Received: 4 Oct 2021 | **Accepted:** 11 Apr 2022
DOI: 10.54005/geneltip.1004287

ORIGINAL ARTICLE

The Relationship Between Social Support and Spousal Support Perceived by Women in the Postpartum Period and Readiness for Discharge

Lohusalık Döneminde Kadınların Algıladıkları Sosyal Destek ve Eş Desteği İle Taburculuğa Hazır Oluşluk Arasındaki İlişki

[1]Tuba Uçar, [1]Zeynep Bal, [2]Nilay Gökbulut, [3]Ezgi Can Kantar, [1]Esra Güney

[1]İnönü Üniversitesi Sağlık Bilimleri Fakültesi Ebelik Bölümü

[2]Çankırı Karatekin Üniversitesi Sağlık Bilimleri Fakültesi Ebelik Bölümü

[3]Malatya Eğitim ve Araştırma Hastanesi, Kadın Doğum ve Çocuk Hastanesi

Correspondence

Nilay Gökbulut, Adres: Aksu mah. Zübeyde Hanım cad. 18000 Merkez / Çankırı

E-Mail: nil05_88@hotmail.com

Note

Bu çalışma, 14-16 March 2019, 4th European Congress on Intrapartum Care: Making Birth Safer, TURIN kongresinde e poster olarak sunulmuştur.

How to cite ?

Uçar T, Bal Z, Gökbulut N, Kantar EC, Güney E. The relationship between social support and spousal support perceived by women in the postpartum period and readiness for discharge. Genel Tıp Derg. 2022; 32(2): 190-197

ABSTRACT

Aim: The study was conducted to determine the relationship between puerperal hospital readiness for discharge and social and spousal support.
Materials and Methods: The descriptive and correlational study was conducted with 388 women over the age of 18 who were hospitalized in the puerperium ward of a public hospital between October 2018 and March 2019. Personal Information Form, Multidimensional Scale of Perceived Social Support (MSPSS), Spouse Support Scale Perceived by Women in Early Postpartum Period (SSSPWEPP) and Readiness for Hospital Discharge Scale–New Mother Form (RHD-NMF) were used to collect the data.
Results: The mean score of postpartum women from RHD-NMF was 171.41±28.55 with 89.9% of them to be ready for discharge. It was found that there was a weak positive correlation between total scores from RHD-NMF and MSPSS and its sub-dimensions (family, friends) (r=.164, r=.177, r=.156, respectively; p<0.01); it was determined that there was a weak positive correlation between total scores from RHD-NMF and SSSPWEPP and its sub-dimensions (emotional, physical, social) (r=.249, r=.199, r=.194, r=.232, respectively;p<0.01).
Conclusion and Suggestions: In the study, it was determined that most of the puerperant women were ready for discharge. Readiness for discharge and social support, family support and friend support. In addition, it was determined that as the physical, emotional and social support of the spouse increased, the readiness for discharge from the hospital increased. In addition, it was found that the most important variables affecting readiness for discharge from the hospital were the support of friends and physical support of the spouse.

Key words: discharge, puerperal, social support, spousal support

ÖZ

Amaç: Araştırma, lohusalarda hastaneden taburculuğa hazır oluşluk ile sosyal destek ve eş desteği arasındaki ilişkiyi belirlemek amacıyla yapıldı.
Gereç ve Yöntemler: Tanımlayıcı ve ilişki arayıcı tipte olan araştırma, bir kamu hastanesinin lohusa servisinde 388 kadınla yürütüldü. Verilerin toplanmasında, Kişisel Bilgi Formu, Çok Boyutlu Algılanan Sosyal Destek Ölçeği (ÇBASDÖ), Erken Lohusalık Sürecinde Kadınların Algıladıkları Eş Desteği Ölçeği (ELSKAEDÖ) ve Hastane Taburculuğu için Hazır-Oluşluk Ölçeği-Yeni Doğum Yapmış Anne Formu (HTHÖ-YDAF) kullanıldı.
Bulgular: Lohusaların HTHÖ-YDAF'den aldıkları puan ortalaması 171,41±28,55 olup %89,9'unun taburculuğa hazır olduğu belirlendi. HTHÖ-YDAF ile ÇBASDÖ toplam ve alt boyutları (aile, arkadaş) arasında pozitif yönde zayıf ilişki olduğu (sırasıyla r=,164, r=,177, r=.156; p<0.01); HTHÖ-YDAF ile ELSKAEDÖ toplam ve alt boyutları (duygusal, fiziksel, sosyal) arasında pozitif yönde zayıf ilişki olduğu belirlendi (sırasıyla r=,249, r=,199, r=,194, r=,232; p<0,01).
Sonuç: Çalışmada lohusaların çoğunun taburculuğa hazır olduğu belirlendi. Lohusalarda taburculuğa hazıroluşluk ile sosyal destek, aile desteği ve arkadaş desteği; ayrıca eşin fiziksel, duygusal ve sosyal desteği arttıkça hastaneden taburculuğa hazır oluşluğun arttığı saptandı. Ayrıca hastaneden taburculuğa hazıroluşluğu etkileyen en önemli değişkenlerin arkadaş desteği ve eşin fiziksel desteği olduğu bulundu.

Anahtar Kelimeler: Lohusa, Taburculuk, sosyal destek, eş desteği

Introduction

Readiness for discharge can be defined as being ready to go home from the hospital (1,2). In order to be ready for discharge, criteria such as physiological stability, functional ability, preparation and competence for self-care at home, caregiver competence, availability of social support, access to health system and resources, psychosocial factors, coping skills, and what can be done after discharge should be fulfilled (3). As in all over the world, in the absence of any complications, early postpartum discharge approach is adopted in Turkey. Early discharge means that women who give vaginal birth are discharged after 24 hours and women who give cesarean delivery are discharged after 48 hours

(4). However, inadequate support for women in terms of both self-care and baby care at home after early discharge may cause problems in terms of mother-infant health. Therefore, it is very important to evaluate social support in terms of early discharge and readiness for discharge (5).

In readiness for discharge in the postpartum period, spousal and social support include meeting the physiological, psychological and social needs of puerperae. Parents reported that postpartum care experiences resulted negatively due to lack of physical and emotional support (6,7) and lack of breastfeeding support (8) (9,10,11). Therefore, it has been found that limited social support in the postpartum period is associated with depression and that support from spouses, family or friends helps a mother who has just given birth to cope with stress and mental health problems (12,13).

Considering the short length of hospital stay and insufficient social support for parents after birth, it was determined that it was important to investigate the needs of parents in the postpartum period (14). The unmet spousal and social support of the puerperae may have a negative effect on their own care after discharge and physical and psychological health, and may result in inadequacy in breastfeeding and infant care. The aim of this study was to determine the relationship between readiness for discharge from the hospital and social and spousal support in postpartum patients. Research questions related to this:

(1) What is the level of readiness of postpartum puerperae for discharge?

(2) Is there a relationship between the readiness of postpartum puerperae for discharge and social support and spousal support?

(3) Are the variables of social support and spousal support of the puerperae the determinants of readiness for discharge?

2. Material and Method

2.1. Research Model

Research was of descriptive and correlational model.

2.2. Population and Sample of the Study

It was conducted in the maternity ward of a public hospital in eastern Turkey between October 2018 and March 2019. According to the records of the hospital in 2017, an average of 4667 births occur annually. In accordance with the protocols of the Ministry of Health, women who give vaginal delivery in the hospital are discharged from the maternity ward after 24 hours of delivery and those who give birth by cesarean section are discharged after 48 hours of delivery. In the maternity ward, the patient rooms are double-patient rooms and only one person is allowed to stay as a companion.

Women who gave birth, met the inclusion criteria and agreed to participate in the study were included in the study by nonprobability sampling method. The sample size was calculated by performing a power analysis in OpenEpi, version 3, publicly available statistics software (15). In descriptive studies, if the incidence rate of the event is unknown while calculating the sample in power analysis, this rate is accepted as 50% (±5%) (the highest sample size). In this study, when the readiness for discharge was assumed to be 50%, the sample size was calculated to be at least 383 puerperae with a 95% confidence interval, 80% power, 5% error margin in two-sided significance. At the time of the study, 388 women voluntarily participated in the study.

While those who did not have problems in communicating and puerperae over the age of 18 were included in the study, those with a history of spiritual and mental health problems, those who had complications in the mother and baby after birth (such as bleeding, infection) and those whose postpartum baby was taken into neonatal intensive care were not included in the study. Verbal consent was obtained from all women before starting the research.

2.3. Data Collection Tools

The data were collected from the puerperae in the maternity ward by face-to-face interview method by the researchers. Personal Information Form, Multidimensional Scale of Perceived Social Support (MSPSS), Perceived Spousal Support Among Women in Early Postpartum Period (PSSAWEPP), and Readiness for Hospital Discharge Scale–New Mother Form (RHD-NMF) were applied to collect the data.

Personal Information Form: The form was created by the researchers as a result of the literature review on the subject (1,2). In the form, there are questions about the descriptive (such as age, education level, employment status, income status) and obstetric (such as gravida, number of pregnancies, number of living children) characteristics and discharge conditions (such as pre-discharge training status, who gave the training, presence of support at home) of the women included in the study.

Multidimensional Scale of Perceived Social Support (MSPSS): The Turkish validity-reliability of the scale (16) developed by Zimet et al. (1988) was performed by Eker et al. (2001). The scale consists of three sub-dimensions, family (4 items), friend (4 items) and support from a special individual (4 items) and contains a total of 12 items. The scale items are evaluated by one of the 7-point Likert type options between "1=Absolutely no" - "7 =Absolutely yes". The lowest score that can be obtained from the scale is 7 and the highest score

is 84. As the scores to be obtained from the scale increase, the level of perceived social support also increases. The Cronbach's alpha reliability coefficient of the scale was found to be 0.89 (17). In this study, the Cronbach's alpha reliability coefficient of the scale was determined to be 0.85.

Perceived Spousal Support Among Women in Early Postpartum Period (PSSAWEPP): The scale developed by Şahin and Soypak consists of a total of 16 items and three sub-dimensions as follows: emotional support (items 1-7), social support (items 8-13) and physical support (items 14-16). The scale is evaluated by one of the 5-point Likert options. The highest score that can be obtained from the scale is 80 and the lowest score is 16. An increase in the mean scores indicates that spousal support in the early postpartum period is perceived at an adequate level, while a decrease indicates that spousal support in the early postpartum period is perceived at an inadequate level. The Cronbach's alpha reliability coefficient of the scale was found to be 0.87 (18). In this study, the Cronbach's alpha reliability coefficient of the scale was found to be 0.87.

Readiness for Hospital Discharge Scale–New Mother Form (RHD-NMF): Turkish validity and reliability of the scale developed by Weiss and Placentine (3,19) was performed by Akın and Şahingeri (20). The scale consists of 23 items. Item 1 of the scale is related to mother feeling ready for the planned discharge, it can be answered as yes/no and is not included in the scoring. Other items are scored in Likert-type between "0" and "10". The scale consists of 4 sub-dimensions as follows: personal status (items 2-9), information (items 10-16), ability (items 17-19) and expected support (items 20-23). The lowest score that can be obtained from the scale is 0 while the highest score is 220. It shows that as the score increases, readiness for discharge becomes sufficient. Akın and Şahingeri found the Cronbach's alpha reliability coefficient of the scale to be 0.89 (20). In this study, the Cronbach's alpha reliability coefficient of the scale was found to be 0.87. In the validity-reliability study of the scale, although the sample consisted of women who gave vaginal birth, there are studies in which the scale was applied to women who gave birth by cesarean section (5,21). In this study, the scale was applied to women who had vaginal and cesarean delivery.

2.4. Evaluation of Data

The data were evaluated in SPSS 25.0 for Windows (SPSS, Chicago, Il, USA) bundled software. Descriptive statistics were given as number, percentage, mean and standard deviation. Pearson correlation analysis was used to evaluate the relationship between the scales. Multiple Linear Regression Analysis was used to determine the relationship between Readiness for Hospital Discharge Scale–New Mother Form (RHD-NMF) and Perceived Spousal Support Among Women in Early Postpartum Period (PSSAWEPP) and Multidimensional Scale of Perceived Social Support (MSPSS). The variable of readiness for discharge was entered as the dependent variable into regression analysis. The independent variables in the regression analysis were family, friend support and emotional, social and physical support of the spouse. The independent variables in the regression analysis were selected from the variables which had a significant relationship ($p<0.05$) with RHD-NMF in the correlation analysis. The statistical significance was accepted as $p<0.05$.

2.5. Ethical Aspect of the Research

Verbal consent was obtained from all women before starting the research. In addition, institutional permission and ethical approval from İnönü University Health Sciences Scientific Research and Publication Ethics Committee (Decision No: 2018/18-7) were obtained. This study was conducted in accordance with the principles of the Declaration of Helsinki.

3. Results

Table 1. Distribution of Descriptive Variables of Postpartum Women (n=388)

Variables	n	%
Age (years) (Mean±SD) 27,45±5,49		
Educational Level		
Illiterate	26	6,7
Primary school	107	27,6
Middle School	110	28,4
High school	88	22,6
University	57	14,7
Employment Status		
Working	21	5,4
Not working	367	94,6
Economical Situation		
Income less than expenses	144	37,1
Income equals expense	214	55,2
Income more than expenses	30	7,7
Family structure		
Core	275	70,9
Traditional	113	29,1

*SD: Standard Deviation

The findings obtained from 388 puerperae were evalu-

ated in the study. The distribution of the descriptive characteristics of the puerperae is given in Table 1. The mean age of the puerperae was 27.45±5.49 (range 18-45), 28.4% were secondary school graduates, 94.6% were unemployed, 55.2% had income equivalent to their expenses, and 70.9% had a nuclear family structure (Table 1).

Table 2. Distribution of Women's Obstetric and Discharge-Related Characteristics (n=388)

Variables	**Mean** ±SD	
Number of pregnancies	2,51±1,43	
Number of living children	2,26±1,19	
Last birth interval (years)	2,81±3,07	
	n	**%**
Parite		
Primiparous	126	32,5
Multiparous	262	67,5
Type of birth		
Vaginal	332	85,6
Caesarean section	56	14,4
Receive training in postpartum self-care		
Yes	312	80,4
No	76	19,6
From whom did she/he receive training on postpartum self-care?		
Midwifery	273	87,5
Nurse	32	10,3
Doctor	7	2,2
Education about baby care		
Yes	316	81,4
No	72	18,6
From whom did she/he receive the training for baby care?		
Midwifery	273	86,4
Nurse	27	8,6
Doctor	16	5,0
Presence of support at home after discharge		
Yes	371	95,6
No	17	4,4
Home support person		
Spouse	119	32,2
Mom	81	21,8
Mother-in-law	120	32,3
Sister	28	7,5
Friend	23	6,2
How she evaluates her own health		
Very good	28	7,2
Good	189	48,7
Middle	163	42,0
Bad	8	2,1
How she assesses her baby's health		
Very good	54	13,9
Good	300	77,3
Middle	33	8,5
Bad	1	0,3
Feeling ready for discharge		
Yes	349	89,9
No	39	10,1

*SD: Standard Deviation

The distribution of obstetric and discharge characteristics of the puerperae is given in Table 2. 67.5% of the puerperae were multiparous and the mean number of pregnancies was 2.51±1.43 (range 1-7), the mean number of living children was 2.26±1.19 (range 1-6), and the mean interval of last given birth was 2.81±3.07 (range 1-8) years. 85.6% of the puerperae gave vaginal birth. Those who received training related to the postpartum period were 80.4%, and 87.5% of those who received training were given training by a midwife. Those who received training on postpartum baby care were 81.4%, and 86.4% of those who received training were trained by a midwife. In addition, 95.6% of the puerperae stated that they had support at home after discharge, 32.3% stated that the supporting person was their mother-in-law, 48.7% stated that their own health and 77.3% stated that their baby's health was "good" (Table 2).

Table 3 shows the distribution of the mean scores of the puerperae obtained from the total and subdimensions of RHD-NMF, MSPSS and PSSAWEPP. The mean MSPSS score of the puerperae was 66.51±15.14, and the mean PSSAWEPP score was 65.23±12.07. The mean score of the puerperae obtained from RHD-NMF was found to be 171.41±28.55 (Table 3).

Table 3. Distribution of Mean Scores Obtained from the Total and Sub-Dimensions of RHD-NMF, MSPSS, and PSSAWEPP

Scales	Mean ±SD	The lowest-highest score that can be obtained from the scale	Scale lowest-highest score
RHD-NMF	171,41±28,550	0-220	66-220
Personal status	55,17±12,543	0-80	14-80
Information	58,96±11,208	0-70	17-70
Ability	24,66±5,476	0-30	1-30
Expected support	32,62±8,469	0-40	0-40
MSPSS	66,51±15,148	12-84	12-84
Family	25,87±3,963	4-28	4-28
Friends	21,17±7,568	4-28	4-28
Significant Other	19,46±8,444	4-28	4-28
PSSAWEPP	65,23±12,071	16-80	25-80
Emotional	29,37±6,716	7-35	7-35
Social	23,88±5,138	6-30	10-30
Physical	11,97±2,919	3-15	3-15

* RHD-NMF: Readiness for Hospital Discharge Scale–New Mother Form

** MSPSS: Multidimensional Scale of Perceived Social Support

*** PSSAWEPP: Perceived Spousal Support Among Women in Early Postpartum Period, SD: Standart Deviation

Table 4. The Relationship between Women's Perceived Social Support and Spousal Support and Readiness for Discharge

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13
1. RHD-NMF	-												
2. Personal status	,763**	-											
3. Information	,834**	,426**	-										
4. Ability	,707**	,379**	,595**	-									
5. Expected support	,680**	,281**	,472**	,389**	-								
6. MSPSS	,164**.	,117*	,118*	,077	,173**	-							
7.Family	,177**	,042	,170**	,155**	,208**	,447**	-						
8.Friends	,156**	,154**	,098	,013	,157**	,828**	,204**	-					
9. Significant Other	,072	,052	,044	,054	,072	,842**	,149**	,493**	-				
10. PSSAWEPP	,249**	,139**	,163**	,116*	,345**	,135**	,241**	,097	,043	-			
11. Emotional	,199**	,086	,131**	,089	,311**	,109*	,160**	,062	,065	,856**	-		
12. Social	,194**	,141**	,115*	,079	,242**	,115 *	,239**	,091	,013	,813**	,448**	-	
13. Physical	,232**	,129*	,168**	,133**	,283**	,106 *	,209**	,096	,007	,736**	,450**	,572**	-

** Correlation is significant at the 0,01 level * Correlation is significant at the 0,05 level, RHD-NMF: Readiness for Hospital Discharge Scale–New Mother Form, MSPSS: Multidimensional Scale of Perceived Social Support, PSSAWEPP: Perceived Spousal Support Among Women in Early Postpartum Period

The relationship between the perceived social support and spousal support of the puerperae and readiness for discharge is given in Table 4. It was determined that there was a weak positive relationship between the total and subdimensions (family, friends) of RHD-NMF and MSPSS (r = .164, r = .177, r= .156, respectively; *p<0.01*). It was determined that there was a weak positive relationship between the total and subdimensions (emotional, physical, social) of RHD-NMF and PS-SAWEPP (r = .249, r = .199, r = .194, r=232, respectively; *p<0.0*) (Table 4).

Table 5. Multiple Linear Regression Analysis Between Hospital Discharge Readiness and Social Support and Spousal Support Variables

	B	SE	β	p
MSPSS family	,725	,370	,101	,051
MSPSS friends	,424	,188	,112	,025
PSSAWEPP Emotional	,416	,240	,098	,084
PSSAWEPP Social	,222	,345	,040	,521
PSSAWEPP Physical	1,302	,605	,133	,032
R^2 =0,90; F=7,865; p=0,000				

B: Non-standardized Regression Coefficient, SE: Standard Error, *β*: Standardized Regression Coefficient, R^2: Coefficient of Determination

Multiple linear regression analysis was performed to further examine the effect of social support and spousal support on readiness for hospital discharge (Table 5). In the regression analysis in which readiness for discharge was entered as a dependent variable, family, friend support and spouse's emotional, social and physical support were entered as independent variables. As a result of the analysis, it was seen that friend support (β = .112, *p=0.025*) and spouse's physical support (β = .133, *p=0.032*) affected readiness for discharge from the hospital (Table 5).

4. **Discussion**

The postpartum period is one of the most important periods of women's lives. The woman needs to feel ready to be discharged from the hospital in order to adapt to her new life at home, to take care of herself and her baby. In this study, most of the puerperae (89.9%) stated that they were ready for discharge from the hospital (Table 2). The fact that the majority of the puerperals (85.6%) in the sample have given vaginal birth, which is reported in the literature that those who give vaginal birth are ready for discharge compared to those who give cesarean delivery (22, 23). Again, the fact that the puerperae were healthy and therefore there were no problems and complications that required longer hospital stay may explain why the puerperae felt ready for discharge. In addition, the fact that most of the puerperae in this study evaluated their own and their babies' health as "good" also explains why they felt ready for discharge. Similarly, in previous studies, the majority of women reported that they were ready for discharge (1,22,23,24).

In this study, most of the puerperae stated that they received training on their own and baby care in the postpartum period (80.4%, 81.4%, respectively) and the majority of them stated that a midwife provided the training (Table 2). In the public hospital where this study was conducted, women are trained by a midwife or nurse in the postpartum period prior to discharge on subjects such as bleeding, incision site care, postpartum emergencies, newborn care, breastfeeding, and the benefits of breast milk. In line with the recommendation of the Ministry of Health, discharge training is provided regularly in many public hospitals in the postpartum period (4). Yanıkkerem et al. found in their study that 85.9% of women received information about discharge (24).

In this study, the mean score of the puerperae obtained from RHD-NMF was found to be 171.41±28.55 (Table 3). This finding belongs to women in the sample who gave birth vaginally and by cesarean section. In the literature, for women who delivered vaginally, this finding was 170.70 ± 27.69 (25) in the study by Türkmen and Özbaşaran, 172.13 ± 26.94 (23) in the study by Bozkurt et al., 176.61 ± 22.42 (26) in the study by Güleç and Çoban, 171.44 ±6.65 (27) in the study by Sanar and Demirci, and the median value was 157.0 (28) in the study by Altuntuğ and Ege. Kahyaoğlu Süt et al. reported that the mean score was 164.2 ±34.4 (21) in the study in which women who gave birth by vaginal and cesarean section were taken together. Our results are similar to those in the literature. Based on these findings, it can be stated that the level of readiness for discharge of women from the hospital is sufficient.

It was determined that there was a weak positive relationship between the readiness of the puerperae for discharge and MSPSS and its subdimensions (family, friends) and PSSAWEPP and its subdimensions (emotional, physical, social). This finding shows that as the support of family, friends and spouses in emotional,

physical and social aspects increases, women's readiness for discharge from the hospital also increases. Social support during the postpartum period is necessary both to strengthen the sense and role of motherhood and to care for the newborn (29). In their study, Mermer et al. reported that the mean support scores of the puerperae who were ready for discharge from the hospital were higher than those of the puerperae who were not ready for discharge from the hospital (30). According to the results of the regression analysis in this study, among the social supports, it was determined that friend support was the most important variable affecting readiness for discharge from the hospital. In Turkey, mothers usually receive support from family members, especially their own mother or mother-in-law, in the postpartum period. However, in recent years, due to the rapid increase in urbanization, this traditional support mechanism has weakened and the support of family members has decreased. Instead, the tendency of mothers to receive support from a close friend rather than a family member has increased. As a result, mothers' tendency to receive support from a close friend rather than a family member during the postpartum period has increased (23). Studies have reported that social support, especially from friends and mothers of young children, reduces postpartum psychological problems (31,32,33). These findings support the results of our study.

Among the types of social support, spousal support is very important in the birth and postpartum period. Especially the physical support by the spouse has been shown to have a positive effect on the parental competence of mothers (34). Also in this study, it was determined that the physical support by the spouse was the most important type of support affecting the readiness for discharge from the hospital. In a study conducted on first-time mothers, it was reported that spousal support increased mother's self-confidence on providing care and ability to provide care (35). In a study conducted in Vietnam, it was found that fathers' presence in both health institutions and home care increased the rate of mothers who considered breastfeeding for the first 6 months (36). In the literature, it has been found that social support, especially receiving spousal support, increases the level of receiving prenatal care and also prevents postnatal depression (19). These results show the importance of physical support provided by the spouse in postpartum.

Limitations of the Study

Our study was conducted in the maternity ward of a hospital in eastern Turkey and the findings were based on nonprobability sampling method. Therefore, the obtained findings cannot be generalized to the whole population. However, this research provides solid evidence of significant relationships between the perceived social support and spousal support of the puerperae and readiness for discharge.

5. Conclusion

In the study, it was determined that 89.9% of the puerperae were ready for discharge. In the correlation analysis performed, it was found that the readiness for discharge increased with the increase in social support, family support and friend support in the puerperae, and the readiness for discharge from the hospital increased with the increase in the physical, emotional and social support by the spouse. In the regression analysis, it was seen that the most important variables affecting the readiness for discharge from the hospital were friend support and the physical support by the spouse.

Puerperae feel a significant need for support in the postpartum period and it is important to provide social support in this period in order to ensure the maintenance of health. For this reason, it is of great importance for health professionals to evaluate the social support levels of the puerperae, to communicate with the spouse, family and close environment, and to determine the puerperae who have insufficient spouse and friend support. In addition, ensuring the participation of the spouse in the discharge training provided by healthcare personnel during the postpartum period will increase the self-confidence of puerperae and increase their knowledge and skills.

Financial support

No financial support has been received.

Conflict of Interests

There is no conflict of interest.

References

1.Altuntuğ K, Ege E. Effects of health education on mothers' readiness for postpartum discharge from hospital, on postpartum complaints, and quality of life. Hemar-G 2013;15: 45-56.

2.Celik AS, Türkoğlu N, Pasinlioğlu T. The Determination of The Factors That Affect The Readiness of Mothers for Discharge After Birth. Cumhuriyet Nursing Journal 2014; 3: 1-7.

3.Weiss ME, Piacentine LB. Psychometric properties of the readiness for hospital discharge scale. J Nurs Meas 2006;14: 163-180.

4.Ministry of Health. Postpartum Care Management Guide. T.C. Ministry of Health Turkish Public Health Institution, Ankara 2014.

5.Erenoğlu R, Başer M. Mothers Preparatıon Levels In The Tablet. Erciyes University Journal Of Health Scıences 2018; 27: 100-105.

6.Barimani M, Oxelmark L, Johansson SE, Langius-Eklöf A, Hylander I. Professional support and emergency visits during the first 2 weeks postpartum. Scandinavian journal of caring sciences 2014; 28: 57-65.

7.Barimani M, Oxelmark L, Johansson SE, Hylander I. Support and continuity during the first 2 weeks postpartum. Scandinavian journal of caring sciences 2015; 29: 409-417.

8.Hannula L, Kaunonen M, Tarkka MT. A systematic review of professional support interventions for breast feeding. Journal of clinical nursing 2008;17: 1132-1143.

9.Brown SJ, Davey MA, Bruinsma FJ. Women's views and experiences of postnatal hospital care in the Victorian Survey of Recent Mothers 2000. Midwifery 2005;21: 109–126.

10.Rudman A, El-Khouri B, Waldenström U. Evaluating multi-dimensional aspects of postnatal hospital care. Midwifery 2008; 24: 425–441.

11.Rudman A, Waldenstrom U. Critical views on postpartum care expressed by new mothers. BMC Health Services Research 2007; 7: 1-14.

12.Cruise SM, Layte R, Stevenson M, O'Reilly D. Prevalence and factors associated with depression and depression-related healthcare access in mothers of 9-month-old infants in the Republic of Ireland. Epidemiology and psychiatric sciences 2018;27: 468.

13.Gremigni P, Mariani L, Marracino V, Tranquilli AL, Turi A. Partner support and postpartum depressive symptoms. J Psychosom Obstet Gynecol 2011; 32: 135–40.

14.Brown S, Small R, Faber B, Krastev A, Davis P. Selected cochrane systematıc revıews: early postnatal discharge from hospital for healthy mothers and term ınfants. Birth 2002; 29: 291-291.

15.http://www.openepi.com. Date of access:15 July 2021.

16.Zimet GD, Dahlem NW, Zimet SG, Farley GK. The multidimensional scale of perceived social support. Journal of Personality Assessment 1998; 52: 30-41.

17.Eker D, Arkar H, Yaldız H. Factorial Structure, Validity, and Reliability of Revised Form of the Multidimensional Scale of Perceived Social Support. Turkish Journal of Psychiatry 2001; 12: 17-25.

18.Sahin HN, Soypak F. Perceived spousal support among women in early postpartum period. Medical Bulletin of Zeynep Kamil 2010; 41: 187-193.

19.Weiss ME, Ryan P, Lokken L. Validity and reliability of the perceived readiness for discharge after birth scale. Journal of Obstetric, Gynecologic & Neonatal Nursing 2006; 35: 34-45.

20.Akın B, Sahingeri M. Validity and Reliability of Turkish Version of Readiness for Hospital Discharge Scale–New Mother Form. Journal of Anatolia Nursing and Health Sciences 2010; 13: 7-14.

21.Kahyaoğlu Süt H, Küçükkaya B, Elkan Kiyat Z, Sallı E. Effect of Education of Discharge Administered to Postpartum Mothers on Level of Readiness for Postpartum Discharge. Journal of Ankara Health Sciences 2021; 10(2): 83-93.

22.Dağ H, Dönmez S, Sen E, Sirin A. Postpartum discharge readiness situation of women who had vaginal deliveries. Gaziantep Medical Jıurnal 2013; 19: 65-70.

23.Bozkurt DÖ, Hadımlı A, Oztürk Can H, Baykal Akmeşe Z, Rastgel H. The Mothers' Readıness For Hospıtal Dıscharge In The Postpartum Perıod And Effectıng Factors. Medical Sciences 2019; 14: 175–188.

24.Yanıkkerem E, Esmeray N, Karakuş A, Ustgörül S, Baydar Ö, Göker A. Factors affecting readiness for discharge and perceived social support after childbirth. Journal of Clinical Nursing 2018; 27: 2763-2775.

25.Türkmen H, Ozbaşaran F. Examination of Status of Readiness for Hospital Discharge among Puerperant Women Who Gave Vaginal Delivery. Journal of Duzce University Health Sciences Institute 2017; 7: 29-24.

26.Güleç T, Coban A. The effect of postpartum discharge training on the readiness of the mothers to the discharge. Master Thesis. Aydın Adnan Menderes University Institute of Health Sciences, Aydın, 2018.

27.Sanar PS, Demirci H. Evaluation of the Effectiveness of Planned Education for Mothers in Puerperant School: Healty Generations by the Concious Mothers. J Biotechnol and Strategic Health Res 2018; 2: 174-181.

28.Altuntuğ K, Ege E. Validity and Reliability of Turkish Version of Maternal Postpartum Quality of Life Questionnaire. Journal of Anatolia Nursing and Health Sciences 2012;15: 214-222.

29.Taşkın L. Obstetrics and women's health nursing. 11th Edition. Ankara: Sistem Ofset Matbaacılık; 2016:437.

30.Mermer G, Bilge A, Yücel U, Ceber E. Evaluation of Perceived Social Support Levels in Pregnancy and Postpartum Periods. Journal of Psychiatric Nursing 2010; 1: 71-76.

31.Mauthner NS. The Darkest Days of My life: Stories of Postpartum Depression. Harvard University Press, Cambridge MA 2002; 260.

32.Mauthner NS. Re-assessing the importance and role of the marital relationship in postnatal depression: methodological and theoretical implications. Reprod. Infant Psychol 2014; 16: 157–175.

33.Dennis CL, Letourneau N. Global and relationship-specific perceptions of support and the development of postpartum depressive symptomatology. Social Psychiatry Psychiatr and Epidemiol 2007;. 42: 389–395.

34.Roye CF, Balk SJ. The relationship of partner support to outcomes for teenage mothers and their children: A review. The Journal of Adolescent Health 1996; 19: 86–93.

35.Leahy-Warren P, McCarthy G, Corcoran P. Firsttime mothers: Social support, maternal parental self-efficacy and postnatal depression. Journal of Clinical Nursing 2012; 21: 388–397.

36.Bich TH, Hoa DT, Malqvist M. Fathers as supporters for improved exclusive breastfeeding in Viet Nam. Matern. Child Health J 2014; 18: 1444–1453.