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Support Needs of Women After Preterm Birth: A Qualitative Study

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ABSTRACT

Preterm newborns often require special medical attention, placing significant emotional and practical demands on families. Family-centred care (FCC) is critical in addressing these needs. The emotional well-being of mothers has a significant influence on child development and parent-child bonding. This qualitative study explores the subjective experiences and perceived needs of mothers who have given birth prematurely. Semi-structured interviews were conducted with four mothers of preterm infants within the first year after birth. Interviews focused on birth experiences, postpartum coping, and social support. Thematic analysis revealed three key areas of need: communication with healthcare professionals, support from partners and relatives, and emotional adaptation to the challenges of premature birth. Findings underscore the importance of a comprehensive approach to postnatal care, one that integrates emotional support, continuity of care, and practical guidance for parents.

Keywords: Preterm; Maternal Distress; Women's Needs

Introduction

A preterm birth—defined as birth before 37 completed weeks of gestation—frequently necessitates specialized medical care for the newborn [1,2]. This not only impacts the health of the infant but also places emotional and psychological strain on the entire family. Family- centred care (FCC) has emerged as a crucial framework to address these multifaceted needs [2]. Maternal mental health, particularly postpartum depression, is a common concern. Studies indicate that postpartum depression affects 10–15% of mothers, with rates varying depending on diagnostic criteria [3-5]. Johansson et al. [6] found that 11.3% of mothers experienced depressive symptoms even 25 months postpartum. For mothers of newborns requiring intensive care, caregiving needs include establishing effective communication with healthcare professionals, accessing accurate information, and receiving support in self-managing their child's care [7]. Unaddressed maternal distress can hinder parent-infant bonding and impact long-term child development and behaviour [8]. In Estonia, the Mental Health Action Plan (2023–2026) highlights the importance of early identification of mood disorders in women as part of a broader strategy to support children's mental health [9]. Premature birth often introduces additional challenges: prolonged hospitalizations, medical uncertainty, and difficulties initiating breastfeeding and bonding [10]. These experiences underscore the importance of examining women's subjective perceptions and needs during this vulnerable period.

Aim

This study aims to explore the experiences and perceived needs of women who have given birth prematurely during the first year postpartum.

Materials and Methods

Design and Participants

This qualitative study was conducted with four mothers of preterm infants, who were interviewed within one year postpartum. Ethical approval was obtained from the Ethics Committee of Tallinn University. Participants had previously given consent to be contacted for further research..

Data Collection

From June to September 2020, semi-structured interviews (30–60 minutes) were conducted alongside a demographic questionnaire (age, marital status, education, number of pregnancies, gestational age at birth, and child's age at interview). Interview topics included childbirth experiences, emotional coping, and sources of support.

Data Analysis

Interviews were audio-recorded, transcribed verbatim, and checked for accuracy. Open coding was used to identify concepts and generate themes. Three overarching themes emerged: expectations of healthcare professionals, support from partners and relatives, and factors influencing adaptation. Coding discrepancies were discussed and resolved collaboratively to ensure consistency and accuracy.

Results

Participant Characteristics

One participant experienced hospitalization twice due to antepartum bleeding, ultimately giving birth during the second admission (Table 1).

Table 1.

Age	Education	Marital Status	Pregnancies	Gestational Age	Child's Age
36	University	Married	3	34 weeks	3 months
29	University	Common-law	1	29 weeks	4 months
33	College	Married	2	30 weeks	5 months
39	University	Common-law	3	36 weeks	9 months

Theme 1: Expectations of Healthcare Professionals: Participants described premature birth as sudden, frightening, and emotionally overwhelming. All infants were admitted to intensive care, and while the need for medical attention was understood, mothers reported feeling excluded from their babies' care and lacking communication.

"No one said exactly why he was taken away or when I would see him, for how long and what was wrong with him?"

Mothers frequently encountered rushed interactions and inconsistent communication from rotating staff. There was a strong desire for continuous, personalized communication and more time to learn how to care for a premature baby.

"You never knew who would walk through the door. I tried to think of quick questions to get quick answers."

Psychological support was limited to a one-time meeting with a crisis counsellor. Participants expressed a preference for sustained psychological care, ideally with a clinical psychologist.

Theme 2: Support from Partners and Relatives: Three of the four women gave birth during the COVID-19 pandemic, and partners were not allowed to be present. This absence intensified feelings of isolation.

"I felt like I was disturbing everyone, ……. like I didn't belong."

While remote communication helped, it could not replace the comfort of physical presence. After birth, husbands played a crucial role in emotional support, promoting self-care, and sharing responsibilities.

"The man told me to walk outside. Don't stay in the room all day-it'll make you go crazy."

Grandmothers were especially important, often providing hands-on help, emotional reassurance, and guidance.

Theme 3: Factors Influencing Adaptation: Fear was the dominant emotional response-fear for the baby's survival, fear of being alone, and fear of contracting COVID-19. These concerns hindered the mothers' ability to process the birth experience and adapt to their new roles.

"Sometimes I was afraid of what I would do if he suddenly stopped breathing."

Mothers wished for more involvement in care routines, clearer explanations, and time to process what was happening.

"Talking isn't so hard, but thinking is. Sometimes I wish those thoughts weren't constantly turning in my head."

Discussion

This study highlights the multidimensional challenges faced by mothers of preterm infants. Consistent with previous findings [7,10], communication breakdowns and lack of emotional support were central issues. Healthcare professionals play a pivotal role in shaping mothers' experiences. Improved communication, continuity of care, and postnatal education can foster a sense of security and agency among mothers. Additionally, structured psychological support should be standard practice-not a one-time offering. Partner and family involvement is essential. Their emotional and practical support provides crucial stability, especially when hospital restrictions limit

physical presence. Recognizing and supporting these roles within care planning is key. Adaptation after premature birth requires time, information, and emotional scaffolding. Acknowledging fear, offering reassurance, and involving mothers actively in care routines can mitigate the psychological impact of preterm birth. It is also worth noting that some participants' experiences were influenced by COVID-19-related restrictions, which may have further shaped their perceptions of support and access to care.

Conclusion

Women who experience preterm birth require care that goes beyond the medical management of their infants. A holistic, family-centred approach that addresses emotional well-being, fosters communication, and actively involves family members is essential for long-term maternal and child health.

Healthcare systems must prioritize:

1. Individualized communication and continuity of care
2. Comprehensive postnatal education
3. Sustained psychological support
4. Inclusion of partners and family in postnatal planning

Addressing these elements can significantly ease the transition into motherhood for women facing the challenges of premature birth.

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