



Stressful events, social support and coping strategies of primiparous women during the postpartum period: a qualitative study

C. Razurel, MSc (Professor of Midwifery)^{a,*}, M. Bruchon-Schweitzer, PhD (Professor in Health Psychology)^b, A. Dupanloup, PhD (Senior Lecturer in Sociology)^a, O. Irion, MD (Professor of Obstetrics)^c, M. Epiney, MD (Senior Registrar)^c

^a Haute Ecole de Santé/Hautes Ecoles Spécialisées de Suisse Occidentale, 47 Avenue de Champel, 1206 Geneva, Switzerland

^b Department of Psychology, University of Bordeaux 2, 3 ter Place de la Victoire, Bordeaux, France

^c Department of Obstetrics and Gynaecology, Geneva University Hospitals and Faculty of Medicine, University of Geneva, Switzerland

ARTICLE INFO

Article history:

Received 7 February 2009

Received in revised form

27 May 2009

Accepted 7 June 2009

Keywords:

Stressful events
Social support
Coping strategies
Post partum
Breast feeding

ABSTRACT

Objective: to identify problems and events perceived as stressful by primiparous mothers during the postpartum period, and to explore the social support and coping strategies they used to face these situations.

Design: a qualitative study. Data were collected via semi-structured interviews and analysed using a content-analysis method.

Setting: Geneva University Hospitals, Geneva, Switzerland from October 2006 to March 2007.

Participants: 60 women interviewed six weeks after the birth at term of their first child.

Findings: during the early postpartum period, interaction with caregivers was an important source of perceived stress. Upon returning home, the partner was considered as the primary source of social support, but the first need expressed was for material support. Breast feeding was perceived negatively by the new mothers, and this may be due to the difference between the actual problems encountered and the idealised expectations conveyed by prenatal information. Educational information dispensed by medical staff during the prenatal period was not put into practice during the postpartum period. Mothers expressed the need to be accompanied and counselled when problems arose and regretted the lack of long-term postpartum support.

Key conclusions and implications for practice: both the prenatal education and postpartum social support seem to mismatch women's needs and expectations. Concerted efforts are required by health professionals at the maternity unit and in the community to provide mothers with more adequate postpartum assistance.

© 2009 Elsevier Ltd. All rights reserved.

Introduction

The arrival of a child is an exceptional event in a woman's life. An ideal image of happiness is widely associated with childbirth in our society and often fuelled by the mass media. Moreover, the woman and her partner are confronted with physical and psychological changes, as well as new roles and responsibilities, during the postpartum period. The problems resulting from the birth of a first child require emotional, behavioural and cognitive re-adjustments that may generate stress. This transition towards parenthood is a very critical stage and anxiety disorder, post-traumatic stress syndrome and/or postpartum depression have been observed among 13% of women (Czarnocka and Slade, 2000; Forman et al., 2000; Soet et al., 2003). Evidence shows that these disorders may negatively affect the

mother–infant interaction, conjugal and family relationships, and also child development (Sutter-Dallay, 2006). In Geneva, the average hospital stay after a birth is four days. After discharge, compulsory health-care insurance covers the cost of a maximum of 10 home visits. However, it is not clear whether this help is sufficient and best suited to mothers' needs. Most studies dedicated to the prenatal and childbirth periods focus on the identification of risk factors and obstetric events associated with postpartum psychological disorders and the development of preventive strategies. Much less research has been conducted on postpartum stress and on women's personal and social resources in terms of social support and coping strategies.

Literature review

Numerous studies have shown that a high level of stress during the perinatal period increases the risk of postpartum depression (Terry et al., 1996). Terry et al. (1996) studied the stress level of

* Corresponding author.

E-mail address: chantal.razurel@hesge.ch (C. Razurel).

mothers after birth and concluded that it may be associated not only with pregnancy and childbirth-related, stressful events, but also with child temperament and insufficient social support, both received and perceived. Hung (2001) developed a 61-item postpartum stress scale adapted to Taiwanese women and showed that the main stressors were tiredness, lack of time and infant feeding. The three perceived stress dimensions were maternity role attainment, lack of social support and body changes (Hung, 2001, 2005). Social support provided by close relations and professionals plays a protective role and modulates the impact of stress on physical health and psychological well-being (Barrera, 1986; Sarason and Sarason, 1990; Bruchon-Schweitzer, 2002). Its beneficial role during pregnancy has also been reported by Glazier et al. (2004) in a study of 2052 Canadian mothers describing the mediating effect of social support on stress and symptoms of depression and anxiety. Other studies have demonstrated that satisfaction with the social support given by their partner and/or family had significant beneficial effects on the later well-being of the mother and child by reducing the risk of postpartum depression (Collins et al., 1993; Tarkka and Paunonen, 1996; Terry et al., 1996). Similarly, social support provided by health professionals, when perceived as satisfactory and adequate, has positive effects on mothers' well-being during the postpartum period (Tarkka and Paunonen, 1996; Webster et al., 2000; Melender, 2002). However, the different studies conducted on this aspect of care showed that health professionals mainly offer informational and educational support, whereas emotional support is rarely provided. A previous study conducted among 300 women in our maternity unit demonstrated that 46% of women feel unable to express their feelings and emotions to caregivers (Razurel et al., 2003). This corroborates the results of other studies that highlight the gap between women's needs and the professional support actually given (Beger and Cook, 1998; Ruchala, 2000). Interestingly, a review by Gagnon and Barkun (2003) showed that parents who received abundant information during antenatal classes had difficulties in assimilating information referring to the postpartum period. Although the main goal of antenatal education is preparation for childbirth and parenthood, data are lacking to determine its adequacy and actual effects (Gagnon and Sandall, 2007). Similarly, few studies have explored the coping strategies used by mothers to manage the changes following childbirth (Terry, 1991; Besser and Priel, 2003; Spiby et al., 2003). In addition, the questionnaires used in these reports only assessed general coping strategies and were not sufficiently precise to explore the mothers' specific responses to postpartum stress.

The aims of this study were to investigate events perceived as stressful by primiparous mothers during the postpartum period and perceived social support, and to identify coping strategies.

Subjects and methods

A qualitative approach was chosen as the most appropriate to explore women's feelings and perceptions (Flick, 2006). Data were collected via semi-structured interviews to facilitate and guide discussion (Seldman, 1991; Britten, 1995; Kaufmann, 1996).

The study was conducted at the maternity unit of Geneva University Hospitals, Geneva, Switzerland between October 2006 and March 2007. All French-speaking women having their first child at more than 37 weeks of gestation after a normal pregnancy without pathology or hospitalisation were eligible for inclusion in the study. Mothers were recruited during their hospital stay (early post partum) by five research midwives who proposed participation in the study, which involved a single interview at six weeks post partum. Of the 68 mothers recruited, three women withdrew

after inclusion and three were absent at the time scheduled for the interview. The sample size was considered to be adequate to validate qualitative methods (Murray and Chamberlain, 1999; Flick, 2006). The study protocol was approved by the institutional ethics committee and all participants gave written informed consent.

Data collection

Interviews were conducted at six weeks post partum at the mothers' homes by research midwives trained in using a semi-structured interview schedule. Topics explored included: stressful events perceived by the women during pregnancy, birth and post partum; perceived stress and perception of control of these events; received and perceived social support from family and friends and from maternity staff; coping responses of mothers during the postpartum period; and education received from health-care professionals related to the postpartum period and the perception of its adequacy to the women's needs.

Interviews included open-ended questions such as: 'what events did you perceive as especially stressing?', 'how did you cope with these?' and 'what was the final outcome?' All interviews lasted approximately one hour. Obstetric variables related to pregnancy, labour, mode of birth and breast feeding, as well as data on socio-economic status and antenatal education were collected.

Analysis

Two researchers (CR and MLBS) independently coded the first 10 transcripts according to recognised categories of stress, coping and social support described in the scientific literature (Barrera, 1986; Sarason and Sarason, 1990; Bruchon-Schweitzer, 2002). An event was classified as 'stressful' if it had left a marked impression on the mother. For example, one woman said: 'when my infant was crying, I was very anxious. I felt really stressed ...'. This event was considered as a stress-related event and was placed in the category 'infant's tears' (Table 1). Codings were compared and any differences were discussed and resolved in consultation with a third researcher (AD). Based on these discussions, an initial list of codes and coding rules were developed, and all remaining transcripts were coded by CR. An iterative approach was used to construct an 'analytical tree' that was progressively developed during coding of the 60 interviews (Miles and Huberman, 1984) (Fig. 1). Transcripts were coded using Nud*1st (QSR N6) software.

Findings

Sample

We conducted semi-directive interviews with 62 women. One woman was excluded after interview due to limited language comprehension, and a second because of the continual interruption of the father during the interview; 60 interviews were retained for further analysis. The average age was 31 years. Most were of Swiss nationality (47%) and lived as a couple (97%). Socio-occupational categories were defined as 'high' (women in management positions or in jobs requiring higher education, generally more than four years beyond high school), 'medium' (office workers service workers and skilled manual workers) or 'low' (unskilled workers, unemployed women and women outside the work force). Women were mostly from the 'medium' category (51%). Eighty per cent of our sample had attended prenatal classes. Birth was vaginal and spontaneous for 58.3%, vaginal and assisted

Download English Version:

<https://daneshyari.com/en/article/1085204>

Download Persian Version:

<https://daneshyari.com/article/1085204>

[Daneshyari.com](https://daneshyari.com)