How music listening can support perinatal maternal well-being

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Introduction

The transition period to motherhood for first-time mothers can be characterized by psychological distress, negatively impacting maternal-infant bonding, familial relationships, infant development, and mothers' functional ability and well-being (e.g., Giallo et al., 2014; Khalifeh et al., 2015; Wulff et al., 2021).

Inadequate support during the perinatal period increases the risk of psychological distress, as a result of limited support from health services. financial barriers to paid services, and limited accessibility in rural and remote areas (e.g., Barton et al., 2021). Recent research suggests, then, that it is important to provide accessible, online resources (Mahony et al., 2022).

Given the increasing evidence that music can support well-being (Sanfilippo et al., 2021; Wulff et al., 2021), what type of music listening activities support maternal well-being in the perinatal period?

RQ1: What does the published research indicate about the influence of music listening on mothers well-being during the perinatal period?

RQ2: What music resources (and administrative procedures) have been used?

Method

The PRISMA (ScR) protocol was used (Tricco, et al., 2018). The database search, conducted in March 2023, used three, pre-determined keywords (music AND listen* AND (perinatal OR prenatal antepartum OR intrapartum OR pregnan* OR labour OR birth OR primigravida OR *parous). Eligibility criteria included: peer-reviewed, English publications 2000-2022, reporting on primary data collection about music listening with pregnant participants.

PRISMA flow diagram (Page, et al., 2021) Records identified from: Duplicate records removed Databases (n = 1052) before screening (n = 549)Records screened Records excluded (n = 328) (n = 503)Reports sought for retrieval Reports not retrieved (n = 48) (n = 175) Reports assessed for Reports excluded:

eligibility (n = 146) Not music listening (n = 9)Not during pregnancy (n = 23)Not in English (n = 13) Child-focused (n = 22)Publications without primary Studies included in review data (n = 17) (n = 50)

mage: https://media.istockphoto.com/id/1411617027/photo/pregnant-woman-listening-to-music-at-home.jpg

References for articles included in the review available upon request.

Results

From 1052 identified records, 138 articles were subjected to full-text review, and 50 articles were included in the final review. Randomised Controlled Trials were the most common study design (n = 36), followed by quasi-experiments and qualitative studies. The studies were conducted in 21 countries, with the majority conducted in Turkey (n = 15), followed by Taiwan, Iran, Germany, and Thailand.

The outcomes of music listening

Via thematic analysis (Braun & Clarke, 2021), studies were categorized as pertaining to the outcomes of music listening during pregnancy or during labour.

During pregnancy (n = 28

	20				
Attachment	6	Lullabies improve mother-foetus dyad attachment; Listening increases bonding (e.g., oxytocin levels)			
Physical functioning	8	Improves quality of sleep; Alleviates physiological effects of hospital admission for women with high-risk pregnancies and pre-hypertension (e.g., BP, heart rate, contractions)			
During labour (including caesareans; $n = 22$)					
		Reducing pain during early labour stages; shortening the active phase of labour; reducing distress; can provide a distraction and help with preparations; allows partners to be involved in care			
Psychological well-being		1 Reduces anxiety prior to elective caesarean; assists with relaxation and distraction during caesarean; effective coping strategy in early labour phase; reduces fears related to childbirth; reduces and assists with managing stress during childbirth			
Labour progression		4 Increases number of/timing of contractions to progress labour; improves likelihood of first-time mothers having a vaginal delivery over caesarean regardless of stress level			
Examining the music listening recourses					

Examining the music listening resources

Two themes were identified concerning the music resources involved: how the music was administered (6 sub-themes: setting, who selected the music, duration, frequency, listening device, and volume) and musical features (3 sub-themes: genre, tempo, and the presence of lyrics).

Administration of music			Musical features		
Setting	During pregnancy: hospital $(n = 17)$ vs. home $(n = 9)$ During labour: hospital $(n = 20)$ vs. home $(n = 1)$ Typically, experimenter-chosen $(n = 25)$; When participant-chosen, either from a limited list (n = 13) or unlimited list $(n = 4)$		The majority of studies did not provide clear details regarding these themes.		
			 Experimenter-selected music was predominantly classical; 		
Selection			 Many of the included music styles related to the study country (e.g., Sufi and Turkish ney, Taiwanese, Iranian, Gamelan) Music used was sometimes described in terms of genre, 		
Duration	Majority of listening involved a single session, y lasting 15-30min		sometimes in terms of adjectives (e.g., "light", "soft", "soothing")		
Frequency			When identified, BPM = 58-80; sometimes to mimic heart rate		
Device Volume	(When reported) Mostly using headphones and volume was usually at listener discretion	Lyrics	(When reported) lullabies and light vocal music aimed at promoting relaxation; vocals included in guided imagery efforts		

Discussion

The majority of the studies reported statistically significant results indicating that music listening can support mothers' well-being during the perinatal period. Given music listening offers an effective, low-cost, nonpharmacological tool to support well-being, there are many clinical implications. Moreover, the resources identified as well as those developed in line with these findings will contribute to the establishment of the Bamboo web app, a widely accessible, cost-effective, and evidence-based peersupport program to bolster self-efficacy and maternal well-being. In the app, there will be a resource centre with music, meditations, and a podcast series

References

Barton, A. J., & Anderson, J. L. (2021), Meeting the challenge of perinatal care in rural communities. The Journal of Perinatal & Neonatal Nursing, 35(2), 150-159. | Braun, V., & Clarke, V. (2013). Successful qualitative research: A practical quide for beginners. Sage. | Giallo, R., et al. (2014). Risk factors associated with trajectories of mothers' depressive symptoms across the early parenting period: An Australian population-based longitudinal study. Archives of Women's Mental Health, 17(2), 115-125. | Khalifeh, H., et al. (2015). Perinatal mental health: What every neonatologist should know. Early Human Development, 91(11), 649-653. | Mahony, C., et al. (2022). Identifying design guidelines for online information resources: A study of expectant and new mothers. *Information Technology & People, 35(8),* 23-51. Page et al. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. BMJ, 372: 71. | Sanfilippo, K. R. M., et al. (2021). How music may support perinatal mental health: An overview. Archives of women's mental health, 24(5), 831-839. | Tricco, A. C., et al. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. Annals of @StudyListenin Internal Medicine, 169(7), 467-473. | Wulff, V., et al. (2021). The effects of a music and singing intervention during pregnancy on maternal well-being and mother-infant bonding: A randomised, controlled study. Archives of Gynecology and Obstetrics, 303(1), 69-83, @BAMBOOprogramAU



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