Midwifery 30 (2014) 476–485

Contents lists available at ScienceDirect

Midwifery

journal homepage: www.elsevier.com/midw

Primiparous and multiparous mothers' perceptions of social support from nursing professionals in postnatal wards

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ARTICLE INFO

Article history:
Received 25 January 2013
Received in revised form
2 May 2013
Accepted 24 May 2013

Keywords:
Inquiry research
Maternal health services
Mothers
Social support

ABSTRACT

Objective: the study aimed at evaluating primiparous or multiparous mothers' perceptions of social support from nursing professionals (SSNP) in postnatal wards and factors associated with SSNP.
Design: a cross-sectional and correlational design was used.
Methods: data was collected in 2007–2008 in two maternity hospitals with a convenience sample of Finnish-comprehending primiparous and multiparous mothers ($N=1300$). Multiple-birth and early discharge mothers were excluded. The amount of SSNP including affection, affirmation and concrete aid was measured. Questionnaires were returned from 754 mothers (58%). Fisher's exact test, *t*-test, Pearson's correlation coefficients, ordinal regression and multiple regression were used in the analyses.
Findings: mothers perceived the amount of SSNP as moderate. The amount of affirmational support was perceived as the highest compared with concrete and affectional support. Multiparas received statistically significantly less concrete aid compared with primiparas. The number of mother- and infant-related factors was substantial and their association was stronger among primiparas. Depressive symptoms were a significant factor among multiparas. Advice from nursing professionals, parenting self-efficacy, mother's age and infant age explained 54.0% of the variation in SSNP for primiparas. Correspondingly, advice from nursing professionals, state of mind on hospital discharge and family functioning explained 49.3% of the variation in SSNP for multiparas.
Key conclusion and implications for practice: primiparas that are vulnerable for a scarce amount of SSNP were easier to recognise on the basis of their background information, infant characteristics, childbirth-related factors, and sense of efficacy. Challenges lie in taking into account the whole family, especially among multiparas, and in developing professionals' guidance skills. Among primiparas the model of postpartum care may matter. Our results give professionals a better understanding of the resources and challenges faced by mothers in order to develop postnatal SSNP.

Introduction

Postpartum care in Finland is mainly provided in public hospitals specialising in obstetric care and by midwifes and public health nurses in public maternity clinics (Salonen et al., 2011a). In Finnish postnatal wards, social support is provided by registered midwifes, registered public health nurses and registered nurses or practical nurses. The total fertility rate in the country (1.85) is amongst the highest rates in Europe (NIH, 2008). Generally, parents' education level is high in Finland and all families are allowed to utilise comprehensive social security benefits, including universal health care, parental leave and child benefits (Salonen et al. 2010). The perinatal mortality rate in Finland is 4.8 per 1000 live births; therefore, Finland is amongst the safest places in the world to deliver a baby (NIH, 2008). Despite this, areas for improvement in maternity services include postpartum support for families as in many Western countries (Börjesson et al., 2004; Hildingsson and Thomas, 2007; Oommen et al., 2011).

After delivery, mothers in Finland are typically cared for in postpartum wards where they share a room with other mothers. In

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http://dx.doi.org/10.1016/j.midw.2013.05.010

some hospitals they may have a private family room where their partner can stay also overnight (Oommen et al., 2011). During the past 10 years, the length of postpartum stay has diminished from 3.7 to 3.2 days (NIH, 2008). This challenges professionals to support more effectively parents' coping and self-reliant child care at home. Strategies to develop postpartum care in Finland include the practice of rooming-in, patient-centered care, family-focused care and continuity of care. The World Health Organization (WHO) principles of postpartum care (Chalmers et al., 2001) including The Baby Friendly Hospital guidelines are also recommended to be followed. However, the WHO (2002) goals for six-month exclusive breast feeding are rarely (1%) achieved in Finland and in other countries in Europe (Cattaneo et al., 2005; Kyttälä et al., 2008). Although, evidence also indicates that parents feel overwhelmed during the first postpartum year (Nyström and Öhrling, 2004).

Care and support provided during the transition to motherhood has been researched widely (Singh and Newburn, 2001; Warren, 2005; Wilkins, 2006). However few studies have covered support afforded to families in the postpartum period (Albers, 2000; Nelson, 2003). Brown et al. (2005) noticed that mothers rated postpartum hospital care far less favourably compared with that during pregnancy, labour and birth. Previous research on social support from nursing professionals has mainly focused on first-time mothers (Tarkka et al., 1998, 2000a, 2000b; Leahy-Warren, 2005, 2007), mothers of specific age groups (McLeod et al., 2006; Hertfelt Wahn and Nissen, 2008) or mothers in general (Fredriksson et al., 2003; Oommen et al., 2011). In this research, social support from nursing professionals (SSNP) is defined as interpersonal transactions encompassing following key components: affection, affirmation and/or concrete aid (Kahn, 1979).

Strong evidence exists to suggest that extra effort be invested in developing support for first-time mothers (Logsdon and Davis, 2003; Börjesson et al., 2004; Warren, 2005; Wiegers, 2006). However, Oommen et al. (2011) noticed that both inexperienced and experienced mothers desired greater SSNP in all its forms. Only few studies have compared primiparous and multiparous mothers' perceptions of SSNP in the postnatal wards and to evaluate factors associated with SSNP.

A family has to adapt to the birth of a child and this adaptation can be facilitated with environmental factors (Barnard, 1994; Meleis et al., 2000; Shaw et al., 2006), such as social support. Social support is defined in various ways (e.g. Langford et al., 1997; Williams et al., 2004; Finfgeld-Connett, 2005; Armstrong et al., 2005). In this research, SSNP is defined according to Kahn's (1979) theory as interpersonal transactions encompassing of the following key component or components: affectional support, affirmational support and concrete support. Affectional support covers the emotions of liking, admiration and respect, and includes the provision of care. Affirmation refers to expressions which affirm that acts or statements made by someone are appropriate. Concrete support refers to direct aid or assistance including the provision of time and information (Kahn, 1979). Nursing professionals refer to nursing and midwifery professionals.

In different studies, SSNP is associated with mothers' coping (Langford et al., 1997; Tarkka et al., 1999a, 2000a, 2000b), psychological and social well-being (Gottlieb, 1983; Langford et al., 1997; Finfgeld-Connett, 2005; Shaw et al., 2006), confidence in child care Tarkka et al., 1999a, 2000b; Tarkka, 2003), breast feeding (Tarkka et al., 1998, 1999b; Hildingsson, 2007), and other caring practices (Tarkka and Paunonen, 1996; Logsdon and Davis, 2003; Börjesson et al., 2004). Of the three categories – concrete aid, affectional and affirmational support – what the mothers received the most was affectional support (Tarkka and Paunonen, 1996; Oommen et al., 2011). Causes of dissatisfaction with postnatal care were the content of care Brown et al., 2005), poor interaction with professionals, length of stay (Brown et al., 2005), lack of support from staff, unfriendly and unhelpful staff, new fathers not being permitted to stay overnight, and dissatisfaction with postnatal check-ups (Hildingsson, 2007). First-time mothers expected to receive advice and instructions on child care, and that interaction with professionals would be continuous, individual and family-centered (Tarkka, 1996). Breast feeding, detecting symptoms of infant illness and matters related to child care or behaviour were among the concerns most commonly identified by mothers (Sword and Watt, 2005). Families with infants needed support in parenthood, infant care, marital problems and support networks (Häggman-Laitila, 2003).

Several studies have shown that SSNP is associated with mother-related factors. Associations were found between mothers' perceptions of SSNP and age, self-concept, education, marital status, parity, depressive symptoms and delivery (Tarkka, 1996; Oommen et al., 2011). Teenage mothers perceived less SSNP than adult mothers (Hertfelt Wahn and Nissen, 2008). Risk factors for dissatisfaction with postpartum care were low education, single status, suffering from many physical symptoms, transfer of the infant to a neonatal unit, large hospital, hospital stay shorter than one day or more than four days at the maternity hospital, and insufficient time for breast-feeding support, encouragement and personal questions (Waldenstrom et al., 2006). Unmet postpartum learning needs were reported more frequently by mothers of low socio-economic status compared with mothers of higher status.

The challenges in postpartum care include developing alternative care forms (Fredriksson et al., 2003), understanding the meaning of care, conscious involvement of the family and other new mothers, and recognising that the woman is a new mother needing both to express care and to receive care from nursing professionals, her friends and family (Bondas-Salonen, 1998). However, for SSNP to be initiated, recipients must also recognise the need for support and be willing to accept assistance (Finfgeld-Connett, 2005).

Methods

The aims of the study were to evaluate primiparous or multiparous mothers' perceptions of SSNP in postnatal wards and to evaluate factors associated with SSNP.

Design and participants

A cross-sectional and correlational study design was used. This research was conducted in university-level public maternity hospitals (A and B) in Southern Finland. Both hospitals recommend the practice of rooming-in and aim to offer continuity of care and family-centred care. However, fathers' overnight stays were common practice on the maternity unit in Hospital A, when in Hospital B fathers were allowed only to stay overnight in exceptional circumstances. In the last decade, development of nursing was strongly focused on breast-feeding support in Hospital A. In Hospital B, the development of nursing has focused mainly to support early discharge by offering nurse/midwife home visits and telephone support. In Hospital A, early discharge is also encouraged, but it is supported by outpatient clinics (Salonen et al., 2008, 2011a).

This research is a part of a project entitled Urban parenthood, which evaluated an internet-based intervention using a quasi-experimental and longitudinal design. The internet-based intervention offered online support for parenting, breast feeding and child care from midway through pregnancy and postnatally in Hospital A (Salonen et al., 2008, 2010; Hannula et al., 2010). The internet resource served as the main intervention tool and it was comprised of information data bank and peer discussion forum. Two weeks post partum, mothers were also able to contact a registered nurse or midwife to ask anonymous questions online.