

The Crucial Role of Social Support for Perinatal Mothers

Summary of Relevant Information for Community Service Providers

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Introduction

The journey into becoming a mother is a significant life transition, the lifelong affects of which are enduring for both mother and child, making this the most significant transition many women will experience¹. The impact of Social Support as a variable that improves this transition is well researched, influencing better mental health and increasing the likelihood of security of attachment for the mother and her infant. The development of a secure attachment between parent and child is a process rooted in these early experiences and decreases the likelihood of a host of negative outcomes. Research highlights the crucial nature of social support to reduce isolation, improve coping and maintain mental wellness for new mothers and new families², however it can be overlooked in perinatal care provision. A recent NUIG study sought to explore how we can improve the social support provided to all mothers in the transition to motherhood by probing the research on the key factors of social support and the transition to motherhood, and interviewing local formal and semi-formal service and support practitioners in this field. This research sought to answer two significant questions: why does social support matter in the transition to motherhood and how can social support be increased.

Summary of Current Research

Social support is the *“process of interacting in relationships which improves coping, esteem, belonging and competence through actual or perceived exchanges of physical or psychosocial resources”*³. Research discussing social support states multiple positive outcomes from adequate social support. Recipients have improved physical and mental health⁴, it assists parents to cope with stress and enables more positive parenting by sharing frustrations and creating opportunities for problem solving⁵ and generally helps recipients to cope with daily life. By increasing access to both material resources and mutual aid it can reduce some effects of poverty⁶. Having social support makes a mother feel like a better mother⁷. Social isolation is a frequent factor involved with family violence and other relationship difficulties, including those between parents and their very young children⁸. Increasing Social Support has shown reduction of risk for families⁹.

An examination of mothers social support networks found they normally consisted of three other people; most frequently the mother's mother, secondly a female friend and third their partner¹⁰. Women's own mothers and female family members are a significant source of support for perinatal women¹¹. Mothers with depression, single parents, ethnic minorities, parents with a high level of current problems, families with the lowest incomes and those living in the most deprived areas had the smallest support networks; the absence of informal social support (friends and family) is associated with both parenting difficulties and breakdown¹⁰. The stressors of the perinatal period can cause the spousal relationship to be severely challenged or break down completely. Marital satisfaction decreases in the perinatal period and 20% of UK mothers disclosed relationship problems at their

¹ Weaver & Ussher, 1997, Maushart, 2000

² Turner & Brown. 2010, Thoits, 2011, Kang, 2012

³ Gottlieb, 2000, p28

⁴ Turner & Brown, 2010; Uchino et al., 2012

⁵ Turner & Brown, 2010, Kang, 2012

⁶ Winkworth et al., 2010, Kang, 2012, McArthur and Winkworth, 2016

⁷ Leahy-Warren et al., 2011

⁸ Gracia & Musitu, 2003, Winkworth et al., 2010

⁹ Kang, 2012, Turner and Brown, 2010

¹⁰ Ghate and Hazel, 2002

¹¹ Deave et al., 2008

baby's 6-8 week developmental check¹². Further, both depression and anxiety in the perinatal period is impacted upon by the partner relationship for both men and women¹³. Vulnerable parents can feel conflicted about their reliance on family or their small, fragile social networks, and these mothers feel a burden when they ask for help and are fearful of straining relationships with those on whom they heavily depend¹⁴. It is argued that social isolation contributes to a socio-cultural 'conspiracy of silence' around the perinatal period, which can lead to parents experiencing the transition to parenthood feeling that they are the only ones having a 'hard time'¹⁵. New mothers in Galway are proportionally more likely to be international migrants or travellers; Galway City has 19.4% of its residents recorded as having a non-Irish nationality, compared to the national average of 12%, and is thus the most ethnically diverse population in the country¹⁶.

Semi-formal supports, provided by and in the community whether low cost or for-profit, such as antenatal classes, are an essential component of comprehensive parenting support¹⁷. Family-centred community-based parent support programs increase parenting confidence and competence¹⁸. Semi-formal supports are a protective factor, enhancing the informal social support networks and mutual peer support of parents, many of whom seek them out for this reason regardless of their socio-economic status¹⁹. Peer support is a principle based on "*finding affiliation with someone with a similar life experience, and having an equal relationship*"²⁰, it builds a sense of community and counteracts isolation. Peer support reduces symptoms of depression, especially for perinatal mental illnesses. "*support from other women with children is an important aspect of the recovery from low mood and emotional distress*"²¹. Women used peer support to seek validation and affirmation, counter isolation, and participate in the social norms of motherhood; even peer support phone calls were effective in preventing depression for vulnerable or isolated women²².

Social Support has four key elements; Tangible, Emotional, Esteem and Informational/advice Support²³. Emotional support is empathetic listening and presence, creating the feeling of being cared for, accepted and understood by the recipient²⁴, some research has found it to be the most important component of successful social support²⁵. Tangible (also called concrete or instrumental) support is the provision of financial assistance, material goods, or service support such as physical acts of helping, and it is clearly visible. Examples are holding a baby while mother showers, giving a lift to the doctors surgery, looking after older children, passing on baby goods. Giving Informational/advice Support can be rebuffed when it was not requested, when the advice giver is not considered to know more than the recipient or when it is given unnecessarily - this undermines the recipients feeling of competence. It is more successful when given as part of an established relationship, is not belittling and forms part of a normal conversation²⁶. Finally, esteem support is the respect and encouragement of the support recipient, expressing belief in their worth and competency²⁵.

¹² Negron et al., 2013, Coleman, 2010, Doss et al., 2009, Schulz et al., 2006, Cowan and Cowan, 1995

¹³ Figueiredo et al., 2008.

¹⁴ McArthur and Winkworth, 2016, Negron et al., 2012, Simons et al, 2001

¹⁵ Miller, 2005

¹⁶ CSO, 2012.

¹⁷ Whittaker, 2014

¹⁸ Trivette & Dunst, 2005

¹⁹ Owen and Andersen, 2015

²⁰ Mead and McNeil, 2006

²¹ Jones et al., 2013 p492

²² Jones et al., 2013, Pfeiffer et al., 2011, Dennis et al, 2009

²³ House, 1981

²⁴ Dolan et al., 2006

²⁵ Cutrona, 2000

²⁶ Dolan and Brady, 2012

2016 NUIG Research

This Galway based piece of research involved interviewing ten local perinatal practitioners who work directly with mothers in the antenatal or postnatal period up to one year post delivery. Five worked within formal / government provided services and five worked in semi-formal / community services. They consisted of two antenatal practitioners (a parent education midwife and an antenatal yoga teacher), four who worked immediately postnatally (a postnatal midwife and a Public Health Nurse (PHN), a breastfeeding counsellor and a babywearing instructor) and four who worked during the first year postnatally (an Obstetric Social Worker and a General Practitioner, a Parent and Toddler group facilitator and a Baby Sensory group facilitator).

Findings

All practitioners participating in this study observed inadequate social supports for perinatal women, and held concerns over both the short and long term consequences of these in the lives of the mother and infant. Participants felt primarily that the *presence* of people was necessary in some form or another; whether to simply reduce isolation, provide peer to peer informational support, or as a source of emotional support. Most statutory support providers saw **tangible support** as the primary unmet need of perinatal mothers, such as transport and childcare. Nine of ten respondents said tangible support was provided by informal supporters: friends and family. Families need to plan *antenatally* to have these needs met postnatally.

"they have to get up get out go to Dunnes do the shopping, they have to go and collect the prescriptions .. they have to go and collect other children from crèche from day one, they have to cook; they [mothers with unmet tangible support needs] don't have anyone to help them to do those little jobs" PHN

All participants identified themselves as providing **information and advice support**, and all also described the Public Health Nurse as a source of this also. Respondents reflected that the amount of information given initially can be overwhelming for perinatal mothers. Accurate and respectfully offered information was viewed as a way of giving perinatal mothers a sense of control over their own choices and experience. Mothers with language barriers, migrants unfamiliar with Irish services and mothers who follow outdated parenting advice were seen as particularly needing good support in this area. However a focus solely on information provision leads to circumstances where:

"you have people already who feel a bit isolated, and they're coming into this new space and leaving as isolated still but with information, does that change attitudes or behaviour?" Babywearing Facilitator

The effect of Internet support and social media was raised multiple times in the study, as both a positive and negative. In many ways it affected all four areas of Social Support, and was a tool used by statutory, community and informal supporters. Although supporting people seeking information and advice through forums, websites, social media and accessing books, it also inhibited interaction with real people:

"There was a time years ago without Internet and phones when the curtains would be pulled back around the bedside and women would talk to each other and they would meet other women in the ward that they know. There is less of that now" Postnatal Midwife

All practitioners described themselves as providing **emotional support** and it was felt it was the least met support need for perinatal mothers in Galway. The importance for women of having *relationships* with perinatal care providers to facilitate emotional support was pointed out. Formal providers described wanting to offer the mothers more emotional support than current provision, which can often be rushed and information focussed. These respondents linked mood issues with unmet emotional support by practitioners. Lack of community supports was raised by the majority.

" you do a lot of listening, it might be the first time a parent has spoken to an adult face to face in a few days and they often have a lot they want to talk about ... We can see the needs are emotional needs and

self esteem issues , we can see the effect these unmet needs are having on the children ...Some are very withdrawn when they come and by the end of the session they are starting to run around and play again. That isolation, stuck in a house with mum who is feeling down ... you can see the effect of the isolation, that mental health deterioration in mum is having on the kids it was so visible so shocking " Parent and Toddler Group Facilitator

Many held concerns regarding the lack of support for support people and it's effect on perinatal women.

"I have had many women who have talked about this very tangible experience where a man has either isolated himself from her or had depression or had to leave for periods, and she has that on top of looking after a newborn baby. I really think that's something that we are not supporting" Yoga Instructor

In this piece of research, **esteem support** was considered supremely important. Partner, family, friends and peer support groups were mentioned as providing esteem support, as were the PHN, antenatal education providers and GPs. It was felt that some mothers who seek social support do it primarily to meet esteem needs, to feel better about themselves as mothers. The significant and often detrimental effect of societal attitudes and media images on women's confidence and self-esteem was raised. At such a vulnerable time the absence of esteem support can impact on a woman's ability to receive other support:

"if you lack esteem then you don't see the emotional support, you know, they think "it doesn't matter she's just hugging me and telling me I'm good because she feels sorry for me because I'm no good at this" Postnatal Midwife

A further consequence of low esteem and low esteem support was the lack of confidence to attend and interact with a group. Respondents observed the struggles of new mothers in engaging with groups if they have esteem needs, and saw these women as a distinct group of support poor women in the perinatal period. One practitioner maintains a support focus in her groups especially to support women who seem to lack confidence or esteem:

"sometimes I just trying to think of something to say to get them talking to the person beside them, sometimes I need to say some something small just to get two people talking and that might be all it takes to get them to the next stage" Baby Sensory Facilitator

Respondents believe perinatal services need to be provided universally. It was felt that targeting support challenged mothers (for example a postnatal depression support group) can lead to those targeted reflecting negatively on their own abilities and health, and thus diminishing their esteem. Consequently services that are not focussed on higher-risk mothers have a great opportunity to help those mothers that do attend, as these mothers may not attend any other support service even if they have specific needs.

Conclusion

Statutory services are predominately focussed on physical health during the transition to motherhood period; however this study proposes a focus on social support as a key factor in making this transition successfully. This study found that social support needs of perinatal women are met primarily through informal support networks. Community services provide an essential service for perinatal women by extending their informal support networks through peer groups. This study proposes recommendations for increasing social support by; facilitating the expansion of informal support networks, increasing peer support opportunities, reframing the provision of formal services, support focussed provision of current evidence-based information and improving tangible support during this period. Given the significant consequences of lack of perinatal social support discussed above, and the impact of austerity measures on the statutory and community services for perinatal women in Ireland, it is essential that further support is facilitated for this group as a matter of priority.

Tip Sheet for Community Service Providers

Community Support providers are an essential part of the support picture for perinatal mothers. In providing relevant and current evidence based information they ensure parents have good informational support. By increasing parents' feelings of confidence and capability by giving good feedback and targeted praise they provide esteem support. By working with positivity, warmth, friendliness, eye contact, smiles, appropriate touching, listening and relationship building with families they provide emotional support, and are more likely to be heard when giving advice or information. The services they provide may be tangible support, or perhaps they can provide this also (e.g. on-site childcare for older children). However their key role in the wellbeing of perinatal mothers and families, according to research, is in facilitating parents to create informal support networks amongst themselves by creating opportunities for friendships to form and flourish.

For group providers some ways this can be done are by providing a break midway during a session, allowing people time to linger after class, doing an icebreaker at the start of each session, ensuring to include topics where you ask people to 'talk to the person you are next to about this' for a few minutes, using group knowledge to facilitate conversation such as 'you two are in the same neighbourhood, perhaps you can chat about what local parks you use', when appropriate use topics to encourage personal revelations such as 'one thing you've found hard so far', having a family session where partners or older children also attend, having a social event to mark a milestone, or creating social support opportunities through social media such as a Facebook group. Further, if the group is an antenatal group, adding time to support parents in planning for their support needs after baby is born is ideal, such as 'who will drive you if you have a caesarean', 'who can you call on if you need a hand', 'if people ask how they can help, what will you say'. Antenatal groups are also ideally located to have postnatal sessions, which give new mothers social continuity after delivery and can rekindle relationships. Little content needs to be provided for these sessions if the purpose is for social support.

According to research and the respondents in this study, mothers who fall into the following categories are most at risk of the negative consequences arising from a lack of social support and may need more practitioner support to form or maintain social relationships to avoid isolation:

- Mothers who lack the support of their own mother or any extended female family members
- Mothers who have fewer friends or appear to have poorer social skills
- Mothers or any immediate family member with depression or a mental health concern
- Mothers or immediate family members with high levels of problems or stress (information on stressors can be found online, such as family death, chronic illness, recent relocation, divorce, redundancy)
- Mothers of families who are migrants from other countries, particularly those who struggle communicating in English, and also migrants from other parts of Ireland
- Mothers with transport issues, such as those who have had a caesarean and subsequently cannot drive
- Mothers who worked right up until delivery and their workplace was their main social support location
- Mothers without a supportive partner, including mothers parenting alone and those where there is potential domestic abuse or controlling behaviour
- Mothers who do not breastfeed
- Mothers who have had difficult birth experiences
- Both younger and older than the normal age mothers as they can lack peer support
- Families with the lowest incomes, as they cannot access private support services when needed
- Families living in areas of deprivation, or living rurally as service provision that is more difficult to access

“It’s unsurprising that social isolation is strongly associated with depression, suicide, anxiety, insomnia, fear and the perception of threat. It’s more surprising to discover the range of physical illnesses it causes or exacerbates. Dementia, high blood pressure, heart disease, strokes, lowered resistance to viruses, even accidents are more common among chronically lonely people. Loneliness has a comparable impact on physical health to smoking 15 cigarettes a day: it appears to raise the risk of early death by 26%. This is partly because it enhances production of the stress hormone cortisol, which suppresses the immune system.”

Neoliberalism is creating loneliness by George Monbiot, The Guardian, 12 October 2016.

*"it's social isolation which can lead on to postnatal depression and a lot of it I think can be reduced - there is a period of anxiety when you are at home with a new baby all day, you're anxious about little things and the baby is crying or colic and you're not sure. They don't have anyone to talk to ... like their friends might not have babies and they want to talk - **groups are important for that sort of thing**. Postnatal depression is one of the things ... I think that would be inevitable for them if they are socially isolated and I think they would have a negative experience"*

Public Health Nurse, 2016