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Creating, Connecting, and Communicating: A look at social support for postpartum women

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Abstract

The prevalence of postpartum depression underscores the critical need for support systems for new mothers. Virtual support groups, such as the Fourth Trimester Support Group described in this paper, represent a promising avenue for addressing these challenges and providing much-needed support. This article describes the formation, activities, and evaluation of an online support group that leverages technology to foster a sense of community for new mothers. Further, the details within the case study provide a basic model for starting a similar support group.

Keywords: support group, postpartum depression, mental health, motherhood, postpartum, online support

Background

The transition to motherhood is filled with immense joy, preparation, and many unknowns. Pregnancy signifies the beginning of this transition in which physical and emotional changes occur, and a new identity emerges. This process of becoming a mother is referred to in anthropology as “matrescence.” This time is wrought with changing family and relationship dynamics, fear, elation, exhaustion, learning to care for an infant, and pressure to be “a good mom.” It’s no surprise, then, that this intense transition also brings with it significant feelings of isolation and mental health challenges.

Depression and anxiety are serious mental health concerns for many new mothers, and postpartum depression (PPD) is the most common complication associated with childbirth. It affects 17% of women (Howard et al., 2018), though this is likely an underestimation (Abrams et al., 2009). Around 50%–80% of women experience mood changes during the first week postpartum that resolve within the first two weeks (Thurgood et al., 2009); this period is known

as the “baby blues.” Mood changes that persist beyond two weeks are considered PPD, though PPD can develop at any point in the first year of an infant’s life (Mayo Clinic, 2019). PPD is characterized by tearfulness, emotional lability, feelings of guilt, poor concentration, fatigue, irritability, loss of appetite, sleep disturbances, suicidal ideations, and feelings of inadequacy (Knight et al., 2022; Knight et al., 2015; Lucero, et al, 2012; Sealy, et al., 2009). It is associated with negative outcomes for women and infants, such as maternal suicide, disruption in maternal–infant bonding, and developmental delays in the infant. Risk factors for PPD include low income, previous mental health challenges, depression during pregnancy, recent life stressors, and low social support, among others (Gao et al., 2009; Howell et al., 2012; Morikawa et al., 2015).

As a woman becomes a mother, her relationships change and her priorities shift, often leading to a need for new or different relationships in her life. For first-time mothers, this can be especially important. One natural connection women may seek at this time is with other new mothers or peer support. Such interactions offer a sense of support and understanding, as the individuals are navigating similar changes in their lives. Social support is defined as “support accessible to an individual through social ties to other individuals, groups, and the larger community” (Lin et al., 1979, p 109) and includes practical and emotional support. Moreover, social support is considered a preventative strategy for PPD (Dennis, 2010). Common sources of social support include family, friends, significant others, co-workers, neighbors, and support groups. Research on PPD indicates that social support groups are an acceptable form of providing such benefits to new mothers (Author, 2019).

Support groups date back hundreds of years to the Freemasons, but they became more popular in the 20th century as a result of 12-step programs like Alcoholics Anonymous (Barak et

al., 2008). Since then, they have continued to emerge and evolve for dozens of purposes. Online support groups appeared in the 1990s in different forms, such as forums, chats, and email lists (Barak et al., 2008). As technology has evolved, so have support groups. Virtual support groups have become increasingly common tools to deliver comfort and advice (Goh et al., 2016). And with the widespread adoption of videoconferencing platforms such as Zoom during the COVID-19 pandemic, offering and joining virtual support groups has become more feasible. Online platforms can be exceptionally helpful and allow individuals to access support in a live format when they otherwise may not have had access to such a resource (Barak et al., 2008).

This paper describes the design, implementation, reflective evaluation, and refinement of an online virtual support group for new mothers.

About the Facilitators and Group Founders

The University of Kentucky and UK Healthcare, the sites of this study, are located in Lexington, KY. The lead author is an assistant professor in social work with a background in crisis intervention and a research focus on perinatal health. The second author is an MSN and child birth educator with UK Healthcare. Both individuals have a history of leading groups, including psychosocial support groups for parents and the childbirth education program, where education is provided to patients in clinic and classroom settings.

Development Rationale

The Fourth Trimester Support Group arose through research and clinical observations. Literature suggests that low social support is a risk factor for PPD (Hutchens & Kearney, 2020). Clinically, the second author has observed the importance of social support throughout her time as a birth educator. Both authors noted that the local community had few options for postpartum support and no free virtual options were found.

Overview of Design Phase

Prior to launching the Fourth Trimester Support Group in April 2022, the author-facilitators discussed the purpose of the group, marketing, the facilitation process, and setting a schedule. The group would provide a space for new mothers (less than three months postpartum) to gather and discuss the transition to motherhood. The facilitators decided that the group would be held once a week via Zoom, which was chosen due to its general accessibility. To recruit participants, the second author worked with the hospital's marketing team to develop flyers, post a sign-up link on the hospital website, and advertise the group in the birth education classes. Potential participants joined and were added to the group's email list, where they received a weekly invitation to the group. To structure the group, the facilitators discussed having set topics versus having the participants lead the topics of discussion. It was decided that the participants would lead and that the facilitators would have topics and questions ready, if needed, to stimulate discussion. At the beginning of each group, the participants would share their name, the name and age of their infant, and their birth story as a means to get to know one another. The sharing of birth stories has become ritualistic to begin our group.

Group Deployment and Overview

Our first group was held on April 21, 2022. At first, the group was small, with 1–3 participants joining each week and at least one week where no participants joined. Over time, more women attended and as of April 2024, we often have 20 women joining each week. The group consists primarily of first-time mothers in the local area. A few participants have more than one child, and some participants have joined from other communities and states. While we initially planned for women to begin attending during the first three months postpartum and leave the group once they returned to work, we have found that many participants still tune in

weekly, even after their babies have aged beyond three months. While not everyone attends each week, we see many of the same women repeatedly. Some join infrequently as available, now that their infants have aged. Other participants still attend with their toddlers, who began the group as newborns.

Each virtual meeting begins with new attendees sharing their birth stories. Then, discussion may begin spontaneously, or the facilitators may pose a question to the group. On occasion, a new attendee may have a traumatic birth story, and the facilitators will check in with the attendee or refer them to other group members with similar stories to offer support. Each week, we manage the group structure by offering an opportunity for participants to raise subjects they would like to discuss, asking quieter participants questions, or offering topic suggestions as needed. As the one-hour session comes to a close, the facilitators ask if there is anything that anyone needs to discuss before the end of the group. Following the meeting, one facilitator sends a follow-up email to the group, highlighting the main points discussed and providing links to resources or products that were shared. We frequently share information on therapists and counselors in our area, and we include short video clips and book recommendations on PPD. Our goal is to provide social support for participants and to be sure participants are aware of signs and symptoms of PPD and when they should consider seeking treatment.

Facilitator Practices

As facilitators, we implemented several key practices that benefited the facilitation of the group. At the outset, both facilitators took notes on the participants' names and birth stories. We used this information to build rapport with the participants and to help them build relationships with one another. Having women share their birth stories provided important context for how their motherhood journey began, what support they needed, and how they could connect with

one another. Participants are generally quick to provide positive feedback to one another. Facilitators also provide clarification where needed, because of our backgrounds and experiences. Importantly, we recommend any person facilitating a group on this topic have training related to postpartum mental health as it is complex.

General Reflection and Evaluation

As part of our ongoing evaluation of the group, the facilitators engage in reflective practice—the ability to reflect on one’s actions to engage in a process of continuous learning (University of Cambridge, n.d.). The approach was designed to learn from real experiences, through interactions with patients or clients, and to reflect on how the interactions worked and what lessons could be taken from them. The facilitators engage in reflective practice individually and together. During the first several months of group deployment, the facilitators reflected after every group to assess how the meeting went, the topics discussed, group dynamics, and changes to consider. We used questions and observations to guide this practice, often asking what went well, what was difficult, and what can we improve in the future. Two years later, the facilitators engage in collaborative reflective practice less frequently, and individual reflective practice has increased, but individual practice often spurs collaborative reflective practice before or after the group.

Group reflection has also been used on occasion with participants. When the group was itself in its infancy, the facilitators often posed questions to the participants about what was working well and what they would like to see more of. As the group has grown and matured, we continue to engage in group reflection. This process allows participants to guide the group topics, reflect on the structure, and offer suggestions for what they would like to experience during the sessions. In response, the facilitators have brought in guest speakers to discuss topics such as

lactation, mental health, and pelvic floor physical therapy. The group enjoyed sharing birth stories with new members and hearing the stories of new attendees. As a result of reflection, we also began sending out the follow-up emails recapping the session. Women who are no longer able to attend the group have asked to continue to be included in the emails. The group has also met in person three times for a mom and baby lunch, and other women have met for walks at a local arboretum. Some of the group members have asked to speak with expectant parents in childbirth education classes and have shared some of their insights on handling new parenthood.

The facilitators developed an anonymous survey that was distributed midway through our first year. The survey helped us to better what was going well and what could be improved. Participants had the option to include feedback about the structure of the group, using Zoom for the meetings, and any topics they would like to discuss. While not all suggestions were feasible, the facilitators acted on the feedback within our control, such as topic choices. Participants felt favorably about using Zoom and identified reasons why they stopped attending, including returning to work, feeling the group wasn't a good fit for them, and indicating the group was too small.

Conclusion

In conclusion, the journey into motherhood is a profound transition marked by joy, uncertainty, and significant changes in identity. As women navigate the challenges and pleasures of matrescence, they often encounter mental health struggles, such as postpartum depression and anxiety. These difficulties underscore the importance of social support, which has been shown to be a crucial preventative measure against PPD. The emergence of virtual support groups, such as the Fourth Trimester Support Group described in this paper, exemplifies an innovative approach to providing much-needed assistance for new mothers. Through reflective evaluation and

continuous refinement, online support groups can adapt to meet the evolving needs of participants.

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