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Effectiveness of postpartum partner support education on maternal satisfaction among primipara mothers

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Abstract

The postpartum period is a critical time for maternal health, with significant physical and psychological challenges impacting the well-being of new mothers. Partner support plays a crucial role in alleviating the physical and emotional burden faced by mothers, thereby contributing to a positive postpartum experience and improved maternal satisfaction. This quasi-experimental study aimed to evaluate the effectiveness of postpartum partner support education on maternal satisfaction of 60 primiparous cesarean mothers. A quantitative evaluation approach with a quasi-experimental post-test-only control group design was adopted. The data collection tools and techniques included were case record analysis, a structured interview schedule with two sections that include demographic variables, and a Satisfaction Scale on Postpartum partner Support to assess the level of maternal satisfaction. A total of 60 samples fulfilled the inclusion criteria of which 30 in the experimental group and 30 in the control group using a non-probability purposive sampling technique was adopted in this study. For the experimental group, the researcher reviewed the records of the mother and gathered demographic information. After 6 hours of delivery, on the first postpartum day, the researcher provided postpartum partner support education to her partner for 30 mins on aspects such as pain management, comfort, rest and sleep, breastfeeding, newborn care, postnatal diet, communication, and understanding using demonstrations, a 14-minute video, and a flip chart. On the fifth postpartum day, the mother's satisfaction with partner support was assessed using the Satisfaction Scale on Postpartum Partner Support. For the control group, partner support was assessed using the same satisfaction scale on the fifth postpartum day, without providing the postpartum partner support education intervention, but received routine postpartum care. The findings suggested that the experimental group has a higher (143.33) mean satisfaction score compared to the control group (86.73) (t -value = 37.627, df = 58, P = 0.000) which indicates that the difference in satisfaction levels between the two groups was statistically significant. The study concluded that Postpartum Partner Support Education was very effective in improving maternal satisfaction.

Keywords: Primipara, cesarean, postpartum partner support education, maternal satisfaction

Introduction

Childbirth and the postpartum period present significant physical challenges for mothers. Recovery from childbirth can be painful, with complications such as episiotomy pain, surgical wound pain from a C-section, afterpains, bleeding, fatigue, insomnia, sleep disturbances due to lactation, and urinary incontinence. The physical demands of caring for a newborn, including breastfeeding and sleep deprivation, can worsen these issues. For a first-time mother who has a cesarean section, the recovery can be particularly difficult due to the surgery than normal delivery. Managing these symptoms often involves medications, hydration, and a gradual return to a postnatal diet. Breastfeeding presents another set of challenges for postpartum mothers. Mothers who had a cesarean delivery may experience a delay in breastfeeding initiation due to the effects of anesthesia and post-surgical recovery, and positioning the baby for breastfeeding should be difficult due to the incision. Some mothers face difficulties such as latching issues, sore nipples, and engorgement. Emotional and psychological well-being is a significant concern for postpartum mothers, which includes hormonal changes, exhaustion, stress, and anxiety of managing newborn care. The rapid transition to motherhood, coupled with societal and familial expectations, can create emotional strain as mothers adjust to their new roles.

Support from healthcare providers, family, and partners is crucial during this time to help postpartum mothers during these challenges. Physical support is essential for mothers, as they need help with daily tasks and newborn care. Emotional support is equally important, offering reassurance and understanding during moments of vulnerability. Breastfeeding support from support groups helps mothers overcome challenges and establish successful breastfeeding practices. Providing education and information for support groups about normal physical and emotional changes during postpartum is helpful for mothers. A study conducted by Mohammadpour M *et al.* (2019) [2] on perceived stress and its relationship with social support in pregnant women, emphasized the critical role of social support in alleviating the challenges faced by first-time mothers. Many primiparous mothers experience frustration and social isolation, often with limited access to family support. The transition to motherhood can also strain relationships with partners, friends, and family members, further intensifying feelings of loneliness. Support from a husband during pregnancy and childbirth has been shown to significantly reduce maternal stress and pregnancy-related complications for both the mother and newborn. In the postpartum period, the level of support provided by the partner is a key determinant of maternal satisfaction and overall well-being. Partner support during this time fosters a positive postpartum experience and aids in the adaptation to the new role of motherhood, ultimately improving maternal satisfaction and reducing stress and anxiety. Postpartum partner support education provides practical, emotional, and informational support during the postpartum period and can significantly increase the involvement of partner in caring for both the new mother and the infant. This approach creates a more supportive environment for the mother, which is crucial during the life transition. With better-equipped partners providing physical and emotional assistance, better management of postpartum symptoms are anticipated. Postpartum partner support education can strengthen the couple's relationship by fostering better communication, teamwork, and mutual understanding during the transition to parenthood and can further enhance maternal satisfaction and overall well-being.

Statement of the problem

A study to assess the effectiveness of postpartum partner support education on maternal satisfaction among primipara mothers in selected hospitals at Theni.

Objectives of the study

- To provide education on postpartum support to the partners of primipara mothers.
- To assess the satisfaction of primipara mothers with postpartum partner support, in the experimental group and the control group.
- To assess and compare the effectiveness of postpartum partner support education on maternal satisfaction among primipara mothers in the experimental and control groups
- To determine the association between the level of satisfaction and selected demographic variables in the experimental and control groups after the intervention.

Assumption

The assumptions of the present study were

- Primipara mothers experience increased stress and anxiety during the postpartum period due to inexperience with childbirth and newborn care.
- Paternal infant care improves bonding between the father and the baby.
- Primipara mothers face challenges in adjusting to the demands of motherhood, including physical recovery, breastfeeding, and infant care
- Primipara mothers lack confidence in their ability to care for their newborns and manage their well-being.
- The level of support and involvement in postpartum care from the partner influences maternal satisfaction

Delimitation

- The study was delimited to
- Primipara mothers who were admitted to two selected hospitals
- Primipara mothers who underwent lower segment cesarean section (LSCS)
- Primipara mothers who stayed in the hospital for the first 5 days of the postpartum period

Methodology

In this study, a quantitative evaluation approach with a quasi-experimental post-test-only control group design was adopted. A non-probability purposive sampling technique was used to select 60 primiparous mothers, divided into an experimental group (30) receiving postpartum partner support education as the intervention and a control group (30). The data collection tools and techniques included case record analysis, an interview schedule for demographic data, and a postpartum partner support satisfaction scale. Tools' validity was ensured through expert feedback, and reliability was established using the inter-rater method. Ethical considerations included obtaining ethical clearance from the Institutional Ethical Committee, formal written permission from hospital authorities, and informed verbal consent from both mothers and their partners. A pilot study confirmed the feasibility of the study before the main study. Participants were seated comfortably in the procedural room without any disturbance, and postpartum partner support education was provided on the first postpartum day. The intervention consisted of a 30 minutes educational session provided to partners 6 hours after delivery, focusing various aspects of partner support, such as pain management, comfort, rest, sleep, breastfeeding, newborn care, postnatal diet, communication, and understanding. Intervention was given using demonstrations, a 14- minute video, and a flip chart for the experimental group. Maternal satisfaction was assessed on the fifth postpartum day using a structured interview schedule, including the Satisfaction Scale on Postpartum Partner Support. Privacy and confidentiality were maintained throughout the study. Ethical considerations were strictly followed, including providing education to the control group after data collection. Data were analyzed using descriptive and inferential statistics, including t-tests, chi-square tests, and Pearson correlation using SPSS software.

Results

Findings from demographic variables revealed that more than half of the mothers 20 (66.6%) in the experimental group and 16 (53.3%) in the control group belonged to the

age group of 22-26 years and the majority of the mothers in both the experimental group and control group were graduates 23-24 (76.7-80.0%), homemakers 26-27 (86.7-90.0%), Hindus 22-23 (73.3- 76.7%), and non-vegetarians 27-28 (90.0-93.3%). Most mothers were from nuclear families, with 18(60.0%) in the experimental group and 22 (73.3%) in the control group. A majority had a monthly family income > Rs. 20,000/-, with 26 (86.7%) in the experimental group and 24 (80.0%) in the control group. Regarding the type of marriage, 26 (86.7%) of mothers in the experimental group and all mothers 30 (100%) in the control group had arranged marriage, while 4(13.3%) in the experimental group had love marriage. Majority of mothers, 28 (93.3%) in the experimental group and 27 (90.0%) in the control group, had no history of abortion. Half of the mothers, 15 (50%) in the experimental group and 8 (26%) in the control group conceived within the first year of marriage, while nearly half, 13 (43.3%) in the experimental group and 14 (46.7%) in the control group, conceived within 1 to 2 years of marriage. Majority of mothers, 28 (93.3%) in the experimental group and 25 (83.3%) in the control group, conceived spontaneously without medical intervention. Half of the mothers, 15(50.0%) in the experimental group and 14(46.7%) in the control group had male babies. All babies, 30 (100.0%) in both groups, had an APGAR score of 7-10, indicating good health at birth. Additionally, the majority of mothers, 28 (93.3%) in the experimental group and 24 (80.0%) in the control group, exclusively breastfed their babies. The majority of the primipara mothers' partners, 23 (76.7%) in the experimental group and 24 (80.0%) in the control group, were in the age group of 26-30 years. Additionally, most partners, 27 (90.0%) in the experimental group and 26 (86.7%) in the control group had attained a graduate-level education or higher. More than half of the

partners, 17 (56.7%) in the experimental group and 22 (73.3%) in the control group, were employed in the organized sector.

The study's results (Figure: 1) revealed that all the 30 mothers (100%) in the experimental group reported satisfaction with their maternal experience provided by their partners who had received the postpartum partner support education. Whereas in the control group, the majority of mothers 29(96.7%) reported being partially satisfied with their maternal experience and only one mother (3.3%) reported being satisfied. The findings also revealed that the experimental group consistently observed higher mean satisfaction scores across all aspects of postpartum care compared to the control group, with all differences being statistically significant ($P < 0.05$). The experimental group had higher satisfaction than the control group, in all areas such as pain, comfort, rest, and sleep (mean score of 37.20 vs. 23.17, $t = 20.518$), breastfeeding (mean score of 24.90 vs. 12.17, $t = 45.258$), newborn care (mean score of 32.03 vs. 19.23, $t = 31.210$), diet (mean score of 9.37 vs. 6.53, $t = 19.465$), and communication and understanding (mean score of 39.83 vs. 25.63, $t = 36.030$). Also, the mean satisfaction score (Table:1) for the experimental group was 143.33 (SD=3.447), whereas the control group had a mean satisfaction score of 86.73, (SD=7.483) with t -value = 37.627, $df = 58$, and P value = 0.000, which indicates that there was a significant difference in the mean satisfaction score between the experiment and the control group. The findings indicate that the intervention provided to the experimental group significantly enhanced maternal satisfaction, demonstrating the effectiveness of postpartum partner support education in boosting maternal satisfaction levels compared to the control group.

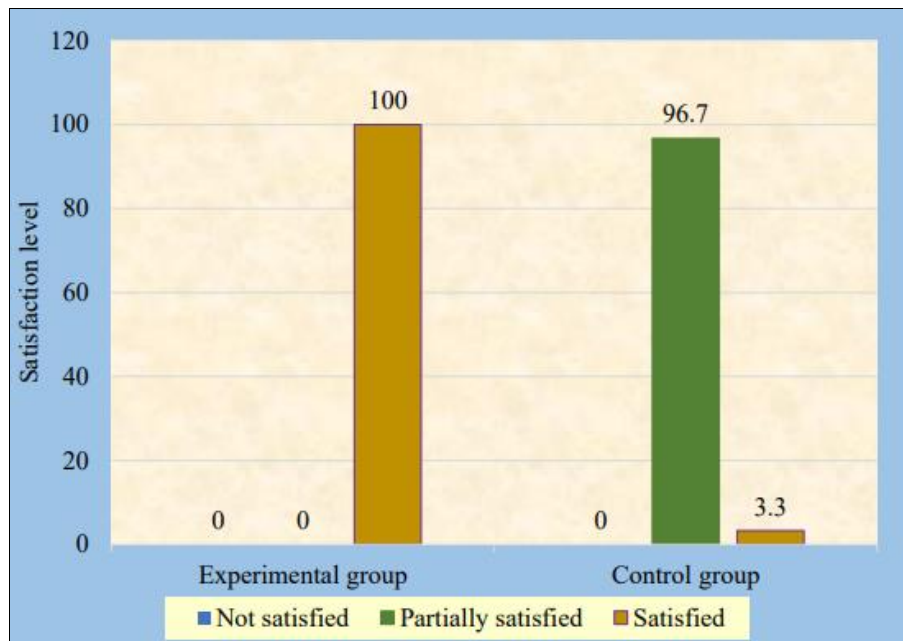


Fig 1: Presents the percentage distribution of the level of maternal satisfaction in the experimental group and control group

Group	Mean score	Standard deviation	Unpaired t- value	df	Significant value
Experimental Group (N1=30)	143.33	3.447	37.627	58	0.000*
Control Group (N2=30)	86.73	7.483			

NS - Not significant at $p < 0.05$ ' significant at $p < 0.05$ df -degrees of freedom

Table: 1 presents the comparison of the mean satisfaction score and standard deviation between the experimental and control groups and the level of significance.

The findings also revealed that there was a significant association between level of satisfaction and demographic variables such as duration between marriage and conception (χ^2 value = 6.5 and significance value = 0.010) and gender of the baby (χ^2 value = 6.53 and significance value = 0.011) in the experimental group. The findings indicate that mothers who conceived more than one year of marriage and those with female babies reported higher satisfaction level.

Discussion

The results were supported with the study conducted by Z Abbaspoor *et al.* (2023) ^[7], to evaluate the effectiveness of a postnatal support education program for husbands in promotion of their primiparous wives perceived social support: a randomized controlled trial. They also observed no significant difference between the two groups in terms of demographic characteristics. The findings also revealed a significant association between the level of maternal satisfaction and selected demographic variables in the experimental group, specifically the duration between marriage and conception ($\chi^2 = 6.5$, $P = 0.010$) and the gender of the baby ($\chi^2 = 6.53$, $P = 0.011$). Mothers who conceived more than a year after marriage and those with female babies reported higher levels of satisfaction. The results were supported with the study conducted by MHA Elmagd1 *et al.* (2021) ^[9] on postpartum depression and its relation to social support and marital satisfaction, observed that nearly two-thirds of women (61.5%) who birthed male infants suffered from PPD compared with 38.9% of women who gave female infants. However, no significant association was found between maternal satisfaction and other demographic variables such as the age of the mother, type of family, educational status, occupation, and type of marriage in the experimental group and none in the control group.

Conclusion

Postpartum period is a challenging period for all mothers, especially primiparous cesarean section mother. The study concluded that postpartum partner support education significantly enhanced maternal satisfaction across all aspects of postpartum and newborn care among primiparous mothers. The findings emphasize the effectiveness of involving partners through targeted education, the intervention proved to be a valuable and cost-effective addition to routine postpartum care, leading to improved maternal experiences and better care outcomes for both mothers and their newborns. These findings further support that postpartum partner support education as an intervention makes it a valuable tool for enhancing maternal satisfaction thereby promoting positive postnatal experience.

Limitation

The limitations of this study were

- Samples were selected using non – probability purposive sampling technique.
- The study was conducted over a short period, which did not allow for the capture of long-term outcomes of postpartum partner support education on maternal satisfaction.
- The study was conducted in a specific healthcare

setting, which may not reflect the diversity of practices.

- Satisfaction on self-reported data has been influenced by individual biases, impacting the accuracy of the results

Implications

Integrating postpartum partner support education is crucial for enhancing maternal satisfaction and overall care. Nurses should proactively educate partners on supporting postpartum mothers, fostering emotional support, collaborative care, and shared decision-making. This approach improves breastfeeding success, newborn care, and reduces anxiety, stress, readmissions, and complications. Nursing educators should incorporate this education into curricula, empowering students to prioritize family-centered care. Administrators should prioritize this education, update policies for gender inclusivity, and organize conferences and workshops. Furthermore, nurse researchers should apply research findings to clinical practice, encouraging evidence-based care and investigating the benefits of postpartum partner support education. By adopting this comprehensive approach, healthcare providers can deliver patient-centered care, improve health outcomes, and create a positive postnatal experience, aligning with World Health Organization (WHO) recommendations.

Recommendation

- Replicate the study in diverse populations with larger samples, a longitudinal study for long term impact of the postpartum partner support education
- Compare the effectiveness of postpartum partner support education in normal deliveries vs. cesarean sections, primiparous vs. multiparous mothers
- Conduct studies to assess specific focus areas like postpartum partner support education on maternal stress or anxiety, partner's perspective on receiving maternal support education
- Conduct studies to develop and evaluate innovative interventions like technology-based partner support programs like Mobile apps, Virtual postnatal AI nurse support, Simulation-based AR/VR postpartum support and wearable/biosensors for monitoring maternal wellbeing

Conflict of Interest

The study was conducted independently, and there were no external influence or biases that could have affected the research process and outcomes.

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