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Social Support for Pregnant Women and New Mothers During the COVID-19 Pandemic

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Social Support for Pregnant Women and New Mothers During the COVID-19 Pandemic

The worldwide COVID-19 pandemic has shaken up much of life as we formerly knew it. Early research found the SARS-CoV-2 virus is incredibly spreadable and more lethal than the flu (Sanche et al., 2020). Also, due to a large percentage of asymptomatic carriers, it is often invisible. Government and public health officials determined a primary mass intervention that could be implemented was a severe reduction in social contact. The federal government and Centers for Disease Control and Prevention (CDC) progressively asked Americans to cease meeting in groups of 250 or more people, then 50, then 10 (Harris, 2020). Eventually many Americans were instructed by their local governments to limit activities outside the home to only those that were “essential” (City of Los Angeles, 2020). Friends, neighbors, family members, and co-workers with whom we previously interacted without a second thought suddenly became off-limits. Every person to person interaction, every step outside our homes felt like a risk.

As social restrictions began to unfold from local officials for my home in Los Angeles, I began to wonder how human health would be affected by the rapid shrinkage of social circles. My concern and hypothesis were that suddenly myopic social circles would negatively affect many people’s health. As a future midwife, I considered how limited social circles would specifically affect new and expecting mothers. It is instinctive for a community to surround a woman during pregnancy and the birth of a child. However, many hospitals began restricting visitors to women in labor and delivery and postpartum units (Carmon, 2020; Capatides & O’Kane, 2020). Expecting fathers were not able to attend their child’s birth. And after discharge, new mothers were encouraged to continue to limit their contact with people outside their homes. COVID-19 holds a potential threat to the immediate physical health of the mother, the baby, and anyone either of them comes in close contact with (Centers for Disease Control and Prevention

[CDC], 2020b; Ellington et al., 2020). Yet I started asking how reduced access to traditional social supports would affect the mother's experience of pregnancy, birth, and transition to motherhood.

Even in the absence of a pandemic, new and expecting mothers have great needs. How can these needs be met when physical and traditional interactions with a wide network of people are not available? This question is inspired by the COVID-19 pandemic and public health response. I wonder how asking this can also provide answers for women who have limited social support for other reasons, e.g. living in a rural setting, recent move or immigration, language/cultural differences from neighbors, estrangement from family, physical health impairments that restrict mobility, etc.

The questions I will consider are:

- What are the social support needs of new and expecting mothers?
- How can these needs be met when access to social support is limited?

The concepts are new and expecting mothers, social support, mothers' basic physical health needs (sleep, food, safety), and emotional health. I will use social support theory and the convoy model of social relations to reveal answers to this problem. Together these will provide a framework for how the health care provider can help pregnant or new mothers identify the ways they can attain access to the social support they need.

Theoretical Models

Social Support Theory

Social support theories were first introduced in the 1980's and have since been researched and applied to many disciplines, including psychology, medicine, nursing, sociology, public health, and criminology. Interest in the subject rose as researchers found evidence that

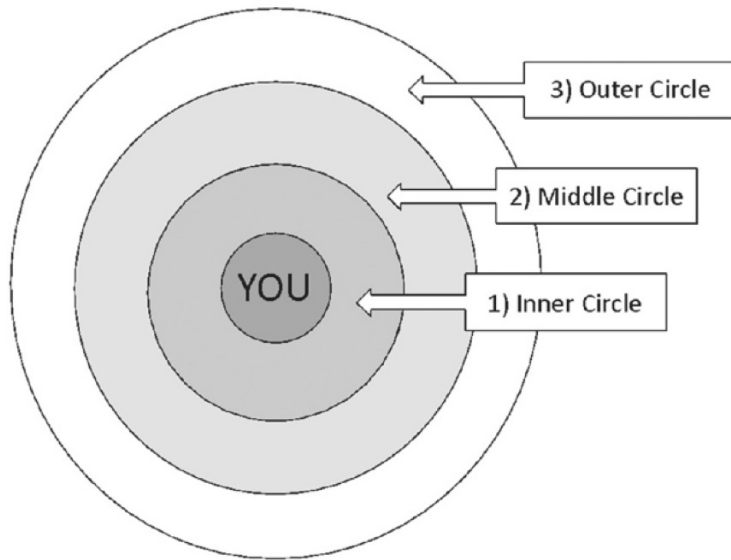
social support has both short and long-term impacts on physical and mental health, and quality of life (Antonucci, 1986; House, 1981). Researchers found that social support was a concept most people generally and intuitively understood, however they sought to further define the concept. J.S. House (1981) named four categories of social support: emotional, instrumental, appraisal, and information. Many professionals have since expanded on the original definitions and names for these categories (Canadian Mental Health Association British Columbia [CHMA BC] & Anxiety Canada, 2016; Cutrona & Suhr, 1992). The four categories are briefly described here:

- Emotional support is the giving and receiving of empathy, trust, and caring. It is associated with intimacy, love, and warmth. It can include demonstration of concern and attentive listening.
- Instrumental support is also called tangible or practical support. This category is the giving and receiving of practical goods or services, money, or time. Examples include buying groceries, providing house cleaning, or driving someone to a medical appointment. For the remainder of this paper I will refer to it as practical support.
- Appraisal support is also called companion or esteem support. This kind of support provides a person with a means of self-evaluation, such as through a compliment. This support is how a person can know they are valued, and also feel a sense of belonging. It can be called esteem support because of the positive impact on self-concept of positive feedback from a trusted source. Goal setting and sharing can also be part of this form of support. For the remainder of this paper I will refer to it as esteem support.
- Information support can be provided through advice, suggestions, or useful information. This support can help with problem-solving.

House's four categories have been employed to assess levels of social support in a wide range of populations (Fleury et al., 2009; Leahy-Warren, 2007, Muñoz-Laboy et al., 2014). The four categories of social support have been used by mental health professionals to help patients contextualize and identify social support in their lives (CMHA BC & Anxiety Canada, 2016).

The Convoy Model of Social Relations

The convoy model of social relations was first introduced by R. L. Kahn and T. C. Antonucci in 1980 (Antonucci et al., 2004; Antonucci et al., 2014). The term convoy had been employed by D. W. Plath in 1980 to describe a group of people who surround an individual and offer protection and social support as the individual moves through life (Antonucci & Akiyama, 1987). Khan and Antonucci expanded on this concept to describe how individuals have relationships of varying levels of importance and emotional closeness throughout their life span (Antonucci et al., 2014; Fuller et al., 2020). The convoy model assesses social relationships through a "hierarchical mapping technique," shown in Figure 1 (Antonucci, 1986). The model includes an image of three concentric circles surrounding the word 'You,' suggesting that every individual has relationships that can be sorted by levels of closeness or intimacy (Antonucci, 1986; Fuller et al., 2020).

Figure 1*The Hierarchical Mapping Technique*

Note. Adapted from Fuller et al., 2020.

The model provides a framework for a person to begin conceptualizing their social support network. By defining levels based on closeness, the model does not project traditional or cultural social norms. For example, it does not assume a parent or sibling should be closer than a friend (Antonucci, 1986; Antonucci et al., 2014; Fuller et al., 2020). It also does not define the frequency or pattern of interaction a relationship must have to meet a level of closeness. The convoy model demonstrates a value for both quality and quantity of social relationships (Antonucci et al., 2014).

The innermost circle of the convoy model is defined as “people to whom you feel so close it is hard to imagine life without them” (Antonucci, 1986; Fuller et al., 2020). An individual could put anyone in this category, but it often includes immediate family members, a romantic or life partner, or a best friend. The middle circle are people who are not as close but are very important, such as friends and extended family members. The third circle are people

who do not fall into the first two categories but are still important in one's life. These relationships are often role-prescribed or singular in focus. This category might include neighbors, coworkers, or classmates (Antonucci, 1986; Fuller et al., 2020).

The convoy model of social relations normalizes the human experience of having a small number of relationships that are very intimate (Antonucci et al., 2014). Rather, people have more relationships that are less close but still important. The progressively widening circles suggest that as one looks outward toward his or her spheres of influence and interaction, larger numbers of relationships and connections are possible. Though an individual often relies on their closest relationships for high quality support, research has found that less intimate relationships can be mobilized for support during unique or stressful circumstances (Antonucci et al., 2014; Fuller et al., 2020). The convoy model encourages having a mix of relationship types for social, emotional, and physical health. With its person-centered foundation, the convoy model implies a fluidity of social relationships as they change with a person's age, life-stage, and context (Fuller et al., 2020).

Though social support theory and the convoy model of social relations have been measured and evaluated in many fields, an individual person's experience of social support and relations is highly subjective. Multiple studies have shown that *perceived* social support is more strongly correlated with positive health outcomes than objectively measured *received* support (Cohen & Wills, 1985; Kessler et al., 1992; Wethington & Kessler, 1986). In addition, the experience of perceiving and receiving social support is influenced by personality traits, coping styles, family background, and generational and cultural differences (Kessler et al., 1992; Muñoz-Laboy et al., 2014; Uchino, 2009; Wethington & Kessler, 1986). It is important for a

person to define individually what makes their social support adequate, meaningful, and beneficial.

Application of Theories

During the era of COVID, I propose that health care providers give additional assistance to pregnant women to identify and secure the social support needed to ensure the well-being of themselves, the baby, and the family. This is an unprecedented time with social distancing guidelines and hospital visiting rules changing frequently. Public health directions vary widely across the country and many regions have already experienced patterns of loosening, then re-tightening restrictions. Some researchers have suggested social distancing practices may continue to be necessary for several months, or even a few years (Kissler et al., 2020). The CDC currently recommends visitor limitations and screenings for inpatient obstetric settings (CDC, 2020a). Many questions remain regarding the effects of SARS-CoV-2 on fetal and newborn populations, however new evidence suggests neonatal infections are possible (CDC, 2020b). Pregnant and postpartum women can become ill with COVID-19, and pregnant women may be at increased risk for severe COVID-19 illness and hospitalization (Ellington, 2020). A severe illness could interrupt a woman's transition to motherhood or her ability to breastfeed or care for her newborn.

I propose that health care providers consider four valuable windows of opportunity to help women meet their social support needs during and after pregnancy: during prenatal visits, through labor and delivery, during the postpartum hospital stay and at discharge, and during postnatal follow-up visits. Physicians, midwives, and nurses could all have a role in assisting a woman in this time.

I recommend health care providers base their interventions on an understanding of the four categories of social support and the convoy model of social relations. Together, these theories illustrate that women need different forms of support and can gain support from different groups of people in their lives. The images and text on the second page of the trifold brochure in the appendix provide description and examples of the support women may need, and the groups of people that could provide them support. Health care providers can use the brochure as a template for initiating and continuing conversations with women about social support. The brochure is designed to be interactive by providing women space to reflect on what needs they may have as mothers and on the people who might be able to help them. At all times, health care providers should communicate the most current public health recommendations for pregnant women, newborns, and new mothers. They should also clearly state the hospital's current rules for visitors in the Mother/Baby units, as well as any restrictions for companions accompanying the woman to outpatient appointments (CDC, 2020a).

Research shows mothers primarily look to their informal social networks for assistance with personal needs and infant/child care (Gottlieb, 1978; Leahy-Warren, 2007). For this reason, I will focus on health care providers assisting a woman in identifying her available personal and community resources. It should be noted, however, that health care providers themselves can also be a source of social support for new mothers. Leahy-Warren (2007) found the majority of new mothers looked to their health care providers for informational support. Some mothers also report receiving appraisal and instrumental (i.e. esteem and practical) support from their midwives and nurses (Leahy-Warren, 2007).

Prepartum

Prenatal visits are the ideal time for health care providers to initiate conversations with women about social support. A pregnant woman may not consider how social support will likely look different for her due to COVID. She may have expectations based on her own past pregnancies, or her friends' or family members' pregnancies. Letting go of traditional ideas, like baby showers or having friends over to see the newborn, may produce feelings of grief and loss. Health care providers can help women process these important feelings. Talking about social support at prenatal visits can give women time to find ways to obtain the support they need. A woman with her first pregnancy might not think about all forms of support new mothers need. With more time to prepare, she can have important conversations with family or close friends about how they can meet the woman's needs while strategically reducing social contact.

Labor and Delivery

The period of labor and delivery may be the most challenging time for a woman to access social support due to COVID guidelines. It will depend in part on the extent of visitor restrictions that the hospital has due to COVID status in the community and current public health guidelines. Hospital staff can keep in mind social support theory and the convoy model in considering a woman's potential needs. Of the four types of social support, health care providers during labor and delivery may most easily be able to provide practical and informational support. If the visitors a woman would have chosen cannot be at her side during labor and delivery, health care providers should make extra effort to provide forms of emotional and esteem support. Examples include collaborative goal-setting and frequent encouragement for esteem support and active listening for emotional support.

It should be recognized that even in the presence of empathic and supportive hospital staff, a woman may desire social support from people in her innermost circles. Creative use of

communication technology is encouraged, including using video chat technology with friends and family members, using speakerphone to allow a loved one's familiar voice to come into the room, or taking pictures or video per the mother's requests so she can later share them with loved ones (CDC, 2020a). Some hospitals have had success allowing virtual visits from doulas and birth companions. Health care providers in this context should evaluate their hospital's protocols regarding use of communication technology with HIPAA compliance and could consider consulting their IT department to help facilitate technological support for patients.

Immediate Postpartum

Much health education occurs during the postpartum period before the mother's and baby's discharge. As the mother prepares to go home, health care providers have another opportunity to teach the woman about the support she may need at home and ask her to consider who she can turn to for help. This is an important time to review the current recommendations about COVID-related safety. The woman should be encouraged to call her health care provider's office or nurse hotline at any time if she wants to hear accurate information about COVID safety. The woman should be informed that not all information and rumors about COVID are evidence-based, and she should make her decisions based on her health care provider's recommendations. She can also be provided trustworthy web sources for COVID information in regard to mothers and babies, such as the CDC, and the county or state public health department.

Outpatient Postpartum

Finally, postpartum outpatient visits are a valuable time to reinforce the importance of social support, and the health care provider themselves may also be a source of social support. A new mother may feel overwhelmed by the demands of caring for a newborn and adjusting to motherhood while her own body is healing. It is not uncommon for women to experience

postpartum blues, so it is important to ask about emotional health, and encourage women to lean into positive social relationships (Mayo Clinic, 2018). Women can be encouraged to ask for help while still maintaining COVID-related safety measures.

Health care providers may offer practical suggestions, such as keeping a cooler on the porch filled with ice so friends can drop off groceries or meals without making contact. Friends and neighbors can also make contactless drop-offs of supplies such as diapers or formula. The woman may choose to have a few friends or family members that help care for the baby. She should be able to trust the people she selects to commit to safety measures including wearing a mask when visiting, washing hands as soon as they arrive, and reducing their own social exposure as possible. The brochure in the appendix can also be used for health teaching during this time. Again, creative use of communication technology may help the woman feel connected to her usual forms of social support. Examples may include a video diary, posting on social media, or talking on the phone via speakerphone while nursing. If any of these are overwhelming for the mother to do on her own, she could designate a family member to help her.

Health care providers in touch with their community may be able to identify local or virtual support systems appropriate for their patient population. Community organizations such as food banks or churches may have resources useful for new mothers. Calling 2-1-1 may identify local and state welfare resources. Many virtual support groups with local chapters can be found online (Children's Hospital of Philadelphia, n.d.). If internet access is limited, there are many resources offering peer and professional support available through toll-free phone numbers. Health care providers themselves may consider increasing the frequency of virtual postpartum appointments, phone calls, or even texts to stay in contact with mothers of newborns (Aldoory et al., 2016; Broom et al., 2015).

Conclusion

Pregnant women and mothers of newborns deserve the greatest care and support from their communities. The COVID-19 pandemic has altered life as we know it in a panoply of ways, especially the usual structures and patterns for social contact. Women may need extra guidance in how to obtain essential social support while maintaining COVID-related safety. Social support theory and the social convoy model may help women conceptualize their own categories of need and the social resources they have in their lives. Health care providers can use these theories as part of health promotion teaching throughout the prenatal and postpartum periods.

Social support theory and the social convoy model are both well-suited for this context. They have been successfully applied cross-culturally and with multiple age groups. Both theories are flexible and person-centered, and also provide structure and tangible examples of social support. The theories can be described and applied with simple language. The convoy model may especially be useful in helping pregnant women and new mothers to recognize and mobilize resources in their ‘outer’ circles, such as neighbors or coworkers (Fuller et al., 2020). This is a valuable skill during pandemic, when proximity to resources may become a priority.

There are potential weaknesses of social support theory and the social convoy model for health care providers to note. Both theories still need to be researched in understudied cultures (Fuller et al., 2020). Of House’s four categories of social support, esteem (i.e. appraisal) support is sometimes difficult to understand and can be confused with the other categories (Muñoz-Laboy et al., 2014). House (1981) notes that informational and esteem support can sometimes increase levels of stress and stress response (e.g. learning something was done ‘wrong’), however they are often perceived as beneficial in the long run. Additionally, social relationships are complex and can be a source of both positive and negative effects on a person’s health

(Antonucci et al., 2014). While some amount of disagreement and strife is normal in close relationships, the health care provider should be sensitive to signs that point to abuse. Even intimate relationships that are sometimes supportive may be unhealthy if they cause too much pain. Lastly, it is unclear whether virtual methods of communication will sufficiently meet mothers' perceived support needs during pandemic (Fuller et al., 2020). More research in this area is certainly needed.

Social support is necessary for the physical, mental, and emotional health of expecting mothers and mothers of newborns. During pandemic, women should be encouraged by their health care providers to seek out and accept social support while still observing public health guidelines. The template of the brochure included with this paper, inspired by social support theory and the social convoy model, could also be adapted for other patients or contexts who would benefit from creative thinking and personalized answers in regard to social support. For example, the template may be useful for patients in rural settings, patients with disabilities, or patients who recently moved to a new community. Hopefully with compassion, collaboration, and creativity, health care providers can help our patients maintain positive social support despite challenging barriers.

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Appendix

Template for Trifold Brochure

Women who are pregnant and who give birth need the support and love of their family and friends.

Navigating social support during Covid presents many challenges.

This brochure can help you identify the types of support you may need, and the groups of people in your life who could help you.

You *deserve* support during this special life event, and you deserve help from people who have the utmost respect for yours and your baby's health and safety.



Ideas

- All visitors should wear masks when they visit you
- When you leave the house, always wear a mask and wash your hands when you arrive home
- Ask your employer if you can have less social contact at work
- Consider a virtual or 'drive-by' baby shower!
- Ask friends to text you encouragements
- Videochat friends or send them pictures of the baby
- Ask a loved one to coordinate meal drop-offs for when you come home from the hospital. Keep a cooler on your porch filled with ice so friends can drop off food any time.
- Choose a few people to be in your inner circle who can help you most and ask them to limit their social contacts (i.e. no parties, traveling, etc.).



Brochure created by Kalissa Morgan, BSN, RN,
MSN – Nurse Midwifery Student, UNM

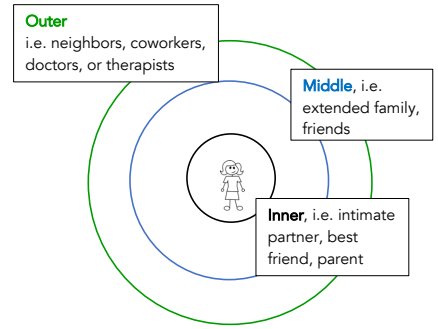
Social Support for Mothers During Covid

How to get the help you
need while promoting
health and safety



Types of Support for Women Before and After Birth

	Examples	Who could provide this for me? <i>(write in names)</i>
Emotional - Empathy, trust, love, warmth	<ul style="list-style-type: none"> • Hugging, cuddling • Hearing, "I love you" • Listening to your thoughts and feelings 	
Practical - Receiving goods or services that help in your daily life	<ul style="list-style-type: none"> • Driving you to doctor's appointments • Buying groceries, preparing meals • Cleaning the house before baby comes • Holding the baby while you rest 	
Esteem - Building self-esteem, encouraging you toward your goals	Hearing, <ul style="list-style-type: none"> • "You're doing a great job!" • "I believe in you!" • "What do you want to do?" 	
Information - Providing helpful information about being a mom	<ul style="list-style-type: none"> • Talking to other mothers with babies • Getting reliable health information 	



Who's in my Circle?

Who do you depend on?

Who could you ask for help?

Inner (the closest):

Middle (still close):

Outer (less close but still important):
