The Availability of Social Support or Services for Mothers Following Birth
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Abstract
The purpose of this study was to inquire about a mother's perspective on their experiences regarding the availability of social support or services received shortly after delivering their child. Instant changes in mood swings, loss of sleep, burdensome feelings and fearsomat the occurrence of depressive symptoms are some consequences that may arise in the postpartum period. Using a qualitative research method, the principal investigator interviewed five mothers in the Region of Peel that have given birth in the past year to gain an understanding of their recent experiences. One-on-one interviews were conducted with each participant. Qualitative data analysis was completed in three steps to ensure all data collected support the study. Followed by member checking, data was re-examined and the findings were shared with the participants. The interview protocol answers the research question, "what are mother's perspectives on the availability of social support/services offered after childbirth? To collect further data, the study will be continued with five additional mothers. The findings of this study are intended to inform the development of PPD prevention programs as well as to inform midwives and other health care professionals on how best to support mothers who are at risk for developing PPD. A qualitative research design was used so that the principal investigator and the participants could explore and express their perspectives. Their experiences are particularly worrisome among adolescent mothers due to their increased risk of adverse birth outcomes and parenting difficulties relative to non-adolescent mothers. (Nunes & Phipps, 2013, p. 171).  Five participants were recruited and interviewed in the Region of Peel which consists of Brampton, Mississauga & Caledon.

Methodology

Instrument
Twelve one-on-one interview questions
Appendix D: Interview protocol
Duration: Thirty minutes

Procedure
All five participants were recruited in the Region of Peel and each was provided with an Informed Consent Letter (Appendix C) and Sound Recording Consent form (Appendix B). Once the participants were familiar with each aspect of the study, a date, time and location was agreed upon.
All important information was recited before each interview to participants for clarification. With their approval, all interviews were recorded using a portable recording device.
Five interviews were transcribed using Microsoft Word software after which all recordings were permanently deleted. Member checking was conducted once each transcribed interview was reviewed by the principal investigator.
Followed by member checking, data was re-organized and analyzed by hand to begin the coding process. During this, the principal investigator also participated in researcher triangulation.
Coding was completed in three steps to ensure all data collected supports the five themes emerging from research, elimination of research bias, validity and overall accuracy of the study.

Participants
Participants included first-time or second-time mothers who’ve recently given birth in the past year. The age range of these mothers is between eighteen years of age or older. A younger age group was chosen to understand the study from a mother's perspective. Their experiences are particularly worrisome among adolescent mothers due to their increased risk of adverse birth outcomes and parenting difficulties relative to non-adolescent mothers. (Nunes & Phipps, 2013, p. 171). Five participants were recruited and interviewed in the Region of Peel which consists of Brampton, Mississauga & Caledon.

Difficulties in Pregnancy
All five participants expressed their concerns over their experiences during and after pregnancy. “I’m constantly getting stared at or like people would come up to me and they’re like, ‘cause I’m pregnant” (Participant M). Welcoming a child also meant that these mother’s suffered through challenging emotions after delivery as they felt sleep deprived and struggled with body image issues. “I hated my body and I hated the way I looked and it made me feel so weak” (Participant M). Health complications in this study made it challenging to transition in the pregnancy stages as some participants had a cesarean delivery, hemorrhage gravidum, fertility concerns, breast-feeding and placenta previa.

Personal Support vs Public Support
Support was highly emphasized by all participants as it held a greater significance. All participants had access to great personal support by a partner, mother or sister while health care professionals like doctors, social workers, midwives and social programs were forms of public support. “I had tremendous help from my partner from my family, they were all there for me. My sister has two kids so she was with me and my younger sister. So, if I think I was able to manage it was only and only because of my family” (Participant S).
Social support is presented through a “provision or exchange of emotional, informational, or instrumental resources in response to the perception that others are in need of such assistance.” (Mossen, Mahanamy & Dehlehorst, 2019, p. 2)

Security and Positivity
“I had mood swings, I would find myself randomly crying, I would find myself extremely frustrated like I would get so angry” (Participant K).
All participants recognized that a few weeks in the postpartum period were troublesome due to hormonal changes in their bodies, changes in physical appearance and mostly importantly allocating time for self-care. “When they’re just born it’s hard to have that like bond with them so at first, I was feeling that I wasn’t a good mother, I didn’t really know what to do” (Participant H).

Online Networking or Assistance
Most mother’s felt comfortable using the internet as a guide to not only educate themselves about their pregnancy but also to locate current programs that offer social support for mothers’ or breastfeeding assistance.

Importance of a Partners Role
Each participant accentuated on the role of their partners as it mattered the most, without the support of their partner, they may struggle and experience mental and emotional difficulties. “Google’ was preferred by many mothers because of my family” (Participant S).

Research Design
A qualitative research design was used so that the principal investigator and the participants could explore and express their perspectives. Their experiences are particularly worrisome among adolescent mothers due to their increased risk of adverse birth outcomes and parenting difficulties relative to non-adolescent adults. (Nunes & Phipps, 2013, p. 171). Five participants were recruited and interviewed in the Region of Peel which consists of Brampton, Mississauga & Caledon.

Introduction
A mother’s primary focus is to ensure her child’s safety and offering them an environment that is filled with nurture, care and love. Some mothers ‘handle birth and raising a child fairly well and are filled with happiness, others may struggle with the experience shortly after childbirth that may affect the early mother-infant relationship and impact the infant’s future health” (Kristensen, Simonsen & Trillinggaard, 2018, p. 1). Mothers must be well protected during this sensitive period because they may face challenging or depressive symptoms such as changes in mood swings, loss of sleep, overwhelming feelings and mostly feeling depressed. Literature indicates a lack of voice regarding a mother’s knowledge and understanding of their experiences. Therefore, the purpose of this qualitative study is to learn about mothers’ perspectives on their experiences regarding the availability of social support/services offered after childbirth. To collect further data, the study will be led by the following sub-question: how was your experience during and after pregnancy?

Literature Review
At the research question was changed during the phase of Methodology, two out of three themes has significance towards the final research question.

The lack of social support/service as social support decreases levels of PPD
The need for social support for any mother is essential as social interactions are necessary for everyone’s development. First, literature found that social support minimizes levels of postpartum depression. “Studies have indicated that mothers who received social support during pregnancy and postpartum after childbirth were significantly less likely to experience PPD”. (Kim, Connolly & Tamir, 2014, p. 2). Second, experiences of teen mothers are also troublesome as they have difficulties due to lack of experience in life generally, financial stability, education on hold and unplanned pregnancy can negatively impact teen mothers.” (Kristensen, Simonsen & Trillinggaard, 2018, p. 1). Mothers must be well protected during this sensitive period because they may face challenging or depressive symptoms such as changes in mood swings, loss of sleep, overwhelming feelings and mostly feeling depressed. Literature indicates a lack of voice regarding a mother’s knowledge and understanding of their experiences. Therefore, the purpose of this qualitative study is to learn about mothers’ perspectives on their experiences regarding the availability of social support/services offered after childbirth. To collect further data, the study will be led by the following sub-question: how was your experience during and after pregnancy?

Early Intervention Minimizes Risks of PPD
Social support is pivotal for all mothers during and after pregnancy and the theme of early intervention minimizes risks of PPD has had connections to a couple of participants who were continuously supported during and after pregnancy by their midwives. “Midwives practicing at their full clinical capacity, without physician oversight or supervision, may support greater access to midwifery care”. (Ahtarasi, Al-Arif-Escudera & Kozhimannil, 2020, p. 63). Mothers’ ‘with fewer changes of physical problems due to the fact that they were healthier so when their pregnancies transition positively with extended support. “Midwife-led care for low risk women compared with physician-led care appears to improve a range of maternal outcomes, to reduce the number of procedures in labour, and increase satisfaction with care” (Subtelny, Card & Kavanagh, 2012, p. 2384). The presence of a midwife also assists towards prevention of PPD as they continuously support mothers in their pregnancies providing educational information, guidance, resources and most importantly monthly or weekly one-on-one meetings/conversations.

Figure 1. From “Mother Holding Newborn”, by Snuggletagz, 2020. https://www.snuggletagz.ca/learning_centre/5-hospital-appropriate-gifts-for-the-new-mama
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Figure 2

Figure 3

Conclusion and Limitations of Research
This study intended to learn about a mother’s perspective, based on the results, future researchers should focus on studies that analyzes a mother's readiness, preparedness and understanding of pregnancy. To investigate what measurements are needed to support mothers’ and how can these experiences be protected for the betterment of both mother and child. Future studies should focus on: Conducting studies across Canada as this study focused on mothers in the Region of Peel Recruiting more young mothers ‘as their experiences vary from adults

A sample size of participants from different cultural backgrounds especially immigrants mothers. Literature review stated that they are more likely to develop postpartum depression because of the challenges they may encounter.