

## Role of social support for pregnant women in maternal and postpartum care

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### Abstract

Pregnancy, childbirth and postpartum care is special time in woman's life. Often those moment cause many different emotions, both positive and negative. Mothers-to-be are often scared of childbirth, with following strong fear for life and health of their baby. The very moment of delivery can be special experience, unfortunately not always pleasant. This is why there is special note given to the role of social support as factor enhancing the proces of adaptation to the new role. Adequate support can reduce fear of childbirth, reduce probability of postpartum depression and enhance proper mother – child interaction.

### Introduction

Perinatal period and delivery is exeptional time for women. Mothers-to-be in this special time of their lives feel expirience many emotions, fears and changes. Often strong anxiety for healt of their child and their own accompanies them, they are afraid of the pain

and childbirth. Especially then women need social and emotional support. On every stage future mothers should be covered with adequate perinatal and postpartum care. From the research conducted by Childbirth with Dignity Foundation it appears that subjective feelings about delivery are various. Among the respondents 51% evaluate delivery as beautiful experience, 42% as necessity and 7% of the respondents accentuate it as difficult experience (Otffinowska 2008). It should be noted that childbirth and postpartum period in significant way can contribute to forming adequate or inadequate mother – child relation (Bielawska-Batorowicz 2006). Negative emotions that accompany mothers may induce difficulties in reading and satisfying infant's needs. Women who experienced difficult childbirth and problems during postpartum period are more often exposed to postpartum depression (Ostrowska 2006). That is why the role of support coming from both family and medical Staff is so important.

### **Definition of support**

Regardless of whether or not pregnancy is going well, parents during its course and after the childbirth need help and care.

Social support greatly eases coping with stress, becomes one's resource and helps reducing tension and changing perception of the situation (Sęk 2011). Its influence is described with main effect model and „buffer” model.

First type - main model – is connected with social network attachment. It gives a person sense of belonging and wellbeing, that connects with better health. Especially important are relations with partner and friends.

Second type – „buffer” model – is connected with resources that one's possessing. Support works as shield from negative effects of stress, weakening its influence in the moment of threat (Sęk, Cieślak, 2011).

A number of types of social support can be distinguished. First one is emotional support, based on engagement of other people, showing help, compassion, understanding. Second kind is informational support characterized by providing concrete informations about the situation in which the one in need is in. It appeals to knowledge as resource. Third kind is instrumental support that concerns giving information about different ways of acting, institutions and possibilities of getting help. Next one is tangible support based on delivering physical goods and service assistance. Fifth type is esteem support characterized by showing acceptance and value (Taylor 1992, Grochans i in. 2009).

In perinatal and postpartum period the help that parents of the child can draw from each other is pointed out. Changes occurring during perinatal and postpartum times cause women to await support from their relatives (Bogucka i in., 1996). Father of the child becomes the main source of help. Adequate behaviour from partner can reduce tension, helps in correct course of childbirth, and even in reducing pain during delivery. In case of endangered pregnancy creating supportive environment from medical staff and family is important (Bielawska-Batorowicz, 2006).

### **Fear of childbirth and the role of social support**

Fear of giving birth can touch different aspects that arouses strong and unpleasant feelings (Jolly i in. 1999). Based on research, distinguishing different causes of the fear women experience is possible. The fear concerns abnormalities during childbirth, health of the baby and own (Hofberg, Ward, 2003). Equally often the reason reported by pregnant women is anxiety of pain and lack of methods for easing it (Melender, 2002). Based on research among 80 pregnant women whose course of pregnancy was correct and longer than 32 weeks, it appears that women of 35 years of age and older experience higher levels of anxiety. Tested who had higher level of trait anxiety more often felt it every day and right before termination. Factor decreasing experience of anxiety of childbirth is participating in schools of childbirth.

Mentioned research shows the need of adequate preparation to childbirth, obtaining the necessary information about its course and care of infant (Bączyk, i in. 2011).

Due to diverse factors and strong emotions, many research indicates relevance of medical staff delivering adequate support to pregnant women.

Reduction of anxiety level during childbirth through adequate support may contribute to lowering amount of perinatal complications, decreasing pain sensations (Podolska, 2001).

In research conducted by Makara-Strudzińska et al. (2013) among 112 patients of maternity wards whose pregnancies ended with Caesarean section, respondents pointed out insufficient informations regarding the child's health. Furthermore, research by Wilczek-Różyńska et al. Shows that getting sufficient informations from medical staff and midwives lowers women's anxiety level and stress before childbirth.

It is worth to consider different perspective coming from women, which pregnancy is endangered. Hospitalization necessary due to abnormal pregnancy course may complicate satisfying psychosocial needs of pregnant woman. Often hospitalization contributes to increase negative emotions and fears. Research focused on defining needs and expectations patients from pathological maternity wards shows that hospitalization necessary due to abnormal pregnancy progress intensifies negative emotions and fears. Future mothers expect from midwives emotional support, but they don't specify its exact forms. Women living in cities more often express their needs and have bigger expectations towards midwives compared to women living in the countryside. Pregnant women note they receive support from midwives in especially difficult times.

Conclusions from this research show that pregnant women need emotional support from medical staff (Tałaaj i wsp. 2012).

### **Childbirth as traumatic experience**

The course of childbirth also can contribute to functioning women after delivery in significant way. It can affect their maternity experience, first interactions with infant, and hinder bonding with a child. Allen (1998) marks out few significant factors that may condition occurrence of traumatic childbirth; losing control over situation, earlier mother's experiences, danger to the child, pain, failure to obtain support. Feeling of having control may be lost during occurrence of extreme pain that woman can't cope with. Another factor is actual danger to the life of child, and, in some cases, just the signals about the danger coming from the body or surroundings. Women with hurtful memories from earlier childbirth bring those feelings to the next pregnancy. Experiencing many emotions mother feels powerless, unable to help their child searches for support. If support turns out to be inadequate and discordant with her needs she starts perceive situation of childbirth as threatening and unpredictable. It causes additional feeling of loss of control. The above factors responds to situations related to posttraumatic stress (Bielawska-Batorowicz, 2006).

Other research show that premature delivery can cause difficult and traumatic experiences among pregnant women. Sudden interruption of preparation to child coming to the world. Pregnant women who envision their child as healthy have to come to terms with seeing child sick, faint, fighting for life. In literature we also meet the term „premature birth of parent” (Stern-Bruschweiler, 1998, Kmita, 2002).

### **Postpartum period**

Postpartum period is particular time of finding oneself in new role, shaping new skills and habit. Many women may at first experience positive as well as negative emotions. Postpartum period is time for women to adapt to the new circumstances. There is a number of changes for her, for example regression of anatomical changes, hormonal changes. This time

may be divided into three parts: direct in first 24 hours after the childbirth, early postpartum in the first week, and late lasting up to 6 weeks after the childbirth (Bręborowicz, 2006).

In this period it is important to pay special attention to manifestation of postpartum depression. Is psychological disorder that may occur during first 4 to 6 weeks after the childbirth. It has the same characteristics and course as depressive disorder. There may be few distinctive factors distinguished, that may contribute to occurrence of this disorder, like: hormonal, psychological, environmental, demographic and gynecological factors (Wasilewska-Pordes, 2000).

Researchers who determined the meaning of social support among 567 women from Obstetrics Clinic in Gdańsk estimated that women in postpartum period at risk of depression rated their social support lower (Maliszewska i wsp. 2017). It seems that adequate social support directed at actual help for women during adaptation to new role may be protective and strengthening factor.

### Summary

Perinatal and postpartum period may cause many different emotions and states among women. Fear of childbirth, misfortune during delivery may contribute to increase negative emotions. Surrounding women with adequate support for minimising difficulties in adaptation to the new role and building adequate interaction mother-child is especially important.

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