Critique of “Alleviating Distress During Antepartum Hospitalization: A Randomized Controlled Trial of Music and Recreation Therapy”

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When women are hospitalized due to pregnancy complications, they often experience antepartum (before birth) distress. In the article “Alleviating Distress During Antepartum Hospitalization: A Randomized Controlled Trial of Music and Recreation Therapy,” researchers conducted a study to examine the impact of music and recreation therapy interventions on women with high-risk pregnancies who have been hospitalized and are experiencing antepartum-related distress. The results show positive effectiveness for these therapeutic interventions.

Summary

Researchers begin the article by explaining the reason for conducting the research study. They identify the negative impacts of antepartum hospitalization as “increased levels of psychosocial distress, including anxiety, depression, stress, boredom, loneliness, feelings of loss of control, and powerlessness” (Bauer, Victorson, Rosenbloom, Barocas, & Silver, 2010, p. 523). The remainder of the article focuses on outlining the research and analyzing the results.

At a large, suburban hospital in the Midwest, the study takes place in the antepartum unit. Sixty-one women participated in the study over the course of three years. During each study the women would receive one hour of music or recreation therapy. The music therapy options included music-facilitated relaxation, active music listening, song writing, music for bonding, and clinical improvisation (Bauer et al, 2010). The recreation therapy options included adaptive leisure activities, creative arts, community resource education, and leisure awareness activities (Bauer et al, 2010). The Antepartum Bedrest Emotional Impact Inventory was the questionnaire used to evaluate the distress levels and was given to the participants both before and after the therapy session.

Music and recreation therapy interventions proved to significantly reduce the antepartum-related distress. The music therapy initially showed a larger distress reduction than the recreation
therapy; however, as time went on, the recreation therapy group remained more stable. In the end, both groups had similar averages across all the time periods, and both are viewed as positive therapeutic approaches for helping reduce distress in antepartum hospitalized patients.

**Strengths**

I noted the preparation and implementation of the study was a key strength of the article. Before any data was even collected, the research protocol was submitted to the Internal Review Board for approval. Once approved, the study was conducted over three years, during which 61 women participated, each with “various high-risk obstetric health issues” (Bauer et al, 2010, p. 524). The researchers clearly attempted to include many different people to make the results reliable and not skewed towards only one health-related issue. They made the study as inclusive as possible, while eliminating any abnormalities that could affect the results.

Researchers additionally found that using an attention-control group helped them distinguish if the decreased levels of distress were caused by the interventions, or simply resulted from the nonspecific, supportive attention of the therapists (Bauer et al, 2010).

**Weaknesses**

While the research proved to be very thorough and reliable, there were some weaknesses to the article. For those with a limited knowledge of statistics and analyzing surveys, the article proves difficult to understand. Terms such as the “Cronbach’s alpha coefficient” are not well-known (Bauer et al, 2010). Even though the information proves valid, fully understanding the significance of the study becomes challenging due to the use of intense academic language that is used.

In addition, researchers did not use much detail in explaining their therapeutic processes. Learning more about the techniques they used and how it benefitted the women in the study,
would have been helpful. Instead, most of the article focused on the statistical aspects of the study, emphasizing the controls used and analyzing the questionnaires that were involved.

**How article can be used/applied**

Many health-care settings can easily and effectively apply the article’s findings. The article provides awareness to health care professionals and program administrators in developing positive experiences for women during pregnancy. Hospitals all over the world should use the results from this research and implement programs so that women who are hospitalized for high-risk pregnancies can receive therapeutic treatment. The article specifically identifies the available music and recreation therapy interventions that other hospitals could adapt. Implementing these ideas could alleviate or prevent many of the secondary health issues that can arise from antepartum distress.

**Personal reaction and interests in the article**

I have a passion for music and the way it can influence our lives. Music has always been an outlet for me to express my emotions and to relieve stress. I was very interested in reading about this study and how they used music therapy to help alleviate stress for pregnant women. I personally know women who have had difficult pregnancies and I’ve seen the toll it can have on their body, mind, and spirit. I strongly believe that music and other recreational outlets can positively influence and reverse the negative outcomes of antepartum hospitalization.

**Conclusion**

This article thoroughly and insightfully proved that antepartum-related distress can be significantly reduced and relieved through both music and recreation therapy interventions. We can now hope that other health-care fields will notice the benefits that can be gained through these therapies, and implement them to help others who suffer increase their quality of life.
References