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A NEW PARADIGM IN ANATOLIAN CULTURE: PERINATAL SOCIAL WORK*

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Abstract

Perinatal Social Work (PSW) protects and improves the health of infants, mothers, and families before and after birth. Families require a great deal of assistance when their child is born. Those who become moms for the first time, in particular, face a lack of information and expertise in child care. This qualitative study was carried out by asking semi-structured interview questions to 53 participants selected using the snowball sampling approach in Kahramanmaraş, one of Turkey's urban cities. The acquired data were examined using the MAXQDA 2020 program. They indicated that the participants need assistance with child care and that they received this assistance with intensity from family elders. The need for PSW has evolved in order to offer help to the family in child care and to address this quandary. It is advised that PSW be used to implement PSW in our nation by creating a professional definition.

Keywords: *Perinatal social work, social work, child care*

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ANADOLU KÜLTÜRÜNDE YENİ BİR PARADİGMA: PERİNATAL SOSYAL HİZMET*

Öz

Perinatal sosyal hizmet (PSH), sağlığı korumaya ve geliştirmeye yönelik çocuğa, anneye ve aileye doğum öncesi ve sonrasında hizmet sunumu gerçekleştirmektedir. Çocuk dünyaya geldikten sonra aileler birçok desteğe ihtiyaç duymaktadır. Özellikle ilk kez anne olan kişiler çocuğun bakımı konusunda bilgi ve tecrübe yetersizliği yaşamaktadır. Nitel bir araştırma olan bu çalışma, Türkiye'nin kentsel şehirlerinden biri olan Kahramanmaraş'ta kartopu örneklem stratejisiyle belirlenen 53 kişiye yarı yapılandırılmış görüşme soruları sorularak yapılmıştır. Elde edilen veriler MAXQDA 2020 programıyla analiz edilmiştir. Katılımcıların çocuk bakımında desteğe ihtiyaç duydukları ve bu ihtiyaçlarını yoğunlukla aile büyüklerinden aldıklarını belirtmişlerdir. Sağlık çalışanları ile aile büyüklerinin verdiği bilgilerin uyuşmadığını belirtmişlerdir. Çocuk bakımında aileye destek verilmesi ve yaşanan bu ikilemi gidermek için PSH'in gerekliliği ortaya çıkmıştır. Ülkemizde PSH uygulamaya geçmesi için mesleki tanımının yapılarak PSHU istihdam edilmesi önerilmektedir.

Anahtar Kelimeler: Perinatal sosyal hizmet, sosyal hizmet, çocuk bakımı.

1.INTRODUCTION

The lives and health of children are inextricably linked to the process of addressing their fundamental requirements of care. The youngster lives his life in need of someone else's care from the moment he is born. The Turkish Language Society defines care as "the labor supplied for the good growth of anything, to preserve it in excellent shape" and "The task of taking on and meeting someone's requirements for eating, clothes, etc." (<https://sozluk.gov.tr/>, E.T.: 19.11.2021). By the definition of a child who needs

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care in a childcare relationship is unable to meet their own needs or lacks the strength, ability, desire, knowledge and skills to independently meet the need for care, or is dependent on it.'(Dinç, 2010: 76) 'Care is a need for everyone and a duty for someone else to do. By stating that "in almost every period of history, societies, individuals according to their social and cultural structures that need to be looked at with the mechanisms of social solidarity and cooperation," (Abay ve Güngör, 2010: 19) the focus at the micro level of social works to the needs of human society and the individual in the historical process of cultural processes at the macro level have highlighted the social problems in society. It is critical that the kid receives an appropriate and well-balanced food, that his health is maintained, that his growth is fostered, and that his requirements are supplied sufficiently and on time. Those who care for the kid can include parents, dads, or people who perform maternal tasks, as well as close relatives such as grandmothers, grandmothers, grandfathers, aunts, and aunts who assist them in caring for the child for a brief period of time.

1.1. Perinatal Social Work

Perinatal is a Latin term used in medical terminology. The World Health Organization (WHO) defines the perinatal period as the period between the twenty-first week of pregnancy and one month following birth. According to the medical dictionary (2022), it encompasses the time of fetal life from the twentieth week of pregnancy through birth. It generally refers to the time period beginning with the twenty-eighth week of pregnancy and ending with the end of the fourth week following birth.

'Perinatal social work (PSW)' refers to the provision of assistance for difficulties encountered during the perinatal period. This work is available from the prenatal period until one year after birth. PSW's work extends back 50 years.

This region was identified as a consequence of a 1974 workshop on Maternal and Child Health Works. The initial Memphis conference on Perinatal Social Work was conducted in September 1976, with 85 social work providers in attendance, and the attendees resolved that this conference should be held yearly and adjourned the meeting. with the establishment of the 'Perinatal Social Work Providers Association' in 1980, it started providing services aimed at protecting pregnant and child health (NAPSW, 2016). In the same year, at D.C. Washington, the Fourth National Conference on Perinatal Social Work, the National Association of Perinatal Social Work Providers (NAPSW) was officially established.

According to NASPW, the goal of Social Work in perinatal health care is to promote, develop, and strengthen it. The association's objective in the service of the profession is that "every infant, every family... is supported with competent and compassionate care." (Napsw, 2016). To comply with the aim of maximizing the outcomes of healthy infants and families, expression to encourage and support excellence in perinatal Social Work is to comply with the mission of maximizing the outcomes of healthy babies and families.

Topics that perinatal Social Work deals with to protect maternal and child health, high-risk, complicated pregnancies, pregnant-parenting adolescents, fetal-baby diagnosis, preterm birth, maternal/paternal mental health, substance use/dependence, domestic violence, sexual assault, homelessness, abortion, adoption, infertility, surrogacy, child abuse, neglect, foster care, developmental and mental disabilities (infant, parents), grief/loss, and grief.

Units it provides services, antepartum unit, emergency services, fetal diagnosis and treatment centers, genetics department, birth units, infertility clinics-centers, nephrology, neonatal intensive care unit (NICU), newborn nurseries, gynecology clinics, oncology, palliative care, pediatric advanced care, pediatric

intensive care units (PICU), pediatric offices, perinatal assessment centers, psychiatric/mental health, special outpatient practices (eg asthma, special immunology, ophthalmology), surgery and transplant units.

Perinatal social work medicine, which is a sub-branch of social work medicine, provides services to patients hospitalized or undergoing outpatient treatment in hospitals such as social work. NAPSW In order to perform this profession, it is necessary to have a master's degree, study at NAPSW or have received a certificate from accredited courses.

The intervention time of perinatal social work is determined by the characteristics of the case. Many mothers and children suffer from conditions and diseases associated with quality care at birth or a lack of quality care and treatment immediately after birth and in the first days of life.

With this research, it aims to reveal the necessity of providing support in the field of child care in the field of PSW.

2. METHOD

2.1. Research Pattern

Qualitative research technique was used in the study. In this study, which was carried out in order to reveal the needs of the participants about child care, a qualitative method was chosen to be able to conduct in-depth interviews.

2.2. The Nature and Sample of Research

The snowball sampling method was used in the study. Semi-structured interview questions were asked to 67 people who volunteered to participate in the study from source guidance people who knew traditional child care methods. When the interviews reached a certain number, the data obtained from the interviews began to be repeated frequently. Since no new information was available, the interviews were terminated and completed on the grounds that the interview had reached satisfaction (Başkale, 2016:27). Those who want to participate in the study and leave the meeting after the meeting started, those who do not sufficiently to answer interview questions, in-depth interview, 'yeah, no, I don't remember, I don't know' answers, and a short discussion with the child a certain time as short as 14 who doesn't care of the participants in the negotiations excluded in the data and analysis carried out.

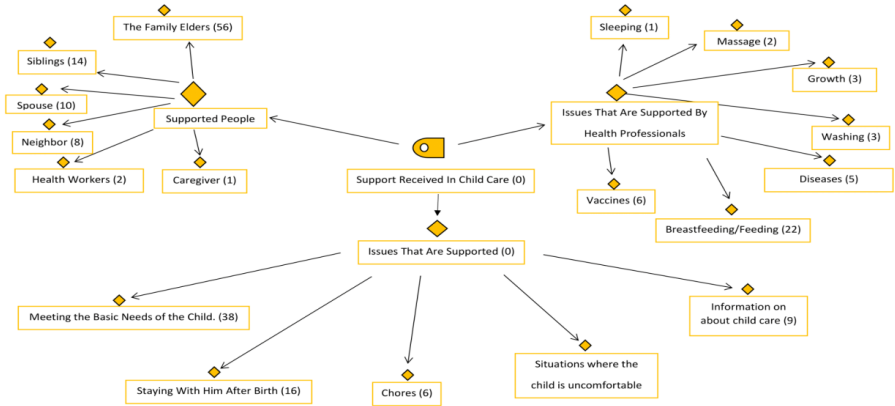
Out of a total of 53 participants, 40 are women and 13 are men. When the place where the participants have lived in the last five years is examined, it is seen that 53 participants have been in Kahramanmaraş in the last five years. 14 of the participants are 20-30 years old, 16 are 31-40 years old, 8 are 41-50 years old, 8 are 51-60 years old and 7 are 61 years old or older. 49 of the participants are married and 4 are single. When the participants were asked about the status of receiving the education they wanted, 33 of the participants stated that they had not received the education they wanted, and 20 stated that they had received the education they wanted. 3 of the participants stated their educational status as illiterate, 17 as elementary school, 8 as middle school, 12 as high school, 3 as associate degree, 8 as undergraduate degree and 2 as graduate degree. When the educational status of the mothers of the participants was examined, it was seen that 18 of them were illiterate, 3 of them were literate, 22 of them were elementary school, 7 of them were middle school and 3 of them were high school graduates.

2.3. Data Acquisiton Method

The semi-structured interview methodology was employed to collect data in the study. With the agreement of the participants, the interview was audio recorded. As a result, data loss has been attempted to be avoided. A written interview form was utilized to gather data during the interviews, in which the goal of the study and how it would be done were clearly outlined.

2.4. Analyse of Datas

The entire data set was transferred to the MAXQDA 2020 Program, which is one of the qualitative software. With the MAXQDA 2020 program, the data in the audio files obtained from the interview questions were encoded, then the categories and themes were created from the codes and interpreted. The data were interpreted using descriptive analysis. Descriptive analysis is a type of qualitative data analysis that involves summarizing and interpreting data obtained by various data collection techniques according to previously determined themes (Özen and Arslan Hendekçi; 2016:625).



3. FINDINGS

Pattern 1: The Model of the Childcare Support Theme Code Sub-Code Sections

The hierarchical code subdivision model of the childcare support theme, which is the theme of the study, is seen in Figure 7. The theme of support received in child care was examined under 3 categories. These; people who are received support, issues that are supported, and issues that are supported by health professionals.

In accordance with the statements of the participants, the category of people who are received support in the theme of support received in child care was defined by 6 different codes. These are family elders, siblings, spouse, neighbor, health workers and caregivers. In the category of people who are received support, the participants spoke extensively about their family elders. The family elders are mostly the mothers and in-laws of the participants. The statements

of the participants with the codes K6 and K34 about the people who are received support are as follows:

“My mother, my mother-in-law and so on, they helped. They said. According to them, I took care of my baby.” (K34)

“There comes a place where I help, that is, as the father of the child. It happens that the child's aunt, grandmother and grandmother have somewhat reduced the mother's burden.” (K6)

Postpartum care in Türkiye, as well as in China, Japan, Mexico, Nigeria, Jordan, Singapore, Taiwan, Vietnam, and Hong Kong, many forms of assistance are offered by family elders and relatives. According to Yıldız's (2008:295) study, moms want compassionate medical professionals who give specialized treatment and counseling. This outcome is consistent with our findings. A research done by Şenses (2002:45), on the other hand, discovered that moms are under pressure to care for their children. The amount of perceived life pressures, worries, and issues about babysitting and parenting is assumed to be enhanced by the pressure that individuals who support child care from time to time put on the amount of life stress about babysitting and parenting. The amount of perceived life pressures, worries, and issues about babysitting and parenting is assumed to be enhanced by the pressure that individuals who support child care from time to time put on the amount of life stress about babysitting and parenting. As a result, the necessity for professional assistance in childcare is obvious.

3.1. Issues That Are Supported

In accordance with the statements of the participants, the category of subjects supported in the theme of supports received in child care was defined by 5 different codes. Meeting the kid's fundamental requirements, staying with him after birth, informing him about giving care, circumstances where the child is uncomfortable, and domestic responsibilities are examples of these. The participants spoke extensively on providing the child's fundamental requirements. According to the participants, the folks who helped them took care of the baby's fundamental necessities such as feeding, washing, changing his diaper, and so on. The following are the statements of the participant with the code K30 regarding being near to her after childbirth:

"After giving birth, you can't get up, you go to bed. Someone has to take care of the baby. Of course, S/he also needs to take care of the patient." (K30)

The statements of the participant with the code K40 about the fulfillment of the basic needs of the child are as follows:

"They taught me to breastfeed, wash, change clotheschanging his diaper the baby. They taught me for a week, after which they handed it over to me." (K40)

The participants stated that the people who support them sometimes support themselves by doing household chores and thus they can spend more time with their babies. The statements of the participant with the code K24 about household chores are as follows:

"She was making a meal and doing the laundry. I was just taking care of the kid. I mean, it was beautiful." (K24)

According to a 2011 research done by Özcebe and others, dads in child care aid with infant nourishment, changing diapers, and caring for the kid when he screams. The findings of the studies bear some resemblance.

3.2. Issues That Are Supported By Health Professionals

According to the participants' responses, the category of subjects assisted by health professionals in the theme of child care supports was characterized by seven distinct codes. Breastfeeding/feeding, vaccinations, diseases, washing, development monitoring, massage, and sleeping are examples of these. Participants said that they often receive assistance from health professionals to nurse, put the baby to sleep, and wash the infant shortly after birth. They claimed that they got advice from health experts regarding the vaccinations that should be taken in the following period, either during illness or throughout development. The following are the statements of participants with codes K24 and K47 about issues supported by health professionals:

"Health workers provided information. They showed me how to breastfeed and stuff." (K24)

"They advised that heel blood be drawn, immunizations be administered on a daily basis, and that if my children became ill, they be admitted to the hospital." (K47)

Health experts monitor places where medical tests and procedures like immunizations and heel blood are utilized in infant care. In childcare, perinatal social service providers provide comprehensive and adequate educational services as well as psychosocial support.

Table 1: Supports Received in Child Care Based on the Overlap of Elder Referrals and Health Professional Referrals

	YES	NO
Support Received In Child Care		
Supported People		
The Family Elders	21	35
Siblings	3	11
Spouse	2	8
Neighbor	5	3
Health Workers	1	1
Caregiver		1
Issues That Are Supported		
Meeting the Basic Needs of the Child	14	24
Staying With Him After Birth	6	10
Information on about child care	6	3
Situations where the child is uncomfortable	4	4
Chores	4	2
Issues That Are Supported By Health Professionals		
Breastfeeding/Feeding	5	17
Vaccines	1	5
Washing	2	1
Growth	1	2
Diseases	2	3
Massage		2
Sleeping	1	
# N = Documents	21 (39,6%)	32 (60,4%)

When we examine the supports received in child care based on the overlap between the referrals of the elders and the referrals of the health workers, it is clear from Table 1 that the participants who stated that the referrals of the family elders and the referrals of the health workers did not overlap, and the family elders mentioned the people who received support extensively. Similarly, participants who stated that family elder referrals and health professional referrals did not coincide were mostly asked by family elders about meeting the child's basic needs; they stated that they received intensive support from health

professionals about breastfeeding/feeding. Participants who stated that referrals from family elders and referrals from health professionals overlapped also responded similarly.

According to research, moms who have received child care training use the approaches indicated by medicine (Akşit et al, 2017:73, Uygun, Konak and Soylu, 2018:62,Doğan, Yiğit and Erdoğan, 2013: 10). As a result, it can be stated that children's health and public health may be maintained by giving help to families about child care at all health institutions and non-governmental organizations that deal with family and child issues, with a focus on Family Health Centers.

4.ARGUMENT AND CONCLUSION

According to the findings of this study, parents require assistance in fulfilling the kid's fundamental requirements in child care, staying with him after delivery, telling him about care, circumstances when the child is uncomfortable, and household tasks. This need has been met by family elders, siblings, spouses, neighbors, health workers, and carers. Family elders have been found to be the most well-supported individuals. It was discovered that they received assistance from health professionals in the areas of breastfeeding/nutrition, vaccines, diseases, washing, development monitoring, massage, and sleeping. During the initial postpartum period, the participants said that they generally got assistance from health professionals with nursing, putting the baby to sleep, and bathing the infant. It has been shown that women who do not match the information supplied by family elders and health experts face a conflict about this subject. It has been determined that in order to preserve the kid's health, PSW professionals should tell the family about the medically suggested techniques of child care.

In our country, mother and child health problems continue to be the priority among general health problems. Although antenatal, prenatal and postpartum services are gradually developing, they are not yet at the desired level. When families are unable to cope effectively with the physical, psychological, social, and personal stress factors they experience, events such as pregnancy, childbirth, and parenthood can often be a developmental and situational crisis in the family institution. Considering that along with pregnancy, it also brings new stressful situations that affect all members of the family, the need for PSW is inevitable. It can be said that women in our country are discharged earlier in the postpartum period than in other countries (Gölbaşı, 2003:21). It was found that mothers who stayed in the hospital for one night reported more fatigue than those who stayed for two nights, and they applied to pediatric outpatient clinics more often due to problems with newborns (Lane, Kauls, Ickovics et al.; 2000). It is necessary to make the necessary arrangements for mothers to benefit from health services and need to have information about child care. The essence of PSW' psychosocial support in child care is to assess the health of the mother and newborn, provide guidance and education to the family. When families were supported with home visits conducted by nurses during the postpartum period, they found that it did not reveal any disadvantages for mothers and babies (Gagnon, Edgar, Kramer et al.;1997). Considering the right-based approach to child care with PSW, it is believed that it performs an important function aimed at protecting health. PSW performs consulting, planning and educational roles in child care. It is thought that the psychosocial support provided to families by PSW specialists can reduce health costs and so that they will make a significant contribution to health policies.

Perinatal social work is not yet recognized as a profession in Turkey, but its importance is emerging. To safeguard the biological, psychological, and social health of the child, mother, and family, it is required to be recognized and begin

offering services in Turkey based on NAPSH, NASW, and the profession's ideas and techniques. Furthermore, Erkoç and Aslan (2021:223) stated in their study that PSW should be shaped by taking into account our country's sociocultural characteristics when providing services in Turkey. This work is thought to address this gap as well. This study, which demonstrates the demand for service provision in Turkey, is critical for the collecting of field-specific data and the accreditation of PSW.

A Professional Qualification institution must recognize PSW as a profession. Their employment in all public and commercial health institutions and organizations should be guaranteed. It is believed that students should be trained in this area by including it in university course catalogs as a course.

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GENİŞLETİLMİŞ ÖZET

Giriş

Yaşamın ilk başlarında çocuk bir başkasının bakımına muhtaç olarak yaşamını sürdürmektedir. TDK' ya göre bakım 'Bir şeyin iyi gelişmesi, iyi bir durumda kalması için verilen emek' ve 'Birin beslenme, giyinme vb. gereksinimlerini üstlenme ve sağlama işi' olarak ifade edilmektedir (<https://sozluk.gov.tr/>, E.T.: 19.11.2021). Çocuğun yeterli ve dengeli beslenmesi, sağlığının korunması, gelişiminin desteklenmesi, gereksinmelerinin yeteri kadar ve zamanında karşılanması hayati değer taşımaktadır. Çocuğa bakım veren kişiler anne, baba ya da annelik görevini yerine getiren kişilerle, çocuğun bakımında onlara yardımcı olan babaanne, anneanne, dede, hala ve teyzeler gibi kısaca yakın akrabalar olabilmektedir.

Perinatal dönemde yaşanan sorunlara hizmet sunumuna 'Perinatal sosyal hizmet (PSH)' denmektedir. Bu hizmet doğum öncesi dönemden doğumdan sonraki 1 yıllık süreci kapsamaktadır. 1980 yılında 'Perinatal Sosyal Hizmet Uzmanları Derneği' nin kurulmasıyla gebe ve çocuk sağlığını korumaya yönelik hizmet sunumlarına başlamıştır (NAPSW, 2016). Aynı yıl Washington D.C.'deki 'Dördüncü Ulusal Perinatal Sosyal Hizmet Konferansı'nda 'Ulusal Perinatal Sosyal Hizmet Uzmanları Derneği (NAPSW)' resmi olarak kurulmuştur.

Perinatal sosyal hizmetin anne çocuk sağlığını korumaya yönelik yoğunlukla ele aldığı konular, yüksek riskli, komplike gebelikler, hamile-ebeveynlik yapan ergen, fetal-bebek teşhisi, erken doğum, anne/baba ruh sağlığı, madde kullanımı/bağımlılığı, aile içi şiddet, cinsel saldırı, evsizlik, kürtaj, evlat edinme, kısırlık, taşıyıcı annelik, çocuk istismarı, ihmali, koruyucu aile, gelişimsel ve zihinsel engeller (Bebek ve ebeveynler), keder/kayıp ve yastır. Başlangıcı yaklaşık 50 yıl öncesine dayanan PSH Türkiye’de mesleki tanımı henüz yapılmamıştır ve hizmet sunumu da bulunmamaktadır. Bu bakımdan bu araştırma, ülkemizde PSH ile ilgili öncü çalışma özelliği taşıırken diğer taraftan PSH’e çocuk bakımı konusunda yeni bir çalışma alanı sunduğu düşünülmektedir.

Metot

Bu çalışmada nitel araştırma tekniğinden yararlanılmıştır. Katılımcıların çocuk bakımı konusundaki ihtiyaçlarını ortaya koymak amacıyla yürütülen bu çalışmada derinlemesine görüşmeler yapabilmek için nitel yöntem seçilmiştir. Çalışmada kartopu örneklem yöntemi kullanılmıştır. Geleneksel çocuk bakım yöntemlerini bilen kaynak kılavuz kişilerden çalışmaya katılmaya gönüllü olan 67 kişiye yarı yapılandırılmış görüşme soruları sorulmuştur. Görüşmeler belli bir sayıya ulaştığında görüşmelerden elde edilen veriler sıkça tekrarlanmaya başlandığından görüşmeler sona erdirilmiştir. Veri toplama yöntemi olarak yarı yapılandırılmış görüşme tekniğinden yararlanılmıştır. 67 katılımcıdan 14 tanesinin verileri çeşitli nedenlerle dışlanmıştır.

Tüm veri seti nitel yazılımlarından biri olan MAXQDA 2020 Programı’na aktarılmıştır. MAXQDA 2020 programı ile görüşme sorularından elde edilen ses dosyalarındaki veriler kodlanmış, daha sonra kodlardan, kategoriler ve temalar oluşturulmuş ve yorumlamaya gidilmiştir. Veriler betimsel analiz kullanılarak yorumlanmıştır.

Toplam 53 katılımcıdan 40’ı kadın, 13’ü erkektir. Katılımcıların son beş yılda yaşadıkları yer incelendiğinde 53 katılımcının da son beş yılda Kahramanmaraş’ta bulunduğu görülmektedir. Katılımcıların 14’ü 20-30 yaş, 16’si 31-40 yaş, 8’i 41-50 yaş, 8’i 51-60 yaş ve 7’si 61 yaş ve üzeridir. Katılımcıların 49’u evli, 4’ü bekarıdır. Katılımcılara istedikleri eğitimi alma durumları sorulduğunda katılımcıların 33’ü istediği eğitimi almadığını, 20’si ise istediği eğitimi aldığını belirtmiştir. Eğitim durumunu katılımcıların 3’ü okur-yazar değil, 17’si ilkokul, 8’i ortaokul, 12’si lise, 3’ü önlisans, 8’i lisans ve 2’si lisansüstü olarak belirtmişlerdir. Katılımcıların annelerinin eğitim durumu incelendiğinde, 18’inin okur-yazar olmadığı, 3’ünün okur-yazar olduğu, 22’sinin ilkokul, 7’sinin ortaokul ve 3’ünün lise mezunu olduğu görülmektedir.

Bulgular

Çocuk bakımında alınan destekler teması 3 kategori altında incelenmiştir. Bunlar; destek alınan kişiler, destek alınan konular ve sağlık çalışanları tarafından destek alınan konulardır.

Çocuk bakımında alınan destekler temasında destek alınan kişiler kategorisi 6 farklı kod ile tanımlanmıştır. Bunlar; aile büyükleri, kardeşler, eş, komşu, sağlık çalışanları ve bakıcıdır.

Çocuk bakımında alınan destekler temasında destek alınan konular kategorisi 5 farklı kod ile tanımlanmıştır. Bunlar; çocuğun temel ihtiyaçlarının karşılanması, doğum sonrasında yanında olma, bakım verme konusunda bilgilendirme, çocuğun rahatsız olduğu durumlar ve ev işleridir. Destek olan kişiler bebeğin beslenmesi, yıkanması, altının değiştirilmesi gibi temel ihtiyaçlarının giderilmesi konularında destek olmuşlardır.

Çocuk bakımında alınan destekler temasında sağlık çalışanları tarafından destek alınan konular kategorisi 7 farklı kod ile tanımlanmıştır. Bunlar; emzirme/besleme, aşular, hastalıklar, yıkama, gelişim takibi, masaj ve uyutmadır. Katılımcılar, sağlık çalışanlarından genellikle doğumdan hemen sonra bebeğin emzirilmesi, uyutulması ve yıkanması konularında yardım aldıklarını belirtmişlerdir.

Çocuk bakımında alınan destekleri, büyüklerin yönlendirmeleri ile sağlık çalışanlarının yönlendirmelerinin örtüşme durumuna göre incelediğimizde aile büyüklerinin yönlendirmeleri ile sağlık çalışanlarının yönlendirmelerinin örtüşmediğini belirten katılımcıların destek alınan kişilerde yoğun olarak aile büyüklerinden bahsetmişlerdir.

Sonuç

Bu araştırmanın sonucunda ebeveynlerin çocuk bakımında çocuğun temel ihtiyaçlarının karşılanması, doğum sonrasında yanında olma, bakım verme konusunda bilgilendirme, çocuğun rahatsız olduğu durumlar ve ev işlerinde desteğe ihtiyaç duydukları ortaya çıkmıştır. Bu ihtiyacı aile büyükleri, kardeşler, eş, komşu, sağlık çalışanları ve bakıcılarla karşıladıklarını belirtmişlerdir. Aile büyükleri en çok destek alınan kişiler olduğu tespit edilmiştir. Sağlık çalışanlarından emzirme/beslenme, aşular, hastalıklar, yıkama, gelişim takibi, masaj ve uyutma konularında destek aldıkları görülmüştür.

Aileler yaşadıkları fiziksel, psikolojik, sosyal ve kişisel stresörlerle etkili bir şekilde baş edemediklerinde gebelik, doğum ve ebeveyn olma gibi olaylar çoğu zaman aile kurumunda gelişimsel ve durumsal bir kriz niteliği taşıyabilmektedir. Gebelikle birlikte ailenin bütün üyelerini etkileyen yeni stresli durumları da beraberinde getirdiği düşünüldüğünde var olan yeniyeye uyumda PSH gerekliliği kaçınılmazdır. Annelerin sağlık hizmetlerinde faydalanmaları ve çocuk bakımı için bilgi sahibi olmaları için gerekli düzenlemelerin yapılması zorunludur. PSH in çocuk bakımında psikososyal desteğinin özünü anne ve yenidoğanın sağlığını değerlendirme, aileye rehberlik ve eğitim oluşturmaktadır.

Sonuç olarak, ülkemiz için PSH'in gerekliliği bu çalışmayla ortaya çıkmaktadır. Çocuğun, annenin ve ailenin biyolojik, psikolojik ve sosyal sağlığının korunması için NAPSW, NASW ve mesleğin kuram ve yöntemlerine dayanarak Türkiye'de tanınması ve hizmet sunumuna başlaması gerekmektedir. Ayrıca Erkoç ve Aslan (2021:223), yaptığı çalışmada Türkiye'de PSH'in hizmet sunumunda ülkemizin sosyokültürel özelliği dikkate alınarak şekillenmesi gerektiğini belirtmiştir. Bu çalışmanın bu boşluğu da karşıladığı düşünülmektedir. Perinatal sosyal hizmetin Türkiye' de henüz mesleki tanımı yapılmamıştır. Türkiye'de hizmet sunumu gerekliliğini ortaya çıkaran bu araştırmanın PSH'in alana özgü veri toplanması ve akreditasyonu açısından önem arz etmektedir. PSH'in meslek olarak Mesleki Yeterlilik Kurumunda tanımı yapılarak, PSH uzmanlarının tüm kamu ve özel sağlık kurum ve kuruluşlarında istihdamlarını sağlanmalıdır. Üniversitelerde ders olarak ders kataloglarına eklenmesi önerilebilir.