volunteers with Rovitelli. Rovitelli found it rewarding to talk Barnes through her first pregnancy's struggles.

"One day she called me and said, 'all I want is a bagel,'" Rovitelli recalls. She encouraged Barnes to call a nearby bagel shop and explain her predicament. The shop didn't usually deliver - but it made an exception. A small thing, but a welcome treat that helped Barnes through yet another day."