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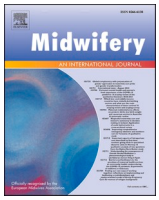

First-time parents' perception of midwives' and other healthcare professionals' support behaviours: A qualitative study

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ABSTRACT

Problem: Parents often report not being satisfied with the support received from midwives and nurses during their postpartum hospital stay.
Background: Social support is an important protective factor during the transition to parenthood. However, little is known on how first-time parents perceived the behaviours demonstrated by healthcare professionals to support them.
Objective: To describe social support behaviours of midwives and nurses as perceived by first-time parents during the early postpartum period.
Methods: This qualitative study used individual semi-structured interviews to collect data. A purposeful sample of first-time parents staying on the postpartum ward of a Swiss university hospital were included. Thematic analysis was performed to identify themes and sub-themes.
Findings: A total of 26 parents (15 mothers and 11 fathers) were interviewed. Parents reported behaviours perceived either as positive or negative. These behaviours were summarized into five themes: "Welcoming parents on the postpartum ward", "Establishing a partnership with parents", "Guiding parents in acquiring their new parenting role", "Caring for parent's emotions", and "Creating a peaceful environment".
Discussion and conclusion: This study reported a wide variety of professional support behaviours. Behaviours promoting individualised care and related to empowering parents in their infant care were perceived as helpful by parents. Midwives and nurses should be aware of the way they provide support, as this shapes the early postpartum experience of first-time parents. Being sufficiently staffed and being well-trained, especially in providing interpersonal support, could help midwives and nurses provide better sensitive individualised care.

Introduction

Problem	Little is known on parents' perception of formal professional support behaviours during the postpartum hospital stay. The few studies carried out so far show that parents are often not satisfied.
What is already known	Guidelines recommend supporting parents in the early postpartum period. Midwives play a pivotal role in providing formal support, but they may be uncertain on how to provide it.
What this Paper Adds	This study explored perceived formal social support behaviours by both first-time parents during the early postpartum period. Some of the behaviours demonstrated by professionals were perceived as unhelpful by parents.

The postnatal period is a critical time of adjustment for both parents, during which they start developing secure attachment for their infant and confidence in their parenting skills (World Health Organisation, 2010). The postnatal period can be classified into the immediate (first 24 h), early (days 2–7), and late (days 8–42). When care during the immediate phase focuses on the key clinical indicators of the mother and the infant, the care during the early and late periods aims to maximize the health and wellbeing of the mother, but it is during the early postnatal period that healthcare professionals are best positioned to support parents. The needs of first-time mothers and fathers are different from those who already experienced parenthood. First-time parents, in addition to being challenged by physical, emotional, and social changes that occur after their infant is born and throughout the transition to

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parenthood (Finlayson et al., 2020; Shorey et al., 2017), are also at risk of lacking confidence in themselves and fearing for their infant's safety (Kristensen et al., 2018). A negative perinatal experience can potentially impact both mothers and fathers/co-parents, leading to mental health problems, such as depression and childbirth-related posttraumatic stress disorder (CB-PTSD) (Horesh et al., 2021; Schobinger et al., 2020). Childbirth-related mental health problems have negative consequences for the whole family, affecting future generations (Heyne et al., 2022).

Promoting a positive postnatal experience by providing social support is of utmost importance to improve parental health and well-being (Finlayson et al., 2020; World Health Organisation, 2022). International guidelines have emitted recommendations to ensure that parents receive the best quality of care after birth (NICE, 2021; World Health Organisation, 2022). These recommendations include assessment of mothers' and newborns' physical health, pain relief, preventive measures (e.g., as informing on sudden infant death syndrome or encouraging responsive breastfeeding to reduce the risk of mastitis), counselling on reproductive health, nutrition, physical activities, screening for depression and anxiety, and proposing preventive psychosocial or psychological interventions (NICE, 2021; World Health Organisation, 2022). Supporting parents in the transition to their new role is also highlighted as an important aspect of postnatal care. How these recommendations are implemented in clinical practice is likely to have a significant impact on the parents' experience of their care.

Midwives and nurses play a pivotal role in the experience of parents of their postnatal care. The midwives' role has expanded beyond ensuring mothers' and newborns' physical health, to screening for mental health symptoms, and referring to other professionals, if appropriate (Coates and Foureur, 2019; International Confederation of Midwives, 2019). By providing support to parents, midwives and other healthcare professionals (HCP) can influence the experience of their stay and help them adjust to their new role. In order to do so, midwives need interpersonal competencies, such as being empathic and listening in an unbiased manner. They need to provide sex/gender-sensitive care, to appropriately address the needs linked to sex/gender role (either biological or based on social norms) and inequalities in accessing healthcare (Lindsay and Kolne, 2020; Simbar et al., 2020). In addition, they should help mothers identify their needs and preferences, and provide information and support accordingly (International Confederation of Midwives, 2019). They should demonstrate the specific postnatal care competencies that include assessment of the newborn's and mother's physical health, the mother's mood and wellbeing, and provision of information on newborn care, as well as breastfeeding support. Most of these competencies are focused on the health of the mother and the newborn, but very few target fathers or co-parents, which is in contradiction with the best-practice recommendations to consider fathers' or co-parents' needs (International Confederation of Midwives, 2019; World Health Organisation, 2022).

Formal social support is key to helping both parents in their transition to parenthood. It is defined as a mutual exchange of resources or activities between at least two individuals, aimed at improving the health and wellbeing of the person receiving it (Leahy-Warren et al., 2012). Social support from midwives and nurses can be observed through support behaviours. Social support behaviours are actions or interpersonal skills demonstrated by nurses/midwives to help parents in their transition to parenthood (Corbett and Callister, 2000). Social support is a protective factor in the postnatal period, as it moderates stress in parents when they perceive the support as responding to their needs (Ayers et al., 2019; Baldwin et al., 2019). Social support promotes parental self-efficacy, sense of security, and facilitates bonding with the child (Leahy-Warren et al., 2012; Shorey et al., 2017). However, social support not responding to parents' needs during the postnatal stay is associated with a higher risk of infants' unplanned emergency department admission in the two first weeks after discharge (Barimani et al., 2014). Fathers/co-parents may also be affected by a lack of social support, experiencing negative emotions and psychological distress (Kothari et al., 2022).

Postnatal care is often rated less in terms of satisfaction, due to the discrepancy between the priorities of the nurses/midwives and the parents' expectations of care/needs (Yuan Ling Marjorie et al., 2021; Ziabakhsh et al., 2018). Indeed, midwifery postnatal care focuses on meeting the physical needs of mothers, providing education and practical support for breastfeeding, and developing infant care skills, whereas the care that first-time mothers need the most is emotional support (Ziabakhsh et al., 2018). Several studies show that parents received insufficient emotional support during their maternity stay (Phang et al., 2015; Wells, 2016). Mothers stated that too much attention was given to physical changes rather than emotional changes (Sacks et al., 2022) and placed a high value on interpersonal rather than technical skills (Llapa-Rodriguez and Abud, 2013). Mothers reported that postpartum wards seemed to lack humanistic care (Coates et al., 2014). They also viewed midwives/nurses as not interested in caring for them because they had to ask for support, whereas they expected support to be provided automatically by the staff (Tham et al., 2010). Mothers also wanted that the staff involved fathers/co-parents (Hannon et al., 2022). Studies are scarce, but in one study, fathers reported that support for their spouse and child was good, but support for themselves as new fathers was lacking (Hodgson et al., 2021).

From the caregiver's point of view, social support has been less studied, although it is an important concern for midwives and nurses (Leahy-Warren et al., 2012). Professionals are challenged to create an interaction facilitating the expression of parents' needs. Midwives seem uncertain on how to best support parents during childbirth (Thorstensson et al., 2012), fearing that there could be a wrong way to provide support. When providing tangible support (helping the mother attend to her basic needs), midwives knew what to do, but when it came to emotional needs, midwives had difficulty knowing how to meet those needs. This is also supported by a scoping review, which found that midwives may lack confidence regarding support and mental health care (Coates and Foureur, 2019). Taken all together, this may result in staff providing less emotional support in line with parents' needs during the early postnatal period.

In summary, formal social support is an important protective factor in the postnatal period, especially for first-time parents. Given the lack of studies on formal social support behaviours in the early postnatal period, further research is needed to better understand formal social support behaviours from midwives and nurses that are responding to the needs of first-time parents during this critical period. This may help HCPs to inform their support to the individual needs of first-time parents and thus inform early postnatal care practices.

The objective of this study was to describe social support behaviours of midwives and nurses as perceived by first-time parents during the early postnatal period.

Methods

Design

This study used a descriptive qualitative approach based on semi-structured interviews. A qualitative approach offers the advantage of deeper understanding by enabling more in-depth questioning, thus fostering enhanced reflection on participants' feelings (Jackson et al., 2023; Polit and Beck, 2020). Indeed, according to the constructivist paradigm, when the distance between participants and the researcher is reduced, knowledge is maximized (Polit and Beck, 2020).

Setting

This study was conducted in Switzerland, where health insurance cover is mandatory. Most women (98 %) give birth in hospital settings, with caesarean section representing 32.3 % of births (Office fédéral de la statistique, 2019). The length of the postnatal hospital stay is two to

three days after a vaginal birth and three to four days after a caesarean section. During hospital stay, every parent receives documentation about the newborn's care. These documents also contain information on community-based resources, such as community midwives. Mothers and infants can benefit from 16 postpartum midwife consultations for up to eight weeks after birth. In the hospital where the study took place, every participant kept their newborn in their room during their postpartum stay (either single or double room), as rooming-in was routine practice. No participant received support from a lactation counsellor. Co-parents were allowed without any restriction in single rooms and from 8am to 10pm in double rooms. They had no visiting restrictions due to COVID-19.

Participant recruitment

Participants were recruited on two postnatal wards (one with single rooms and one with double rooms) of a Swiss University Hospital from June to September 2021. We originally planned to recruit approximately 15 mothers and 15 fathers/co-parents based on information power, i.e., the more information the sample holds, the fewer participants are needed. However, the final sample was guided by data saturation, when no new information appeared in the interviews (Malterud et al., 2016; Saunders et al., 2018). Inclusion criteria were: primiparous women (over 18 years of age) who gave birth to a healthy full-term newborn (≥37 gestational weeks) by any mode of birth; and/or their partner/co-parent (over 18 years of age) who is parent for the first time and was present during birth and stayed on the postnatal ward. Parents could not participate if they did not speak French. For ethical reasons, we also had to exclude them if their child was admitted to the Neonatal Intensive Care Unit (NICU), if they had a stillbirth, or if their child had died within the 24 h post-delivery. Using purposive sampling, parents were individually invited to take part in the study from the second day after birth to hospital discharge by the researcher (ES). Consenting parents were contacted by phone, and a date/time/modality (online or at the parent's house) was agreed upon for the interview to take place. All interviews were held between discharge and the first two weeks after birth.

Data collection

A trained registered nurse and PhD candidate in nursing sciences (ES) conducted individual semi-structured interviews in French, from June to October 2021. An interview guide (Table 1) was developed to ensure relative consistency across interviews. This guide was inspired by the social support theory of Leahy-Warren and developed with experts (clinical specialist midwives and psychologists) from the field and pilot-tested with one couple who did not participate in the subsequent data collection (Leahy-Warren, 2014). Parents were interviewed either at home or via a secure online video conferencing platform. Interviews were recorded using a separate digital recording device to safeguard confidentiality and subsequently transcribed verbatim. A coded questionnaire was completed by participants at the end of the interviews to collect sociodemographic information of participants.

Data analysis and rigour

Inductive thematic analysis was used to analyse the data, with MAXQDA 2020© (Braun and Clarke, 2006). The first author carried out the manual transcriptions. After multiple readings, researchers coded the interviews independently (ES, nurse, and MV, sociologist). Codes were compared and agreed upon and presented to the PhD supervisors (AH, clinical psychologist, and ASR, pediatric clinical nurse specialist). To ensure the trustworthiness of this study, the widely accepted Lincoln and Guba's evaluative criteria were applied (Polit and Beck, 2020). We used the following criteria: credibility, transferability, confirmability, and dependability. To enhance credibility, member (study participants) checking was used during data collection, by providing each participant with an oral summary of the most important points raised during their respective interview. Triangulation and peer debriefing were used during the data analysis. When no agreement was found between the two coders, triangulation was carried out with the supervisors. This process was used again to generate the themes and to ensure the credibility of the results. After all data had been analysed, results were presented to two randomly selected mothers who had participated in the study to ensure the validity of the findings. No fathers opted to participate during this process, despite being invited. We provided the participants with a pre-publication copy of the research findings to solicit their feedback regarding the accuracy of the data. When data saturation appeared to have been achieved, two additional interviews were conducted to confirm that no new themes or patterns emerged (Saunders et al., 2018). All interviews were audio recorded and transcribed verbatim. Individual written journals were used by the coders during the analysis process, to store their reflections (Hammarberg et al., 2016). To enhance the transferability of the study, we described the Swiss postnatal care context (Polit and Beck, 2020). Finally, to ensure the confirmability and dependability of the study, an audit trail was maintained by keeping copies of all transcripts, authors' reflections, and every version of the coded transcript.

Ethical considerations

This study was approved in June 2021 by the ethics committee for research on humans of the Canton of Vaud, Switzerland (Project No 2021–00,762). All participants gave their written informed consent. Transcripts were anonymised prior to data analysis and questionnaire data was coded. All audio-recordings were destroyed immediately after transcription.

Table 1
Interview guide.

Welcome and introduction.
Acknowledgment for participating in the study.
Explanation about recording and transcribing.
Once you or your partner had given birth, when you arrived at the postpartum ward:
What did the nurses/midwives say/do to support you?
What didn't they say or didn't they do to support you?
Which behaviours from the nurses/midwives made you feel supported?
Which behaviours made you feel your social support needs were met?
Which social support needs were met?
What did you find helpful or hindering about the transition to parenthood during your/your partner postpartum stay?
Which behaviours from the nurses/midwives made you feel unsupported?
Feedback of the main points to the participants.
Collection of sociodemographic data and acknowledgment for their time.

Results

Participant characteristics

The duration of the interviews ranged from 33 to 75 min. Fifteen mothers and eleven fathers participated, including eleven couples and four mothers alone. 57 % of participants were interviewed via a secure online video conferencing platform (ZOOM). Table 2 presents the participants' characteristics.

Themes

Five themes were identified: "Welcoming parents on the postpartum ward", "Establishing a partnership with parents", "Guiding parents in acquiring their new parenting role", "Caring for parent's emotions", and "Creating a peaceful environment". Table 3 presents the themes, and sub-themes ($N = 12$) with illustrative verbatims.

Welcoming parents on the postpartum ward

In this theme, parents reported HCPs' behaviours related to welcoming them on the postpartum ward. On the one hand, parents reported HCPs' behaviours that helped them to feel welcome. These behaviours comprised HCPs introducing themselves, taking time to explain how the ward was organised, and explaining how the stay would unfold.

> *"The first person who welcomed us […], she [the midwife] really took the time to explain us, even after the birth, so I have the impression that she spent almost an hour with us, talking with us […] To start with, she talked about her experience and then explained to us how things were going to work afterwards." (F10)*

On the other hand, behaviours that hindered parents from feeling welcome were also reported. These behaviours were HCPs not introducing themselves and rushing, or not giving explanations on the ward's organisation.

> *"He was just popping in. You don't introduce yourself. The day started, I didn't even know who he was, a man dropped off a meal tray and left straight away." (M1)*

Establishing a partnership with parents

HCPs created a partnership by establishing a trusting relationship with parents through listening, social skills, and explaining the care. Regarding the trust relationship, parents reported facilitating and hindering behaviours. Various facilitating behaviours included promoting reciprocity in the caring relationship, autonomy, and giving fathers the place they needed. The reciprocity and autonomy for mothers are illustrated in the following verbatim:

> *"So, she gave me a kind of… autonomy, otherwise the first night I felt like I was treated like a child. You call an adult [midwife] to give you 10 ml of milk. So, she gave me the little bottles of milk directly. She said « You manage. Every 3 h, we're not on the clock." So that… she trusted me, and she gave me responsibility*" (M4)

Fathers mentioned that they were given enough space in the care or discussion related to their partner or newborn:

> *"I would say … showing me that I'm not disturbing […], that I have my place here and letting me take the lead, … letting me help my partner in this event, supporting her. These are behaviours that help and support me, that show me that I'm a part of the event, and that's pleasant. That's, that helps." (F2)*

Behaviours hindering a trusting relationship were also reported by parents. These behaviours were not listening to parents, not taking their preferences into account when applying a care protocol, and insisting on doing something, especially breastfeeding, which led to stress and doubts in parents. Furthermore, parents reported that HCPs sometimes lacked initiative to propose solutions. They also mentioned that HCPs sometimes made unfulfilled promises, forgot, or simply did not do the care they were supposed to. Parents particularly mentioned not being asked for consent for providing care at particular times.

> "*In the recovery room, they put my baby on for breastfeeding, even without asking if I wanted to breastfeed or not.*" (M1)

Listening and reassuring were other important aspects of creating a partnership with parents. Helpful behaviours reported by parents were described with terms, such as "kindness", "sweetness", and "caring". They mentioned the importance that HCPs had a joyful state of mind, celebrating birth. Being cheerful, using humour, and having an open

Table 2
Sample characteristics.

Participants	Age	Nationality	Origin	Marital status	Mode of Birth	Completed weeks of gestation	Infant's birth weight (g)
M1	32	French	Europe	Married	Forceps	38 + 6 weeks	3890
P1	32	French and Swiss	Europe	Married	Forceps	38 + 6 weeks	3890
M2	35	Swiss	Europe	In a relationship	Spontaneous vaginal birth	39 weeks	2330
P2	46	French	Asia	In a relationship	Spontaneous vaginal birth	39 weeks	2330
M3	33	Swiss	Europe	In a relationship	Spontaneous vaginal birth	39 weeks	3050
M4	33	French	Europe	In a relationship	Spontaneous vaginal birth	40 + 6 weeks	2700
M5	37	Swiss	Europe	Married	Spontaneous vaginal birth	39 weeks	2720
P5	33	Swiss	Europe	Married	Spontaneous vaginal birth	39 weeks	2720
M6	26	French	Europe	Married	Planned caesarean section	38 weeks	3150
P6	29	Portuguese	Europe	Married	Planned caesarean section	38 weeks	3150
M7	39	Swiss	Europe	Married	Spontaneous vaginal birth	37 weeks	3510
P7	29	Senegalese	Africa	Married	Spontaneous vaginal birth	37 weeks	3510
M9	35	French	Africa	Married	Emergency caesarean section	41 weeks	3600
M10	35	Swiss	Europe	Married	Spontaneous vaginal birth	41 weeks	3160
P10	38	Swiss	Europe	Married	Spontaneous vaginal birth	41 weeks	3160
M11	35	Swiss	Europe	In a relationship	Forceps	37 weeks	3480
P11	40	Swiss	Europe	In a relationship	Forceps	37 weeks	3480
M12	36	Swiss	Europe	In a relationship	Emergency caesarean section	39 weeks	3650
M13	38	Indonesian and Swiss	Asia	In a relationship	Planned caesarean section	39 weeks	3300
P13	46	Spanish	Europe	In a relationship	Planned caesarean section	39 weeks	3300
M14	31	Swiss	Europe	Married	Spontaneous vaginal birth	41 + 4 weeks	3590
P14	34	Swiss	Europe	Married	Spontaneous vaginal birth	41 + 4 weeks	3590
M15	33	Brazilian	Sud America	Married	Spontaneous vaginal birth	41 weeks	3880
P15	32	French	Europe	Married	Spontaneous vaginal birth	41 weeks	3880
M17	38	Swiss	Europe	Divorced	Spontaneous vaginal birth	41 weeks	3390
P17	53	Belgian	Europe	In a relationship	Spontaneous vaginal birth	41 weeks	3390

Table 3
Themes and sub-themes.

Themes	Sub-themes	Verbatims
3.2.4.1 Welcoming parents on the postpartum ward	Behaviours influencing parents' first impression of the ward	"*I felt welcome, I had the impression I knew what was going on, what will happen. Shortly, the midwife from the ward came. She explained how the stay will unfold, the rules…"(F17)* *"Nobody from the ward came to* introduce *themselves… It was a bit strange… I felt isolated at the beginning.*" (M3)
3.2.4.2 Establishing a partnership with parents	Behaviours influencing trusting relationship	"*They gave me the place that was mine. It wasn't unidirectional discussions between my wife and HCP. It was a tripartite discussion each time."* (F11) "*There were a lot of midwives going round. "We'll try again." It had really become an obsession, even though we knew very well that my wife's gynecologist had told us… We knew that my wife really needed to be in a calm and relaxed atmosphere to get the milk flowing and so on. […] And it really wasn't like that. It was more like… Let's go, let's go, let's go! And then, and then it didn't work*." (F10)
	Social skills	"*The ones [HCPs] that finally made a good impression on me were almost more, um… it's funny, but the fact that they were… cheerful, and (laughs) very happy and… and yeah, I don't know, it was almost more their way of being than what they did in practice. […], I would say their smile (laughs). It's really what gave me the most support.*" (M6)
	Listening	"*Listening, there's always a gentle attitude, well afterwards I say to myself that you don't do this job if you don't like people, but ….Gentle, listening, giving advice and always with benevolence and no judgement…. That everything is done in a gentle way, in explanations or in information, in… that it is really done in an educational way.*" (M12)
	Explaining what they will do	"*Firstly, he said that he will explain everything to us within an orderly and methodological way. And then, things were said as we went along*." (F11) "*At top. Honestly, I have nothing to say. They explained to me everything they were doing: all the care, even the intern, she was top notch.*" (M9)
3.2.4.3 Guiding parents in acquiring their new parenting role	Giving information	"*They explained to us how to handle and feed the baby. Honestly, the support at the start was really good.*" (F13)
	Demonstration	"*For example, we had the bath and it was good. They demonstrated to us eyes and mouth care, things like that.*" (M3)
	Individualised support	"*For me it… well nothing special. In fact, they were really cool, asking to plan when we're there and everything. Not necessarily to commit myself and respect, but it's just to find agreements for the first bath to…*" (F5)
	Giving feedback	"*For example, after one day we saw that (baby) hasn't lost much weight, um… they give us feedback and then they told my wife that it was very good the way she was breastfeeding and then… that the baby didn't lose much weight, so that means that the breastfeeding was going well and then that we should continue like that…"* (F14)
3.2.4.4 Caring for parents' emotions	Availability to listen	"*Well, there's also the fact of just asking how I am. In general, she asked the question, precisely, when I was feeling a bit down. I think there was a sensitivity at the end.*" (M12)
3.2.4.5 Creating a serene atmosphere	To be person-centred	"*And then it's a question of attitude. She was really stressed. I felt her stress, which was not necessarily related to me. […] I don't need to feel it, that she has personal problems or problems at the office. It doesn't concern me, I'm in a state where I need to be taken care of, in fact. To be 100 % available for me.*" (M12)
	To create a sense of security	"*And then it's doing things went they have to be done, without doubting, to be precise. […] That's how it is, you do what you have to do. It's not just.. we try to adapt according to the difficulties, but in a very protocolized way. […] So it was this adaptability that she transmitted. And I think it is positive.*" (F11) *"That there's enough staff so that… They're not too stressed, even if, like I say, we didn't feel it, but I think for me…. me finding out about this, these are such important moments, I feel like I'm getting a good start on a life, it's worth putting a bit of a price tag on." (F17)*

Note: M = mother; F = father.

mind were also reported as essential for parents.

> "*She kept giving me the impression that she was listening to me, that she was there, that she wasn't worried, that it was perfectly normal. "Go ahead and ask me your questions"… feeling supported. Not everyone can give this impression […] But the fact of listening and saying I'm listening to you, what you're saying, don't worry, it's not stupid, it's a first birth. You've had an emergency caesarean. You have the right to be tired. You have the right to ask lots of questions.*" (M9)

Parents reported that HCPs being gentle while taking care of their newborn was helpful. In contrast, when they perceived care to be less personalised and more automatic, parents felt uncomfortable.

> *"Sometimes the way the baby is handled looks quite abrupt. For us, if we see these gestures that are a bit quick or things like that, well yes, it's their job and they know very well. But from the outside, especially when it's*

your first baby… It's frightening to see, well, yeah, abrupt, quick […] Just a little bit of gentleness would be better, then we have the impression that it's not an object." (F1)

Finally, HCPs explaining what they will do was central to establishing a partnership with parents.

"…, before she [the midwife/nurse] touches something, …looks at something. Each time, they explained what they were going to do and for me, this is very important." (M12)

Guiding parents in acquiring their new parenting role

Parents reported behaviours related to how HCPs helped them in learning their new role. Four sub-themes were identified, namely "providing information", "demonstrating care", "providing individualised support" and, "giving feedback". Providing information on the newborn's care helped parents to feel guided and supported. Parents reported that demonstrating or doing the care (i.e., how to handle, how change, bath, and dress their newborn) with them was important.

"*The same goes for diaper change because I've never changed a baby's diaper in my life, [but] it's always something …. and then it just happened naturally and yeah [having someone] doing it with me actually, ….. helped me a lot, I'm someone who has to practice to understand.*" (M12)

HCPs promoted individualised support, by being available, taking initiatives according to parent's wishes, planning the care according to the partner's schedule, and adapting to the parent's learning pace.

"… even when she used medical words, afterwards she explained them. So that it was a bit down to earth, I could understand … we could all understand a bit, she was available. She explained a lot to us, I saw it with my wife. How she was breastfeeding the baby and all that. So, she was there." (F7)

HCPs helped parents to feel confident about their parental competencies by reassuring them and praising them. They congratulated them and used words such as "You're doing well."

"They congratulated me at the end, I'm someone who doubts myself a lot, […] I sometimes lack self-confidence, and that's what several midwives told me, that's what I remember, that I was already doing very well, that I had to trust myself." (M5)

Caring for parents' emotions

Behaviours related to the emotional support HCPs provided or not were reported. These behaviours were gathered under the sub-theme: "the availability to listen". When making themselves available to listen, HCPs, on the one hand, showed an awareness of their role in supporting the emotional impact of "becoming a parent", through their willingness to listen to parents' feelings. They also used gestures or words to welcome parents' emotions:

"The first thing she did was to come towards me. […] She put one of her hands on my upper chest. And then the other one in, just in the upper back. Then here. You just calm down, breathe and everything. Just that pfff….. I burst into tears because I could let go. In fact, she was very maternal with me, and it felt really good because for the last three days, I was the one who had to be the mother." (M11)

On the other hand, sometimes HCPs did not pay attention to parents' emotional states, resulting in HCPs' support behaviours and proposals being perceived as inappropriate by parents.

"Well… Not really, because in fact, when you see that my wife was almost… She was walking around with the child, and she was at her wit's end. At that point. It had to come to that point for them to react. So, before there was almost no reaction. At least from the nursing staff who were there at the time." (F10)

Creating a peaceful environment

Parents reported behaviours that HCPs demonstrated to create a peaceful environment. These behaviours are represented by two sub-themes " to be person-centred" and "to create a sense of security".

HCPs provided person-centred when they showed mothers that they were available for them, even when they were understaffed and stressed. On the one hand, demonstrating calmness and a stress-free attitude helped parents perceive the availability of HCPs. On the other hand, when HCPs were stressed, it had a negative impact on parents.

"I still had the impression that… to have quality care despite the fact that… they were in a hurry, stressed. I didn't have the impression that I was disturbing them… when I rang the bell or something, I didn't have the impression that they were annoyed. They were always very smiling, friendly, I really don't have anything to say about that." (M5)

"What was really distressing was when… when staff had a heavy workload. We asked for something, where they needed to come back to us… and sometimes they never came back." (F15)

HCPs contributed to parents' sense of security through their expertise and competence. Parents highlighted the importance of having well-trained staff. They reported that it was important for them that HCPs are flexible in their care: for example, postponing non-urgent care so parents have protected time as a family with their newborn.

"*She was very reassuring because you could feel all her experience and then you could feel that she had complete control over what she was doing, the others too, but she was indeed especially […] There is already her age. […] We felt that she helped us with her experience and not just with what she had learned at school." (M11)*

Discussion

This study explored the experience of both first-time parents related to the social support they received from HCPs on two postpartum wards of a Swiss university hospital. The findings give insights into how parents perceived behaviours from HCPs intended to meet their social support needs. Furthermore, through their testimony, they provided detailed concrete observable formal social support behaviours and made suggestions for improving care.

Healthcare professional behaviours

In our study, parents reported various behaviours of midwives/nurses. Most of the behaviours were perceived positively by parents, with only a small minority being perceived negatively. Parents emphasised the importance of a good reception upon their arrival on the ward, which included midwives/nurses introducing themselves and giving information on the ward's organisation. This means that the parents' first impression upon their arrival on the postpartum ward is essential, as it may significantly colour the perception of their entire stay (Pearsall et al., 2022). However, like in other studies, some parents also reported lacking a sense of being welcomed and not receiving sufficient information, which led to parental frustration (Malouf et al., 2019; McLeish et al., 2021). As per standard practice recommendations, midwives and nurses should ensure parents feel welcome by for instance preparing the room in advance (checking for cleanliness and supplies), introducing themselves, explaining how the care will be delivered throughout the day, and answering questions parents may have (International Confederation of Midwives, 2019)

Central to a positive experience of maternity care was how midwives/nurses provided individualised and respectful care. Individualised care is a critical need for women, and key to a positive postnatal care experience (White Ribbon Alliance, 2022; World Health Organisation, 2022). This is illustrated, in our study, by behaviours facilitating a trusting relationship, such as active listening, promoting reciprocity

and autonomy, and empowering parents in decision-making. Other studies corroborate with our findings where it is suggested that trust in HCP and being valued as a decision-maker is important to parents (Hannon et al., 2022). This can only be achieved by active listening and having good interpersonal skills (International Confederation of Midwives, 2019). Midwifery and nursing professional associations promote interpersonal communication competencies to facilitate sensitive person-centred care (International Confederation of Midwives, 2019; International Council of Nurses, 2023). Effective interpersonal communication includes the following behaviours: building a partnership through unbiased communication, recognising individual needs, and using verbal and non-verbal communication. If we commit to sustained practice improvement, it is important to guarantee minimal competency standards in nursing and midwifery education curricula.

The participants in our study were also able to recognise behaviours hindering a trusting relationship, such as the insistence on breastfeeding, leading to distress in parents. Other studies underlined parents experiencing stressful feelings regarding the pressure around breastfeeding (Barimani and Vikström, 2015; Malouf et al., 2019). A recent mixed-methods study reported the association between perceived pressure to breastfeed with increased anxiety, stress, and birth trauma symptoms (Grattan et al., 2024). The benefits of breastfeeding on mother and infant outcomes led to a global campaign to protect and promote breastfeeding at all levels, including governments, healthcare systems, and education for all healthcare professionals (The Lancet, 2023). Midwives and nurses have therefore a key professional role in the promotion of breastfeeding (International Confederation of Midwives, 2019). However, they may use some polarised discourse supporting breastfeeding as the "right" and the "best" feeding option (Jackson et al., 2022), without investigating parents' preferences or needs. As in our study, parents also reported HCPs sometimes did not wait for consent, acting like they had power over mothers (McLeish et al., 2021). We recommend midwives take the time to investigate the motivations and reasons why parents either breastfeed or not. Midwives and nurses should give accurate information about the benefits of breastfeeding and the use of human milk to enable women to make informed decisions (International Confederation of Midwives, 2023). Breastfeeding support tailored to each mother and partner should be provided. Particular attention should be given to respecting the intimacy of mothers and involving partners when appropriate, as they play a key role in supporting mothers in their infant's feeding choices (Crippa et al., 2021).

Related to "caring for parents' emotions", participants in our study reported behaviours related to the availability for listening, which were either positive or negative. Other studies support our findings. When mothers were listened to, they felt emotionally supported (McLeish et al., 2021). On the contrary, when parents perceived negative behaviours, such as not being available or receiving inattentive care, they did not feel supported (de Montigny and Lacharité, 2004; McLeish et al., 2021). This was particularly true for fathers who mentioned that HCPs never asked them how they felt (de Montigny and Lacharité, 2004). Findings of these studies show that although awareness of mental health (especially emotional wellbeing) has increased, improvements are still needed. This should be addressed through appropriate training and more attention should be given to first-time parents' emotional needs during their stay, including mothers and fathers/partners.

Parents in our study mentioned the importance of having a peaceful environment, which is facilitated by HCPs not showing any stress and staying calm while providing care. Midwives/nurses demonstrating self-confidence in their competencies helped parents feel secure during their stay (Persson et al., 2011, 2012). In our study, HCPs were reported to be sometimes stressed, understaffed, and unavailable. The study by Malouf et al. (2019) reported, however, that mothers generally viewed HCPs in a positive way, forgiving them for delays in care and being busy (Malouf et al., 2019). Mother also mentioned that a few minutes of midwives' time was better than no time at all (Hannon et al., 2022). This underlines the importance of midwives' presence and its influence on parents' wellbeing. The effect of staffing on the experience of the postpartum stay has been demonstrated in other studies; the more midwives on the ward, the more likely mothers were to receive the information they needed. In these conditions, midwives had more time to support them (Turner et al., 2022). At a local level, it is crucial that maternity services are sufficiently staffed with well-trained professionals to ensure the safety and quality of care (Association of Women's Health Obstetric and Neonatal Nurses, 2022). However, in the context of the global midwives and nurses shortage (International Council of Nurses, 2023), it is crucial to invest in working conditions and support that help attract and retain midwifery and nursing staff. More effort should be made to improve HCP's working conditions to avoid overtime, to ensure proper breaks, to have a skill mix staffing and to improve salaries (Cull et al., 2020; Matthews et al., 2024). These conditions could also help midwives/nurses to be less stressed and more available to parents' demands. Thus, creating a serene atmosphere, which could facilitate holistic, unhurried, and personalised care, and may also lower stress in first-time parents but also result in a better quality of care.

The perception of both parents regarding social support behaviours from HCPs during the postnatal stay has been scarce if at all, explored. Even though the majority of the needs of parents are similar, it is worth noting those that differ (e.g., mothers' needs related to experiencing postpartum changes, and fathers' needs to be involved in their newborn care) (Schobinger et al., 2022). There were no differences between the social support behaviours reported by mothers and fathers, except for behaviours related to the involvement of fathers. There were no differences between the social support behaviours reported by mothers and fathers, except for behaviours related to the involvement of fathers. This may be explained by the transition to parenthood being similar for both parents (Hodgson et al., 2021). Fathers in our study mentioned how HCPs made them feel included during the postnatal stay through concrete behaviours, such as giving them the space they needed by asking them if they wanted to be involved in their newborn care. This is quite new as most studies report the contrary, that fathers are not included (Hodgson et al., 2021). Models of care that are women-centred and a lack of understanding of father's needs are possible barriers to fathers' involvement in postnatal care. We recommend that midwives and nurses use a person- and family-centred care approach, allowing both parents to actively participate in their infant care. Such an approach should also be the foundation for midwifery and nursing education, emphasising interpersonal skills to better engage with fathers/partners. For sustained change in practice, it is recommended that such an approach should also be integrated in healthcare institutions' policies, practices, and care settings.

Strengths and limitations

Strengths of this study include the novelty of exploring the formal social support behaviours, as perceived by both first-time parents during the early postnatal period. By using triangulation, peer-review, and debriefing related to data analysis, we enhanced the trustworthiness of the study. Presenting the results to participants and asking for their feedback contributed to the study's credibility (Polit and Beck, 2020).

This study has some limitations. Even though researchers tried to equally involve fathers/co-parents, more mothers participated. Nevertheless, according to information power, we were able to develop new knowledge on how fathers perceived formal social support. Providing feedback to fathers was not possible, as none of the fathers engaged in this process. This is in line with other studies conducted in the perinatal context (Holmberg, 2022; Schobinger et al., 2020). This may be because fathers, due to shorter paternal leave, do not have the time to participate or feel less concerned by postnatal research (Holmberg, 2022). Underrepresented or marginalised populations, such as single-parent families, migrant parents, or those whose newborns were at the NICU were not represented in our sample, so our results do not necessarily apply to this population who may have other specific needs.

Suggestions for future research

Our findings have revealed areas for further research. Identifying social support behaviours provided by HCPs to parents using various methods of data collection (i.e., interviews and observations) is warranted for a better understanding of the phenomenon. Collecting HCPs' views on how to provide social support would provide a deeper and more comprehensive understanding of their behaviours. Further, studies should include people from diverse cultural backgrounds and minority groups, as well as from complex situations (e.g., families with premature and term critically ill newborns), as they may have different needs and may require specific social support.

Conclusion

The results of our study provide new knowledge and understanding of HCPs' social support behaviours that could help or hinder first-time parents' transitioning to parenthood during the early postnatal period. Establishing a trusting relationship in care, such as listening and providing individualised care, was particularly helpful. Our results also highlight the need for further education to better equip midwives and other HCPs to meet first-time parents' support needs during the early postnatal period.

Data availability statement

Due to concerns of potential violations of participants' privacy, the individual data set generated during the study is not publicly available. However, the final data set for analysis is available from the corresponding author on reasonable request.

CRediT authorship contribution statement

Elisabeth Schobinger: Writing – review & editing, Writing – original draft, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Mélanie Vanetti:** Writing – original draft, Formal analysis. **Anne-Sylvie Ramelet:** Writing – review & editing, Writing – original draft, Supervision, Methodology, Conceptualization. **Antje Horsch:** Writing – review & editing, Writing – original draft, Supervision, Methodology, Conceptualization.

Declaration of competing interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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