

*Measures of prenatal social support as a mitigating factor for preterm birth*

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**Background** Preterm birth rates are rising globally. Theory posits social support as protective. However, social support is part of a greater constellation of social influence including social networks, social capital and social cohesion.

**Objectives** This evidence-based review identified measures of prenatal social support with respect to preterm birth.

**Methods** Articles identifying preterm birth (<37 weeks) as an outcome and social support, social networks, social cohesion or social capital as a mediating or exposure variable were included. Articles published 2010-2025 using primary or secondary data were eligible. The PubMed search yielded n=231 articles. Title/abstract and full text screening were conducted in Rayyan software.

**Results** The final sample included n=30 articles (n=1 qualitative; n=29 quantitative). Fourteen countries were represented. A range of populations were investigated (e.g., adolescents, ethnic minorities, rural residents). The Medical Outcomes Study Social Support scale was most frequently used (n=6), delineating four domains of social support: emotional, instrumental, social interaction and affective. Other validated scales included the Social Support Questionnaire (n=2), Multidimensional Scale of Perceived Social Support (n=1) and Short Social Capital Assessment Tool (n=1). Most studies conceptualized levels of support, social ties, social cohesion or stress-to-capital ratio.

**Conclusion** Inconsistencies in quantitative measures assessing prenatal social support with respect to preterm birth were evident. A systematic meta-analysis is warranted to understand the protective mechanisms of social support. Qualitative research is indicated to explore the complexities of social influence on birth outcome.

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