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Original Research - Quantitative

### Partner relationship, social support and perinatal distress among pregnant Icelandic women

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#### ABSTRACT

**Background:** It is inferred that perinatal distress has adverse effects on the prospective mother and the health of the foetus/infant. More knowledge is needed to identify which symptoms of perinatal distress should be assessed during pregnancy and to shed light on the impact of women's satisfaction with their partner relationship on perinatal distress.

**Aim:** The current study aimed to generate knowledge about the association of the partner relationship and social support when women are dealing with perinatal distress expressed by symptoms of depression, anxiety and stress.

**Methods:** A structured interview was conducted with 562 Icelandic women who were screened three times during pregnancy with the Edinburgh Depression Scale and the Depression, Anxiety, Stress Scale. Of these, 360 had symptoms of distress and 202 belonged to a non-distress group. The women answered the Multidimensional Scale of Perceived Social Support and the Dyadic Adjustment Scale. The study had a multicentre prospective design allowing for exploration of association with perinatal distress.

**Findings:** Women who were dissatisfied in their partner relationship were four times more likely to experience perinatal distress. Women with perinatal distress scored highest on the DASS Stress Subscale and the second highest scores were found on the Anxiety Subscale.

**Conclusion:** Satisfaction in partner relationship is related to perinatal distress and needs to be assessed when health care professionals take care of distressed pregnant women, her partner and her family. Assessment of stress and anxiety should be included in the evaluation of perinatal distress, along with symptoms of depression.

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#### Summary of relevance:

##### Problem or issue

Increased knowledge is needed on the possible association between perinatal distress and satisfaction in partner relationship and perceived social support.

##### What is already known

It is inferred that perinatal distress has adverse effects on the expectant mother's health and affects the foetus'/infants' well-being.

##### What this paper adds

(1) During pregnancy it is important to assess satisfaction in the partner relationship and division of household tasks and to offer advice if dissatisfaction is identified. (2) Evaluation of the pregnant woman's stress level is suggested along with anxiety and depression symptoms, when perinatal distress is assessed.

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## 1. Introduction

The journey to becoming a mother constitutes a transitional process which starts during pregnancy<sup>1</sup> and brings along changes in the relationships with partner, friends, family and the social environment.<sup>1,2</sup> As a part of the normal transition the prospective mother may also experience mild stress such as insecurity about the pregnancy or her ability to become a mother. This mild stress may enhance her need to seek information regardless of whether this is her first or a latter pregnancy.<sup>1,3,4</sup> During the pregnancy it is important however, for the mother, her support system and health care professionals to identify whether the stress becomes more severe or pervasive and escalates to distress.

Perinatal distress refers to distress that is experienced during pregnancy but can also emerge at any time up to a year after birth. Perinatal distress can be expressed as stress,<sup>5</sup> anxiety and/or depressive symptoms<sup>2,5–7</sup> and can be detected as a screen positive level of self-reporting scales or by assessment of experienced clinicians. Perinatal distress is common among pregnant women in relation to other pregnancy problems and has been found to be 12–15% on self-report scales.<sup>6</sup> In an Icelandic study 9.7% of women were reported to experience distress at the 16th week of pregnancy.<sup>7</sup> A woman who does report depressive symptoms may also experience anxiety<sup>8,9</sup> and/or stress symptoms<sup>5</sup> which should be included in evaluation of perinatal distress.

Early detection of perinatal distress is important as it affects the woman's and her family's adjustment during the transition of pregnancy as well as her own health and that of her foetus in a negative way<sup>1,10</sup> and have shown to increase family stress in general.<sup>11</sup> It has also been found to affect the woman's mental bonding with the foetus and the new-born.<sup>12</sup> Distress does also affect the foetus'/infant's development in a detrimental way.<sup>11,13,14</sup> An association between perinatal distress and spontaneous preterm labour was found in a systematic review<sup>5</sup> and a meta-analysis showed an association between anxiety and premature birth and low birth weight.<sup>15</sup> There is evidence that it affects emotional, behavioural, motor and cognitive development among children as they grow and increases the risk of developing psychiatric disorders in adolescence and adulthood.<sup>16</sup>

When assessing for perinatal distress it is important to consider those factors that are related to the occurrence of perinatal distress. Known factors include low socioeconomic status, unemployment, low education level, financial difficulties, being single, a history or episodes of earlier distress, and on-going conflict between the partners.<sup>10</sup> Association was found between perinatal distress and decrease sense of control over one's body and intensified feelings of responsibility over the developing foetus.<sup>17</sup> Smoking and drinking alcohol during pregnancy have been found to be covariates of perinatal distress as women reporting perinatal distress have been found to have more difficulties in stopping smoking and drinking alcohol during pregnancy than non-distressed women.<sup>11,18</sup> A meta-synthesis showed that perinatal distressed women experience feelings of unmet expectation about the pregnancy and stigma from the environment regarding their distressed feelings.<sup>19</sup>

When a pregnant woman is in transition to motherhood, she leans on her social support<sup>1</sup> and strong social support has been found to buffer distress.<sup>2,10,20,21</sup> Perceived social support might be a more reliable and valid measure of social support than available support<sup>3</sup> and weak perceived partner support was found to be associated with antenatal anxiety and depressive symptoms.<sup>20</sup> Conceptualizations of the social support network might be difficult to assess, however, as it can be either defined too broadly or too narrowly or just as one type of support, and the family or partner may not even be included.<sup>21</sup> When assessing association with perinatal distress, social support from partner and satisfaction in

partner relationship have commonly been evaluated as one and the same variable. Therefore, partner support and partner relationship have been entangled with each other in studies' outcomes.<sup>18,22</sup> Poor quality of partner relationship was found to be the strongest predictor of perinatal distress in an epidemiological cross-sectional study from Norway.<sup>18</sup> A systematic review by Pilkington et al.<sup>8</sup> showed that more research is needed to evaluate dissatisfaction about division of household tasks and child care which could indicate on-going conflict between the partners.

Midwives and other healthcare professionals need to be alert to symptoms of distress among partners and offer advice and guidance on ways to enhance factors which are likely to decrease the distress,<sup>8,10</sup> and encourage communication regarding feelings since distressed women have been found to experience difficulties expressing their feelings and needs.<sup>19</sup> Perinatal distress in the partner relationship might be alleviated with a brief family-oriented intervention, as shown in a study, who found that perinatal distress decreased, both amongst expectant fathers and mothers.<sup>23</sup> By guiding the mother, her partner and the family to strengthen positive and protective factors which could prevent the escalation of pervasive/severe distress, the health of both mother and the foetus can be improved.<sup>10</sup>

From a review of the literature it is concluded that perinatal distress has adverse effects on prospective mothers' health and affects the foetus'/infant's well-being and even the whole family in a negative way. More knowledge is needed regarding the association of anxiety symptoms and satisfaction in the partner relationship on perinatal distress. Based on increased knowledge healthcare professionals could advise ways and methods to strengthen protective factors during the pregnancy.

The aim of the current study was to generate knowledge about the possible association with satisfaction in the partner relationships and social support among Icelandic women who are dealing with perinatal distress.

The following research questions were asked:

- Is perinatal distress during pregnancy associated with dissatisfaction in the partner relationship among Icelandic women?
- Is perinatal distress during pregnancy associated with perception of social support among Icelandic women?

## 2. Method

### 2.1. Design

The study was part of a larger population-based research project named: the Icelandic study of perinatal mental health (ISPMH). The women who participated ( $n=2523$ ) were followed from the 16th week of pregnancy until the infant reached one year of age. The ISPMH had a multicentre prospective design allowing for exploration of correlations of perinatal distress with a variety of variables. In the current study data from the pregnancy part ( $n=562$ ) of the ISPMH were used to explore the possible association between satisfaction with the partner relationship, social support and perinatal distress among pregnant Icelandic women. Where an association existed, evaluation was conducted with perinatal distress as the dependent variable (see [Table 1](#)).

### 2.2. Participants

The participants were women receiving their antenatal care from eleven Primary Health Care Centres in Iceland, 10 in Reykjavik, the capital city, and one in Akureyri, Iceland's second largest urban area. Antenatal care in Iceland is free of charge, provided by midwives at healthcare centres on a regular basis from

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