

“It’s a Jumble of Emotions”: Psychological Distress and Buffering Social Support in Women during Primigravida

Pooja Gahlot¹ and Ashwini Shetty^{2*}

¹Department of Clinical and Counselling Psychology, Sri Dharmasthala Manjunatheshwara College, Ujire, Mangalore University, Karnataka, India

²Department of P.G Studies and Research in Psychology, Sri Dharmasthala Manjunatheshwara College, Ujire, Mangalore University, Karnataka, India

Abstract

Introduction: Expectant mothers during primigravida face personal, interpersonal, and social changes as they prepare to become parent, all of which have a significant influence on the infant-parent interaction, and the infant's maturation.

Aim: The present study was conducted to see the psychological distress and buffering social support in women during their first prenatal.

Methods: The study adopted qualitative exploratory design using semi structured interviews. The sample size selected for the current study was 14 women using purposive sampling method. The data was analysed using thematic analysis. 5 themes and 15 subthemes were emerged for expectant mothers.

Results & Conclusion: Anxiety, stress, and irritability were identified as common psychological discomfort in women during primigravida, according to the findings of the study. Coping strategies were also identified. The support women received during their prenatal played a role as a vital buffer against distress.

Keywords: Psychological Distress; Prenatal; Primigravida; Expectant Mothers

Introduction

Regardless of the current medical discourse, "primigravida" can be used to describe a woman who has not given birth before. It is usually the preferred descriptor in the pre-natal period because it is less likely than "nullipara" to be confused with "parous". Primigravida is defined as a woman who conceives for the first time. Pregnancy is the period of development and fertilization during which one or more offspring develop inside a woman's womb, from implantation to delivery. It is also known as gravidity or gestation. Pregnancy is unique in that it is a culturally, socially, and physically transformative event. As a result, it must be viewed in the context in which it occurs. In each given culture, the conventions and surrounding a delivery play a significant influence in prescribing suitable behaviours and how the birth will be done for the lady and her family. The meaning and interpretation a woman assign to events during her pregnancy are uniquely hers, and they serve as a source of discovery, rather than confirmation, of new knowledge. Pregnancy brings forth a variety of hormonal and physiological changes and progesterone levels rise suddenly and dramatically in pregnant women. A number of other hormones amounts and functions are also altered in them. Significant increases in mental health disorders, such as depression and psychosis, occur either during pregnancy or in the immediate postpartum period, in addition to the evident outward physical changes that accompany pregnancy. Even in normal pregnancies, women go through subtle changes that can affect their capacity to perform their daily tasks and lower their overall quality of life. Excessive nausea and vomiting are dramatic examples of how pregnancy can affect quality of life, but other less dramatic elements, such as rising gestational age or family support, can also have an impact on how a woman feels during her pregnancy [1].

Transitioning to new demands, duties, obligations, and changes in relationships, especially for first-time mothers, can be stressful. Pregnant women may feel as if they're expecting a load of anxiety along with the delight as a result of different symptoms that might accompany pregnancy. New mothers often experience physiological changes and battle with issues such as weight gain, body image, sexuality, and

other physical issues including exhaustion. These issues may cause or exacerbate stress, resulting in real or imagined crises and psychological suffering. Prenatal psychological distress is common and can have a negative impact on maternal mental health, family functioning, and baby child outcomes [2].

Pregnancy-related maternal mental health issues have been linked to an increased risk of spontaneous abortion, hypertension, premature delivery, and low birth weight. Prenatal stress is inversely related to mental development in toddlers, and maternal antenatal depression has been linked to neurodevelopmental delays. Pregnancy is an unsettling time in a woman's life that can have a significant impact on her biological, psychological, and social functioning. The majority of a woman's prenatal behaviour is heavily impacted by her cultural background [3].

Previous study on depressed mothers' parenting has looked at a variety of features of adaptive and maladaptive parenting, such as positive and negative emotion displays, warmth, aggression, sensitivity, intrusiveness, responsiveness, and so on. Antenatal depression is reported to be the most powerful predictor of postnatal depression, and postnatal depression, in turn, was the most powerful predictor of parenting stress [4].

Social support is frequently cited as an important component of healthy relationships and mental well-being. Having a network of

***Corresponding author:** Ashwini Shetty, Assistant Professor, Department of P.G Studies and Research in Psychology, Sri Dharmasthala Manjunatheshwara College, Ujire, Mangalore University, Karnataka, India, Tel: +91 8779485326, E-mail: ashwinishettymundaje@gmail.com

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relatives and friends to whom you can turn in times of need is referred to as social support. The Buffering Hypothesis states that having a social support system can help a person buffer or shield themselves from the negative effects of stressful experiences [5].

According to the stress buffering theory, people only need social support when they are under a lot of stress. Divorce, the loss of a loved one, chronic disease, pregnancy, and job loss all have negative stressors that can be mitigated by social support. Social support has been found to aid good adjustment and personal growth, as well as to be a potential buffer against the detrimental effects of stress [6].

To assist women in reducing psychological distress during pregnancy, social support is essential. Individuals are buffered against life stress by social support, and it has been proven that the existence of social support reduces both psychological and physiological threat. Pregnancy is both a wonderful and difficult journey in a women's lives, and the social support they receive helps them accept their situation. Pregnant women who have a supportive environment are less likely to be subjected to stressful situations. In prenatal first-time mothers, the presence of social support is linked to mental well-being and self-efficacy. Women who have significant social support from family and friends during pregnancy appear to be protected from sharp spikes in a certain stress hormone, making them less likely to have postpartum depression [7].

Aim of the Research

The purpose of this study was to look at women's psychological distress during primigravida. The study also aimed to look into women's social support and see if it buffers them from life stressors throughout their vulnerable first pregnancy phase [8].

Qualitative Approach

For this study, a qualitative approach was used as the research method. The research process entails empirical effort involving the acquisition of data that might confirm, disprove, or contest theories, allowing for better knowledge and clarification of various observations. Inductive research is a type of qualitative research in which data is gathered about a given topic and the researcher creates different concepts and theories based on that evidence. A qualitative technique was thought to be more appropriate for understanding this research because it allowed for greater depth and meaning to be gained on couples' experiences with distress and social support throughout their first pregnancy [9].

Sampling and Selection

The study's target population was women who were expecting their first child. The researcher used a purposive sampling strategy to choose the study's sample. Purposive sampling is when a researcher seeks out people who have extensive understanding of the topic under investigation and are prepared to contribute their information. Women with a minimum HSC qualification, expecting their first child between the ages of 21 and 36, and having a verified pregnancy diagnosis from a medical examination at a hospital were eligible to participate in the study. The participants were mostly in their second and third trimesters. Women having a history of miscarriage, single pregnant women, HIV-positive women, and women who had a pregnancy through in vitro fertilization were all excluded from the study. The final sample size was determined by taking into account the comfort and potential of the participants, and comprised of 14 first-time pregnant women [10].

Interview

This research study was conducted using a semi-structured interview design. Sets of interview questions were prepared for expectant mothers. Seven experts independently validated the interview questionnaire. The semi-structured interview pattern allowed participants to elaborate, resulting in greater flexibility and the ability to obtain more information from them [11].

Procedure

Google forms were used to acquire informed consent from the participants. The study's purpose and inclusion criteria were indicated on the permission forms. All of the participants were contacted, and the interviews were scheduled based on their availability. With the participants' permission, telephonic interviews were conducted and recorded. Participants were approached with open ended questions and socio demographic information was gathered. Before starting the interviews, the participants were instructed that 1. The information they provided would be kept private. 2. They have the option of asking for a break at any point during the interview. 3. They have the freedom to speak openly about their own personal experiences. The interviews lasted for approximately 25 to 30 minutes [12].

Data Analysis

All of the interviews were recorded and transcribed verbatim. N Vivo Software was used to code the data. 99 codes were generated. The most relevant patterns in the data were identified using thematic analysis. Reading and re reading the transcriptions, generating preliminary codes pertinent to intriguing elements in the data, searching for themes, analyzing the themes, and linking the outcomes back to the research literature were all part of the process. Because it allows for the establishment of a few frameworks, this analysis was chosen for the inductive process [13].

Ethical Considerations

A research proposal was submitted to the researcher's supervisor. The supervisor authorized ethical permission prior to the start of the study. All participants were informed that their participation in the study was completely voluntary, and that they have the right to withdraw from the study at any time. All participants gave their informed consent to the study while it was being conducted. They were also told that they were not obligated to answer any questions with which they did not feel at ease. The participants were guaranteed confidentiality and anonymity. Prior to the start of each interview, participants were informed about the time length of the interview, and enough time was provided before and after the interview for the participant to ask any questions about the research issue [14].

Table 1 shows the demographic details of the participants. The mean age of the women expecting their first child was 25. Out of 14 participants, 10 participants were in the 3rd trimester and 4 participants were in their 2nd trimester. The respondents were from Indian states of Karnataka, Maharashtra, and Kerala, respectively. The education qualifications of everyone are listed in the Table 1.

Table 2 shows overall themes and subthemes emerged through thematic analysis. The following themes are Psychological Discomfort, Fostering Environment, Awareness and Knowledge, Coping Strategies, Other Life Encounters. Each theme has been discussed below along with their subthemes.

Table 1: Demographics details of women expecting their first child.

Expectant Mothers	Age	Education Qualification	Trimester	Place of Origin
EM01	29	Physician	3 rd	Karnataka
EM02	26	M. Com	2 nd	Karnataka
EM03	28	B. Sc Agriculture	2 nd	Maharashtra
EM04	24	B. Sc Biology	2 nd	Maharashtra
EM05	28	MSW	3 rd	Maharashtra
EM06	22	Lab Technician	2 nd	Maharashtra
EM07	28	Engineering	2 nd	Maharashtra
EM08	24	M. Com	2 nd	Karnataka
EM09	25	B. Pharmacy	2 nd	Kerala
EM10	24	Graduation	2 nd	Karnataka
EM11	23	B. Com	2 nd	Karnataka
EM12	21	BCA	3 rd	Karnataka
EM13	22	BA	2 nd	Karnataka
EM14	26	Financial Management	3 rd	Karnataka

Table 2: Themes and Subthemes from Thematic Analysis for Expectant Mothers.

Themes	Subthemes
Psychological Discomfort	Struggle coping with physical symptoms
	Unconventional Sleep/Appetite
	Fear of Labour
	Pregnancy related anxiety
	Irritability induced by outbursts
Fostering Environment	Sustained Support
	Reassurance
	Sense of contentment
Awareness and Knowledge	Need for credible breastfeeding information
Coping Strategies	Music as a means of unwinding
	Unrestricted Emotions
	Being intact in the moment
Other Life Encounters	Aspiration for meantime
	Strengthening of bond
	Connecting with growing foetus

Psychological Discomfort

The first theme that emerged was psychological discomfort, which was classified as mild to severe from the beginning of pregnancy through the end. Physical maternal discomfort and psychological difficulties were seen as signs of psychological distress. Prenatal distress was linked to a woman's physical condition as well as other ongoing occurrences and abrupt shifts [15].

"Struggle to cope with physical" emerged as the first subtheme under psychological distress. During the nine months of pregnancy, a woman experiences a metamorphosis. The participants stated that dealing with the physical changes in their bodies that occur during pregnancy was tough for them. As it was their first pregnancy, participants experienced nausea, vomiting, exhaustion, backache, and other symptoms. During the first trimester, they had a lot of trouble dealing with symptoms, which became better as the pregnancy progressed. Physical symptoms affected almost all of the participants less in the second and third trimesters than in the first trimester [16].

First trimester was tuff for me, during those times I was down (Participant EM06).

I have headache sometimes so during that time I feel stressed, during 1st trimester I was having a lot of nauseatic feelings and it was difficult to handle during those period (Participant EM10).

"Unconventional Sleep/Appetite" emerged as the second subtheme.

During pregnancy, an increase in hunger and sleep is fairly frequent. Participants reported a decrease in sleep and an increase in hunger. Sleep deprivation exacerbated appetite. Expectant mothers' sleep and sleep quality were both affected.

I have lost my appetite and when it comes to sleep it is not very good, I don't get good sleep (Participant EM03).

There are a lot of changes in my sleep, before pregnancy I Used to get at least 8 hours of sleep but now the case is different my sleep has decreased (Participant EM05).

"Pregnancy related anxiety" emerged as the third subtheme. Pregnancy anxiety is quite frequent. Participants' maternal and child outcomes were more strongly correlated with pregnancy-related anxiety. Overthinking about childbirth, restlessness, negative sensations, and rare thoughts of sadness were all seen in the form of anxiety. Some of the working participants expressed anxiety and tension as a result of wondering how they would balance their professional and personal lives after delivery [17].

Anxiousness is there, a lot of Anxiousness is there thinking about the pregnancy and delivery, and no sadness as such (Participant EM01).

I feel restless when I think about childbirth, and feelings of anxiousness are present in a greater number maybe because this is my first pregnancy (Participant EM13).

"Fear of Labour" appeared as the fourth subtheme. Pregnancy, labour, and birth can all be stressful for women, and they may develop fears of labour and childbirth as a result. During a first pregnancy, the risk of labour is usually raised, and those scared thoughts may be impacted by hearing unfavourable outcomes from others. When the participants thought about childbirth and labour suffering, many said they were terrified. Fearful feelings were induced in them by inappropriate content such as videos and images of childbirth. The question of whether or not they would be able to handle the birth pain was always on their minds [18].

I'm scared of labour pain but I'm not asking anyone about it because I feel if I ask anyone then I'll get more scared (Participant EM02).

I feel too nervous and anxious when I think about the normal delivery pain, I don't know how I'll manage and everyone tells that C-section is not good you try for normal delivery (Participant EM07).

"Irritability induced by outbursts" emerged as the fifth subtheme. During pregnancy, most women experience mood swings. Hormonal fluctuations are one of the causes of mood swings. Irritability was reported by participants, and some of them grappled with feelings of irritation and anger. A small percentage of the individuals claimed they were more likely to vent their frustrations on their spouses.

Whenever I get mood swings, I feel stressed and irritated (Participant EM14).

I feel irritable, I just get irritated and when I realize that I'm irritated I'll be removing my irritation who are next to me and when I come to know about it, I Just let it be like that only (Participant EM13).

Fostering Environment

The second theme emerged was "Fostering Environment". Woman and her growing baby can stay secure and healthy in a nurturing atmosphere. The participants' well-being was aided by a supportive environment in the form of social support during their pregnancy.

"Sustained support" was the first subtheme to emerge, and it linked to providing funds to fulfil health-care demands, providing a favourable condition for rest, and displaying understanding and compassion throughout the pregnancy. Friends and family were the main sources of support for the participants. The support helped the participants to stay hopeful and had a critical impact in decreasing the daily living challenges they faced throughout pregnancy.

There is always presence of people around me so due to that I don't really feel so much stressed with regard to pregnancy and baby (Participant EM10).

People around me support me when I'm not well, they cheer me up, they do something for me, I something for myself, I try to cope it up (Participant EM04).

The second subtheme that surfaced was "Reassurance," which refers to the act of assuaging someone's fears or concerns. Participants said that having people around them and feeling safe enabled them to feel less stressed and worried. Mother's tales and other people's advice helped them stay calm throughout this challenging period.

I get a lot of assurance from the people around me and it helps in reducing the stress and anxiety feelings I go through, there is re assurance from everyone that everything is going to be fine. Everyone is constantly there (Participant EM01)

They are playing a very big role in my pregnancy, when I first came

to know that I'm pregnant I was underweight and tensed but my mother-in-law has supported a lot and she helps me a lot and my weight has also increased (Participant EM03).

The third subtheme that emerged was "sense of contentment," which refers to a state of being satisfied, joyful, and at ease with oneself. Participants said that the prenatal support and care they received from their friends and family increased their sense of hope and happiness. Medical care and emotional support were provided in suitable conditions as part of the prenatal care [19].

It will be joyful for me, I'm giving birth to a new life, I feel so delightful (Participant EM04).

I felt very good when I came to know about my pregnancy because I've thyroid and usually it is not easy to conceive when you've had this illness (Participant EM14).

Need for Credible Breastfeeding Information

"Need for credible breastfeeding information" appeared as a subtheme under "Awareness and knowledge." Few of the participants said they had adequate information and knowledge on breastfeeding and baby feeding, and many said there was a shortage of reliable information on the subject. It was discovered that they were receiving false information and guidance from those around them, and that many of them turned to the media for further information on breastfeeding [20].

I've little information about breastfeeding but it is not enough I'll be happy to know more about it (Participant EM03).

I'm not aware of much about it, but I've heard that we should breastfeed for 2 years at least, because my cousin's child is around 1 year 2 months so she breastfeeds her child so I'm told to do for at least 2 years (Participant EM07).

Coping Strategies

Coping strategies encompass both conscious and unconscious methods of dealing with negative emotions.

"Music as a means of unwinding" was the first subtheme to emerge. Music was regarded by the participants as an effective method of relaxing. Expectant mothers said that listening to music while pregnant had a calming and uplifting effect on them and had a beneficial influence on them. They were able to keep themselves calm by listening to music.

I listen to the music and it helps me to stay calm and cool (Participant EM12).

Whenever I feel down, I listen to good music, I sleep and I eat whatever I like (Participant EM01).

The second subtheme that arose was "Unrestricted Emotions," which alluded to heightened intensity and range of emotional expression. Participants said that sharing their feelings with their family and spouse allowed them to feel better about themselves. Sharing their fears and allowing their emotions to flow freely helped them feel better during stressful moments.

I share my worries with my husband and my mother-in-law. I share with them and I Feel better and since this is my 1st pregnancy so many a times, we don't know that whether the pain which I'm getting or feeling is normal during pregnancy or not (Participant EM03).

I'll give freedom to my emotions; I won't hide them (Participant EM09).

"Being intact in the moment" developed as the third subtheme. Even though they were going through a lot of physical and psychological changes, the participants said they were resilient and wanted to appreciate and experience every moment of their first prenatal phase, which was followed by excitement and worries. They were able to deal with their overthinking about the coming years and childbirth by being present in the moment.

I'm just feeling that moment of baby and I Feel good and I Think about that only (Participant EM03).

I am enjoying each and every moment of the baby and it feels good to get caught in that moment (Participant EM12).

Other Life Encounters

The first subtheme that arose under Other Life Encounters was "aspiration for the interim," which related to having motivation for the prenatal period's interim. The majority of the participants stated that they felt accomplished in their lives and that thinking about the baby kept them motivated.

But I used to think negatively before pregnancy about anything but now this aspect of mine has changed, I Think positive towards everything now (Participant EM02).

The subtheme "strengthening of bond" related to increased love, care, and support from partners, as stated by pregnant women.

We have a good understanding and bonding between us from the start, earlier he just used to care and take care of me. But now he also mentions about the baby and takes care of me. If I don't want certain things, he will say you don't want but the child needs [21].

Yes the bond has increased (Participant EM02).

Our bond has strengthened during pregnancy compare to before pregnancy period (Participant EM05).

"Connecting with a growing fetus" developed as the third subtheme. The participants said that as their pregnancy days progressed, they were bonding with the baby bump by feeling the baby's movements and kicks, which made them feel special. Few of the participants who had an unanticipated pregnancy reported that they were not thrilled when they found out they were pregnant, but as the days passed, the baby's moments made them feel as if they were living in a different world [22].

Since I'm 21 years old, so initially I was feeling that this time was too early to get pregnant, but now I Feel this pregnancy life is totally different, you feel the moments of the baby and you feel so much special and you feel that you're in a different world and the care which you receive from your loved is too special and I feel happy about it now (Participant EM1).

Discussion

The overarching themes and subthemes provide a richer and more thorough knowledge of Primigravida women's psychological discomfort and social support. Expectant mothers' responses revealed 5 themes and 15 subthemes. During their first prenatal visit, the women experienced a ferris wheel of emotions. Expectant mothers experienced physical anguish linked to psychological distress, and they battled to deal with their physiological bodily changes, notably throughout the first trimester. Previous research has revealed that women have a wide range of experiences during pregnancy, with the most of them struggling to cope with physical and emotional symptoms. Women's anxiety was linked to overthinking about childbirth, uneasiness, unpleasant sentiments, irritation, and fear of labour. Changes in their

well-being were seen that were directly linked to the prenatal period. In women, anecdotal evidence with stressful life events is linked to distress. The level of anxiety of the mother has a direct effect on the tenacity of both maternal and paternal postnatal depression [23].

Sustained support and encouragement from family and friends helped expectant mothers feel hopeful, which had a significant influence on reducing daily obstacles and distress during the first pregnancy. Social support, family functioning, and romantic relationship satisfaction have all been found to have a positive impact on personal stressful events in previous studies. Maintaining effective social support from a motivated partner during pregnancy helps to improve health and strengthen positive habits for when the baby is born, as the current study also uncovers that enhanced adore, concern, and endorse from partners helps preserve the well-being during primigravida. Pregnant women seeking their first child have lower levels of psychological well-being if they have less perceived social support, and women who receive inadequate social support emit more stress hormones in response to psychological distress than women who receive efficient social support.

As per the study's findings, women lacked trustworthy information on breastfeeding and baby feeding and were more likely to use the internet for pregnancy-related information. Technology-based teaching programmes appear to be efficient in producing women with concrete proof breastfeeding content, according to antenatal breastfeeding education. Women considered music to be a useful coping mechanism for relaxing. Music is one of the disciplines used in prenatal health care and has been proved to reduce stress and anxiety. Women were indeed able to deal during the stressful period by sharing their emotions with loved ones and chose to remain present in the moment. Thinking about the baby gave the participants a feeling of fulfillment. The majority of women said they were bonding with their baby bump as the days passed [24].

Summary and Conclusion

Women who are not supported psychologically and physically during their pregnancy are more prone to experience psychological problems during their prenatal period. According to the study's findings, women struggled to cope with general pregnancy symptoms throughout the first trimester, but this eased in the second and third trimesters. Expectant mothers felt a range of emotions, including contentment, satisfaction, and restlessness. The support received by the women from their surroundings served as an important buffer against life's stresses.

Strengths and Limitations

By devoting focus to first time expectant mothers, the study addressed an essential problem and the trustworthiness of the study was improved. Because of the limited sample size, in-depth interviews and a better understanding of the participants' experiences were possible. Because participants' involvement in the study was voluntary, those who consented to do so may be experiencing fewer symptoms of distress. Because of the telephonic interviews, the participants' nonverbal gestures were not evaluated. The study makes no attempt to explain why expecting mothers' symptoms alter over time. Additional factors like hormonal fluctuations were not taken into account in the study to explain how symptoms amended over time.

Clinical Implications

The outcomes of the study have therapeutic significance, and more acknowledgment is needed to improve women's health during

primigravida. The study's findings suggest that hospitals must hold workshops and one-on-one meetings to educate expectant mothers about breastfeeding and other pregnancy related topics. Because the women in this study considered music to be a source of calm, different genres of music can be offered to them as soon as the first trimester begins. According to researches, music can help control labour pain by reducing the sense of pain and can reduce and delay mental anguish.

Future Recommendations

The study can be carried out on a large sample size, cross-sectional study can be done. Additional variables, such as hormonal shifts, could be considered in future studies to explain how symptoms change over time (for instance, oxytocin).

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Conflicts of Interest

The authors report no conflict of interest.

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