Learning About Baby: What New Mothers Would Like to Know

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ABSTRACT

As part of a larger research project to evaluate a new model of care for first-time mothers in a community health-care setting, this study aimed to identify the preparation and information needs of first-time mothers. All first-time mothers attending a selection of community child health centers in Brisbane, Australia, who presented with no overt risk factors and with a thriving child, were invited to participate in the study. Three months after mothers entered the service, data were collected via telephone survey ($N = 151$). In addition, focus group interviews were conducted 7–9 months following entry to the service ($n = 8$). Participants reported seeking information from a variety of sources during pregnancy. Few participants felt well prepared for managing either the physical or emotional experience of early mothering or the essential maternal and child health issues and common problems in the early months. Findings suggest that current approaches to care and education may not meet the needs of first-time mothers. Different approaches are suggested to enhance women's maternal competence during the first few months of becoming a new mother.

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BACKGROUND

Motherhood has been described as a unique experience (Tarkka, Paunonen, & Laippala, 2000) and is seen as a significant rite of passage and entry into adulthood (Crouch & Mandersen, 1993; Mercer, 1981). However, many women feel ill-prepared

(McVeigh, 2000), experiencing a strong sense of loss, isolation, and fatigue (Rogan, Shmied, Barclay, Everitt, & Wyllie, 1997). This overwhelming tiredness (McQueen & Mander, 2003; McVeigh, 2000; Tarkka, Paunonen, & Laippala, 1999), along with the unrelenting demands of infant care (McVeigh,

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2000), serve to undermine the new mother's self-confidence. A review of research related to mothers' experiences by Nyström and Öhring (2004) highlights the difficulties new mothers face, suggesting that having primary responsibility for the infant leads to feelings of powerlessness, guilt, loss, anger, and resentment.

In describing the significant psychological, social, and physical work needed during the process of becoming a mother, Mercer (2006) notes that a number of maternal, infant, family, and environmental variables influence the process. Drawing on Rubin's (1967) theory of maternal role attainment, a process whereby a woman achieves a maternal role identity, Mercer (2004) describes the process of becoming a mother as having four stages. The first stage is marked by commitment and preparation for the infant during pregnancy; the second stage involves getting to know and learning how to care for the infant; the third stage involves moving toward a "new normal" (p. 230); and the fourth stage concerns the achievement of maternal identity at around 4 months.

In a review of research relating to the concept of maternal role attainment, Mercer (2004) identifies numerous maternal variables that may influence the process of becoming a mother: for example, maternal age, relationship with the father, social support, stress, anxiety and depression, birth experience, personality traits, and relationships with the woman's own mother. However, in a historical overview of the development of the maternal role theory, Koniak-Griffin, Logsdon, Hines-Martin, and Turner (2006) suggest that maternal role attainment and becoming a mother need to be considered within the context of a variety of other factors that may influence the perceptions of mothers. These factors include the myth or image of mothering in Western culture, cultural diversity, age, and employment status. The authors argue that the process of becoming a mother is not static and is a unique and individual process, factors that need to be considered when designing or delivering supportive care for mothers as they adapt to the role.

In a recent review of the literature related to nursing interventions to foster becoming a mother, Mercer and Walker (2006) identify the key role of health professionals in interactive processes with mothers. Their review notes that interactive, reciprocal interventions are the most effective in facilitating the process of becoming a mother, and information- or instruction-based interventions

are the least effective. In the context of Queensland, Australia, such reciprocal interventions include the provision of community child health services provided by nurses within community settings.

Community child health services were established in Australia in 1918 because of concern about rising infant mortality rates. Over a 90-year history, the services have changed dramatically, but their essential aims remain: to provide support and information to families as they adapt to their new role. The role of nursing within community child health services includes providing individual advice and screening, home visiting, drop-in clinics, and education sessions (Barnes, Courtney, Pratt, & Walsh, 2003).

In order to effectively design educational programs and services for new mothers, it is important to understand women's need for preparation and information regarding the mothering role. Although much is understood about the difficulties many women face, little research exists on the information needs of first-time mothers, especially in the period from birth to 9 months (Cronin, 2003).

This article reports findings related to preparation and information needs of first-time mothers. The findings were drawn from a larger study evaluating the effectiveness of a newly introduced model of care for first-time mothers attending the Community Child Health Service, Royal Children's Hospital and Health Service District, in Brisbane, Australia.

METHODS

Aims of the Study

The aim of the larger study was to evaluate the effectiveness of a new model of care on the provision of information and support for first-time mothers. As part of this study, participants were asked about their information needs and preparation for bringing a new baby home. The aim was to explore new mothers' preparation and information needs and to assess the extent to which new mothers felt prepared for their new role.

Design

This article reports results from a descriptive study. The study utilized a telephone survey conducted at 3 months ($N = 151$) and focus-group interviews conducted at 7–9 months ($n = 8$) from the time the participants entered the community health service.

Sample

The overall sample of the larger research project ($N = 151$) included first-time mothers who were attending the Community Child Health Service in the Royal Children's Hospital and Health Service District and who gave informed consent. Upon assessment, participants demonstrated no overt or potential risk factors, and their infants were thriving and developmentally appropriate for their ages. This assessment is typically conducted at the first visit to the service and includes both risk and protective factors. For this study, first-time mothers with risks such as domestic violence, mental illness, and substance abuse were excluded, as were first-time mothers whose infants were low-birthweight, preterm, or sick at birth. Of the new mothers who met the inclusion criteria and were invited to participate, 94% responded. For the purposes of this study, 151 new mothers were recruited and contacted for the first telephone survey, which was conducted 3 months after the mothers entered the Community Child Health Service. In addition, 8 mothers who were included in the overall sample and indicated their willingness to be involved in an additional follow-up assessment participated in a focus-group interview at 7–9 months after entering the service.

Data Collection

Participants ($N = 151$) were interviewed by telephone using a survey instrument at 3 months from the time of their first visit to the Community Child Health Service to determine their information and support needs and how those needs were met. The survey questions were developed from a review of the literature and expert opinion from child health nursing consultants. The survey was circulated to participating Community Child Health Service facilities for pilot testing, and slight adjustments were made following feedback from these facilities. A total of 25 items were included in the questionnaire. There was also opportunity at the end of the interview for open responses and comments related to services offered.

Focus-group interviews were conducted between 7 and 9 months after the mothers commenced with the Community Child Health Service. Women who were participants in the study and booked to attend the 7- to 9-month group education session were contacted by the Community Child Health Service nurse and asked if they would be interested in attending a short interview prior to the group session.

Two focus-group interviews were conducted, with a total of 8 women attending. The purpose of the focus-group interviews was to provide qualitative data to enrich the evaluation. The focus-group questions were designed not only to elicit information about the mothers' satisfaction with the service, but also to expand on the telephone survey findings. Thus, a key aspect of the focus-group interviews was to ask the participants to reflect on their experiences and describe how prepared they felt during the first months.

Ethical approval was received from the Royal Children's Hospital and Health Service District Ethics Committee and from the Queensland University of Technology Human Research Ethics Committee.

Data Analysis

Data from the telephone surveys ($N = 151$) were collated and entered into an SPSS (Statistical Package for Social Scientists, Version 11.5, SPSS) database for analysis. Open comments from participants were analyzed using content analysis, a technique used to organize and quantify written information using quasistatistics (Polit & Beck, 2006). The focus-group interviews were recorded by a data recorder and transcribed. The data were analyzed using a process of thematic analysis. The transcript was read and reread, and significant statements were identified and then clustered into emerging themes.

RESULTS

Demographics

The average age of the first-time mothers was 32 years, ranging from 23–40 years. Nearly all mothers (98%) were married or living in a stable, long-term relationship. The majority of participants owned their own homes (72%) and were well educated, with 64.2% holding university qualifications and another 8.8% holding vocational or other postsecondary school qualifications.

Information and Preparation During Pregnancy

At the first interview, mothers ($N = 151$) were asked to identify their sources of information during pregnancy and how well prepared they found themselves with regard to information on infant care, skills in infant care, the physical experience of becoming a new mother, and the emotional experience of becoming a mother. Findings indicated

that the most frequently used source of information during pregnancy was printed media ($n = 130$; 86.1%), followed by health professionals ($n = 104$; 68.9%), antenatal classes ($n = 83$; 55.0%), and friends ($n = 73$; 48.3%). The mothers in this sample were able to choose from a variety of antenatal classes provided by either community organizations or the hospitals where they chose to give birth. Therefore, their responses regarding antenatal class content represent their individual perspective and experience.

When asked how prepared for motherhood the participants felt, few indicated that they felt well prepared for infant care information and skills or the physical and emotional experience. Although 43% ($n = 65$) felt quite prepared with regard to infant care information, less than 15% ($n = 20$) felt quite prepared to care for their infants. Over 35% ($n = 54$) of participants felt not at all prepared for the physical experience following birth, and 20% ($n = 30$) felt not at all prepared for the emotional experience.

First-Time Mothers' Need for Preparation – Comments at 3 Months

At the conclusion of the telephone survey, participants were provided with the opportunity to comment generally on issues of concern to them. Using content analysis method, the comments were grouped and classified into the following areas: breastfeeding, sleep deprivation and infant sleep problems, maternal postnatal health issues, lifestyle demands, antenatal preparation, and infant health problems. Forty-two participants (27.8%) reported needing more information about breastfeeding, with comments such as:

...needed extra help with breastfeeding, wasn't prepared and didn't know what to do.

...needed more information on breastfeeding, more information on how dependent a breastfeeding baby is on you.

Hand in hand with breastfeeding concerns were problems related to infant sleep and the mother's sleep deprivation and fatigue. Thirty-seven participants (24.5%) commented on these issues, for example:

...needed better preparation to cope with sleep deprivation.

...just more information on the shock of the first few weeks—how much time the baby takes and how tired you will be.

...was unprepared for sleep deprivation and time needed for recovery.

Maternal health issues and the change in lifestyle required were emphasized. The mothers repeatedly mentioned physical exhaustion and fatigue. For example, one participant commented:

Would have liked more info on emotional issues and differences in emotions, reactions, how hard it is to cope with the change to new motherhood both emotionally and physically.

Of the total group of participants, 47.3% commented on some aspect of maternal health (e.g., fatigue, postnatal depression, sleep deprivation) and the lifestyle change required (e.g., adaptation, adjustment to the role, the work of caring for a new baby). Twenty participants (13.2%) commented on antenatal classes as a vehicle for preparation for motherhood. Participants felt that antenatal classes focused too much on labor and birth and little on the postnatal time. For example:

Found antenatal classes weren't useful to prepare for motherhood—not given preparation to manage sleep deprivation or unsettled baby.

Antenatal classes focused too much on labor, not on period after the birth, was poorly prepared for care of new baby and for fatigue/lack of sleep.

You receive a lot of information leading up to birth, but not much information on life after the birth.

...was so busy preparing for birth, didn't learn enough about baby care.

A Difficult Path – Reflections at 7–9 Months

At around 7- to 9-months, focus-group interviews were conducted with 8 of the study participants. Three themes were identified in relation to preparation for motherhood: learning, persisting, and reflecting. The themes not only support findings from the 3-month telephone survey, but also reflect women's often ongoing struggle as they move into motherhood.

Learning. Women commented on the difficulty of managing their baby and the greatly altered lifestyle. Many felt unprepared for the reality of taking a baby home and readily expressed the difficulty experienced as they adapted to their new role.

I think the sleep deprivation—no one told me about that. That was the worst bit. Yeah, a lot worse than I expected. I don't think we were prepared. (M5)

Not prepared for the lifestyle change—it takes all day to make one phone call to check your bank balance. I usually do 20 things in a day. (M7)

Had a problem with not having any sort of routine or sense of where I'm at, at all. Everything was a fog. (M8)

No, I don't think I was prepared [either]. We have not been around a lot of babies. (M3)

Feeding was a source of concern for some participants, for example:

The hardest thing was the feeding. I didn't know what to expect. The midwives had their own version. Any different technique I would try. (M6)

I wish I had seen the videos on breastfeeding before I had Max, because the first midwife that got me started breastfeeding didn't teach me and then, for the rest of the week that I was in the hospital, everyone thought that she was attached and I kept saying, "No, it hurts." It started from that. . .but we have worked it out. (M8)

A few midwives at the hospital, they all had different methods. The first one didn't work. My milk didn't come in that day. The day it came in, the midwife said, "Do it like that." That suited me. If I hadn't met her—it was total luck. (M7)

However, alternative views were expressed, particularly from one participant who felt prepared. She offered an articulate description of the importance of having had experience with babies, which played a role in her preparation.

I do feel I was well prepared, probably because we have a lot of nieces and nephews. I have a very close relationship with my mum and have a reasonably close relationship with my mother-in-law. A lot of

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our close friends had babies, recently. Before, I did a lot of reading. M5 mentioned the sleep deprivation. I was fairly well prepared for that. I am a registered nurse. I have done a lot of night duty. I know what that's all about. My husband has been a wonderful support as well. He has been great. I think I was fairly well prepared. (M2)

Persisting. Although participants discussed the difficulties they experienced with breastfeeding, many persisted and were successful. Participants discussed trying a number of strategies and, as a last resort, seeking assistance. For example:

I got really sore and cracked and everything. In the end, when I went to the day stay for the meeting, and from then on I thought—he got it. That was it. I thought, "Thank God." (M6)

We have tried so many different things. We are breastfeeding still, on the smell of an oily rag at one stage. . . . It has been 6 months of continual problems where you end up with mastitis and cracked nipples. . . . I feel angry about this. It could have been eliminated from the start. (M8)

Reflecting. Discussion at this time enabled participants to reflect on what may have helped. The focus was very much on being better informed of services and to have access to experienced and knowledgeable peers.

The ABA [Australian Breastfeeding Association] runs clinics for people considering having a baby. You wouldn't know that. I didn't know that existed until after I was pregnant. (M7)

There needs to be contact during the pregnancy to this clinic, before you have your baby, because you don't know how to get your baby in the car to begin with. Remember that first time, do I get the baby out first or the pram? . . . I would love to have met a mother of a 6-month-old when I had Max, to teach me how to breastfeed, or someone who had been through problems and can say, "You will end up getting this problem if you continue this. Just alter it here a little bit." (M8)

There was also a suggestion that closer links between the clinic and the Australian Breastfeeding Association would facilitate peer learning and provide the opportunity for women to see a baby feeding in order to understand normal behavior.

DISCUSSION

The findings of this study indicate that women may feel unprepared for the experience of first-time mothering. In this study group, the demographic profile indicates that the women were well resourced, in stable relationships, and well educated, factors that are associated with a positive transition to the mothering role (Mercer, 1981, 1985). However, when asked about preparation for infant care and the physical and emotional experience, few felt well prepared.

Despite promotion of antenatal education and a general availability of information via the media, the feeling of being overwhelmed and unprepared was a continuing theme in the study. Not surprisingly, issues of concern for first-time mothers in the early months related to the baby's feeding and sleeping. Although much written information is available for women regarding feeding and sleeping, the importance of gaining an understanding of these essentials does not seem to be emphasized during pregnancy or supported in the early postnatal period. Indeed, the embodied nature of feeding and the inextricable link to sleep are not articulated well in the educational materials; that is, breastfeeding education focuses on benefits and the mechanics, often in isolation, with discussion related to normal infant behavior.

With shorter postnatal stays in the hospital now commonplace, it may be unrealistic for mothers to expect to receive information regarding all aspects of infant care during the postnatal period. New approaches that include continuing conversations and education about the baby and the experience of mothering over the childbearing continuum may be beneficial.

Women in the study highlighted the fatigue of mothering and the inherent lifestyle changes as significant issues. Participants were unprepared for the emotional and physical experience and surprised by the fatigue and lifestyle changes necessary. In addition, comment was made regarding the contribution of antenatal classes to their understanding of

the transition. Women acknowledged that much of antenatal preparation was based on labor and birth, with limited emphasis on caring for the baby.

This study and other literature suggest that women want more information about the baby provided in the antenatal period (Ho & Holroyd, 2002; Renkert & Nutbeam, 2001; Schneider, 2002). In a study of women and health professionals, Renkert and Nutbeam (2001) found that time limitations and a natural curiosity about labor and birth tend to influence the content of classes.

A recent study by Svensson, Barclay, and Cooke (2007) compared two antenatal education programs, one focusing more on the baby and parenting in a holistic way (the Having a Baby program), and the other providing a regular antenatal program. One of the major differences between the control group (regular antenatal class) and the intervention group (Having a Baby program) was the integration of parenting activities throughout the Having a Baby program, with the inclusion of sessions with new parents who provided an overview of their early parenting experience. In addition, the Having a Baby program adopted an overall problem-solving approach to learning. Findings indicated that, compared to the regular antenatal class, the Having a Baby program significantly improved maternal self-efficacy and parenting knowledge.

In a metasynthesis* of nine qualitative studies of the transition to motherhood, Nelson (2003) notes that women are "overwhelmed and largely unprepared to deal with maternal transition, despite preparatory efforts" (p. 476). The findings from this study corroborate Nelson's statement. Nelson goes on to suggest strategies, including reconceptualizing antenatal programs to better prepare mothers and decrease anxiety. Specifically, Nelson recommends the inclusion of "a proactive, honest, reality-based approach aimed at altering maternal expectations" (p. 476). Such an approach would include discussion of the feelings of being overwhelmed and of how the mental and physical tiredness is a temporary situation.

Increasingly, women refer to printed material and Internet resources, as well as antenatal classes, to learn about mothering (Rowe & Barnes, 2006).

* Metasynthesis is a type of systematic review applied to qualitative research. Unlike quantitative research, which uses statistical approaches to average data using meta-analysis, metasynthesis integrates qualitative research findings on a topic and is based on comparative analysis and interpretative synthesis (Wood & Haber, 2006).

Not surprisingly, issues of concern for first-time mothers in the early months related to the baby's feeding and sleeping.

Yet although these processes of formal and informal education are designed to provide women with parenting knowledge and skills, findings from this study indicate that new mothers feel poorly equipped for the process of parenting. In terms of antenatal education, women want more information on parenting issues in their antenatal classes (Renkert & Nutbeam, 2001), and a number of studies indicate that postpartum women realize upon completing antenatal classes that they are insufficiently prepared for what lies ahead (Cronin, 2003; Ruchala, 2000; Schneider, 2002). A systematic review of individual or group antenatal education for parenthood found inconsistent results, concluding that the effects of antenatal education for parenthood remain unknown and further research is indicated (Gagnon & Sandall, 2000).

Implications for Practice – Health Literacy as a Model for Learning About Baby

Supporting women during the maternal transition is an important role for health professionals, and judging from the findings of this study and the literature, it may be time to consider alternative strategies. An approach that uses a continuum framework, which begins the conversation about mothering, parenting, and infant care during pregnancy and follows through with education and support during the postnatal period, might be useful. Such a framework, based on the concept of “health literacy” (Nutbeam, 1998), is worthy of consideration and further research.

Nutbeam (1998) defines health literacy as:

...the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use the information in ways which promote and maintain good health. Health literacy means more than being able to read pamphlets and successfully make appointments. By improving people's access to health information and their capacity to use it effectively, health literacy is critical to empowerment (p. 357).

Health literacy focuses on the development of skills and confidence to make choices rather than on the transmission of information (Renkert & Nutbeam, 2001). Different levels of health literacy (basic/functional; communicative/interactive; critical literacy) allow for greater autonomy and empowerment (Nutbeam, 2000). The challenge remains, however, to identify a pedagogical approach that

will improve health literacy, or one that will enable the conversation to take place.

Narrative Pedagogy

One approach that may be suitable is narrative pedagogy, a research-based, interpretive approach to teaching and learning that develops as learners and teachers share and interpret their experiences (Andrews et al., 2001; Diekelmann, 2001). In a climate of rapidly changing health care, traditional content-based approaches to education may not be appropriate. Developing the skills to sort through information and make informed choices, as well as to become resourceful, is better suited to an environment in which information is rapidly increasing and changing. In the context of learning to become a mother, an environment that acknowledges the woman's history and experience and facilitates sharing and development of knowledge may be more appropriate than one that is content-driven and information-filled.

Because women traditionally learned about birthing and mothering from other women, a narrative pedagogical approach can go a long way toward providing such opportunities. Inviting experienced mothers to act as peer learners and basing “classes” on women's learning needs and experience may better prepare them for the reality of mothering. Such an environment would place emphasis on the woman as the expert and provide a safe place to discuss the realities of mothering and infant care—what Nelson (2003) describes as an honest, reality-based approach.

CONCLUSION

Despite the emergence of antenatal education programs and provision of information during pregnancy, women in the current study felt unprepared for the mothering role, a situation that may be reflected in other populations. Alternative pedagogical approaches that emphasize women's experience and facilitate peer support may achieve better outcomes, with the idea of a *continuing conversation* about mothering and infant care as the basis for new approaches. Narrative pedagogy is suggested as one approach worthy of further theoretical debate and research.

Inviting experienced mothers to act as peer learners and basing “classes” on women's learning needs and experience may better prepare them for the reality of mothering.

However, the findings presented here are from a descriptive study in one location in metropolitan Queensland and, as such, the results should be considered with caution. Certainly the demographic profile of the study participants is unique and may represent a particularly well resourced cohort. Despite this, there are similarities between these findings and previous literature, and the study contributes to a knowledge base upon which to build practice and education for childbearing women and new mothers.

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