







THE IMPORTANCE OF SOCIAL SUPPORT AGAINST PREGNANCY OUTCOMES; A CASE REPORT

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Abstract

Background: Social Support is one of the things that is very necessary in pregnancy because of its very broad impact on the welfare of pregnant women and the fetus. Assistance carried out by midwives and doctors on an ongoing basis or Continuity of Care for pregnant women, childbirth, postpartum, neonates is very necessary to do. Continuity of care in midwifery is a service that is achieved when there is a continuous relationship between a woman and a midwife. There needs to be an understanding that in providing midwifery services in Continuity of Care (COC), it is hoped that mothers will be able to undergo pregnancy, childbirth, postpartum, and neonates. **Case report:** Support from husbands, family, relatives and health workers can have a huge impact on the condition of mothers and babies, especially during pregnancy. The role of companion is very important, especially for pregnant women who have lost support system during pregnancy. Providing assistance both physically and psychologically will have an impact on pregnancy outcomes. **Conclusion:** The assistance that has been carried out through continuous care has been maximized. Even though mothers cannot directly monitor mothers, assistance has also been sought through telemedicine. It is hoped that midwives can maintain or improve quality service through Continuity of Care (COC) in midwifery care during pregnancy, childbirth, postpartum and BBL.

Keywords: Social Support, Pregnancy Outcomes, Physical and Psychological Changes in Pregnancy

INTRODUCTION

Pregnancy is an important period in the formation of the quality of human resources in the future. Growth, development and health of children is largely determined by the condition of the fetus while in the womb. According to (Astuti, H in Subekti I, 2016) the basic needs of pregnant women according to their stage of development are divided into two: 1) the physical needs of pregnant women in the first, second, third trimesters including oxygen, nutrition, personal hygiene,



clothing, elimination, sexual, mobilization, body mechanics, pregnancy exercise, rest, immunization, traveling, preparation for lactation; 2) the psychological needs of pregnant women including family support (husband, family, environment) support from health workers, a sense of security and comfort during pregnancy, preparation for becoming parents and preparation for sibling.

In the article of “The Effect of Social Support Around Pregnancy on Post Partum Depression Mothers in The Maternity Experiences”, mother's psychological factors are influenced by support from the people around her. Social support is a concept with various sides that is studied to determine and measure, whereas by definition, social support is a voluntary action from an individual given to another individual, which elicits an immediate or delayed positive response in the recipient. Social support is emotional support which is shown through the expression of empathy, concern and concern for someone. Social support can be obtained from a number of people who are considered important (significant others) such as husbands, children, parents, siblings or relatives, close friends and even accompanying health workers (Kim, T.H., Connolly, J.A. and Tamim, H, 2014).

The process of pregnancy in a woman causes biological, physiological and psychological changes. According to Kaplan and Sadock (1997) in Gurmu et. al 2022, pregnant women experience real biological, physiological and psychological changes. Lack of social support during pregnancy will have a major impact on the psychological and physical changes of pregnant women. One of the psychological impact that can occur is increased anxiety. Anxiety experienced by pregnant women can interfere with the pregnancy process, because unknowingly by pregnant women the anxiety they feel will be transferred to the baby in the womb. Medical disorders such as high blood pressure, shortness of breath can arise as a result of the anxiety experienced by pregnant women. This will certainly have an impact on the outcome of the mother's pregnancy. (Gurmu, et. al, 2022)

Health workers, especially midwives, must try to develop strategy to further improve social support and the quality of life of pregnant women by reducing stress and the consequences that occur during pregnancy (Shishehgar, S. et al 2013). This is also in accordance with research by Gamelia. E (2013) that midwives are health workers who are closest to the community, and are expected to know the health



conditions of pregnant women, mothers and infants so that they can provide ongoing assistance (continuity of care) comprehensively to achieve the welfare of society.

This effort can involve various sectors to carry out assistance to pregnant women as a promotive and preventive effort starting from the discovery of pregnant women until the end of the postpartum period through counseling, information and education (IEC) as well as the ability to identify risks in pregnant women (Yulita et. al, 2019)

CASE REPORT

Assistance with continuity of care (COC) for 28-year-old G2P1A0 women began at 16 weeks of gestation through telemedicine and provided assistance at the Puskesmas (community health centre) for the first time at 22 weeks of gestation. The mother and family are Javanese and in the environment there are no men who smoke and have no history of hereditary diseases. This was the second marriage for the mother and the first for the husband. The mother is a working mom. The mother and her husband live with the biological mother. From the beginning, this pregnancy is a planned pregnancy. It starts with good planning and involves the husband's role as the main support system. In early pregnancy, the husband always provides support by giving full attention to the mother, such as taking the mother for a pregnancy check-up, try to create a calm and comfort condition, and the husband have a very important role in making decisions for every matter related to the mother's health.

At the end of the 2nd trimester of pregnancy, the mother had problems with her husband and her biological mother which caused her to not be enthusiastic about carrying out her daily activities. The mother also lazy to eat and take her vitamins, the mother even withdrew from her environment. The mother several times felt nauseous because stomach acid rose due to the stress. Loss of appetite causes the mother's weight to continue to decrease by 2 kg within 1 month. When carrying out a pregnancy check-up at the Puskesmas, there was no increase in the TFU in the fetus, it was still 27 cm (TBJ 2170 gr) the same as 1 month ago, but the fetus was still actively moving and the heart rate was normal. However, at the age of the third

trimester of pregnancy, the mother's weight gain should reach 3-6 kg calculated from the beginning of pregnancy. This is something that needs attention even though there is no suspicion that leads to IUGR.

In this case, the mothers are provided with assistance and evaluation almost every day through telehealth related to their physical and mental health. It is feared that the stress of pregnancy experienced by the mother will cause the mother to do unwanted things to herself and her fetus. The assistance provided by the companion includes advising her to continue to think positively, doing things that make her happy, suggesting her go out with her friends, eat the food that she like, and continue to pray to God to get peace of mind and soul. Companion too always reminds her to talk to her baby. The companion advises mother to go to a psychologist or professional staff if she feel her condition is getting worse.

During the mentoring and evaluation, the mother was very cooperative and her condition gradually improved, and the mother said she didn't need professional staff or a psychologist to deal with the stress she was experiencing. The mother returned to her activities as before, her appetite returned, and the mother also went to meet her colleagues several times to just go for a walk to restore her mood and enthusiasm. During the next pregnancy control, the mother's weight also gradually increased by 2 kg followed by an increase in height to 29 cm (TBJ 2790 gr).

During delivery, the mother was accompanied by her co-workers because the condition is the mother didn't allow her husband and biological mother to come. After delivery, the mother's condition was very good and the baby was born healthy with a weight of 3200 gr and a body length of 51 cm. In this case, the mother really needs a support system and someone she can talk to about her pregnancy. In this case, the mother's weight loss is a very important concern because it is feared that the development of the fetus will be hampered and not optimal.

DISCUSSION

Based on the research of Rinata and Andayani (2018), assistance during pregnancy checks is emotional support because it is beneficial to provide calm, reduce anxiety, and provide a sense of security and comfort when there is assistance from the family. Family support to meet needs during pregnancy can be in the form



of providing support in carrying out physical activities, choosing the right types of food and managing food patterns, adopting a healthy lifestyle, accompanying routine prenatal checks and various efforts of pregnant women to improve health during pregnancy.

This is has been proven by the behavior of the mother in the first trimester, as she takes great care of her pregnancy, regularly attends prenatal check-ups, and is concerned about her physical and mental health. This is because the husband plays a role as social support, providing the necessary encouragement for her to maintain her health and pregnancy. However, when the husband's role suddenly disappears due to a problem, the mother becomes excessively stressed and sad, which subsequently affects her health and her pregnancy.

This support is a great strength and provides good continuity for the psychological condition of pregnant women so that from this support pregnant women try to take better care of their health (Rinata and Andayani, 2018). Hasanah and Fitriyah's research on the role of the husband in caring for his wife's pregnancy states that there is a need for a good husband's role in caring for his wife's pregnancy which can include the importance of knowledge, husband's attitude and husband's behavior in caring for his wife's pregnancy (Hasanah and Fitriyah, 2019)

In addition, the lack of family roles can also be caused by the lack of knowledge of respondents about the importance of family support for pregnant women who are pregnant which is according to what was revealed by Rinata and Andayani (2018) that with emotional and motivational support it can provide great strength and provide good continuity for the psychological condition of pregnant women so that from this support pregnant women try to take better care of their health.

The participation and support of the family in the form of attention, especially in pregnancy issues involving the health of the mother and fetus is actually very important for pregnant women (Mulyana, 2017). The attention of the family can build emotional stability for pregnant women and as a motivation to continue to optimize pregnancy because it will have an impact on their physical and psychological conditions.

In that case, the midwife provides support and evaluation almost every day through telehealth for the mother's physical and mental health. The stress experienced by the mother during pregnancy is feared to lead her to engage in undesirable actions for herself and the fetus. The support provided by the midwife includes encouraging the mother to maintain a positive mindset, engage in activities that bring her happiness, suggesting she spends time with her friends, eating foods she enjoys, and continuously praying to find peace of mind and soul. The midwife also consistently reminds the mother to talk to her baby. Additionally, the midwife advises the mother to seek help from a psychologist or other mental health professionals if her condition worsens. It's important to ensure the mother's well-being during pregnancy, and the midwife's support and guidance are valuable in this regard.

Health workers, especially midwives, play an important role in providing support to pregnant women. Midwives as a place to pour out all the contents of the heart and difficulties in dealing with pregnancy and childbirth. Health workers must be able to recognize the circumstances that occur around pregnant women. Good relationships, mutual trust can make it easier for midwives or health workers to provide health education. The role of midwives in providing support includes: through antenatal classes, providing opportunities for pregnant women with problems for consultation, ensuring that mothers can deal with changes during pregnancy, sharing their own experiences, and deciding what to tell mothers in dealing with their pregnancy (Simanihuruk, 2021)

Midwives are not only sufficient to provide care according to standards, but midwives must have qualifications that are inspired by the philosophy of midwifery care which emphasizes care for women (women centred care). One of the efforts to improve the qualifications of midwives is by implementing a sustainable midwifery care model (Continuity of Care/COC). Mothers who receive services online continuity of care regularly women center care includes support, participation in decision making, attention to psychology, needs and expectations during childbirth, information and respect for women) (Sandall, 2015).

Continuity of care in midwifery services can empower women and promote participation in their services as well as increase supervision of them so that women feel valued (Nagle et al., 2011). Mothers who undergo continuity of care midwifery



services will directly receive the information they need, have high self-confidence, and feel safe and comfortable while undergoing care and have relationships with trusted health workers on an ongoing basis (Haggerty et al., 2013).

CONCLUSION AND SUGGESTION

Continuity of Care is comprehensive care and has been proven to be effective in reducing maternal and infant mortality. Care for mothers from pregnancy to family planning must be carried out adequately, continuously and integratedly, starting from the level of basic health services to hospitals. Student midwives, midwives and medical personnel and staff paramedic others must have a joint commitment in efforts to improve maternal and child health.

The assistance that has been carried out through continuous care has been maximized. Even though mothers cannot directly monitor mothers, assistance has also been attempted through telemedicine. A companion has a role in providing support, providing support is very important in optimizing pregnancy, especially in fulfilling nutrition for pregnant women.

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