Cardiff Metropolitan University
Prifysgol Fetropolitan Caerdydd

B.Sc. (Hons) Psychology

Final Year Project

The positive and negative experiences of social support during and after women’s pregnancy and the perceived benefits.

2018

Dissertation submitted in partial fulfilment of the requirements of Cardiff Metropolitan University for the degree of Bachelor of Science
DECLARATION

I hereby declare that this dissertation is the result of my own independent investigation under the supervision of my tutor. The various sources to which I am indebted are clearly indicated. This dissertation has not been accepted in substance for any other degree, and is not being submitted concurrently for any other degree.

S. Barry
Acknowledgement

Firstly, I would like to thank my Supervisor Leanne Freeman, for continuously supporting me throughout the development of this project. I cannot thank you enough for the time and patience you have given to me over the past few months, and I feel so lucky to have had such an amazing supervisor during such a difficult time.

* * * * * *

I would also love to thank all of my family for being there for me during this process, although I didn’t see you often, I want to thank you, Mum for always being a phone call away so that I could rant and talk through all my stress with you, and Dad for being the calm one in the family, something I desperately needed! Also to my brother and sister for checking up on me and making sure I was getting on okay and that they were there if I needed them. Finally, to my grandparents, for just showing support and I really hope this makes you proud, I love you all!

* * * * * *

I want to thank my boyfriend also, I know you saw me stress during A-levels but I’m sure it was nothing compared to what you have seen this year. So, thank you, just thank you for all those times you let me rant and rave and stress, and the patience you gave to me while you had your own dissertation to concentrate on.

* * * * * *

A special thank you to all the lifelong friends I made during this Journey, you have been there for me when I needed it these past three years and especially these past few months, and I hope I have been there for you too. I wish you the best of luck with your dissertation and also with your future.

* * * * * *

Last but not least, thank you to all the participants who have taken part, although you were either pregnant or looking after your children, you were kind and patient enough to take time out of your day to help me. For that I will forever be thankful!
Abstract

Previous research has shown that pregnancy is an important time in many women’s lives, where women have both positive and negative experiences (Elsenbruch et al., 2006). Therefore, it is deemed very important that people gain more knowledge and understanding in to how each and every women experiences pregnancy (Carin, Lundgren & Bergbom, 2011). This is why the social support that women receive in pregnancy is so important (Glazier, 2004), as the support women receive from their partners, families, friends or professionals (Harley & Eskenazi, 2006) is vital in either improving or worsening a women’s experience (Boelen & Reijntjes, 2009). The aim of this study was to gain a deeper understanding of both the positive and negative experiences women may face in pregnancy due to their social support, and also what support they perceive as most beneficial to them, whilst also looking at how these experiences affected them both physically and emotionally. The study used a qualitative design, collecting data through the use of semi-structured interviewers, the interviews were then analysed using a thematic analysis (Braun & Clarke, 2006). The results showed four themes; Negative feelings related with support, Positive impacts during and after pregnancy, Negative impacts during and after pregnancy and Beneficial support. The findings showed how each and every woman benefited from receiving some sort of social support during her pregnancy and beyond. Also, that no pregnancy will ever be the same and each woman has her own opinion of what support benefits her the most, even though it may be different to another woman’s opinion. There was a lack of different participants in this study, with many explaining their experiences from a married aspect. Due to this, future research would gain richer results if participants with different experiences of pregnancy were recruited, with a wider range of participants. For example, the experiences of married couples, single mothers or the experiences of same sex relationships during pregnancy.
# Table of Contents

Declaration......................................................................................................................i
Acknowledgement ........................................................................................................... ii
Abstract ........................................................................................................................... iii
Table of Contents ............................................................................................................ iv
List of Tables................................................................................................................... v
List of Figures.................................................................................................................. v

Chapter 1: Introduction .................................................................................................. 1
   1.1 Definition of pregnancy and social relationships .................................................. 1
   1.2 Partner Support ..................................................................................................... 2
   1.3 Family and Friends Support ............................................................................... 3
   1.4 Professional Support ......................................................................................... 4
   1.5 Community Support .......................................................................................... 5
   1.6 Rationale and Aims ........................................................................................... 6

Chapter 2: Method ......................................................................................................... 7
   2.1 Design ................................................................................................................ 7
   2.2 Participants ......................................................................................................... 7
   2.3 Materials ............................................................................................................ 8
   2.4 Development of Interview Schedule .................................................................. 8
   2.5 Ethical Considerations ....................................................................................... 8
   2.6 Procedure .......................................................................................................... 9
   2.7 Method of Analysis ........................................................................................... 9

Chapter 3: Results ......................................................................................................... 10
   3.1 Negative feelings related with support .............................................................. 10
   3.2 Negative impact during and after pregnancy ..................................................... 13
   3.3 Positive impact during and after pregnancy ...................................................... 15
   3.4 Beneficial support ............................................................................................ 16
   3.5 Summary of the Results .................................................................................. 20

Chapter 4: Discussion .................................................................................................. 20
   4.1 Overview .......................................................................................................... 20
   4.2 Findings ............................................................................................................. 21
   4.3 Limitation and Future Research ....................................................................... 25
   4.4 Reflexive Analysis ............................................................................................. 25
   4.5 Conclusion ........................................................................................................ 26

References..................................................................................................................... 26
Appendices..................................................................................................................... 34
List of Tables

Table 1: Overview of each participant ................................7

List of Figures

Figure 1: Thematic Map of themes...........................................10
1.1 Definition of pregnancy and social relationships

During women’s lives, the journey of pregnancy is seen as a significant milestone and momentous time, where there are a number of psychological adjustments, but overall the journey to becoming a mother is mostly seen as a positive and joyful experience (Elsenbruch et al., 2006). A number of women can find the journey to motherhood filled with stress and emotional turmoil (Stapleton et al., 2012; Da Costa et al., 1999), if the mother is unable to adjust to the changes during her pregnancy this can cause problems (Elsenbruch et al., 2006). An example of this is if the mother has a depressed mood during her pregnancy this could lead to a post-partum depressed mood (Da Costa et al., 2000). For that reason, it is extremely important that people are able to gain more knowledge and understanding of how women experience pregnancy (Carin, Lundgren & Bergbom, 2011), so that all mothers are able to get beneficial and individual social support.

This support can be received from a number of different sources both formal and informal (Pearson, Lightman & Evans, 2009) such as partners, family, friends, the community and professionals (Harley & Eskenazi, 2006; Abdollahpour, Ramezani & Khosravi, 2015). The significance of social support during a woman’s journey through pregnancy has gained a lot of attention from many health researchers and other professionals (Glazier, 2004) as they have begun to notice that the journey from pregnancy to after birth should include many opportunities for the mothers to receive positive support (Bäckström et al., 2017). This is due to social support playing such a vital role into shaping a woman’s experience into either a positive or negative one (Boelen & Reijntjes, 2009). When the relationship with others are deemed too negative, this can lead to the mother feeling more stress during her pregnancy (Taylor, Seaton & Dominguez, 2008). Whereas, the most positive social relationships can help to buffer any feelings of stress a woman may feel by providing the vital resources, strength and support that is needed (Divney et al., 2012). It is also important that people are able to understand what support is the most beneficial to
mothers, and what a woman's individual needs for social support are, and how they perceive that support (Bäckström et al., 2017). Another important factor of social support is how it can physically and mentally affect women. This can sometimes be overlooked, but is extremely important if the best possible support is going to be given to every woman during their pregnancy journey (Costa, Rippen, Dritsa & Ring, 2003).

When looking at social relationships and support, it is important to understand that the quality of the relationships play an important part as to whether the outcome of the relationship is positive or negative (Farooqi, 2014). This is why it is important to not only understand a woman's social support networks, but too also recognise the quality of the relationships she may have with people such as a partner, family member or friend (Farooqi, 2014).

1.2 Partner Support

When considering the effects of support from partners, the majority of research finds that women generally have a better experience throughout pregnancy if they have the support of their partners. This can be due to a number of reasons, such as the access to emotional or physical support (Widarsson, Kerstis, Sundquist, Engström & Sarkadi, 2012). A study that was conducted by Stapleton et al (2012), looked at how support from partners can benefit the mother’s perinatal well-being, with both the mothers and their partners more willing and comfortable to seek but also receive support from others. Houts, Barnett-Walker, Paley and Cox (2008), also found that of all the support received from partners, it was emotional support that was considered to be the most effective. In one study focusing on support from partners, it was important to the women that their partner was the one who experienced confidence and trust in the relationship so that the pregnancy journey could be a positive one (Dahlberg & Aune, 2013). This showed the women had a strong focus on not only themselves but their family, and by the partners emotional support being positive this in turn empowers the woman and improves their overall well-being (Premberg et al., 2011).

Many of the previous studies on this area of social relationships tend to focus mostly on the positive side (Adam et al., 2011). Although some relationship with a partner can cause a negative effect on social experiences (Repetti, Taylor & Seeman, 2002). An example of the negative effects that occur can be seen when looking at the support and wellbeing of
single mothers. Fouarge and Layte (2005), explain how it is generally found in research that single mothers are much more vulnerable to social exclusion, lower levels of social support, and higher levels of stress and depression (Lipman, 2005).

It has also been seen in past research by Canevello and Crocker (2010), that support from a partner is not as simple as whether that partner is present or not, the importance lies in the quality of the relationship. The quality of the relationship can depend on numerous factors, such as the perceived responsiveness of a partner on how they understand, value and support the mother during pregnancy. The mothers who do perceive their partner to be fully responsive, feel intimate, content and committed to that partner and the relationship (Reis, Clark, & Holmes, 2004).

1.3 Family and Friends Support

When considering the support received from family members and friends, Bäckström et al (2017), found that mothers who had positive support from their families were less at risk to be affected by any mental health issues during their pregnancy (Mirabzadeh et al., 2013). The vast majority of women identify family members, especially their own mothers to be a vital source of instrumental and emotional support (Negron, Martin, Almog, Balbierz & Howell, 2012). Women often saw emotional support as an opportunity to be able to talk to their mothers about their own feelings and in turn receive words of encouragement (Negron, Martin, Almog, Balbierz & Howell, 2012). Also, the knowledge and information given to women about their pregnancy, is often given from their own mothers and grandmothers (Barnett, 2008), as they are seen as being able to empathise with the situation, and are thought to be more experienced in pregnancy and childrearing (Raman et al, 2016). When focusing on the study by Raman et al (2016), they found that mothers were often seen as constant in a woman’s life, and that they could rely on their mother every day through the pre-natal period. They were even more essential for support during the delivery process, and then the post-natal period for a prolonged amount of time.

Unfortunately, some women do not have a family or a partner around to give them the vital support they need and these women often emphasise the importance of their friends during this time (Mlotshwa, Manderson & Merten, 2017). The type of support they receive from friends can differ depending on the friend, from psychosocial support, where
the mothers are just able to communicate about their problems and receive advice and a listening ear from their friends, to more physical support such as receiving help to get to and from appointments and check-ups (Mlotshwa, Manderson & Merten, 2017).

When looking at relationships with family and friends it is important to consider the quality of the relationship. Stevenson, Maton and Teti (1999), looked at this in terms of social support. The study found that exchanging support with family members was linked with improvement in mood and self-esteem, yet the support that was received from friends had an adverse effect. The support that was given from friends actually increased distress in mothers (Thompson & Peebles-Wilkens, 1992), this was also found in a study by Thompson (1986), where adolescent mothers who engaged more highly with their friends and received support from them, were shown to have high distress symptoms. In this study, higher levels of conflict were found between friends who provided support, than other types of support networks mothers were involved in. Despite these finding, the majority of studies on support from friends found that mothers felt less stress in their life and had a more positive mood and higher self-esteem when being around their friends during pregnancy (Richardson, Barbour & Bubenzer, 1995).

1.4 Professional Support
When women find out they're pregnant, the majority express the need for midwifery care from the start (Carin, Lundgren & Bergbom, 2011), this contact with the midwife is important for the mother and the family, as it helps to promote the health of the mother and baby from the start, which can reduce the need for any medical interventions later on into the pregnancy and during delivery (coggins, 2003). The relationship that evolves between a midwife and the woman (Hunter et al., 2008), needs to include individualised care and the woman's wishes need to be respected at all times, as this is the best way to build a trusting relationship and give the best emotional support to improve the birth experience (Aune et al., 2012). This high-quality relationship and care requires the midwife to have excellent interpersonal skills (Corbett & Callister, 2000). The midwife needs to be able to provide support not only to the mothers, but to partners and the surrounding family, whilst also continuing to encourage the mother (Dahlberg & Aune, 2013). It is also important that the midwives not only provide emotional support for the mothers but are continuously keeping the mothers informed (Hall & Holloway, 1998). When a woman
receives positive support from her midwife, she will feel more confident in her decisions, and feel as though the midwife sees her as the unique person she is, not just another pregnant woman (Lundgren and Dahlberg, 2002). This kind of supportive environment, where the mother feels in control and looked after by her midwife, will give the mother and her family the most positive pregnancy and birth experience (Hallam, Howard, Locke & Thomas, 2016).

Not only is it important all women have a helpful and supportive midwife, but a study by Fontein (2010), showed that women benefitted the most from having a consistent and continuing relationship with the same midwife or handful of midwives during the whole pregnancy journey and beyond. This way the same midwife can be responsible for the same woman throughout the whole journey and this continuity of care helps the woman feel more prepared for the birth of their child (Sandall et al., 2010). Women are not always able to understand and comprehend the vast amount of information they are given throughout pregnancy, as access to a large amount of information does not always mean there is more understanding (Carolan, 2007), therefore it is important that women receive help to understand the more difficult health care information (Graham, 2008). This is one of the reasons why women benefit from meeting with the same midwife for both medical check-ups and other care in pregnancy, as this is the perfect opportunity for the midwife to not only provide the information but give more guidance and help not only to the women, but enable their partners or family to also understand it (Carin, Lundgren & Bergbom, 2011).

1.5 Community Support
Support can also be received from the community such as support groups and classes, but this type of support is not seen as the most beneficial compared to other types like the partner of professional support (McLeish & Redshaw, 2017). During pregnancy, a number of women will attend antenatal classes, this gives mothers the opportunity to learn about certain methods such as breastfeeding, get more details about labour and are able to discuss any issues or concerns they may have (Locke, Amengual & Mangla, 2009). A positive that women gain from these types of classes is not only the information they learn, but they also get the opportunity to make connections and bond with other women that they meet (Ballin, 2005). Callister (2004), mentions how this bonding with other women is important
for pregnant mothers, as most of the women want to be able to connect and share both their positive and negative experiences with those going through a similar experience, this type of bonding and support helps the women to prepare for their new role as a mother. This type of support can help mothers to feel a sense of belonging to a certain group, where they feel more at ease to share advice and also receive help themselves (Bäckström et al., 2017). According to McLeish & Redshaw (2015), there are a number of different peer support options available to mothers both during their pregnancy and after birth, these support groups can sometimes be targeted to more specific issues during pregnancy but can also be very open and have a wide range of actives for the mothers. One example of peer support, is through the telephone, this is where a trained volunteer, who will themselves have life experience of pregnancy will provide support, communication and will just listen to the mother’s needs (Dennis et al., 2009). There are also support groups that bring the women of the community together, where they can talk about both their positive and negative feelings (McLeish & Redshaw, 2017) and this gives them an opportunity to discuss their experiences with likeminded people in a safe and comfortable environment (Negron, Martin, Almog, Balbierz & Howell, 2012).

1.6 Rationale and Aims

Although there are many studies that research social support for mothers during pregnancy (Negron, Martin, Almog, Balbierz & Howell, 2012), much of the research results do not go into detail about how each and every mother has their own unique experience of the support they receive (Nilsson, Thorsell, Hertfelt Wahn & Ekström, 2013). Many of the studies mention the different types of social support that women may or may not receive, but how the mothers perceive that social is rarely researched or understood (Haber, Cohen, Lucas & Baltes, 2007).

Therefore, the aims of the current study are to research and gain a deeper understanding into not only the positive but the negative experiences a woman may have throughout their pregnancy journey from their social networks, and also what support they perceive as most beneficial and helpful to them personally. Another aim of this study is to also try and understand how the positive and negative experiences of pregnancy affect the mothers either physically, mentally or both.
Chapter 2

Method

2.1 Design
The type of method that was used was qualitative, this is due to the study looking into the meaning behind people’s experiences and how they make sense of their world and the events that take place, (Willig, 2013). Using a qualitative design allowed for more in-depth answers with greater detail, which in turn means a better understanding. Although the research had fewer participants than a quantitative study, it meant being able to understand and analyse the participants feelings and opinions in a way quantitative analysis does not allow. This method was done using semi-structured interviews as in-depth interviews concerning a single individual helps the researcher gain a much better insight into personal matters (DiCicco-Bloom & Crabtree, 2006).

2.2 Participants
The participants that took part in this study were women who were over the age of 18. The women must have either been expecting a child or have given birth within the past 12 months. There were 5 participants who were recruited from social media or were known to the researcher, thus causing a purposive sample. Participants recruited from outside of south wales were interviewed over the telephone, and all participants names were changed to keep anonymity. There was an exclusion criteria for women who were experiencing post-natal depression or anxiety.

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Relationship status</th>
<th>Previous children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah (Michelle)</td>
<td>26</td>
<td>Married</td>
<td>1</td>
</tr>
<tr>
<td>Eleri (Katie)</td>
<td>31</td>
<td>Married</td>
<td>1</td>
</tr>
<tr>
<td>Rachael (Leah)</td>
<td>29</td>
<td>Married</td>
<td>1</td>
</tr>
<tr>
<td>Hanna (Louise)</td>
<td>35</td>
<td>Married</td>
<td>0</td>
</tr>
<tr>
<td>Fran (Carys)</td>
<td>22</td>
<td>Single</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 1: overview of each participant.
2.3 Materials

A number of materials will be used in this study, a recording device will be used during all interviews so that there is an audio copy of the interviews. There will also be an information sheet and consent form for the participants including all the important information needed before the participants agree to take part. There will also be an interview schedule in place during the interviews that will be followed throughout.

2.4 Development of Interview Schedule

An interview schedule was used during the interviews, so that there was a more comfortable and naturally flowing conversation with the participants, (Doody & Noonan, 2013). The reason for an interview being used is that they can be extremely helpful in understanding the deeper meaning behind a person’s experience of an event, (Doody & Noonan, 2013). There were some introductory questions asked at the beginning of the interviews to build a rapport with the participant and to make them feel more comfortable. Overall there were 11 open-ended questions, these questions were predetermined (Doodny & Noonan, 2013) based on the research aim and previous literature relating to social support or women’s experiences of pregnancy, such as Stevenson, Maton and Teti (1999); Glazier, Elgar, Goel and Holzapfel (2004). By asking all participants relatively similar questions, there was a sense of order within the data set (Holloway & Wheeler, 2010) but some unique questions referring to certain individuals only emerged from the different dialogues (DiCicco-Bloom & Crabtree, 2006). A draft of the interview schedule was looked at by a supervisor as this is considered to be an important step (Smith, Flowers & Larkin, 2013).

2.5 Ethical Considerations

Ethical approval was granted by Cardiff Metropolitans ethic committee on the 22nd November 2017. When signing the consent form participants were told that their names would be kept anonymous by using pseudonyms, they were also informed that they could remove certain information deemed too private from the transcript or withdraw themselves completely up until a certain date agreed at in person. When the interviews finished the participants were told about any support service they felt were needed. All the data was stored on a password protected laptop, and any of the information involved was discussed only between the research and the supervisor, this was to secure the confidentiality of the
participants private information. The whereabouts of the researcher was known at all times either by the supervisor or someone close to the researcher.

2.6 Procedure
All the participants were individually interviewed at a mutually agreed location by both myself and the participant, or were contacted to be interviewed by phone or video at a mutually agreed time. All the questions were asked from the interview schedule that was created before the interviews took place. The participants were able to pause the interview if they wanted too, and the right to withdraw was always available. Once the interviews had finished all the participants were debriefed and were also given any information needed in case they felt they needed support services. The participants were also given my supervisors contact details in case they feel the need to get in touch.

2.7 Method of Analysis
The method used to analyse the data for this report will be Thematic Analysis. This analysis will be used as it is more flexible in what can be done than other types of analysis such as IPA, it also is much more accessible for researchers with little knowledge. This type of analysis can work with many different research questions and it allows the research to focus on a broad range of the participants experiences and beliefs (Braun & Clarke, 2013). There will be six steps to this analysis which can be found in Braun and Clarke (2006) paper. The first will begin once all the interviews have been completed. The data from the interviews will be read thoroughly at least once, this is to give an overall understanding of the data set. The interviews will then all be read again numerous times, this then allows for any initial ideas to be noted down. After this step, initial codes will begin to be generated from all the information that is seen as interesting and relevant. The initial codes will then be grouped into initial themes, which will be reviewed to ensure that they work with the data set, once this is complete a thematic map of the themes and sub themes will be created. All the themes will then be given a name and defined so that the production of the report can begin, this is done by relating the named themes to the research aim and any academic literature.
Chapter 3
Results

Figure 1: A thematic map showing the main themes and sub themes for social support during pregnancy

3.1 Negative feelings related with support
This theme encapsulates how the mothers felt towards their lack of support during their pregnancy and also the lack of support for their partner. The mothers had an idea of
what support they wanted to receive but often just accepted that it was not going to be given.

**Lack of support from and for partners**

Some of the mothers mentioned that they were not receiving adequate support from their partners during the pregnancy. For two of the mothers, their partners worked away and they found it difficult to receive the support they needed from them.

“*my husband works away a lot, So I don’t really, I don’t get a lot of support of him, which is just the way it is I suppose*”- (Leah, P.2, 91-93)

It seemed that the mothers just accepted any support they received, as it was better than no support at all. For some of the women, such as Leah she understood that her husband worked away a lot and during his time off he did not expect nor want the full responsibility of giving her the support she needed.

“*the problem is I think because he works away, when he comes home he doesn’t expect to be involved to that extent*”- (Leah, P.3, 124-125)

The women mentioned feeling alone if they weren’t receiving the support from their partners, even though they had other social networks around them. This is possibly due to the expectations of partners to be the crucial component of social support for the women.

“*my husband was also working in England, so I was on my own every day*”- (Michelle, P.2, 108-109)

Without this type of support the women felt as though all the responsibility and burdens of pregnancy and child bearing was on them, and them alone. This was also evident for one women who had no partner, and instead of getting support from family and friends, she was dealing with all the responsibilities and duties of pregnancy on her own.
“I’m single at the moment so in that sense I’m dealing with it all on my own, trying to sort it all out on my own”- (Cary’s, P.2, 38-39)

Support was also found to be inadequate for partners. The mothers sometimes felt as though their partner was often excluded from receiving support, especially from professionals, and that professional support was focused more on the mother.

“um, well I wouldn’t say there was anything really, I don't feel it in terms of support for him at all”- (Katie, P.2, 73)

Although there were different types of support available for the mother, often partners were not given the same opportunity to receive any support. Although many of the mothers vocalised how beneficial they believe partner support classes would have been, as the partner would feel more confident in his role providing support.

“I definitely think something for the dad, or the partner if you’re in same sex relationship for example, to you know help them”- (Louise, P.5, 163)

**Lack of Professional support**

Most of the time the woman found their support from midwives and other professionals to be beneficial and mostly positive. Although, there were times when the professionals did not give the highest quality level of support that the women wanted, meaning that the mothers and their partners were missing out on opportunities to receive some beneficial support.

“in the hospital, you're not even offered to go onto these antenatal courses”- (Michelle, P.3, 131-132)

Often the mothers felt down and deflated about their lack of support, as the midwife is meant to be a crucial part of a pregnancy experience. The main issue was with the lack of continuity with midwives, as more often than not the women were seeing different midwives each time and were not able to form closer relationships.
“I don’t feel like the support was that great, mainly because of like continuity of midwife was really poor, um like I still have a named one but I didn’t see her very much”- (Katie, P.2 59-61)

The midwives were not always to blame, as often there is a lack of funding and although the midwives want to provide for these mothers and create high-quality relationships, it’s not always possible. Some of the mothers did understand this issue and did acknowledge the lack of funding being the main cause

“I think it’s probably all to do with money, they don’t have enough money”- (Michelle, P.3, 137-138)

3.2 Negative impact during and after pregnancy
Not only did the mothers have some negative feelings towards their support, they also mentioned some of the negative impacts of pregnancy on their physical and emotional self.

**Physical negatives**
Throughout the transcripts the mothers mentioned many physical symptoms they experienced throughout their journey. Most of the symptoms mentioned were common during pregnancy and once the mother had given birth, but they did seem to leave a negative impact on how the women felt.

“I had to have physio and crutches I was in pain, so, so much pain”- (Michelle, P.2, 56-57)

When the women experienced pain such as this, the support that is available to them becomes much more important. This is because the pain caused the mothers to struggle in their day to day activities, therefore they needed more support from those around them. Even though they were given support from professionals to try and help ease their pain as much as possible, this did not mean that they were able to carry on as normal and they still
needed that extra helping hand. Although, the physical pains the women felt were not a constant throughout their pregnancy, and often certain pains were only felt during specifics times during pregnancy.

“um Physically, well definitely the first half was incredibly difficult, um yeah physically it was just really difficult to function as a human being”- (Katie, P.1, 33-34)

The physical impacts the women felt caused issues in other areas of their lives such as sleep. Although the women may not have been experiencing pain, they were experiencing other physically symptoms such as their body growing and changing, which in turn caused difficulties. Sleep was mentioned as very important to most of the women but was also something they lacked. This led to women like Leah feeling even more negatives toward her physical aspects during pregnancy.

“Sleeping at night isn’t very good because it hurts when I turn over, and then my little boy isn’t sleeping all the way through the night yet either, so it’s kind of a double whammy really” - (Leah, P.2, 83-84)

*Emotional negatives*

Along with some of the physical negatives mentioned came emotional negatives. Each mother had a negative emotional experience at some point, and each mother had a unique and personal experience. During their pregnancy, the women felt a number of changes, and these combined cause a negative effect emotionally for some of the mums. For example, with Katie when she began to feel negative emotionally, this caused more of a spiral and she continued to feel negative about other emotional experiences, and she then found it more difficult to begin to feel positive again.

“Emotionally then obviously It had a knock-on effect and you know found it difficult to find the joy”- (Katie, P.1, 35-36)

These emotional difficulties are not always a constant feeling and usually during pregnancy and especially just after birth, these mothers are coming to terms with their new roles, and
the changes. With Louise for example, she herself struggled emotionally, but was not always constantly negative and with the support these women were also receiving, they got lots of help to overcome their negative feelings.

“I’m struggling some days, not all days but just the emotions and challenges of being a mum” - (Louise, p.3, 106-107)

3.3 Positive impact during and after pregnancy

The women also mentioned many positive experiences they felt throughout their pregnancy journey and afterwards. Each woman was unique in their pregnancy journey and this was seen throughout the transcripts, as each mother had their own individual positive impacts that the other women did not experience. The positive experiences seemed to also outweigh the negatives and it was through the support the mothers were receiving that helped them.

Physical positives

Physically in pregnancy many women expect to feel some sort of pain whether it be morning sickness or back pain, but for two of the women they mention in the transcripts about how they had quite a positive physical experience.

“and obviously physically felt really, really well so”- (Katie, P.1, 37-38)

When the women felt more physically able and positive this led them to also be independent and not always need as much physical support from their social networks as they were able to carry out daily activities themselves.

“Um, physically, I was great I’ll be honest, through my pregnancy”- (Louise, P.2, 56)

Emotional positives

In many of the transcripts the mothers often mention how they have changed emotionally and mentally, or how they are a bit nervous or apprehensive and although there were some
negatives during the experience, some of the mothers did also have positive experiences and seemed very excited as they were looking forward to the birth of their child, and felt positively towards it, especially towards the end of their pregnancy.

“um, you know it’s a nerve wracking thing, I’m really excited”- (Carys, P.1, 22)

Especially once the babies were born the mothers seemed to be a lot more emotionally positive, and seemed to always find the joy and happiness eventually with their new born child, even if it did come with some struggles to begin with. The bond between the mothers and the children or bumps seemed to urge them on to be more emotionally positive about the experience, even though they all had some support from somewhere only they could make themselves more positive emotionally and mentally.

“Well I have turned a bit of a corner emotionally, um because he’s started to respond more to us and started smiling. That’s making it easier”- (Louise, P.2, 45-46)

Although the mothers did seem to talk more about their negative physical and emotional experiences in the transcripts than their positives experiences, when they begin talking about the support they are receiving or received, the majority if not all of the women felt mostly positive about their overall pregnancy experience.

3.4 Beneficial support

All of the mothers received some type of beneficial support during their pregnancy journey, and each woman had a different experience and opinion of how beneficial the support was for them personally. For some their midwife was the most helpful, whereas for others it was their partner. The support that was received helped the women feel much more positive about their journey and it helped them get through any of the negatives they experienced. Thus, this theme captures all the different types of beneficial support that the woman received during their pregnancy.
**Partner Support**

Each of the women had their own opinions as to what support was most beneficial for them, and for the women like Louise and Katie, partner support was seen as extremely helpful, if not the most helpful in Louise’s case.

“Without him I wouldn’t have gotten through this to be honest, he’s been amazing so the fact that I can talk to him about anything I’m really lucky in that”- (Louise, P.3, 83-84)

The support from partners was also beneficial in different ways, for Louise the support that was most helpful was the emotional support she received from her partner by being open and honest as this really helped her transition through pregnancy. Whereas Katie benefitted more from physical support from her partner, where her partner often completed the daily activities that Katie could no longer handle while being pregnant.

“Um yeah, I have a really supportive husband. He first and foremost really helped pick up the slack”- (Katie, P.2, 41-42)

Whether the support given was emotional or physical, as long as the partners had a high quality and supportive relationship then it was extremely beneficial for the mothers.

**Family and Friends Support**

Support that was seen to be important throughout the transcripts for all women was the support they were receiving from their family and friends. Family played a crucial part in determining positive social support for these women, especially the mothers and mother’s in-law as they themselves had experience and knowledge they wanted to pass down.

“Obviously, my mum gives me great advice as she’s been through it all before”- (Carys, P.2, 65)
Not only did the mothers own family help them by being supportive, but for Katie the support she received from her partners family was also beneficial. This meant that both her and her partner were receiving family support, and had a positive family network, which resulted in a more positive and happy pregnancy. The family support was able to give her many different types of support, whether it be emotional or physical.

“Um I have a really supportive and great family network as well, with both my parents in law and my own parents” - (Katie, P.2, 43)

Friends also played a crucial part and had a very important role in providing social support. All the women mentioned their positive experiences with their friends, and often the friends had either experienced or were currently experiencing pregnancy themselves. This made their help, advice and support that more beneficial for the mothers, and almost created their own little support network. As the mothers were also able to be supportive of their friends.

“and friends have been absolutely phenomenal, you really find out who your true friends are I think” - (Louise, P.2, 70-71)

**Professional support**

Professional support is extremely important in pregnancy for the mother and is an opportunity that all women want to experience. A majority of the women did perceive professional support as a positive. Although some of the women such as Carys, did rely on their midwife more than some of the other women.

“It’s like I’m more relying on my midwife for that kind of stuff to help me with”- (Carys, P.2, 41)

Although the midwives that the mothers met were often helpful, they do not seem to be the women’s first choice for support. Family and partners came before midwives, as they are able to bond more with the mother, likely due to the women seeing these much more often than they saw their midwife. For example, with Leah, when listing her support
networks from what she finds most helpful personally, she lists her midwife as number three.

“number three would probably be my midwife as she’s always asking if I’m okay and if I’m coping okay”- (Leah, P.4, 149-150)

The midwives main concern is the health and wellbeing of the mothers. The midwives are also able to provide knowledgeable support that family and partners may not, and they know of more classes and community support that is available for the mum, either through the NHS or sometimes privately.

“the hospital offered two sessions of antenatal classes so I went to those with my husband which were quite good”- (Michelle, P.3, 116-117)

As important as professional support is for women during and after their pregnancy, it is not what the women tend to rate as their most beneficial, but in terms of ensuring their health and wellbeing of both them and the baby, it is critical.

Community support
Throughout the transcripts the mothers did mention about classes that they either attended alone or with their partners. These support classes were usually in their community, and were often with other mothers. The classes, such as antenatal classes were spoken of as very beneficial and gave great help and support to mothers during their pregnancy.

“Um, yeah, they have told me of a few group, um support groups and stuff to join that they know of, that are really good”- (Carys, P.2, 47-48)

Some of the mothers such as Louise were told about more specific community support groups, that covered topics such as mental health. These types of support groups are something that not all mothers feel the need to attend, but for many, meeting other
mothers who are going through the same experience and facing the same challenges is extremely helpful and supportive.

“I’ve also been referred to perinatal mental health support group”- (Louise, P.3, 108)

Support groups and classes seemed to be a beneficial tool for most of the mothers, but they also did not seem to be the main priority for receiving support both through pregnancy and afterwards.

3.5 Summary of the Results

All the Mothers seemed to have their own unique and personal positive and negative experiences throughout their pregnancy. A similar theme in all the transcripts were that of social support being beneficial to all the mothers, although each mother had her own opinion and ideas about which type of social support was most beneficial to herself and why that was. This shows that social support clearly has a big impact on the experience of pregnancy for mothers.

Chapter 4

Discussion

4.1 Overview

This study was concerned with the different types of social support than a woman may receive throughout her time being pregnant and also afterbirth and different types of support were considered and researched. The aim was to gain a deeper understanding into the positive and negative experiences that a woman may have regarding support. This aim was established due to previous research on the topic not focusing on mothers as unique women, who have their own individual and very different experiences of support (Nilsson, Thorsell, Hertfelt Wahn & Ekström, 2013). Furthermore, there are many studies that research the different types of social support women can receive, and these studies go into a lot of detail about how the different type of support affect women’s well-being (Costa, Rippen, Dritsa & Ring, 2003). Yet there is a gap in the research regarding how these mothers
actually perceive this support (Haber, Cohen, Lucas & Baltes, 2007). Due to this lack of research, this study also aimed to research what support mothers perceived as the most beneficial and helpful to them personally.

4.2 Findings
The first main theme ‘negative feelings related with support’ highlighted the lack of support mothers felt they were receiving throughout their pregnancy. The findings showed that although most of the women had a partner, they were not always emotionally and physically available, which previous research has shown is vital in providing high quality support (Widarsson, Kerstis, Sundquist, Engström & Sarkadi, 2012). Although previous research on this area focuses on how emotional support is considered the most effective (Houts, Barnett-Walker, Paley & Cox, 2008) the findings from this study showed that due to the women’s partners working away, the lack of physical support was more of an issue and the mothers felt alone. This is very similar to research on single mothers, as the lack of a partner in their life has similar effects, leaving women to be more vulnerable to social exclusion and having lower levels of social support (Lipman, 2005). A few of the mothers also mentioned how their partners were not receiving enough support, and this finding was reflected in previous research, as it was found to be an important aspect to women that their partner was also able to be more confident as it improved the experience of pregnancy for everyone involved (Dahlberg & Aune, 2013). This shows in both the findings of the current study and previous literature that mothers are not only concerned about their own wellbeing but that of their partner also (Premberg et al., 2011).

The other sub theme that emerged from this was the lack of professional support. Both current and previous findings show it is important to mothers that they get beneficial and personal support from their midwives (Carin, Lundgren & Bergbom, 2011). The findings show how the women suffered with low quality support due to a lack of continuity of their midwife and the findings for this topic show how important continuity is for women as they benefit most from having a consistent relationship with the same midwife (Fontein, 2010) as it helps them feel more prepared (Sandall et al., 2010). Although no research has identified the negative effects of poor continuity of midwife, and most findings focus on the positive outcomes, this current study can contribute to the literature in this topic by showing that
the lack of continuity can negatively effects women’s experience but also leave a negative opinion of the midwife as a contributor to social support

Two out of the four main themes were both very similar but were looking at experiences from opposite ends of a spectrum. One theme was looking at the negative impacts of pregnancy while the other was looking at the positive impacts of pregnancy. The findings from these themes found both negative and positive experiences of mothers from physical and emotional aspects. The was an important aim of the current study as not many previous studies have looked in depth at the physical and emotional experiences the come from the support mothers receive. Previous studies have found that the journey through pregnancy can include moments of stress and emotional turmoil (Stapleton et al., 2012) but the current study shows that the psychical pains and bodily changes that women go through during their pregnancy, can all be improved if they receive the right support, whether that is physiotherapy from professionals or their partner looking after current children. The findings for emotional negatives were very similar, with all the women having their own unique experience of negative emotions which is often common at some point throughout pregnancy. Previous literature does show that women identify their own mothers as a vital source for emotional support (Negron, Martin, Almog, Balbierz & Howell, 2012), and the current findings do show that with a little help from support networks, the women’s moods do improve, but at the same time they can only completely improve the moods by themselves and that these negative feelings do tend to pass after time. A lot of the current literature does explain that the journey to becoming a mother is mostly viewed as a positive experience (Elsenbruch et al., 2006) and this was also found in the current study. As although some women did experience negative feelings during their pregnancy, all of the women felt positive about it at some point. When the women felt physically good this in turn did seem to improve their mood, as when the women were physically able, they did not need as much support from the people around them and were able to feel more control over their body and decisions. This in turn helped them to engage more positively in social support and also improved their mood and well-being. These findings can contribute to current literature, by showing that each and every woman has different physical and emotional experiences throughout their pregnancy, and not one pregnancy will ever be the same. Thus, showing that the support women receive will be different and unique
depending on her circumstance, environment and personal experience through pregnancy and beyond.

The fourth theme encapsulates the main aim of this study, looking at the different types of support women received and what they perceived as most beneficial to them personally. Although the negative aspect of partner support has been mentioned previously, some of the women in the study did speak about their partners in a positive light and how the support they received from their partners was the most important, as they would not have been able to go through the pregnancy without them. No previous research was found to show that partner support was the most essential to women, but it was found that the positive relationship could help to buffer any negative feelings by providing vital resources, strength and support (Divney et al., 2012). There is also no previous research considering what type of support from partners is most beneficial. The current study can contribute to the literature by showing that each woman is different, as in this study Louise found emotional support the most helpful while Katie perceived the physical support as the best. Although there is no previous research on this specific topic, there is research showing that there is a need for more understanding on what support is most beneficial for each individuals woman’s specific needs (Bäckström et al., 2017). This study and previous research both found that it was not enough for the partners to just be present, it was vital that the women and their partners had a high-quality relationship as this provided the absolute best type of support possible (Canevello and Crocker, 2010).

The women also mentioned support from their family and friends as extremely important, especially the women’s own mothers and other close female family members. This finding has been seen multiple times in previous research as mothers are often seen as vital source of many different types of support (Negron, Martin, Almog, Balbierz & Howell, 2012) as the women feel that they can rely on their mothers every single day, even after they have given birth (Raman et al, 2016). Female friends were mentioned often in this current study, and all the women felt they could turn to their friends for support, especially if they had no partner or their family lived far away, similar with previous research women emphasised the importance of their friends (Mlotshwa, Manderson & Merten, 2017). This study did find that the women could survive without partner support, but each and every one of them needed to feel supported by either a family member of friend, possibly
contributing important findings that family and friends are more essential for support that other types of social support.

As previously mentioned most women want and expect a high level of support from their midwife and other professionals when they become pregnant (Carin, Lundgren & Bergbom, 2011). Although, the findings in the current research actually found that the women who lacked support from other areas, relied more highly on their midwife than women who had partners or closer family members, this can contribute to research showing that women seen as more vulnerable may need more personal and individual contact with their midwife. In the current study, many of the mothers also mentioned the need for classes, and how their midwives informed them of what was available to help improve the pregnancy experience, but also the own mother’s knowledge and understanding of childrearing. This links with other research on this area, as it has been proven that it is important for midwives to continuously keep the mothers informed throughout their pregnancy (Hall & Holloway, 1998). This way the women will feel more confident in her decisions as a mother, and will not need as much help from their midwife (Lundgren and Dahlberg, 2002) as the mother has gained her own understanding, thus showing that midwives are not always the number one resource for social support for women during their pregnancy.

Finally, some of the women did mention about support from their Community, although similar to previous research the mothers did not seem to find this type of support as beneficial and important to them as the other types of support available (McLeish & Redshaw, 2017). The mothers did find the classes they attended helpful and it gave them the opportunity to meet other mothers, and previous studies have shown that being able to bond with other woman is important, as they are able to connect and share their experience with one another (Callister, 2004). One or two of the mothers did also mention more specific support groups, aimed towards Mental Health, and that they looked forward to attending these groups. Previous studies show similar findings, that these groups are great for providing support and the opportunity for mothers to discuss their feelings with women who have had the same experiences in a more safe and non-judgemental environment (Negron, Martin, Almog, Balbierz & Howell, 2012).
4.3 Limitation and Future Research

It is important to understand that this study used a small number of participants, and their experiences do not show that of the whole population of past and current pregnant women. Initially, it was hoped that more participants would be recruited for this study, although having a smaller sample did allow the researcher to spend more time with each woman, building a stronger relationship and getting more in-depth knowledge but it did cause the results to be limited in what they could find. Thus, future research would benefit from interviewing closer to 10 participants. The researcher would also benefit from having a number of resources to recruit their participants from, as this study found that Social Media alone was not enough. Another limitation of the study that was not realised at the beginning, was that 4 out of the 5 participants were married, this made it more difficult to get an opinion of pregnancy without partner support. This could be an issue with the criteria of the study, or even the way the participants were recruited, but for the future the study would benefit from having a more equal number of women in and out of a relationship. This limitation then caused another limitation of the current study to come to light, as the interview questions were too specific, and therefore made it difficult. For example, if a woman spoke about a partner before the question regarding their partner was asked, this then made it more difficult for the interview schedule to be followed and a new question revised on the spot. In future, the researcher would benefit from not only making the interview questions more open and less specific but also being prepared to not follow the schedule completely.

4.4 Reflexive Analysis

The reasoning behind choosing the topic of Social Support during pregnancy for my project is due to my passion of becoming a Midwife, and due to holding an offer for this degree for the following academic year, therefore I have a lot of knowledge within the topic area. As a researcher, I was able to relate to the participants and build a trusting rapport with each and every one, as I had an understanding about what they were talking about and could empathise with them due to my background of volunteering in the maternal mental health sector, thus giving me sensitivity to the context. Thematic analysis was the method that was used in this study as it allowed for more in-depth answers and myself as the
researcher to gain a better understanding of how the women made sense of their world and the events that take place within it. In the future, I would like to continue with this type of research, especially as a student midwife as I will be able to communicate and interact with a much wider audience of women and families and be able to commit to this work for a much longer period of time. Thus, gaining a deeper knowledge on this topic area of how support affects mothers, but also how it affects those around the mothers, so not only would it improve this area of literature but improve the experience for women and my knowledge as a future midwife.

4.5 Conclusion

The overall findings of the current study conclude that all women, regardless of their situation, environment or even social class all benefit highly from receiving social support through their pregnancy. This study was able to go deeper and find that each and every women’s experience of pregnancy is unique and personal to them, and that no one woman will experience the same pregnancy as another. This shows that there is a need for social support to be tailored towards mothers, depending on what they perceive as the most helpful and beneficial to them and their well-being and also the well-being of their child. Through the findings this study has shown that some women benefit the most from having their partner support them, while others who do not have a partner benefit the most from receiving support from friends and their midwife, thus showing that each woman will always have a different opinion on what support is best.
References


Work, 37, 322–328
Appendices

Interview Schedule

A. Introduction
   1. Introduce myself and explain briefly what the interview will be about
   2. Explain briefly what the data will be used for
   3. Give a rough time of the length of the interview and mention the right to withdraw.
   4. Is this your first pregnancy? (Prompt: How many children do you have if it is not first pregnancy)
   5. How far along are you?

B. Main Questions.
   1. How would you describe the pregnancy has been so far? Healthy? Difficult?
   2. How are you feeling about becoming a mother (Prompt: If already have children, how do you feel about becoming a mother again).
   3. How do you think it has affected you physically and mentally? (Prompts: Has the physical change had an impact on mental change)
   4. Are you receiving any support from family or friends? (Prompts: If so, what kind of support, how often, is it helpful)
   5. What support are you receiving from professionals and your community during the pregnancy? (prompt on midwife support and classes available)
   6. Are you receiving any support from a partner during the pregnancy? (Prompt: If so, is it emotional support, physical support, are they going to all appointments with you, how are they finding the experience)
   7. What support do you believe has been the most helpful and beneficial, why?
   8. Would you say there is more support for you during your pregnancy (antenatal classes) or after your pregnancy (play groups)?
   9. Do you believe enough support is provided for partners during the pregnancy experience, and explain your answer? (Fathers mental health, father classes)
  10. How do you think professionals could improve their support towards yourself during and after pregnancy?
  11. What other ideas do you believe could improve women’s experience of pregnancy? (Prompt: through support from family’s, partners, community classes).
Title of Project: The positive and negative experiences of social support during and after women’s pregnancy and the perceive benefits.

Participant information sheet

I am inviting you to take part in a research study. Please read the following information thoroughly and carefully and take your time doing so. This sheet will explain what research is taking place and the process involved before you decide to participate. Please feel free to ask any questions.

The study
This study looks into the effects of social support on your experience of pregnancy and how this also affected you after giving birth. This study is concerned with how social support has shaped your positive and negative experience of birth, but also your partners experience. It will look into what help you received but also what your partner received both professionally and socially and how this shaped the physical and emotional aspects of the pregnancy journey as a whole.

What would happen if you agree to participate?
Firstly, I will need the consent form returned to me in an envelope and once you agree you will be given a random number as your identifier. Interviews will then take place in a study room of a local library, where all participants will be individually interviewed following an interview schedule. The entire interview will be recorded on a password protected device, then moved onto a password protected computer. Once all of the data has been logged onto the computer it will be erased from the recording device. You will also be debriefed at the end of the interview, the data is then going to be analysed as part of the research process.

Exclusion criteria
If you found your pregnancy to be particularly distressing and find it hard to talk about then it may be best not to take part in this study. You also need to have been in contact or with your partner during the pregnancy.

Potential Risk
I do not believe there will be any significant risks to yourself if you are to take part in this study. Due to the topic area, some may find certain questions to be too personal, uncomfortable or distressing. If this is ever the case then all participants have the right to a break during the interview process, have the choice not to answer the question or withdraw themselves completely. There will also be help available following the interview if any participants feel they need it.
Potential benefits

Some participants may find that this study will help them understand their experience of pregnancy better, and gain knowledge as to how social support is important to all mothers going through pregnancy. This research will hopefully go on to benefit others going through pregnancy in understanding how to get the best social and professional help available to them, and give partners a better understanding in how vital their role is during the pregnancy.

Withdrawal, anonymity and confidentiality

Withdrawal from this study will be available to you for a period of time, and at the interview a cut off point of withdrawal will be mentioned, you also will have the right to see your own data if you wish too. All data will also be kept anonymous as participants will be given a number to identify them and no personal information will be asked of them. If any answers lead to a participant being identified, then it will be removed from the data. All data will be confidential as only myself and my supervisor will have access to the interview data. If you do have any concerns about the anonymity or confidentiality of this study do not hesitate to contact my supervisor shown below.

If you have any questions about the study, please contact:

Leanne Freeman
LVFreeman@cardiffmet.ac.uk
PARTICIPANT CONSENT FORM

Reference Number:
Participant name or Study ID Number:
Title of Project: The positive and negative experiences of social support during and after women’s pregnancy and the perceive benefits.
Name of Researcher:_________________________________________________________________

Participant to complete this section: Please initial each box.

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time before leaving the experiment, without giving any reason.

3. I agree to take part in the above study.

_______________________________________   ___________________
Signature of Participant                        Date
______________________________________________________
Name of person taking consent                   Date
______________________________________________________
Signature of person taking consent
## Word Count Statement

<table>
<thead>
<tr>
<th>Section</th>
<th>Word Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>2413</td>
</tr>
<tr>
<td>Method</td>
<td>1027</td>
</tr>
<tr>
<td>Results</td>
<td>2923</td>
</tr>
<tr>
<td>Discussion</td>
<td>2529</td>
</tr>
<tr>
<td>Total</td>
<td>8892</td>
</tr>
</tbody>
</table>

Signed: **S. Barry**

Date: 19/04/2018