

## Maternal Support Following Difficult Delivery: Concept Paper

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**Abstract:** Maternal support for women following difficult delivery is a reality and yet majority of women do not feel sufficiently supported. After difficulty delivery women are affected psychologically, physically, emotionally, spiritually, socially and economically throughout their puerperium

The objective of this paper was to have an in depth description of the term Maternal Support following difficult delivery for the purpose of harmonizing meaning among midwives and the standardizing of care in a more holistic approach.

### Methodology

The concept analysis of Maternal Support following difficulty delivery was done using the eight steps of Walker and Avant's strategic method Literature search was done using the following search engines, Google Scholar, PubMed, and Medline. And Reference Initially twenty two (22) articles from 2012 to 2017 were reviewed. Nine (9) articles were later dropped due to their irrelevant information.

### Results

Majority of Authors focused their definition on psychological and social support ignoring spiritual, economical, and physical dimension maternal support.

### Conclusion

Maternal support definition ought to include all domains in order to facilitate comprehensive supportive care.

**Key words:** Maternal Support following, difficult delivery

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## I. Introduction and Background

The immediate postnatal period is a stressful time life of any woman regardless of birth outcome. It is more renounced if holistic care is not rendered to woman with sudden and intense changes of her roles and responsibilities The needs of mothers after birth have been indexed in four categories: need of information, need of psychological support, need to share experience, need of practical and material support (Slomains, et.al. 2017).

Apparently majority of women do not feel sufficiently informed about this difficult period of life. Health workers may get engaged in procedures to save life of the mother and the new born overlooking the aspect of letting the woman informed about process of the delivery or undermine the need to well inform the mother of the delivery outcome and they need to feel understood. Women following a difficult delivery need to share their experience of life and they need to be reassured.

### How maternal support following difficult delivery is viewed

Even if there was no major problem after delivery some women feel isolated after giving birth worse still if they sustain injuries like perineal tears. According to BMC Pregnancy Childbirth (2017), one woman expressed "I told everyone that it was a bad delivery. Nobody was listening when I was explaining that it was wrong, that I was not well"

In most cases women who have undergone a difficult delivery to do not receive the much support and attention they deserve. Unfortunately, a difficult birth can also influence another important relationship: the relationship the mother has with her baby. The mother tends to associate pain with the baby and that might affect the bonding with the baby and also breast feeding aspects. According Rossen, et.al (2017) pointed out that bonding issues are so common but so rarely discussed in our society, there is such a stigma attached to a new mother who isn't head over heels in love with her newborn. It is when the woman who has undergone a difficult delivery that she would deeply in need of maternal supports but in turn she receives the blame and isolation. Maternal depression is an effect that can occur to the mother following difficult delivery with various reasons of onset. The issues of still birth, same sex infant especially girls, and the complications of delivery just mention a few can trigger the mother into depression.

Depression causes enormous suffering and disability and reduced response to child's needs. The maternal support given to mothers following depression need to come from all their support systems the family, church, community and health personal. This call for vigilance on the midwife to ensure holistic maternal support is rendered emotionally, spiritually, physically, psychologically, socially and economically.

**Benefits of Maternal Support following difficult delivery**

The provision of holistic maternal support to women who have undergone a difficult delivery regardless of the intensity will result in mother having strong coping mechanism and self-acceptance and regaining of their dignity as woman. Every woman anticipates a successful delivery and where complications occur the more they need holistic support. Regardless of educational standards and socioeconomic background of woman maternal support is mandatory. The involvement of spouses in the immediate post-partum care plays a central role in the psychological well-being of the mothers and psychosocial support. The husbands need to know the consequences of each complication so that they are in support and well counselled to accept their wives' plights.

The psychosocial challenges of helplessness, sadness, suicidal thoughts, stigma and blame, feelings of worthlessness, fear, shame and social withdrawal will become less pronounced once holistic maternal support is rendered to woman sustained injuries due to complicated delivery (GJMEDPH 2017).

**Problem statement**

From the researcher's observation as a midwife, women are not receiving standardized holistic maternal support following difficult delivery. Most of the women who suffer a difficult delivery are not receiving emotional, spiritual, psychical, psychological, social and economic support. There is no management package for women who would have undergone a difficult delivery, resulting in lack of consistency and unstandardized care of such women.

**Objective**

The objective of this concept paper was to have an in depth description of the term Maternal Support which is evidence based for the purpose of harmonizing meaning among midwives and standardize the management of maternal care.

**The Significance of the concept**

Maternal support given to women following birth complication regardless of the degree of the injury and birth outcome is pillar in the well-being of women. Not only is it significant to the woman but also to the spouse and entire family. After a difficult delivery some women might feel numb and disconnected from their babies and some would have lost their babies and have compound psychosocial effects on them. The idea of coming to terms with a difficult delivery might take some time even years so it in this interests that maternal support not only taken from medical point of view but from whole spectrum of woman's life.

**The Purpose of the analysis**

It is in the interest of this paper that there is a comprehensive definition of maternal support following a difficult delivery for standardizing of care which is holistic in nature among midwives.

**II. Literature Search**

Literature review was done from 4<sup>th</sup> July to 4<sup>th</sup> August 2018. Literature search was done using the following search engines, Google Scholar, PubMed, and Medline. Initially twenty two (22) articles from 2012 to 2017 were reviewed. Nine (9) articles were later dropped due to their irrelevant information. Thirteen articles were settled for analysis as outlined in the table below.

**Table**

Author/ Year	Source	Definition	Antecedents	Attributes	Comments
1) Slomains, et.al. (2017).	BMC Pregnancy and childbirth	Nil	Psychological, Physical and social support.	Nil	Some antecedents well explained.
2 )Nwoba Nweke &Nwite Igwe, (2017)	Global Journal of Medicine and Public Health	Nil	Yes Social and psychological maternal support	Nil	Psychological consequences of VVF is disabling
3)World Health Organization, (2016)	Maternal Mental Health	Nil	Yes Well trained personnel	Yes Psychological y stable	Depression affects both mother and baby

5)WHO, (2015)	Recommendations of post- natal care	Yes Routine evidence based management	Yes Competent midwife and supportive health workers	Self esteem	Most attributes are involved.
6) Rossen, L.et.al.(2017)	Maternal Bonding through Pregnancy and Postnatal	Nil	Nil	Psychological and social stability	Traumatized mother difficulty to bond with baby
7 ) Singer, et.al.(2015).	Psychological well being	Yes Quality of mind and body	Nil	Psychologically stable	One domain is well started.
8) Priddis, (2014).	BMC Women Health	Nil	Nil	Nil	It clearly stated experiences of mothers
9) McVeigh, (2011).	Infant behavior development	Nil	Nil	Yes Good self esteem Availability of resources	Maternal support gives increases self confidence
10) Castener, (2013).	Practice teamwork	Nil	Yes Health team	Nil	Teamwork has quality in maternal support
11) Saeiah, (2017).	International Community Journal Based Nursing Midwifery	Nil	Yes competent health worker	Yes Maternal Competent	Services offered by competent midwife improves maternal competence
12) Bohren, et.al. (2017).	Cochrane Continuous support for women during labor	Yes Continuous support	Yes Women well informed	Yes Women in control and confident	A well elaborated maternal support with most domain
13) WHO, (2015).	Post- natal Guidelines	Nil	Nil	Psychological stability	One domain mentioned

### III. Methods

Walker and Avant’s strategic eight step method of concept analysis was used in analysing the concept of Maternal Support following a difficult delivery (Reeds, 2014). The steps of concepts of analysis are; selection of the concept, determining the purpose of analysis, identifying all uses of the concept, determining the defining attributes of the concept, identifying antecedents of the concept, identifying the consequences of the concept, constructing a model case, and identifying the empirical referents of the concept (Walker & Avant, 2011).

#### Definition of maternal support

The Oxford dictionary defines maternal as a mother especially during pregnancy or shortly after birth. Support according to Cambridge Oxford dictionary is to give encouragement and approval you want the person to succeed.

According to World Health Organization guidelines, (2016) maternal support is when every woman and newborn receives routine, evidence-based care and management of complications during labour, childbirth and in the early postnatal period. The WHO has no clear definition of maternal support rather According to Singer et. al. (2015) Maternal Psychological support is a resource perceived to be beneficial to promote psychological well- being following a difficult delivery as low birth weight. They emphasized that positive social supports, both spousal and general support, will differently buffer maternal distress for mother of low birth weight. The weakness of the definitions is that they are not holistic they often refer to one domain leaving other domains that do affect the mother following a difficult delivery such as Vesical Vaginal Fistula , still birth and forceps deliveries.

#### Working definition

Maternal support is the holistic emotional, psychological, spiritual, physical, social and economic assistance rendered to a woman which is evidence based following a difficult delivery.

#### Maternal emotional support

Emotional support is the provision of the reassurance and encouragement given to a mother following a birth complication. Emotional support is about helping to lift mother to higher ground so she can see her way through the difficulty. When woman have someone to rely on when the chips are down is one of the best parts

of being in a relationship. This is demonstrated when a woman is fully informed about her condition and able to share her experiences of the delivery and feel reassurance and understood. The woman is able to experience the emotional support of the spouse and there are no traces of blame to the difficult delivery and she is emotionally stable.

### **Psychological support**

Psychological support is the promotion of close relationship between the woman and her family. The support rendered a woman and significant others to heal the psychological wounds and rebuild social structures after following a birth complication. The support system of the woman is strong that she does not develop depression and she is psychologically stable. Early and adequate psychological support can change the women into active survivors of Vesicle Vaginal Fistula than passive victims.

### **Maternal Social Support**

The assistance given to woman following a difficult delivery by spouse, family members and community whereby the woman is supported in her difficulties and feels accepted. There is inclusion in societal activities no stigmatization, no feeling of isolation and in stable relationship with their spouses. Where there is social support from the health personal and family the woman copes well in her progress of healing. The woman is well aware of the charitable organization which can assist for example VVF clients are supplied with urine bags and are booked for repairs.

### **Maternal physical support**

Physical maternal support is the assistance rendered to the woman to meet her basic needs. The woman is provided with comprehensive discharge plan and she is has knowledge about her condition and have understood the implication of her condition. The woman has reduced back ache pain and perineal problems and is able to cope with her condition to her best capacity.

### **Maternal economic support**

The financial assistance given to women who have financial challenges, the woman is referred to the social worker so that she gets services that are needed for her recovery and meeting basic needs.

### **Defining antecedents**

Antecedents are events and circumstances which occur prior to the occurrence of the concept and often associated with the occurrence of the same concept (Walker & Avant, 2011).

The experience of childbirth can be complex due to a wide range of individual, medical and social factors that can interact to influence a difficult delivery resulting in a woman in need of maternal support. The antecedents are: well informed and co-operative woman, a supportive health team, and competent midwife, and well established social support, follow up care, peer support referral links for management.

### **Well informed and co-operative woman.**

The woman was well informed of the impending difficult in delivery she had knowledge that the delivery would not be an easy one. She was psychologically and emotionally prepared to co-operate in the difficult delivery and she appreciated the efforts health team 'efforts. The way how a woman is cared for during her labour, birth and postnatal period has direct impact on how she processes, understand and rediscover a new sense of self following severe perineal trauma (Priddis et.al. 2014). Majority of women do appreciate to be informed of their labour progress and that gives them a sense of their individual empowerment.

### **Supportive health team**

Teamwork is a sustained effort using shared skills (Castener, et.al.2013). The health team displayed an aspect of birth preparedness in the way they communicated and performed their duties as they anticipated a difficult delivery. The coordinated team work gave the woman confidence and her baby and that she would pull through despite the difficult delivery.

### **Competent midwives**

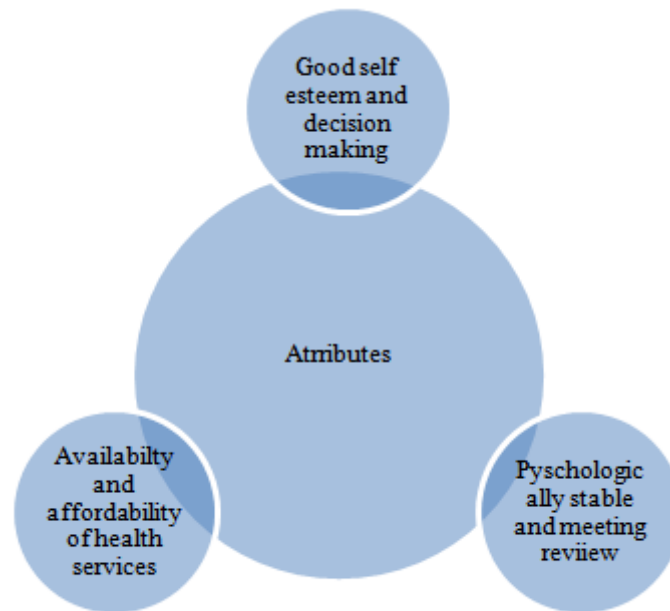
Social support by competent midwives proved to be helpful to mothers' transition to motherhood especially following a difficult delivery. Midwives who design specific interventions to give maternal support will promote the sense of maternal competence and perceived social support despite mothers' devastating conditions (Saeieh, 2017).

### **Well established social support**

Women following a difficult delivery will value and benefit from the presence of a support person during labour, childbirth and postpartum. This support may include emotional support (continuous presence, reassurance and praise) and information about labour progress

### **Definition of attributes**

According to Walker and Avant (2011), attributes are those traits / characteristics of a concept that are closely linked with the concept and will assist in differentiating a particular concept from any other concept. The identified attributes in Maternal Support following a difficult delivery are:



### **Good Self –esteem and decision making**

A woman who has received substantive maternal support following a difficult delivery also developed a good self -esteem and was evidenced by the way she portrayed her confidence and decision making. This is supported by the studies done by a Midwife McVeigh who highlights the relationship between maternal support and mothers’ self –esteem. Developing a postnatal support plan, including father’s education programmes and offering course designed to enhance self –esteem may assist mothers to baby care responsibilities and increase their satisfaction with support (McVeigh, 2011).

### **Availability and affordability of health resources**

The woman who sustained pineal tears following difficulty delivery showed signs of healing faster after she received adequate maternal support. She had access and was able to afford to buy all the health resources needed for her treatment. Maternal financial support as well as social support contributed at length to the well- being of the mother following a difficult delivery.

Early and adequate psychological support system rendered to the woman is evidenced by the woman being psychologically stable. Psychosocial supports helps individuals and family to heal the psychological wounds and rebuild social structures after following a difficult delivery.

### **Psychologically Stable**

Early and adequate psychological support system rendered to the woman is evidenced by the woman being psychologically stable. Psychosocial supports helps individuals and family to heal the psychological wounds and rebuild social structures after following a difficult delivery (Ingrid et.al.2012).

### **Meeting review dates**

The woman met all her review dates simply because she was well informed about her condition and also that she received follow up at home and which made it easier for her to meet her review dates.

#### **IV. Discussion**

The literature review has shown that there is not readily available the holistic definition of maternal support following a difficult delivery. Delivery is a critical time in which decisions about unexpected are made and actions to safe life are performed. It is with concern that women who have forceps assisted vaginal delivery report ongoing psychological and physical difficulties and yet they are not offered appropriate level of health care support (Ingrid, 2012). Women with difficult deliveries are not sufficiently informed and are not aware of their situations in which they find themselves. There is lack of communication this is supported by the research done by BMC Child birth, (2017). It is encouraged that women need to be informed, need to share experiences, need psychological, social, spiritual, economic and physical support.

After birth, mothers with depression suffers a lot and may fail to adequately eat, bathe or care for herself in many ways (WHO, 2016). It is therefore a plea that mothers following a difficult delivery need to receive a holistic maternal support.

Bonding between mother and baby are issues and are so common but rarely discussed in our society following a birth complication (Hockwell, 2013). The ability to show empathy, compassion and genuine concern to woman goes a long way to promote bonding with her baby rather than sending sentiments of blame. The importance of maternal support following a difficult delivery cannot be over emphasized. It should be a mandatory package given to every woman who delivers regardless of her birth outcome.

#### **Model Case**

A model is an ideal case that encompasses all the attributes or traits of the concept of interest (Walker and Avant, 2011). A 19 year old Para 1 Gravida 2 admitted in labour after complicated four focused Antenatal care with no complications noted. The spouse accompanied her labour process and she was admitted by skilled midwife who anticipated a big baby and she was well monitored in labour through the use of a partograph. The midwife explained to the woman of the probability of perineal tear. The woman was well informed and progressed to a live male infant with a birth weight of 4.500grams with APGAR score of 8/10 at minute and 9/10 at ten minutes. On examination the woman sustained second degree tear which was repaired.

Woman was fully instructed on how to manage the tears through use of sitz baths. The husband was able to provide all the health resources which were needed and the woman showed to be psychologically stable as the family assisted her and she received adequate rest. The woman was assisted to initiate breast feeding within an hour of delivery and bonding was promoted. Health education given on : nutrition, adequate rest and avoiding physical labour, postpartum bleeding normal lochia, personal hygiene and handwashing, when to resume sexual relations when perineal wounds are healed within period of six weeks, preferred family planning methods, follow up care and community linkages with village health workers and review dates. The pain management was done and the Pastor from a church came to pray for her and she was spiritually empowered.

The midwife outlined the discharge plan and the woman was linked to the community Nurse who conducted a home visit. Within three days of postnatal care the woman came for review and no sepsis were noted the perineal tears were healing.

#### **Model analysis**

The nineteen years old woman received emotional, psychological, spiritual, physical, social and economic maternal support. With all the domains present the woman accepted her condition and healed much faster than expected.

#### **Borderline case**

A borderline case has some critical attributes but not all according to Walker and Avant (2011). A seventeen year old Para 0 Gravida unbooked case reported in labor with precipitate labour in the company of her husband after taking an African oxytocin. On examination vital observations were normal and fetal heart present. She was admitted by a skilled midwife and difficult delivered with a breech presentation of female live infant APGAR 6/10 at one minute and 8/10 at ten minutes. The woman sustained a third degree which needed to be sutured at hospital. The health team the woman the information and the support she needs by providing free transport to hospital.

#### **Borderline analysis**

The woman encountered difficult delivery because she was not booked and breech delivery in Para 0 was not detected. She received social and psychological support from health staff but the husband blamed her for taking African oxytocin putting herself and baby at danger.

### Contrary Case

A contrary case does not include any of the attributes of the concept (Walker and Avant, 2011). Mrs Dube eighteen years old Para O Gravida 1 unbooked case reported in labor at local clinic with history of active labour and draining meconium stained liquor. She was received by non -midwife and on examination she was fully dilated and fetal heart was below 120 b/m. The midwife was on day off and there was no ambulance immediately available. The woman had taken African oxytocin and the contractions were overwhelming. The woman was strong urge to push and was not aware of what was going on. After two hours at the clinic she progressed to deliver a fresh still birth. She also sustained third degree tear of which was awaiting transport to go to the District hospital.

The ambulance later came and she was transferred to District hospital where she was repaired. She did not have companion to accompany her for the husband and family members blamed her for having killed the baby.

### Contrary analysis

The Contrary case has all the attributes where by the Mrs Dube was unbooked case because of the financial problem since the husband was unemployed and did not have the money to book. She was attended by untrained midwife and also there was no transport available to go to next level. Her delivery was complicated and she sustained a third degree tear which warranted referral for suture. Mrs Dube lost her baby she had double tragedy to lose her baby and lack of spouse and family support. They blamed her for uncooperativeness resulting in the death of the baby. Mrs Dube did not receive maternal support that she dearly deserved.

### Empirical referents

According to Walker and Avant (2011), empirical referents of a concept are classes or categories of actual concept that by their existence demonstrates the occurrence of the concept. The empirical referents of maternal support following difficult delivery are: Mothers able to share experiences, practical and maternal support, giving mother information and social and spouse support.

### Consequences

Consequences are those events or incidents that occur as a result of occurrence (Walker and Avant, 2011). These are events that occur as a result of Maternal Support following a difficult delivery. These include emotional support, psychological support, physical support and economic support rendered to woman following difficult delivery.

This lead to reduction in maternal depression, hospital stay, maternal mortality and neonatal mortality. This lead improved communication and acceptance of the condition.

### Recommendations

There is need to involve policy makers so that holistic maternal support following difficult delivery could be included in the emergency package of maternal health management care. Maternal support not only does it improve the well- being of the mother but it also restores the dignity of womanhood.

## V. Conclusion

A holistic maternal support following a difficult delivery is ought to be mandatory package in post -natal care. Maternal support improves the coping mechanism of the woman and psychological well-being of the mother. All mothers are need of maternal support especially following a difficult delivery.

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