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Title	Perinatal social support: panacea or a pitfall
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Publication date	2018-06-19
Original Citation	Leahy-Warren, P., Newham, J. and Alderdice, F. (2018) 'Perinatal social support: panacea or a pitfall', Journal of Reproductive and Infant Psychology, 36(3), pp. 219-221. doi:10.1080/02646838.2018.1477242
Type of publication	Other
Link to publisher's version	10.1080/02646838.2018.1477242
Rights	© 2018, Society for Reproductive and Infant Psychology. This is an Accepted Manuscript of an editorial published by Taylor & Francis in Journal of Reproductive and Infant Psychology on 19 June, 2018, available online: http://www.tandfonline.com/10.1080/02646838.2018.1477242
Download date	2026-11-06 15:15:46
Item downloaded from	https://hdl.handle.net/10468/6418



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Perinatal social support: panacea or a pitfall

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Social support is frequently proposed as the panacea for all concerns regarding maternal and child health. The World Health Organisation (WHO, 2018) and NICE (2018) recommends that expectant mothers are supported throughout the perinatal period and that they not only receive medical support but also psychological and emotional support. However, there is lack of consensus on the conceptualisation and definition of social support (Leahy-Warren, 2014, 2016), which leads to health care professionals, such as midwives, at a loss as to their required contribution to maternal and child health and well-being. Conceptualised in social terms, support is the natural consequence of relationships involving certain types of interactions. Social support frequently refers to the process through which social relationships promote health and well-being. Cobb (1976) referred to the cushioning effect of social support in preventing or relieving stress, otherwise termed the 'buffer theory', with perceived availability of social support being more important for health and well-being than actually receiving support (Cohen and Syme, 1985). More recently, Thoits (2011) suggests the need for researchers to implement social support interventions that are underpinned by theory in the context of the stressor and include both structural and functional dimensions to enhance well-being.

Social support in the context of perinatal maternal health and well-being is conceptualised as having structural and functional dimensions which facilitates a woman's transition from pre-pregnant status to pregnancy and subsequent motherhood (Dennis & Dowsell, 2013, Morrell et al., 2016). While inextricably linked, structural social support consists of a set of people or persons in an individual's social networks (formal and informal) and the functional elements refer to the exchange activities which are informational, instrumental, emotional and appraisal support (Leahy-Warren, 2014, 2016).

Continuity of midwifery care models build on the importance of support in the perinatal period. Sandall (2017) identifies three major types of continuity of midwifery care - management, informational and relationship. However in busy services the relationship component can suffer and continuity of care may not end up being synonymous with formal social support. Universal health services are increasingly focused on identifying methods that can deliver social support at a population-level. Given their minimal cost to deliver and potential therapeutic impact, interventions delivered by mHealth techniques (e.g. phone, internet, apps) are frequently seen as a promising option. Pregnant women have been shown to uniformly embrace lifestyle interventions utilising mHealth techniques and see them as a means to 'self-manage or control information acquisition' (Wilcox et al, 2015).

With increased valence placed on information that is 1) immediate; 2) regular; 3) detailed; 4) entertaining; 5) customised; 6) practical; 7) professional; 8) reassuring; and 9) unbiased (Lupton, 2016), mHealth technologies have become increasingly valued by mothers for example to support parents when they go home from hospital with their premature babies (Alderdice et al 2018). However many of the mHealth resources utilised for such purposes have not been developed with a theoretical understanding of mothers' needs. It is also important to consider that women's prior expectations and understanding of pregnancy will inform the types (functional) of support i.e. informational, instrumental, emotional and appraisal) and from whom within their structural social networks (both formal and informal) they will source such support. They are more likely to seek

support resources that align with their previous expectations. Consequently, due to the sheer volume of informal support sources now available, there is a high likelihood of increased anxiety and barriers with healthcare professionals when information from multiple support networks do not align (Sanders & Crozier, 2018).

Having mothers as partners in the development of social support resources provides important information on what is likely to be of value to them in managing potentially difficult or stressful circumstances. It is imperative that evidence-based theoretically and empirically sound interventions are the foundation for all interventions, including mhealth, designed to engage end-users, in this context, pregnant or postnatal women (Doherty & Doherty, 2018).

Ultimately, perinatal social support as perceived by women needs to be individualised, so that it is aligned with their needs and expectations; available and provided by the right person (either a healthcare professional or significant other from their social networks); at the right time and be the right type to alleviate stress to facilitate health and well-being.

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