



A Qualitative Description of Pregnancy-Related Social Support Experiences of Low-Income Women with Low Birth Weight Infants in the Midwestern United States

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Abstract

Objective Low birth weight (LBW) is a significant health problem in the United States, and the incidence is higher in women with low socioeconomic status. Observational and epidemiological studies have revealed that social support reduces the risk of adverse pregnancy outcomes. However, the current literature lacks research regarding the perceived social support of pregnant women in relation to birth weight from a qualitative perspective. This study explored the perceptions and experiences of social support during pregnancy among low-income women who had recently given birth to a LBW infant. **Method** A qualitative descriptive design was used to explore women's social support experiences during pregnancy. The sample comprised 15 women who had given birth to a LBW infant within the past 9 months from the five urban and rural WIC clinics in the Midwest United States and a university hospital neonatal clinic. In-depth semi-structured interviews were used to collect data. **Results** Three themes emerged: women's experience of pregnancy; challenges faced by women during pregnancy; and availability of essential supports for women during pregnancy. The father of the infant and female relatives were identified as major sources of support during pregnancy, and the women in the sample expressed a desire to obtain social support from family and friends. **Conclusion for Practice** Women from low socioeconomic backgrounds face various challenges that could adversely affect birth outcomes. Social support may minimize the impact of adverse life situations. Providing adequate social support requires addressing the multiple dimensions of social support and strengthening the existing support system.

Keywords Social support · Pregnant women · Infant · Low birth weight · Low socio-economic status

Significance

Women with low socioeconomic status are highly vulnerable for adverse birth outcomes. The effect of social support on birth outcomes has not been fully explained. Research studies of social support and birth outcomes have mainly been conducted using a quantitative paradigm.

This qualitative study revealed various challenges faced by women and their desire to obtain social support especially from the father of the baby and family. The information gleaned from the study can be used to inform the design of interventions to improve social support during pregnancy, specifically among the low-income population who is at high risk for low social support.

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Introduction

Low birth weight (LBW), defined as weight of less than 2500 g at birth regardless of gestational age, is a significant health problem in the United States (Centers for Disease Prevention and Control [CDC] 2016, 2017). Despite government efforts to improve this birth outcome, LBW continues to contribute to infant mortality and morbidity (CDC 2018). The LBW rate rose for a third year in a row, from 8.07 in

2015 to 8.17% in 2016 and to 8.28% in 2017 (Martin et al. 2018). Disorders related to short gestation and LBW were the second leading cause of infant mortality in the United States and accounted for 17% of total infant deaths in 2016 (Xu et al. 2018). Healthy People 2020 aims to reduce LBW to less than 7.8% (United States Department of Health and Human Services 2018). Identifying effective interventions is crucial to reducing the incidence of LBW and improving overall birth outcomes.

Effective prevention of LBW depends on its cause (Hodnett et al. 2010). Low socioeconomic status and low social support of women are associated with increased LBW incidence (Blumenshine et al. 2010; Wado et al. 2014). However, the ways in which social support influences birth outcomes are not fully understood. Observational studies and secondary data analyses have shown a positive effect of social support on birth outcomes (Abadi et al. 2013; Feldman et al. 2000; Nkanash-Amankra et al. 2010). However, the results of intervention studies have not supported this linkage. Most randomized controlled trials that have focused on improving birth weight have not had significant results (Hodnett et al. 2010; Lu et al. 2005). While the observational studies demonstrated a positive relationship between social support and birth outcomes, the absence of confirmation of this effect in intervention studies is quite puzzling to experts and is a source of controversy (Behrman and Butler 2007). Therefore, qualitative studies that explore the phenomenon of social support in depth may provide descriptive evidence of the association and help explain the differences in findings between experimental and observational studies.

Women of lower socioeconomic status have a greater chance of having LBW infants (Byrd-Craven and Massey 2013), and the effect of social support among this high-risk population warrants further exploration. Moreover, through face-to-face interaction with women who can describe their social support experiences, we sought to explore their unique social support needs. The evidence obtained from this study may help to inform social support intervention study design and evidence-based healthcare practices to improve LBW outcomes.

Methods

A qualitative descriptive design was used to answer the following research questions: How do women describe their perception of social support during their recent pregnancy? What were women's experiences of social support during their recent pregnancy? The criteria for reporting qualitative research (COREQ) was used throughout this study (Tong et al. 2007). Reflexivity through journaling and peer review was integral because the primary author had experienced the birth of a LBW infant. This personal experience

provided both a desire for further understanding and an insider perspective.

Women were eligible to participate if they were 18 years or older, could speak English, were classified as low income according to their eligibility for Medicaid or the Supplemental Nutrition Program for Women, Infants, and Children (WIC, United States Department of Agriculture [USDA] 2014), and had given birth to a LBW infant within the past 9 months. The data were collected between August 2015 and February 2016. The study was approved by the Institutional Review Board of a large Midwestern academic medical center and the individual external sites, and the study was performed according to the standards set forth in the 1964 Declaration of Helsinki and its subsequent revisions. Written informed consent was obtained from participants before their inclusion in the study.

The sample was purposively chosen from three urban and two rural WIC clinics in the Midwest and a university hospital neonatal clinic. Clinic staff at the study sites identified potential participants and personally gave them an invitation letter and screening questionnaire that collected their age, the date of the recent birth, birth weight, and annual household income. All interested participants were given the first author's contact information and a form to provide their initials and telephone number. The researcher had no prior relationship with the participants. Of 27 women who initially indicated an interest in the study, 15 enrolled. The other potential participants decided not to enroll in the study. Data were collected by the first author (a doctoral candidate) via in-depth interviews with the participants using a semi-structured interview guide (Table 1). The names reported in the Results section are pseudonyms and do not reflect the participants' actual names. Four interviews were conducted by telephone because of cultural barriers, work schedules, and housing issues. Ten women were interviewed in their homes; one woman was interviewed at the WIC clinic. Interviews lasted approximately 40–70 min. All the interviews were audio recorded. Field notes were taken to supplement information gathered from the interviews. The observation of physical setting, social interactions, activities, responses during the interview, direct quotations, and the researchers' own feelings about the significance of what had been observed were included in the field notes.

An inductive content analysis was used to attain a condensed, broad description of the social support experiences of the women (Elo and Kyngäs 2008). Data analysis began after the completion of the first interview and continued throughout the data collection period until all data were analyzed. All interviews were transcribed and rechecked for accuracy. Of the 15 interviews, 4 were transcribed by the first author and the remainder by a professional transcriptionist. Data were analyzed manually by the primary researcher. Direct words or phrases from the transcripts were

Table 1 Individual interview guide

Item no.	Question
1	Tell me about your pregnancy? (probe as indicated—how did you feel about your pregnancy?)
2	What does social support mean to you?
3	How did others around you feel about your pregnancy? (significant other, family, friends, co-workers, etc.) (probe as indicated)
4	What were some of the positive experiences of your pregnancy? (probe: tell me more about those experiences)
5	What were some of the difficulties you experienced during your pregnancy? (probe: tell me more...)
6	Tell me about your baby's birth? (when, how far along were you, labor, birth difficulties)
7	What was it like to have a low birth weight baby?
8	What were some of the everyday needs that you experienced during your pregnancy (i.e. transportation, fixing meals, child care, health insurance, prenatal care, etc.)?
9	Who was it that helped or supported you with these needs during your pregnancy? (family, friends, co-workers, neighbors, etc.)?
10	What were some of the more personal or emotional needs that you experienced during your pregnancy (i.e. having someone available to talk or be with you if you felt alone, upset, anxious, or down, etc.)?
11	Who was it that helped or supported you with these needs during your pregnancy? (Family, friends, co-workers, neighbors, etc.)?
12	Can you describe a time during your pregnancy that you were in need of basic everyday living needs such as having enough food, clothing, housing, or financial assistance? Who was there to help you with these needs?
13	Who did you talk to if you had questions about your health during your pregnancy?
14	Tell me about the support you received during your pregnancy from your husband, your family, your friends, and your health care providers?
15	What difficulties did you face in receiving support during pregnancy?
16	Tell me how satisfied you were with the support that you received during your pregnancy
17	What might have enhanced/improved your support during pregnancy?
18	Is there anything else that you would like to share that we have not discussed?

identified as meaning units that were then condensed into codes and placed into groups with similar meanings. These codes were further condensed and organized into categories. The categories were then grouped into patterns with the final development of overarching themes (Granaheim and Lundman 2004).

The rigor of the study was supported by criteria established by Lincoln and Guba (1985). Member checking, prolonged engagement with participants, triangulation of the data, and frequent debriefing with senior research team members ensured the credibility and confirmability of the study. A decision trail that detailed research activities, data collection, and analysis supported dependability. Detailed information on research methodology, context, process, participants, and researchers provided support for the transferability of findings. The use of direct quotes within the narrative supported participants' voices being heard and ensured authenticity (Guba and Lincoln 2001).

Results

The study sample was an ethnically diverse group of low-income women who had LBW infants within the past 9 months. Participants' ages ranged from 20 to 38 years, with a mean age of 28 years (Table 2).

Three themes emerged from the data analysis: women's experience of pregnancy; challenges faced by women during pregnancy; and availability of essential supports for women during pregnancy (Table 3).

Theme 1: Women's Experience of Pregnancy

The women in this study perceived pregnancy as a joyous experience.

Women's Feelings and Readiness for Pregnancy

The women reflected on their overall feelings about their pregnancy. Of 15 women, 10 reported that their pregnancy was not planned. However, they were excited and happy about their pregnancy. Faith, who had an unexpected pregnancy, explained,

I don't know. I can't really say, like, I mean I was excited...because my son was, my second child was 4 years old... So it was a big gap... I was not expecting it, but I was excited to...have another child...

Alice, who had been trying to get pregnant for quite some time, said that she was extremely happy about her pregnancy:

Table 2 Demographic characteristics (N=15)

Characteristic	Range or frequency n (%)	Mean (SD)
Age of the woman (years)	20–38	28 (6.1)
Birth weight of the infant (lbs)	1–5.5	4.35 (1.35)
Marital Status		
Married	7 (47)	
Living with the father of the infant	2 (13)	
Single	4 (27)	
Widowed	1 (7)	
Divorced	1 (7)	
Education		
10th grade	1 (7)	
High school or equivalent	6 (40)	
Some college	1 (7)	
Certification	2 (13)	
Associate degree	2 (13)	
Bachelor's degree	1 (7)	
Master's degree	1 (7)	
Missing	1 (7)	
Employment		
Full time	5 (33)	
Part time	2 (13)	
Stay at home	8 (53)	
Ethnicity		
Hispanic	2 (13)	
Asian	2 (13)	
African American	4 (27)	
Caucasian	6 (40)	
Biracial	1 (7)	
Gestational age		
Less than 37 weeks	9 (60)	
37 weeks and above	6 (40)	
Type of delivery		
Vaginal	9 (60)	
C-section	6 (40)	
Sex of the infant		
Male	7 (47)	
Female	8 (53)	

SD standard deviation, lbs pounds

Beyond excited. I mean, like I said, we had been trying for so long, and after taking thousands and thousands of pregnancy tests and them all being negative, whenever I took the one that said it was positive, I didn't believe it...

Some women said they felt "shocked." Maria, whose third pregnancy was unplanned, recalled, "But I was shocked. I didn't want another baby at that time, so I didn't know what to think or what to do or any of that."

A few women were ambivalent about the news of their pregnancy. Liz, who was single and had recently given birth for the first time, reported that she felt anxious and worried but also excited about her pregnancy. "I felt very excited... probably getting a little anxious... I was...anxious and worried..."

Besides the initial excitement and happiness, the women reported that their overall feelings about their pregnancies ranged from "usual" or "calm" to feeling "weird" or "different."

Theme 2: Challenges Faced by Women During Pregnancy

Women reflected on the various challenges they faced during their pregnancies and how these challenges affected them physically and emotionally.

Physical Challenges

The physical challenges these women faced during pregnancy ranged from minor physical symptoms such as gastroesophageal reflux, morning sickness, nausea, fatigue, and bleeding to major health complications such as diabetic coma and pre-eclampsia. Judy, who had pre-pregnancy diabetes mellitus, discussed the physical toll she faced during pregnancy owing to her health issues: "That was the hardest part...just the physical toll, you know, that it took, 'cause I couldn't hardly do anything. I couldn't hardly eat anything."

Emotional Roller Coaster

Women described feeling a variety of emotions such as anxiety, depression, loneliness, fear, mood swings, sadness, and worry during their pregnancies. Women attributed their emotional distress to various stressors during pregnancy. Pat, who was hospitalized for her health issues toward the end of her pregnancy, said that being alone in the hospital contributed to her sadness. Grace discussed how being a single parent affected her emotionally, "Just keep it on the inside... going to the bathroom and crying myself and then dry my face off ...and say I hurt myself or something, so people wouldn't know I was crying about situations..." Some women reported major stressors. During Faith's pregnancy, her mother was diagnosed with cancer, and Faith reported how the diagnosis affected her emotionally, "...I mean, the main concern I had in my mind was my mom had cancer... The only thing that I had in my mind is, is she going to be around to see my baby...?"

Most women expressed fear and anxiety about the wellbeing of their infant. Nora, a nursing student who was expecting her first infant, noted that she kept worrying about her infant as she had episodes of diabetic coma during

Table 3 Themes, categories and quotes

Themes	Categories	Quotes
Theme 1 Women's experience of pregnancy	Women's feelings and readiness for pregnancy	<p>"...when I first saw my daughter moving inside that was amazing, when I first got my ultrasound done the first time I was able to actually see her, I was really excited"</p> <p>"...I was excited, I was shocked. I didn't expect to have gotten to a point where I, you know, was pregnant right now, but I was happy with it overall"</p> <p>"Well, it was just weird. It was weird...the baby weighed like 2.6 something...that three month sonogram. And they said it's pretty much normal because it was 3 months"</p>
Theme 2 Challenges faced by women during pregnancy	Physical challenges	<p>"I had big problem of digesting food...I have GERD, I told my GYN ...she kept me on medicine...the first three months it was very difficult..."</p> <p>"... even when standing up and doing the dishes for a while... I had to take a break, like I will get tired"</p> <p>"Extreme nausea, I had sciatica, round ligament pain, pregnancy induced hypertension, and gestational diabetes"</p>
	Emotional roller coaster	"...I had a lot of mood swings... I will be happy one minute and the next minute I will be sad...so...it was only because I was pregnant...so didn't worry about it"
	Work related experiences	"...a lot of the times I was missing my other two kids as well, because I didn't get to see them..."
	Financial burdens	<p>"...very stressful. Very, very stressful job..."</p> <p>"...we just basically had to live it day-by-day and we kept on having to get like Payday checks or Payday Loans"</p> <p>"...at the end or after class I didn't get done till 9:00 so I wouldn't get home until about 11:00. That was draining"</p>
	Reactions to and concern about a low birth weight infant	<p>"So I was very much stressful, you know, thinking about the weight of my baby"</p> <p>"...So it was just hard not to see him, being there and have to eat through a feeding tube and all that stuff..."</p>
Theme 3 availability of essential supports for women during pregnancy	Relationship and availability of the father of the infant	<p>"Well his dad, he was with somebody else at the time, and he didn't want anything to do with it, he was telling me, it wasn't his baby..."</p> <p>"...cause of his PTSD he also has like problems of being depressed and so I always have to like remind him to take a shower because he just don't really care about the way he looks"</p> <p>"...and his father is not around like I would like him to be. He works on the road as a truck driver, so he's like not here... I'm just really at a point where I'm a single mom almost"</p>

Table 3 (continued)

Themes	Categories	Quotes
	Family relationships and availability during pregnancy	<p>“...like our family is there for like emotional support, whenever I had her, his family was there and my mom, I mean my mom too, but I mean they were there for emotional support... the most”</p> <p>“...my mom had seven kids so my mom also helped. ...She had a really good experience with kids... And my sister would too, cause she has five kids...”</p>
	Friends and other support persons during pregnancy	<p>“I have a pastor that I talk to... He’s a great counselor. He deals with families and stuff. He’s been doing that for 20+ years, so he’s a good person to reach out to and talk to”</p> <p>“I mean they helped me like if I talked to them about like things that’s bothering me. They would always tell me that it’s okay and like help me calm down about financial problems”</p>
	Health care experiences and provider support during pregnancy	<p>“... all the time they (nurses) helped me a lot of the times, then right away they called me and told me to take this medicine and take that”</p> <p>“...[health providers] would have just been listening and actually taking the time to find out what was really going on”</p> <p>“...I think we have like the best staff and ...if I wasn’t at (the hospital) ...and the staff wasn’t the way that they were...I don’t think A (her son) would be here or be where he’s out in his developmental wise...”</p>

pregnancy. Julia reported how people’s comments regarding the size of her infant affected her psychologically, “I had a lady one time, I don’t think she intended to come off as rude, but it hurt my feelings...I was emotional...She was like, you know, questioning me, ‘Are you eating enough? You need to eat more.’”

Work-Related Experiences

Of the 15 women who were interviewed, 10 had a job during their pregnancy. Three women quit their job during or after their pregnancy, and one woman lost her job after giving birth. The women discussed how work-related stress had affected them emotionally and physically during pregnancy. One of the women said that long working hours had affected her nutritional intake and prenatal care during pregnancy, “... I didn’t go because I was working so much, like I just couldn’t find the free time to go to the actual doctor and get it taken care of...there wasn’t any prenatal screening with him before I went into labor. So that was pretty scary too...”

Liz, who worked at a warehouse, recalled dealing with negative comments from one of her supervisors throughout her entire pregnancy, “But my direct supervisor had a problem with it, so he was always constantly saying stuff to me that makes it difficult for no reason...” One of the women

pointed out the positive effects of working during pregnancy, as the busyness kept her engaged, and she did not have time to think about her personal issues.

Financial Burdens

Financial matters were a major concern for many of the women, particularly those who were single and had little or no support from the father of the infant (FOI). Liz, whose FOI lost his job, discussed how her poor finances caused a concern about meeting the material needs of her infant, “The concern was her not having enough diapers, enough bottles, things of that nature, because I was the only parent working, so...I didn’t have anything for her, I didn’t have a car seat, nothing...”

Two women said they struggled financially during their pregnancy, as they did not have their own housing and had to depend on their parents and grandparents. Some women were able to get food assistance from the state, which helped them meet their needs during pregnancy.

Reactions to and Concern About a LBW Infant

The majority of the women expressed concern related to the LBW of the infant. Women who expected a LBW infant

because of previous LBW infants, poor weight gain, and diagnosis of health-related conditions experienced anxiety, worry, and concern regarding the health of the infant during their pregnancy. Women reported initial shock and stress upon seeing how small their infant was at birth. Liz, whose pre-term infant weighed 3 lb, 14 oz at birth, said, "...I was shocked. I was kind of scared to touch her because she had all kinds of tubes in her." A few women reported that having a LBW infant was totally unexpected. Women also expressed anxiety and worry because their infants remained hospitalized after their discharge due to LBW status and related complications.

Theme 3: Availability of Essential Support for Women During Pregnancy

Participants' understanding and perceptions of social support were reflected in their narratives regarding the types of assistance and support they received or did not receive from family and friends, co-workers, and health professionals. Women discussed various types of social support that included emotional, physical, and informational support. Women described emotional support as someone to talk to or someone who listened to their problems. Physical support included assisting with child care, meeting material needs, cooking their favorite meals, and helping with transportation. Women talked about obtaining advice and guidance from their female relatives and healthcare providers as informational support.

Relationship and Availability of the FOI

The FOI was identified as a major source of support by most of the women. Of the 15 women who were interviewed, 10 had good support from the FOI. The women reported different kinds of support from the FOI, including physical, financial, and emotional support, as shared by Bella, who had good support from her husband during pregnancy, "He's my support in everything." Khaja, whose family members all live in India, said that her husband was the only support person during her pregnancy and delivery. Five women had little or no support from the FOI. Two reported that the FOI denied their paternity. One recalled, "He didn't want any part of it...No. He didn't want to be on the birth certificate. Nothing." Women valued the support from the FOI during their pregnancy and delivery. Those who did not have enough support from the FOI viewed pregnancy and delivery as more stressful experiences.

Some women expressed their frustration with the lack of emotional support from the FOI. Samantha, who was single with three children, said,

You know, every time I'm telling him I'm in...I'm having contractions, he don't want to hear it. How come? I'm having a baby, idiot. He just...it just wasn't any emotional moral support, you know. That was just not something...I guess that's not something he's good at.

Women who did not have support from the FOI expressed a desire to obtain emotional and physical support from the FOI. Liz said, "I feel...even though he didn't have a job, he still could have supported me..."

Family Relationships and Availability During Pregnancy

Women identified family as an important source of support during their pregnancy. Immediate family members such as parents, siblings, and in-laws and second-degree relatives such as grandparents, aunts, and uncles were significant support during pregnancy. The support provided by immediate family members included physical, informational, financial, and emotional support during pregnancy and delivery. Most of the women identified support from their mothers and sisters as significant and said these relatives were a major source of emotional and informational support. Grace, who had no support from the FOI, identified her sister as the major support person during her pregnancy, "I remember calling her sometimes 2 or 3 o'clock in the morning, because I am up just thinking, my mind is wandering...she would answer the phone...and that brought me and my sister closer than we've ever been..."

A few women who did not have their family members nearby expressed a desire to obtain their support. Pat, whose family was in the Philippines, said, "The only thing that I was thinking about when I was pregnant is, I just wish that my mom was here."

Friends and Other Support Persons During Pregnancy

Friends were a source of emotional support for the majority of the women. A few women acknowledged that their friends supported their physical and material needs. Of the 10 women who had worked during their pregnancy, 7 reported that they had a positive working environment and received emotional, financial, informational, and workload support from their co-workers. Two women reported religious group support during their pregnancy, mainly through counseling and financial support.

Healthcare Experiences and Provider Support During Pregnancy

Of the 15 women, 14 received prenatal care, and 13 of those began their care during the first trimester. Of the 13 women

who received early prenatal care, 12 were very satisfied with their healthcare experiences and support. One woman expressed frustration with poor communication from her doctor's office and was dissatisfied with her prenatal care. A few women experienced difficulty in obtaining healthcare coverage. Women identified nurses, doctors, and social workers as supportive healthcare providers. Eight women identified nurses as the key support healthcare professionals.

Discussion

This study explored social support experiences among a socially and economically disadvantaged population who had LBW infants. The findings provide an overview of the complex life challenges and their social support needs. The study participants were a diverse group in terms of their education and available support system. The perception of social support appeared to be influenced by individual challenges, needs, and family relationships. The participants in the study described a broad spectrum of social support needs including physical, emotional and informational needs.

Women in this study faced additional challenges of LBW infants and valued the emotional support they received during their pregnancy. Women who did not have enough support from the FOI expressed frustration and turned to their female relatives for these needs. These findings point to the pivotal role of social support and the possible linkage between social support and emotional health in pregnancy.

We attempted to explore the inconsistency between observational and experimental studies in terms of the association between social support and birth weight. The findings reveal that social support needs vary among individuals based on their challenges and available support system. Therefore, intervention studies should aim at identifying these challenges and addressing their unique social support needs. Women's risk for low social support differs based on their available support system. Interventions should focus on identifying and targeting these risk factors. This approach might be helpful in reducing adverse birth outcomes.

Support from the FOI during pregnancy was identified as crucial by the majority of the women, consistent with the qualitative research findings reported by Chongo and Ngoma (2014). Women who had little or no support from the FOI reported increased stress during pregnancy, also consistent with published research (Darvill et al. 2010). Family was another important source of support, especially from the mother and sister(s), as found in a previous ethnographic study among pregnant immigrant women from Mexico (Fleuriet 2009).

To our knowledge, this study was the first qualitative study that explored the pregnancy-related social support experiences of low-income women with LBW infants. A major strength,

the qualitative approach, provided an opportunity for women to express their social support experiences in-depth. However, the study findings should be viewed in the context of several limitations. The study focused on the social support experiences of low-income women during the pregnancy period. Therefore, the findings cannot be generalized to middle- or high-income populations. Of the 15 interviews, four were telephone interviews, thus resulting in a lack of visual cues and potential for loss of contextual and nonverbal data (Novick 2008). Although the researcher made every effort to consistently obtain in-depth data, the ability to probe during the telephone interviews might have been affected. The sample participants were older (mean age = 28 years) and well educated (13 of 15 had a high school education or greater). Older age confers greater life experience, and more education tends to indicate greater knowledge. The findings might have been different with younger and less educated participants. Finally, because the interviews were conducted up to 9 months after the birth of the infants, a potential for recall bias exists as the women described their pregnancy experiences.

Future qualitative studies could focus on unique challenges of women during pregnancy. Qualitative studies that explore the social support experience of women in the postpartum period and among a more economically diverse group would provide additional information on the unique social support needs after having a LBW infant and the dynamics of social support. Two participants were immigrants and expressed difficulty in receiving social support because their immediate family members were overseas. The primary researcher is planning to conduct a study of social support among immigrant women during pregnancy to explore their unique social support needs.

The study findings have several implications for clinical practice. Healthcare services need to prioritize social support needs and should implement individualized interventions at the primary healthcare level. Healthcare professionals need education and training sessions to identify social support needs and implement interventions. Women in this study identified friends as a source of emotional support. A peer group support model that constitutes pregnant women with similar health or economic issues could be implemented, such as the Centering Pregnancy model (Strickland et al. 2016) of group prenatal care that offers health assessment, interactive learning, and peer support. Social support could also be integrated into the WIC program, where women from low socioeconomic groups primarily receive nutritional support.

Conclusion

This study shows the significance of a social support system for women during pregnancy. Healthcare providers can assess the availability of women's support system

and social networks during their initial prenatal visit. The FOI should be encouraged to attend prenatal visits, during which healthcare providers should communicate the unique support needs during pregnancy. For women who do not have a supportive partner, support from female relatives or friends should be encouraged. A strong social support system can help women develop endurance and adaptability to overcome various challenges. Social support interventions should be tailored to meet the individualized needs. Healthcare practices should focus on improving the social support of pregnant women, with an emphasis on marginalized or vulnerable populations.

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