



# 'It makes you feel like you are not alone': Expectant first-time mothers' experiences of social support within the social network, when preparing for childbirth and parenting



Caroline Bäckström<sup>a,b,c,\*</sup>, Therese Larsson<sup>a,d</sup>, Emma Wahlgren<sup>a,b</sup>, Marie Golsäter<sup>c</sup>, Lena B. Mårtensson<sup>a</sup>, Stina Thorstensson<sup>a</sup>

<sup>a</sup> University of Skövde, School of Health and Education, P.O. Box 408, SE-541 28 Skövde, Sweden

<sup>b</sup> Skaraborg Hospital Skövde, 'Woman, Child' (K3), SE-541 85 Skövde, Sweden

<sup>c</sup> Jönköping University, School of Health and Welfare, CHILD-research Group, Box 1026, SE-551 11 Jönköping, Sweden

<sup>d</sup> Närhälsan Midwifery Unit, Skövde, Badhusgatan 29, SE-541 31 Skövde, Sweden

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## Introduction

Becoming a parent is one of the biggest transitions in a person's life [1]. A transition is an event that leads to some type of change in life, for example concerning identity or relationships. This event can be sudden but more often it is a process over time such as in childbearing [2]. A woman's transition to motherhood starts with her first pregnancy. Expectant first-time mothers can experience the transition to motherhood as overwhelming and chaotic, with mixed feelings [3,4]. Furthermore, the natural circumstances that expectant first-time mothers are about to experience as part of this transition to motherhood might make them especially vulnerable [4]. Therefore, their experience of this transition should be accompanied by opportunities to receive of support [5,6].

Support can be provided to expectant first-time mothers both by professionals (e.g. midwives) and social contacts (e.g. partner,

family, friends and colleagues); while these two sources of support are different, both are of value for the experience of childbearing [7–10]. The present study investigated social support, which is offered within one's social network and has been described as reciprocal and requiring working relationships to be effective [9–11]. In contrast, professional support is not reciprocal, is directly available and is limited to professional knowledge [12]. Acts of support can be either *emotional*, *appraisal*, *informative* or *instrumental*. *Emotional support* comprises empathy, love and trust, and it promotes a sense of safety and belonging. This type of support is crucial for a positive experience of support, which is essential if the support is to have a positive impact [9,13], such as buffering the negative effects of stress [14]. *Appraisal support* involves help with self-evaluation and promotes reassurance of the individual's ability and competence. *Informative support* is offering information to help solve an actual problem, and *instrumental support* (also referred to as *practical support*) is practical help with solving an actual problem [9,13].

In general, social support makes individuals feel like they are members of a group, in which they can share affection and aid

\* Corresponding author at: University of Skövde, Box 408, SE 541 28 Skövde, Sweden.

E-mail address: [caroline.backstrom@his.se](mailto:caroline.backstrom@his.se) (C. Bäckström).

[12,15]. Expectant mothers who receive satisfactory social support are at less risk of pre-term birth and are less affected by mental health problems, such as depression or anxiety, during pregnancy [16]. Furthermore, social support is considered to promote a more positive childbirth experience [6] and reduce the risk of postpartum depression [16]. Moreover, this kind of support tends to affect a range of other health outcomes for people besides expectant mothers, such as mental health, physical health, health habits and mortality risk [17,18]. This indicates that social support can serve as a protective barrier against the negative effects of mental and physical health issues, because it plays an important role in promoting health benefits. Research has also shown that promoting expectant mothers' well-being during the transition to motherhood safeguards the mental, physical and social health of babies [19,20].

Expectant mothers appear to be open to considering their lifestyle, making decisions about what kind of parent they wish to be and preparing for changes in their most important relationships. In fulfilling these objectives, professionals who come into contact with expectant mothers should provide opportunities for the latter to meet others who are going through the same life transition [10]. Professionals have been shown to play a valuable role in strengthening social support [12] for expectant mothers [21]. For professionals to take on this valuable role, it is essential that they understand expectant mothers' need for social support, their experiences of such support and its benefits. However, there is a lack of research on these aspects of social support. Therefore, the aim of this study was to explore expectant first-time mothers' experiences of social support within the social network, when preparing for childbirth and parenting.

## Method

### Design and setting

To gain insight into expectant first-time mothers' experiences of social support within the social network, when preparing for childbirth and parenting, a qualitative design with interviews [22] was chosen. The study was carried out in a southwestern Swedish county consisting of urban, suburban and rural districts. The

county has approximately 280,000 inhabitants and a single hospital labour ward, where about 2600 births occur annually.

### Participants

The expectant first-time mothers were enrolled in the study by midwives in antenatal units during a prenatal assessment at gestational week 25. The inclusion criteria were as follows: (1) expectant first-time mothers with (2) singleton pregnancies; (3) the intention to give birth at the county hospital; and (4) the ability to understand and speak Swedish. In total, 40 expectant first-time mothers were asked to participate in the study, and 22 consented. In the end, 15 mothers, selected by strategic sampling, were included in the study. The strategic sampling was done to ensure maximum variation among the mothers in terms of age (20–37 years), place of residence (urban, suburban or rural district) and high school and/or university education. Both women in heterosexual and same-sex relationships were included in the study.

### Data collection

As stated above, the data were collected via interviews. Prior to commencing the interviews, the expectant mothers were provided with written information about the interviewer's profession (midwife/PhD student). The interviews were conducted during gestational weeks 36–38 and lasted 39–70 min. The interviews followed an interview guide comprising an open-ended question and follow-up questions. The open-ended question – *How have you prepared for childbirth and parenting?* – was aimed at allowing the expectant mothers to describe what type of social support within the social network they had received, in their preparation for childbirth and parenting. The follow-up questions were aimed at allowing the mothers to describe their experiences of the social support they had received. The questions included *Could you explain how you experienced it?* and *What has it meant for you in your preparation for childbirth and parenting?*

All interviews were conducted via telephone to increase the level of comfort as well as the possibility to participate, for the participants [23]. Each interview was audio-taped and transcribed

**Table 1**  
Overview with examples of the analysis process [24].

Meaning units	Codes	Sub-categories	Generic categories	Main category
<i>It's been really important. Mainly for the feeling that we're in this together... that you are not alone, we are two in it... So, it has been great that X [name of partner] has participated in these things [different types of preparation for childbirth and parenting]... Yes, it's like a feeling of security, I guess... (W 13)</i>	Preparing with partner	Mutual preparation with partner	Mutual preparation with partner facilitated the feeling of a strengthened relationship	Social support can strengthen expectant first-time mothers' relationship with their partner and contribute to feelings of calm and security about childbirth and parenting
<i>It's clear that I'm not the only one to have a baby, but you can get feelings like that in the beginning... but when you meet these other expectant [first-time] parents, then... then it feels like you are not as much alone... (W 4)</i>	Meeting other expectant first-time parents	Sharing experiences with other expectant first-time parents facilitated feelings of recognition and belonging	Being able to share experiences with others was both strengthening and frightening	
<i>...because you get a lot [of different information] and have to mix it all together, how others [other expectant mothers or parents] have had it, and so on... it can become a lot of exaggerated facts. Because, sometimes, it can be a bit too overwhelming and then... it can be very difficult to absorb the information... especially when you are in my situation and are to give birth for the first time. (W 8)</i>	Large amount of information	Adequate amount of consistent information	Adequate information facilitated a feeling of understanding	

verbatim by the first author. Prior to the first interview, two pilot interviews were conducted to test the procedure and determine the best approach for conducting the upcoming interviews. The results showed that the interview guide and technical equipment were adequate for addressing the aim of the study. The pilot interviews were not included in the data analysis.

### Data analysis

To analyse the data, qualitative latent content analysis was performed [24]. The content analysis involved analysing the interview transcripts in different steps. In the first step, each transcript was read and re-read several times. The reading was done independently to ensure that each author understood the content and would capture the essential structure of the interviews. Thereafter, meaning units relating to the aim of the study were marked. The contents of the different meaning units were described using codes. The codes were grouped into sub-categories on the basis of similarities and differences in the content. The sub-categories were abstracted into three generic categories on the basis of their underlying meanings. In the final stage, an overall main category arose [24]. All authors participated in the different steps, as shown in Table 1.

### Ethical considerations

Permission to undertake the study was given by the clinical head of service for the antenatal units. The Regional Ethical Review Board in Gothenburg, Sweden approved the study (Dnr: 197-14). Prior to the data collection, all of the expectant first-time mothers were given information about the study both in writing and orally; in addition, they were apprised of their right to revoke their consent to participate at any time and were guaranteed of the confidentiality of any information they provided in the interviews. The participants gave written consent to participate and chose the timing of the interviews themselves. A possibility to follow up participants who had negative experiences in connection with the interview, was available by midwives and psychologists at the maternity units. The findings are presented through anonymous quotations to protect the expectant mothers' identities.

### Results

The analysis resulted in the following main category: Social support can strengthen expectant first-time mothers' relationship with their partner and contribute to feelings of calm and security about childbirth and parenting. The main category was described through the following three generic categories: Mutual preparation with partner facilitated the feeling of a strengthened relationship; Being able to share experiences with others was both

strengthening and frightening; and Adequate information facilitated a feeling of understanding (Table 2). Each generic category had two to three sub-categories. The English translations of the quotes have been edited slightly for this paper, but the editing has not affected their meaning in any way.

*Main category: Social support can strengthen expectant first-time mothers' relationship with their partner and contribute to feelings of calm and security about childbirth and parenting*

The expectant first-time mothers experienced that when they received social support from their partner, it strengthened the relationship. For this, it was crucial that the partner was willing to participate in the preparations for childbirth and parenting. In addition, the expectant mothers described that when they could obtain adequate information via their social contacts, it facilitated their understanding of childbirth and parenting. This social support gave the women feelings of recognition and belonging. This was especially so when they shared experiences with other expectant first-time parents. These different types of social support within the social network, fostered the expectant first-time mothers' feelings of calm and security about childbirth and parenting.

*Mutual preparation with partner facilitated the feeling of a strengthened relationship*

When the expectant first-time mothers could prepare for childbirth and parenting with their partner, it facilitated the feeling of a strengthened relationship, as it enhanced the partners' communication abilities and sense of togetherness. For this, the partners' willingness to participate in the preparations was essential.

*Mutual preparation with partner.* The mothers experienced support when they could prepare for childbirth and parenting with their partner. They felt happy when their partner expressed a willingness to participate in these preparations, which could lead to feelings of togetherness and shared responsibility. Subsequently, the expectant mothers experienced that their partner understood the pregnancy and the upcoming parenthood as more real. This enhanced the communication between partners and produced the feeling of a strengthened relationship. Furthermore, this could help the expectant mothers relax, relinquish control and focus more on themselves.

Some expressed that their partner's ability to function as a source of support increased when the expectant couple received professional support together (e.g. parenting classes/lectures). This occurred because mutual experiences could be used as a common reference point, which the couple could use to prepare for childbirth and parenthood.

It's been really important. Mainly for the feeling that we're in this together... that you are not alone, we are two in it... So,

**Table 2**  
Overview of sub-categories, generic categories and main category.

Sub-categories	Generic categories	Main category
Mutual preparation with partner Being able to communicate with the partner Practical support from the partner	Mutual preparation with partner facilitated the feeling of a strengthened relationship	Social support can strengthen expectant first-time mothers' relationship with their partner and contribute to feelings of calm and security about childbirth and parenting
Sharing experiences with other expectant first-time parents facilitated feelings of recognition and belonging Taking part in others' experiences was both strengthening and frightening	Being able to share experiences with others was both strengthening and frightening	
Obtaining information about childbirth and parenting Adequate amount of consistent information	Adequate information facilitated a feeling of understanding	

it has been great that X [name of partner] has participated in these things [different types of preparation for childbirth and parenting]... It's like a feeling of security, I guess... (W 13).

*Being able to communicate with the partner.* The expectant mothers experienced pregnancy as a sensitive period of life consisting of emotional ups and downs. During this period, they valued good communication with their partner. They described that the pregnancy included so-called 'critical situations', in which the mothers felt it necessary to describe their feelings for their partner. This made the expectant couple test their relationship, because they were forced to talk about intimate things which they would not have discussed otherwise. The mothers' ability to describe their feelings affected the support they received from the partner.

Communication enabled the expectant mothers to explain when something did not feel right. Then the couple could come up with mutually beneficial solutions. Communication could bring the expectant couple closer on a mental level. Further, it could contribute to increased confidence and trust in the relationship.

X [name of partner] is always there for me when I want to talk, so it has strengthened the relationship between us. I think it is really good... because we have got to know each other better... it has also been put to the test, when I have not felt so good... and then I know that I will always be there for X, and X will always be there for me... It's like me and X and the little one in this little tummy... (W 1).

*Practical support from the partner.* When the expectant mothers practically prepared for the baby's arrival with their partner, they felt supported by the partner. The practical preparations could consist of the expectant parental couple jointly purchasing necessary material things (e.g. a baby buggy, baby clothes or diapers); preparing their home (e.g. preparing a place to breastfeed the baby or decorating the baby's room); or planning for parenthood (e.g. planning how the parental couple should share parental leave or handle parenting). When the partners made these practical preparations together as a couple, it could lead to the expectant mothers experiencing calmness and a feeling of being sufficiently prepared for taking care of the baby. These feelings were even more pronounced when the partner took the initiative to make the preparations.

X [name of partner] has been a great support... In all the little things that we have been able to discuss with each other: whether we will baptize our child; which baby buggy we shall buy; and how we shall decorate the child's room... X has been with me all the time. So, it has felt good. (W 7).

*Being able to share experiences with others was both strengthening and frightening*

Being able to share experiences with others could be both strengthening and frightening, according to the mothers' narratives. Sharing experiences with other expectant first-time parents mostly created a sense of strength, because it facilitated feelings of recognition and belonging, but taking part in others' negative childbirth experiences could instil fear.

*Sharing experiences with other expectant first-time parents facilitated feelings of recognition and belonging.* The mothers expressed that being able to share experiences with other expectant first-time parents satisfied needs that were otherwise difficult to fulfil. This was because the mothers experienced that they and other expectant first-time parents shared the new and exciting experiences that accompany pregnancy. Through this, feelings of recognition

and belonging could be created, which could normalize or undramatize pregnancy-related experiences (both mental and physical). According to the narratives of the mothers, this could result in a feeling of being strengthened for the upcoming childbirth and parenting. The mothers wanted to maintain the new social contacts after the arrival of the baby, to share experiences relating to parenting with these contacts.

It's clear that I'm not the only one to have a baby, but you can get feelings like that in the beginning... but when you meet these other expectant [first-time] parents, it feels like you are not as much alone... (W 4).

The participants also described parental education classes given by midwives in antenatal units as the only opportunities for meeting other expectant parents. Not being able to connect with other expectant parents could result in a feeling of unsatisfied needs. Such unsatisfied needs could lead to a sense of being ill-prepared for childbirth and parenting, according to the mothers.

*Taking part in others' experiences was both strengthening and frightening.* Taking part in others' experiences of pregnancy, childbirth and parenting could be both strengthening and frightening for the mothers. Such experiences were shared by people in the mother's surroundings (their own mother, friends, relatives, colleagues or unknown people with whom they came into contact, for example, via the Internet). However, it was common for others to share their experiences without being asked. Others' negative experiences could serve as 'horror stories' which scared the expectant mothers and made them feel insecure about childbirth and parenting. When such situations occurred, the expectant mothers described that they had to process their impressions of this with their partner, friends or relatives. In contrast, some expectant mothers expressed that they used others' negative experiences in their mental preparation for childbirth, through which they created a feeling of strength, such as 'If she can do it, I can as well'.

The mothers saw people who were the same age as the expectant mothers as more likely to share experiences that seemed positive or reality-based. Such experiences could strengthen the mothers. Moreover, elderly people more commonly expressed negative experiences and an old-fashioned approach to child-rearing.

I have been in contact with people who are older, and I have to say that they [the elderly] are thinking differently. But relatives and friends who are in my age group have also told me about their experiences... and it has been nice. They have told me what they did and didn't do, and what was good for them... and then it feels like we [me and my partner] can find a way that can work for us. (W 4).

*Adequate information facilitated a feeling of understanding*

Through social support, the expectant mothers expressed that they could obtain information about childbirth and parenting, and when they obtained an adequate information, it was satisfactory. Altogether, adequate information could facilitate a feeling of understanding about childbirth and parenting.

*Obtaining information about childbirth and parenting.* The mothers described that they tried to satisfy their individual need for information about childbirth and parenting through social support. The information that they needed, which was both theoretical and practical in nature, could comprise pregnancy-related questions (e.g. Braxton Hicks contractions or foetal movements); what they needed to purchase and prepare at home before the arrival of the baby; childbirth-related questions (e.g. how to recognize the beginning of labour, methods for reducing pain during labour,

what practical things they would need to bring to the labour unit, normal labour, labour complications and breastfeeding); or questions about parenting. When the need for information was satisfied, it facilitated the expectant mothers' feeling of understanding, which contributed to feelings of preparedness, calm and security about childbirth and parenting.

The mothers expressed that most information was obtained from family, friends or colleagues, but the participants also consulted literature and the Internet. They experienced the Internet as the fastest way to get answers to questions and as a diversified source of information consisting of multiple answers to each question. Further, they stated that the Internet made it easier to search for information of a sensitive nature, since it allowed for anonymity. They also used the Internet to verify the accuracy of the information that professionals had given them.

It's just that you can search for and get information immediately [via the Internet]. You don't need to go and think about it, get stressed or worried. I think it's the worst when you don't know anything. Yes, I think it is the speed, it calms me. Then I feel secure when I get to know things immediately. (W 10).

Conversely, due to the large amount of unreliable information online, the participants experienced the Internet as a source of information that they needed to screen to retrieve reliable information.

*Adequate amount of consistent information.* The mothers expressed that obtaining an adequate amount of information could facilitate their understanding of childbirth and parenting. Their understanding was mostly facilitated by information that was consistent and for which they found no contradiction, no matter the source of the information. When the information was repeated several times, it helped the expectant mothers reach a greater understanding, because this helped them put the information in context. Altogether, this facilitated feelings of calm and security about childbirth and parenting. In contrast, when the information obtained from different sources differed or was overly exaggerated, it could contribute to feelings of confusion or uncertainty.

...because you get a lot [of different information] and have to mix it all together, how others [other expectant mothers or parents] have had it, and so on... it can turn into a lot of exaggerated facts. Because, sometimes, it can be a bit too overwhelming and then... it can be very difficult to absorb the information... especially when you are in my situation and are to give birth for the first time. (W 8).

## Discussion

The most important finding of our study is that the expectant first-time mothers experienced that social support could strengthen their relationship with their partner and facilitate feelings of calm and security about childbirth and parenting. Further, such feelings were facilitated by different types of social support within the social network, explained through the three generic categories in the study. For example, when the expectant mothers received support from their partner, they could experience the feeling of a strengthened relationship. For this, it was essential that the partner was willing to participate in mutual preparations for childbirth and parenting, which contributed to a feeling of togetherness. This can be understood as an effect of the emotional support received from one's partner [9,13]. However, the expectant mothers in the present study described the importance of their partner knowing how to support them, which they could be told by professionals, for example. Previous research also showed that

professional support can help a partner understand how to support his or her pregnant partner [1,25,26].

According to the expectant first-time mothers in the current study, their partner gave support by participating in practical preparations, which could be understood as instrumental acts of support [9,13]. Professionals can use this knowledge to better understand how to support partners in managing their supportive role to the expectant mother. Nevertheless, it is known that the childbearing period, as well as the transition to parenthood, is a sensitive period of life which may diminish the relationship quality and, in turn, could result in the separation of the parents [27,28]. Insufficient communication can contribute to separation/divorce of parents of small children [28]. The results of our study can be used by professionals in their work with increasing communication abilities among expectant first-time mothers and their partners, with an intention to strengthening their relationship in a longer perspective. It may be the case that partners have to understand their role in the contextual circumstances of pregnancy, childbirth and parenting to be able to support their expectant partner. The findings of our study outline this role, highlighted from the perspective of expectant first-time mothers.

In addition, sharing experiences with others could facilitate feelings of calm and security about childbirth and parenting. Such feelings occurred when the mothers could experience feelings of recognition and belonging through this sharing. When the expectant mothers shared their experiences with other expectant parents, they found this to be more satisfactory than when they shared their experiences with elderly people. One way to get into contact with other expectant parents was via parental education classes, offered by midwives in antenatal units. Some mothers expressed that they did not have any other opportunities to meet expectant parents than through such classes. Previous research also stressed the value of enabling expectant parents to meet [10] in this way [26,29]. The sense of belonging that the mothers in our study developed through their shared experiences with other expectant parents could be understood as an effect of the emotional support they received [9,13]. Besides this, meeting other expectant parents could be understood as appraisal acts of support [9,13], since feelings of recognition and belonging could reassure the mothers. Nevertheless, as mentioned earlier, professional support can strengthen social support [12,30]. To improve expectant mothers' possibilities of receiving social support within the social network, professionals could consider how they can work with expectant mothers and their social contacts to satisfy the support needs of the mothers. When the mothers in the current study lacked opportunities to attend parental education classes, it was experienced as negative, which is in line with earlier research [21,26,29] and further stresses the importance of enabling expectant parents to meet via professional support.

Another valuable part of the social support that the expectant first-time mothers in our study experienced included the adequate information, which could contribute to the women's understanding of childbirth and parenting. An increased understanding then gave way to feelings of calm and security, according to the expectant mothers who used their social contacts to satisfy individual needs for information. Previous research showed that expectant mothers who received satisfactory support from their family were at less risk of pre-term birth and were less affected by mental health problems, such as depression or anxiety, during pregnancy [31]. These effects may indicate that social support contributes to a sense of belonging to a group, in which one can share affection and aid [15]. Moreover, this may be an outcome of emotional or appraisal acts of support [9,13] and can be compared to our results, which show that social support within the social network, facilitated feelings of calm and security about childbirth and parenting.



However, our findings also show that the expectant mothers obtained information via social contacts on the Internet. They described that they had to screen the information obtained online for reliability and that they sometimes used the Internet to corroborate the information given by professionals. The fact that the expectant mothers put more trust in information obtained from the Internet than in information obtained from professionals is essential to note, as this may help professionals meet the information needs to a greater extent and convey the more trustworthy and reliable information. This is in line with earlier research which showed that trustworthy and reliable information is a valuable aspect of professional support [32]. The professionals should provide the most reliable and trustworthy information, not the Internet, and much of the information published online is not controlled by professionals, who are most capable of determining whether the information is trustworthy. Yet the participants in the present study experienced it as positive when they could connect with other expectant or new parents on the Internet, which was stressed previously [33]. In addition, the results of our study highlight that social support within the social network, included opportunities to obtain information about childbirth and parenting. The supportive acts behind this could be explained through the concept of informative support – that is, offering information to help solve the actual problem [9,13].

As mentioned earlier, an important finding of our study is that the expectant mothers experienced that social support within in the social network, could facilitate feelings of calm and security about childbirth and parenting. Such feelings could be compared to feelings of being prepared or being able to manage the upcoming childbirth and motherhood. In the following, this could be understood as the expectant mothers feeling reassured of their individual ability and competence owing to social support. Acts of support contributing to such feelings were described earlier through the concept of appraisal support [9,13], which has been described as promoting reassurance of the individual's ability and competence [9,13]. Our result indicate that social support can reassure expectant first-time mothers of their ability and competence. These results are important as they increase our knowledge of how expectant mothers can benefit from social support within their social network when preparing for childbirth and parenting. When expectant mothers feel prepared for childbirth, it might improve their childbirth experience [34], breastfeeding [30] and relationship with (and feelings for) their baby [35]. In contrast, when expectant mothers do not feel prepared for birth, they are at risk of experiencing childbirth as negative [18]. Our results indicating that expectant first-time mothers benefit from social support in preparing for childbirth and parenting may be indicative of positive effects on the well-being of the mothers. Promoting expectant mothers' well-being across the transition to motherhood was previously shown to safeguard the mental, physical and social health of babies [19,20].

It is clear that our results can be described through different types of supportive acts, such as emotional, instrumental, informative and affirmative support [9,13]. However, when contextualizing the different acts of support experienced by the expectant first-time mothers in the present study, it is valuable to keep in mind that the different acts of support may affect each other. Therefore, all of the different acts of social support described are valuable for the expectant first-time mothers in their preparation for childbirth and parenting. Furthermore, professionals must fully understand that contextual circumstances influence the benefits of social support for expectant first-time mothers, if they are to strengthen the social support for the expectant mothers. This is because an understanding of how to encourage partners, family or friends, for example, to act supportive towards the expectant mothers may increase the possibilities that the needs of the moth-

ers will be met. Nevertheless, the present study was carried out through interviews with expectant first-time mothers in order to increase our understanding of their experiences of social support for childbirth and parenting. To achieve a greater understanding of the benefits of social support during pregnancy, it would be informative to explore mothers' postpartum experiences of social support received during pregnancy. It would also be interesting to explore the ways in which the partners of expectant mothers experience social support within the social network, when preparing for childbirth and parenting.

Using a qualitative inductive design and content analysis [24], the present study explored expectant first-time mothers' experiences of social support for childbirth and parenting. Measures for judging trustworthiness of content analysis [24] could be linked to three different phases: *preparation phase*, *organization phase* and *reporting phase* [36]. During the *preparation phase* for the present study, individual semi-structured interviews were chosen as the data collection method. Expectant first-time mothers were seen as the more suitable informants and the interviewer's skills were deemed appropriate. Prior to the first interview, two pilot interviews were conducted to test the procedure and achieve coherence regarding the best way to conduct the upcoming interviews. The results of the pilot interviews showed that the estimations made in the preparation phase were adequate; this was also evident in the transcripts of the subsequent 15 interviews included in the study. For this study, telephone interviews were conducted. There is no opportunity for the interviewer to analyse body language or facial expressions, when using the telephone. However, the interviewer and the participant may be less affected by each other's presence, which may increase the level of comfort for interviewer and participant, which may result in a more relaxed interview [23]. The interviewer's, in this study, earlier experience with conducting telephone patient consultations, were valuable during the data-collection process. In the end of each interview, all informants had the possibility to express their experiences with the interview; they stated that being interviewed via telephone made it possible to participate in the study, since it saved time. They experienced it also as relaxing and anonymous, which were perceived as being positive.

In the *organization phase*, all researchers participated in the analysis process. The findings showed that the data accurately represented the information that the participants provided, thereby strengthening the trustworthiness of the study [36]. Lastly, the findings have been reported clearly and have been highlighted with quotations, supporting the trustworthiness in the *reporting phase* [36]. The participants in our study were a limited number of expectant first-time mothers in a limited geographic region in Sweden. However, our findings might be transferred to other situations identified as similar [36], as they generally offer a deeper understanding of the current topic, because many expectant first-time mothers share the experience of pregnancy with their social contacts, regardless of the country in which they live.

## Conclusion

Social support within the social network, can facilitate expectant first-time mothers' experience of a strengthened relationship with their partner and contribute to feelings of calm and security about childbirth and parenting. For this, both partners must be willing to participate in the preparations for childbirth and parenting, among other things. Mutual preparation with one's partner facilitated feelings of togetherness and shared responsibility. The expectant mothers also experienced that social support contributed to feelings of recognition and belonging. This was when the mothers could share experiences with others, especially other

expectant first-time parents. Sharing experiences could be both strengthening and frightening. Furthermore, the expectant mothers used their social contacts to obtain information about childbirth and parenting. When the information was experienced as adequate, it contributed to an understanding of childbirth and parenting. The different types of social support described facilitated the expectant first-time mothers' feelings of calm and security about childbirth and parenting.

### Competing interests

The authors declare no competing interests.

### Authors' contributions

All of the authors contributed to the design of the study. The first author (CB) performed the data collection and transcribed the interviews. CB, TL, EW and ST did the primary analysis. All of the authors participated in the final steps of the analysis. The first author wrote the manuscript, which was read, discussed and finally approved by all of the authors.

### Conflict of interest

The authors have no conflict of interest.

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