

Impact Of Level And Quality Of Family Support To Women During Pregnancy And The Maternal And Fetal Outcome

Ujwala R. Mane^{1*}, Dr. Jyoti A. Salunkhe², Dr. Satish V. Kakade²

¹Ph.D.Scholar, KINS Karad, India. Email: ujwalamane4@gmail.com

²Dean Academics, Professor, Krishna Institute of Nursing Sciences, Karad, India

³Associate Professor, Dept. of PSM, Krishna Institute of Medical Sciences, Karad, India

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Abstract

Pregnancy can be an emotional the longest nine months period of their lives, caring for a newborn baby can be exhausting so need close relatives to care for her and her baby. Helping these relationships to meet the physical and mental health need is important for the health of the woman and the newborn baby. In the present research Investigator is going to assess impact of level and quality of family support to women during pregnancy and going to assess maternal and fetal outcome during post partum period. We decided to conduct this study at rural areas.

In this review paper reviewer will provide short overview about the Impact of Level and Quality of Family Support to Women during Pregnancy and the Maternal and Fetal Outcome.

Keywords: Pregnancy, Family Support, Women, Maternal and Fetal Outcome

INTRODUCTION

Due to advanced technologies health care system is strong then also maternal and fetal outcome is not as per expectation. 8.3 deaths per 100,000 live births in 2018, in the past 10 years; the maternal mortality rate has fluctuated between 4.5 and 8.7 deaths per 100,000 live births¹. A family relationship secures access to maternal health care services².

In India, joint family system is practiced, now a day's due to education, in the Indian society urbanization and Industrialization increased so the family institution continues to play a central role in the lives of people. Due to busy schedule and changing in working pattern most of women remain out of home for longer period. But in rural areas women are depend on mother in law and husband for decision³.

Due to pregnancy, women undergo various physiological changes which modify their quality of life and well-being, the Impact of perceived Social Support from Family and Empowerment on Maternal Wellbeing needed in the postpartum period⁴

In India area of Maharashtra survey analysis shown that men were generally knowledgeable participating in routine care is lacking by them. Despite high awareness and a professed sense of responsibility the extent to which husbands were was limitedly present at routine antenatal or postnatal care or at delivery⁵.

So by doing the present research study it will be bridging the gap between family and pregnant women, this study will suggest communications needed throughout pregnancy to gain better maternal and fetal outcome. Due to family support early diagnosis and prevention of any complications can be ruled out.

METHODS

The majority of deaths (94%) occurred can be prevented through proper resource management. Maternal mortality is unacceptably high, about 295 000 women died during pregnancy and childbirth⁶.

Pregnancy can be an emotional the longest nine months period of their lives, caring for a newborn baby can be exhausting so need close relatives to care for her and her baby. Helping these relationships to meet the physical and mental health need is important for the health of the woman and the newborn baby. In the present research

Investigator is going to assess impact of level and quality of family support to women during pregnancy and going to assess maternal and fetal outcome during post partum period. Researcher decided to conduct this study at rural areas in selected PHCs. Comprehensive information about level of family support and maternal as well as fetal outcome will be assessed; this study will be beneficial to participants as well as community at large. The Impact of level and quality of Family support on Wellbeing throughout pregnancy and Postpartum Period will help to minimize complications. This data will be helpful for future researchers.

SEARCH ENGINES AND TIME PERIOD

Studies identified through the available literature in five computerized databases: CINAHL, Medline (Pub Med), PsycInfo, Scopus, and the Goggle scholar. Current article covers all full review publications that appeared in English language Quality of Family Support to Women during Pregnancy related journals between January 2013 and 31 December 2021.

Experimental Study conducted by Jenifer Hahn-Holbrook in California during **2013** on 210 pregnant women assessed during 19, 29 and 37 weeks of gestation and then eight weeks after delivery related to support received by families and the child's father and about depression symptoms found in pregnant women. Blood samples collected to check levels of placental corticotrophin-releasing hormone. Researcher found pregnant women received support from their families had lower levels of depressive symptoms⁷.

OVERALL OUTLOOK OF THE REVIEWS

Currently systematic reviews and meta-analyses regarding Impact of Level and Quality of Family Support to Women during Pregnancy and the Maternal and Fetal Outcome-

Descriptive analytical study conducted by Sedigheh Abdollahpour et al at Iran in **2014**, 358 women's assessed for social support among family in pregnant women by using Perceived Social Support - Family Scale (PSS-Fa). 1.3% women had poor family support, 27.9% had moderate family support and 69% had good family support. Significant relationship between family support and her age and education, mother's high school diploma and higher education had scores which were significantly higher than the others ($P < 0.05$). Lower support scores from husbands those had smoking habits. In multigravida mothers social support was lower $p < 0.05$, in unwanted pregnancies family support was significantly lower than the wanted pregnancies $P < 0.05$ ⁸

During 2015 to May 2016 by Chengdu, Ying Hu, Ying Wang conducted prospective study on 996 second Gravida mothers attended prenatal care at three tertiary hospitals and one regional hospital. In the family aspect around 20% of participants $n=200$ reported spouses had gender preference. There were 88.65% participants having good relationship with their husbands in the last 3 months, 84.64% participants had close relationship with their parents-in-law and 94.38% had good relationship with their own parents. The mean number of times of gravidity, parity, spontaneous abortion, induced abortion was 2.11, 0.08, 0.16 and 0.91. 59.44% pregnancy women had history of gynecological and obstetric diseases such as dysmenorrheal and dystocia. Study concluded that there are some factors related to Antenatal Depression including maternal age and relationships with family members⁹.

Comparative research conducted by Ujwala Mane during **2021** to assess knowledge of husbands in joint versus nuclear family at tertiary care hospital Karad on ANC mothers to assess family support in joint versus nuclear family on 60 pregnant women's husband. As a part of researchers view, for utilization of Health care services and to reduce maternal, fetal mortality need to involve husbands of pregnant women. Husbands of pregnant women are very important to achieve better outcome during pregnancy and delivery. Therefore health care professionals can involve mens directly or indirectly for making women's world better¹⁰.

Retrospective study by Keera Allendorf 2015-16 at University of Illinois at Urban-Champaign on 2,444 pregnant women positive effect of family relationship, stratified cluster sampling technique used. A family relationship which in turn helps women secures access to maternal health care¹ The odds ratios for very few difficulties with in-laws are 1.08 and 1.05 respectively for nuclear and joint families. In nuclear families, women that do not have in-laws have 1.66 greater odds of having a hospital delivery. This study shows good relationships with husbands and in-laws can increase women's maternal health care use in a low income setting better, family relationships influence women's health².

S. Elsenbruch, S. Benson, et al. Conducted prospective cross sectional study, included first trimester pregnant women with low support, increased depressive symptoms and reduced quality of life. The effects of social support on pregnancy outcomes were particularly affected in women who had smoked during pregnancy¹¹.

S Downe conducted research on total 1264 pregnant women during 2016, study concluded at least four visits for each ANC required, families and health care providers crucial role is to provide support to ANC mothers and help to maintain self esteem¹⁴.

Intervention - Maternal and fetal outcome – includes supported by family during delivery, any complications to mother , Baby birth weight, evidence of any complications to new born. During fourth visit in each PHC maternal and fetal outcome related data will be collected.

IMPACT MEASURES

1. Quality of family support, physical support, psychological support and emotional support. All information related to family support will be collected during first visit in selected PHC with questionnaire
2. **Maternal profile** –parity, delivery type, pregnancy acceptance, weight and complications during maternal period is assessed by using questionnaire.
3. **Maternal and fetal outcome** – includes supported by family during delivery, any complications to mother , Baby birth weight, evidence of any complications to new born. During visit in each PHC maternal and fetal outcome related data will be collected

CONCLUSION

It will help to identify whether in nuclear or joint family pregnancy and maternal complications are more. It is important to assess family support during pregnancy and postnatal period, if family support is provided maternal health and birth weight of baby will be improved, ultimately leading to reduce maternal and fetal mortality and morbidity¹². Felix A. K. Pojene¹³ conducted study in urban and rural India on Antenatal services and barriers towards utilization of services women reported problems seeking permission to attend visits due to lack of family support and involvement in decision making researchers 1,2,3 conducted studies in urban area and on only one factor in particular period of trimester at one time on psychological or physical Previous researchers assessed only psychosocial, physical, emotional factors but in the present study physical, emotional and psychological aspects will be assessed related to impact of level and quality of family support during pregnancy. Along with rest, sleep and nutritional pattern, utilization of health care services, immunization, financial resources, informational support and whether Antenatal mother is included decision making. Also during postnatal period maternal fetal outcome will be assessed. Maternal outcome include Gestational age of mother, Preterm delivery, weight gain during pregnancy, if abortion occurred causes of it will be assessed, type of delivery, postpartum hemorrhage, stress, postnatal depression and postnatal psychosis. Fetal outcome include birth weight of baby, preterm birth and anthropometric measurement of baby. The effect of related factors over the time will be assessed and comprehensive information about level of family support and maternal as well as fetal outcome will be assessed. Many studies proven and the existing literature show that how good relationships can help maternal health care use in a low income setting.

After evaluating existing studies we identified research gap and its greatly needed focus on new research studies that will allow integration for introduce new interventions throughout pregnancy and during delivery for achieving better maternal outcome.

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