How Adolescent Mothers Feel About Becoming a Parent

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ABSTRACT

First-time adolescent mothers deal with challenges that place extra demands not only on their stage of adolescent development but also on their ability to adapt to their new role as a parent. The purpose of this study was to explore and better understand first-time adolescent mothers' meaning and experience of parenting during the 4-to-6-week postpartum period. A secondary content analysis was performed, using narrative data collected from a previously conducted study on factors that influence adolescent mothers' self-perceptions of parenting. Three themes emerged from the content analysis: "Being Caught Between Two Worlds," "Feeling Alone and Desperate," and "If I Knew Then What I Know Now." Findings revealed many adolescent mothers are unprepared for the demands of parenthood and, so, need extra guidance, instruction, and support from health-care providers and educators.

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The 4-to-6-week postpartum period is a critical time in the life of an adolescent mother. During this time, she emerges into adulthood and, simultaneously, becomes a parent, setting the foundation of the mother/child relationship that begins to develop during the 4 to 6 weeks following birth. Despite the significance of this time period, limited research has specifically examined the meaning and experience of parenting among first-time, adolescent mothers during the 4-to-6-week postpartum period. An increased understanding of how adolescent mothers perceive the meaning and experiences of their new role as a parent will improve health-care and educational interventions that meet the needs of these adolescents during such a crucial time in their lives.

To explore adolescent mothers' views on the meaning and experience of their early parenting

role, I performed a secondary content analysis of qualitative data collected during a preliminary, published study that I conducted on first-time adolescent mothers who were 4 to 6 weeks postpartum. Based on a descriptive-correlational design, the preliminary study examined factors that contribute to adolescent mothers' self-perceptions related to their new role as parents (DeVito, 2007). Findings from the study's quantitative data revealed several influencing factors, such as level of education, social support from the adolescent's mother and from the baby's father, and differences in adolescent age groups. In addition to the quantitative data collected from participants' responses on study instruments, a considerable amount of supplementary qualitative data emerged from an open-ended question posed to the participants at the conclusion of

the preliminary investigation. The question “Is there anything else you would like to share about your experience with becoming a parent and/or what it means to become a parent?” elicited enthusiastic, detailed responses from the adolescents. Their narrative comments included perceptions and information that were not revealed in the fixed-response items of the preliminary study’s measurement tools. The adolescents’ responses to the question also provided a rich source of qualitative data that was not fully analyzed in the preliminary study. Therefore, the purpose of the present study was to use secondary content analysis of the preliminary study’s qualitative data as a means to further explore and, in turn, better understand first-time, adolescent mothers’ meaning and experience of parenting during the crucial 4-to-6-week postpartum period.

BACKGROUND INFORMATION

Parenthood and Adolescent Mothers

Various terms have been used to describe the role of becoming a mother, from maternal role attainment (Mercer, 1995) to the more recent view of the ongoing process of becoming a mother (Mercer, 2004). Adolescent mothers, though—especially first-time adolescent mothers—experience additional challenges because they must not only adapt to the role of being a new mother but also continue to develop through the transitional stages of adolescence.

Erikson (1968) and Piaget (1972) proposed developmental theories pertaining to adolescent stages that lead to adulthood. Both researchers identified the adolescent years as being a time when young individuals strive to meet the demands and complete the tasks of adolescence in order to emerge as young adults. Erikson (1968) and Piaget (1972) also classified the process of proceeding through the adolescent years as a progression through stages of early adolescence (up to 14 years old), middle adolescence (15–17 years old), and late adolescence (18–19 years old). Furthermore, each developmental stage has its own set of demands and tasks that influence adolescents in their journey toward adulthood.

Adolescent mothers are faced with the dual challenge of progressing through the stages of adolescence

and, at the same time, adapting to the maternal role. Their ability to adjust to the role of being a new mother is often influenced by characteristics associated with their particular stage of adolescence. For example, a young mother in the early stage of adolescence still needs to be “mothered” by her own mother or a person in her life who acts as her mother (DeVito, 2007; Mercer, 1995, 2004). Adolescent mothers, therefore, have specific needs for help to successfully navigate through the combined demands of adolescent development and their role as a new parent. Researchers identify the significance of role identity, social support relationships, and developmental perspectives for the adolescent mother as she adapts to the demands of parenting (Clemmens, 2001, 2003; Gee & Rhodes, 2003; Rentschler, 2003). In addition, an adolescent’s positive self-perception of parenting is influenced by having dependable social support relationships (Clemmens, 2003), feeling confident (Kretchmar & Jacobvitz, 2002), and being satisfied in her role as a mother (Secco, Atech, Woodgate, & Moffatt, 2002).

Selected Findings From the Preliminary Study

As stated in my preliminary published study on adolescent mothers, “Self-perceptions of parenting are important because how mothers perceive themselves and whom they can depend on may influence the type of parent they become” (DeVito, 2007, p. 17). Some of the factors that contribute to a first-time adolescent mother’s self-perceptions of parenting, especially during the 4-to-6-week postpartum period, include social support from the adolescent’s mother, social support from the father of the baby, and the adolescent’s level of education (DeVito, 2007). The preliminary study’s findings—some of which are summarized below—were based on quantitative data collected from a sample of 126, first-time adolescent mothers, aged up to 19 years old, who completed a series of study instruments: (a) a demographic form; (b) the Norbeck Social Support Questionnaire (Norbeck, Lindsey, & Carrieri, 1981, 1983); and (c) the What Being the Parent of a New Baby is Like – Revised instrument (Pridham & Chang, 1985, 1989).

Support from adolescent’s mother. Adolescent mothers in my preliminary study identified their own mother as a consistent, dependable source of emotional support that positively influenced their self-perceptions of parenting (DeVito, 2007). The more *emotional support* the adolescents received

To view DeVito’s entire preliminary study on adolescent mothers, see The Journal of Perinatal Education, 16(1), pp. 16–23, which is available online at PubMed Central (www.ncbi.nlm.nih.gov/pmc/journals/359/) for free access and at IngentaConnect (www.ingentaconnect.com/content/lamaze/jpe).

Adolescent mothers are faced with the dual challenge of progressing through the stages of adolescence and, at the same time, adapting to the maternal role.

from their mother, the higher the adolescents' self-evaluation of their parenting skills. Even though previous conflicts may have existed in their relationship with their mother, which are typical in adolescence, when the adolescents became pregnant and a mother themselves, the conflicts with their own mother were put aside because now they had something in common.

However, in contrast, the more *tangible support* the adolescent mother received from her own mother, the lower the adolescent evaluated herself as a parent. For example, receiving material things such as maternity clothes from her mother did not positively assist the adolescent in her self-evaluation as a parent. Instead, tangible support from her mother seemed to undermine the adolescent's sense of her parenting abilities and her independence.

Support from father of the baby. Adolescent mothers in my preliminary study identified the father of their newborn as a secondary source of social support that influenced their self-perception of parenting (DeVito, 2007). The more emotional and tangible support the adolescent mother received from the father of the newborn, the higher the adolescent mother's self-evaluation of parenting. However, for many of the adolescent mothers in the study sample, the father of the newborn was not consistently supportive or did not share parenting duties; but when he was available, the baby's father provided both emotional and tangible support, especially when the adolescent's own mother was not a part of her life.

Level of education. As evident in the quantitative results of my preliminary study, an adolescent mother's level of education influences her self-perception of parenting (DeVito, 2007). Among the study's sample, the higher the level of education completed by the adolescent mothers, the more positive their self-evaluation of parenting.

The adolescent mothers in the preliminary study valued having an education as a means to provide a better future for their baby. Yet, when asked about their future plans, the adolescent mothers had no definite course of action to complete, finish, or continue their education. This behavior is not unusual for most adolescents because they often do not think about the consequences of their actions, look ahead, or plan for the future.

Childbirth education classes / Parenting classes. In my preliminary study, no statistically significant dif-

ference was evident in self-perceptions of parenting between adolescent mothers who attended childbirth or parenting classes and adolescent mothers who did not attend classes (DeVito, 2007). However, it is important to note that the majority of study participants did not attend childbirth or parenting classes.

METHOD

To explore adolescent mothers' views on the meaning and experience of their parenting role during the 4-to-6-week postpartum period, I performed a secondary content analysis of qualitative data from narrative comments collected over a 7-month period from 126 adolescent mothers during a descriptive-correlational study that I conducted in 2004 (DeVito, 2007). The adolescents' narrative comments were generated by the following open-ended question presented at the end of the preliminary study: "Is there anything else you would like to share about your experience with becoming a parent and/or what it means to become a parent?"

Participants

Study participants were selected from four postpartum clinical sites in northern and central New Jersey. All of the 126 participants were first-time adolescent mothers at 4-to-6-weeks postpartum; were aged up to 19 years old; had given birth to a healthy newborn; and were able to speak, read, and write in English. The majority of participants were single, lived with their family, and were in the middle and late stages of adolescence. Half of the participants were Hispanic/Latina (51.6%), while the other half were African American (24.6%), Caucasian (18.3%), Asian or Pacific Islander (0.8%), or "Other" (4.8%). The Table presents additional characteristics of the study's sample, which were compiled from quantitative data collected during my preliminary study (DeVito, 2007).

Content Analysis

The participants' narrative comments collected during my preliminary study (DeVito, 2007) were transcribed into computer files to perform the current study's secondary content analysis. Themes describing the participants' self-perceptions of parenting were determined. Experts in the field of qualitative nursing research validated the themes that emerged from the data. All data were coded. The secondary content analysis took 2 years to complete.

Researchers use content analysis to identify, measure, describe, and make inferences about specific characteristics within written or verbal text. As a multistep process guided by the purpose of a study, content analysis involves the systematic and objective reduction or simplification of recorded language to a set of categories or themes that not only identify similarities and differences in word data but also create a comprehensive word picture about the meaning or experience of an event (Fawcett & Garity, 2009). Content analysis is not a specific qualitative research design; rather, it may be more accu-

rately described as a general data-analysis method (Houser, 2008). According to Marshall and Rossman (2006), the greatest strength of content analysis is that it is unobtrusive and nonreactive because it can be conducted without disturbing the study's setting or participants. The researcher can then determine significant content emphasis after the word data have been gathered. Information can also be independently checked, reviewed, and analyzed.

Because data for the present study were derived from previously collected, qualitative, and word-based data from my preliminary investigation (DeVito, 2007), a secondary content analysis was a suitable approach. Furthermore, as described in this article, the technique generated significant themes that enhance understanding of first-time adolescent mothers' experiences and views of parenting during the early postpartum period.

RESULTS

Data describing the adolescent mothers' experience of parenting during the 4-to-6-week postpartum period were clustered according to the following three themes, as reflected in the adolescents' narrative comments:

1. "Being Caught Between Two Worlds"
2. "Feeling Alone and Desperate"
3. "If I Knew Then What I Know Now"

Each theme also included corresponding categories (subthemes), based on the participants' narratives. The themes and their related categories, as described below, reveal important insights into adolescent mothers' meaning and experience of their new parenting role during the 4-to-6-week postpartum period.

Being Caught Between Two Worlds

The first theme developed from the participants' narratives was "Being Caught Between Two Worlds." The theme conveys an adolescent mother's struggle between having particular social and parenting needs associated with her stage of adolescent development and, at the same time, being a new parent who must meet the demands of caring for her own child. Four corresponding categories emerged from this theme: (a) My life as I knew it; (b) My role as a parent; (c) Lack of knowledge; and (c) Confusion.

My life as I knew it. Many of the adolescents' comments revealed aspects of their lives before becoming pregnant and giving birth. Being accepted by

TABLE
Sample Characteristics in the Preliminary Study (*N* = 126)

Living Arrangements	
Lives alone	3.20%
Lives with husband (father of infant)	3.10%
Lives with family	67.50%
Lives with boyfriend (father of infant)	22.20%
Lives with friends	0.80%
Other	3.20%
Ages of Adolescent Mother Participants	
Range: 13–19 years old	
Mean: 17 years old	
Stages of Adolescent Development	
Early adolescence (up to 14 years old)	4.00%
Middle adolescence (15–17 years old)	50.80%
Late adolescence (18–19 years old)	45.20%
Marital Status	
Single	96.80%
Married	3.20%
Racial/Ethnic Background	
African American	24.60%
Asian or Pacific Islander	0.80%
Caucasian	18.30%
Hispanic/Latina	51.60%
Other	4.80%
Highest Educational Level Completed	
7th grade or under	1.60%
8th grade	4.00%
9th grade	20.60%
10th grade	21.40%
11th grade	26.20%
12th grade	21.40%
1st year in college	4.00%
2nd year in college	0.80%
Childbirth Education Classes	
Attendance in childbirth education classes	13.50%
Did not attend childbirth education classes	86.50%
Parenting Classes	
Attendance in parenting classes	10.30%
Did not attend parenting classes	89.70%
Number of Childbirth Education/Parenting	
Classes Attended	
Childbirth education classes: Mean = 1.8	SD = 1.3
Parenting classes: Mean = 4.0	SD = 2.0

their peers and having a good time was the focus of their social activities, and they did not think about the consequences of their actions. As one 14-year-old mother at 4 weeks postpartum described her life before pregnancy and birth, “I never really thought about things much. . . . I went with my group and had fun. . . it was just great.”

My role as a parent. In many cases, the adolescents reported avoiding the demands of their new role as a parent and, instead, relied on their mother or grandmother to assume primary responsibility for the care of their infant. Additionally, some adolescents described the need to be nurtured and cared for by their own mother as they coped with new parenthood. For example, a 16-year-old adolescent mother at 6 weeks postpartum noted:

Thank God, I live with my mom. I don't know what to do when she [the baby] cries. I feel like crying when my mom picks her up and she stop [crying]. . . sometimes I wish Mom could pick me up and make things go away. Will I ever know what to do with a baby?

Lack of knowledge. The adolescent mothers in the study often described having a lack of knowledge in how to care for their newborn. For example, a 17-year-old mother at 4 weeks postpartum stated:

I did not know what the [umbilical] cord was. . . it looked bad. . . . I did not know if I could touch it or wash the baby there either. . . . Then the nurse [at the postpartum clinic] told me about it and what to do. . . it freaked me out, but I got used to it and was glad when it fell off.

Most of the adolescent mothers in the study did not attend childbirth or parenting classes (see Table). Their reasons for not attending classes included feeling “uncomfortable” in the hospital setting where the classes were conducted and not having a “consistent” support person to accompany them to classes. They also believed the classes did not address their specific needs as adolescent mothers and, instead, were geared more for adult mothers. Some of the adolescents reported that the hospital-based classes in their area were not well attended and, therefore, were cancelled because they were not cost effective for the hospitals providing the classes.

However, as illustrated in the 17-year-old mother’s comments above, many study participants

claimed they received helpful childbirth and parenting tips from the nurses and nurse-midwives at the postpartum clinic they visited. They said the nurses and nurse-midwives listened to their specific concerns as an adolescent mother and were helpful in providing direction in caring for their newborn. In turn, these adolescent mothers said they felt encouraged to seek out what they needed to know by listening, asking questions, and trying to follow the advice they received from the nurses and nurse-midwives at the clinic.

Several study participants reported visiting the postpartum clinic with both their newborn and their own mother. These adolescents said their mother’s presence helped them feel comfortable during the clinical visits and often elicited friendly, pleasant interactions as they talked about the newborn.

Confusion. Many of the adolescent mothers’ narrative comments revealed a sense of confusion about how to care for their newborn and the need for direction and guidance. For example, an 18-year-old mother at 4 1/2 weeks postpartum wondered, “How do I know what’s the best thing to do? . . . Sometimes I think I make too much of it. . . if the baby could tell me [mother laughs], then I can make her happy for sure.”

Feeling Alone and Desperate

The second theme developed from the adolescent mothers’ narrative comments was “Feeling Alone and Desperate,” which describes the adolescents’ sense of isolation and despair in adapting to their new role as a parent. Three corresponding categories emerged from this theme: (a) Time stands still – Each day is the same; (b) No one understands or really listens; and (c) Overwhelmed.

Time stands still – Each day is the same. Many adolescent mothers in the study described their difficulty in adjusting to the role and routine demands of being a new mother. They felt frustrated with having to spend all of their time in caring for their infant. For example, as a 17-year-old mother at 6 weeks postpartum noted, “Some days are really long. . . . But the nights are worse. . . the baby sleeps, wakes up, eats, ‘boops,’ and does it all again.”

No one understands or really listens. Due to the demands of tending to the needs of their newborn, the

adolescent mothers often reported feeling alone, isolated, and abandoned by friends in their usual peer group. They described how, after becoming pregnant and a parent, they had nothing in common with their previous adolescent peer group. Many adolescents said their peers did not understand what they were going through; consequently, a distance developed with their friends or dissolution of friendships occurred. The adolescents' overall feeling of isolation and lack of support from peers was reflected in the following comments from a 16-year-old mother at 5 weeks postpartum:

Everything is for the baby. . . this is how I spend my time. I never see my friends. . . I don't hang out with them or talk on the cell [phone]. No one wants to hear how tired I am. . . they just don't know. . . they just don't get it.

Overwhelmed. The adolescent mothers reported they often felt physically and emotionally overwhelmed by the unexpected demands of their role as a new parent. For example, an 18-year-old mother at 6 weeks postpartum said:

Sometimes I feel like it's [looks at the baby she is holding] been around for a long time . . . I do love her . . . but wish she will sleep so I can sleep. . . my boyfriend knows less than me, he is no help and thinks I should know what to do . . . If only I can sleep more, I would feel better. . . I think.

If I Knew Then What I Know Now

The third theme developed from the adolescent mothers' narrative comments was "If I Knew Then What I Know Now." The theme conveys the study participants' realization that prior to becoming pregnant and having a child, their adolescent views of love, sex, romance, and life's general demands are not like the reality of meeting the challenges of being a new parent. Three corresponding categories emerged from this theme: (a) Things happen for a reason / Be careful what you wish for; (b) My future is important; and (c) Growing up is hard work.

Things happen for a reason / Be careful what you wish for. Many of the adolescent mothers in the study described how, prior to becoming pregnant and having their baby, they had a positive view of parenthood and believed having sex and sharing a baby would strengthen their relationship with the father of their child. For example, a 15-year-old mother at 5 weeks postpartum stated:

I thought it would be easy, babies are little and cute and can't talk back . . . I wanted someone to love . . . I knew it [pregnancy and, then, baby] might happen. . . I thought Bob [father of baby] and me would be together forever.

However, several adolescent mothers reported that during and after pregnancy and birth, their relationship with the father of their infant did not meet their expectations. In many cases, the father became less involved in the relationship during the 4-to-6-week postpartum period, and the adolescent mothers did not feel as secure in the relationship as they had hoped they would feel. In other cases, the father ended the relationship. For some of the mothers, the father remained in their lives during the 4-to-6-week postpartum period, but he often did not provide consistent emotional and financial support. Nevertheless, many of the adolescent mothers continued to hope their relationship with the father of their baby would continue.

My future is important. Many of the adolescent mothers claimed they were aware of the benefit of completing their education or finding employment, but they did not describe any definite plans for the future. Instead, their focus was on the present, and the future still seemed far away from the demands of the new-parent role they were currently dealing with in their life. The adolescents' acknowledgment of the need to set goals for the future and, yet, their lack of concrete plans was reflected in the following comments of an 18-year-old mother at 6 weeks postpartum:

I got to go back to school. . . to get a good job . . . but don't know when . . . I live with my mom . . . I have to get a job, when the baby is older . . . so I can some day move out.

This adolescent mother did not have to make decisions about continuing school or finding a job immediately because she was living with her mother

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and had not fully taken on the responsibilities of being a parent. Her situation was typical of many adolescent mothers in the study.

Growing up is hard work. Although many of the adolescent mothers perceived premarital sex as an enjoyable and acceptable activity among their peers, they acknowledged that the potential outcomes of sex—pregnancy and having a baby—require more work than they had anticipated. For example, a 17-year-old mother at 6 weeks postpartum said, “I didn’t think having sex was a big deal . . . it was just for fun, but taking care of a baby is work . . . a lot of work.”

Many of the adolescent mothers’ comments revealed they believed sex is something everyone in their peer group does because it gives pleasure and is an important part of being in a relationship as well as gaining social acceptance among their peers. They felt adults have too many “hang-ups” about premarital sex and do not understand or fully remember what it is like to “be in love.” However, as expressed by the 17-year-old mother above and in similar comments from numerous other participants in the study, the adolescent mothers also recognized the arduous demand of caring for a baby and being a parent, which was an outcome of sex they did not consider.

DISCUSSION

Based on findings from the current study, first-time adolescent mothers’ meaning and experience of parenting during the critical 4-to-6-week postpartum period reveal numerous challenges that place extra demands not only on the young mothers’ stage of adolescent development and journey to adulthood but also on their ability to adapt to the obligations of being a new parent. The study participants’ comments suggest that many adolescent mothers are unprepared to take on the demands of parenthood and, so, need extra guidance, instruction, and support. Their carefree days as adolescents and youthful, romantic expectations of family life with the father of their child dramatically change to an unanticipated life of serious responsibilities associated with the daily care of their newborn. Indeed, it seems that only when they reach the 4-to-6-week postpartum period do adolescent mothers begin to recognize the significant impact of becoming a parent and the very real responsibilities of their new caretaker role.

Adolescent mothers are faced with not only meeting the needs of their infant but also seeking ways to satisfy their own needs as an adolescent. This dual challenge may interfere with an adolescent mother’s ability to initially assume the parenting role and, in turn, to bond with her newborn during the critical 4-to-6-week postpartum period that sets the foundation of the mother/child relationship. For example, adolescent mothers may feel emotionally overwhelmed with their new role as a parent and, so, yearn to be “mothered,” nurtured, and reassured by their own mother. Consequently, they may temporarily relinquish the immediate responsibilities of their parenting role to their mother or grandmother. Also, an adolescent’s particular health-care needs may be preempted by the demands of her newborn’s constant need for care. For example, because adolescents typically require more sleep than adults, an adolescent mother may experience more severe sleep deprivation than an adult mother experiences while tending to her newborn’s erratic sleep patterns and need for continuous care. Thus, adolescent mothers need age-specific emotional and physical support that addresses not only their adolescent development and needs but also their abilities in caring for and bonding with their infant during the critical 4-to-6-week postpartum period.

Without adequate knowledge, guidance, and social support, adolescent mothers may feel confused and overwhelmed in their new role as a parent. They require childbirth and parenting classes that address their specific concerns both as adolescents and as new mothers. They need to be encouraged to attend classes, and to have a reliable support person to accompany them to the classes. They also need direction in how to find available resources so that they know there is someone they can turn to or somewhere they can go for support in learning how to parent.

Due to their youth and lack of experience and knowledge, adolescent mothers may be unsure about what questions to ask an educator or health-care provider as well as how to comply with the advice they receive on caring for their infant. As portrayed in some participants’ behavior in this study, when adolescent mothers are asked to share their feelings and queries related to being a new parent and caring for their infant, they might seem distant, unresponsive, or unable to verbalize their thoughts and emotions. Thus, adolescent mothers need to feel understood and supported by educators and health-care providers who can provide

age-appropriate instruction and welcoming opportunities for the adolescents to voice their concerns and frustrations with being a parent.

Adolescent mothers also need support from peers who understand and can identify with their new role as a parent. Peer relationships and friendships are very important during adolescence, and being part of a group provides adolescents with a sense of acceptance, socialization, and stability. However, adolescent mothers have difficulty maintaining friendships and social activities with former peers who cannot identify with or understand the demands of the adolescents' new lifestyle as a parent. Consequently, adolescent mothers may feel alone and abandoned by their peers. They also often do not have the time, energy, or resources to develop new, more supportive friendships with other adolescent mothers who share their situation. Due to adolescents' heightened need to feel accepted and supported by their peers, adolescent mothers require extra encouragement and opportunities to develop new friendships with other adolescent mothers who share their experience of being a parent and provide an important source of peer support and reassurance.

During the 4-to-6-week postpartum period, adolescent mothers are often still in a fantasy world fueled by their youthful, romantic views of love and family life with the father of their infant. Consequently, the very real demands of parenthood are an unexpected outcome they may be unprepared to meet or are unable to handle at first. Adolescents rarely consider the consequences of their actions. They often believe having sex is "for fun" and not "big deal." Adolescent girls, in particular, have a romantic vision of love that is not always realistic. They may associate sex with love and believe a sexual relationship will lead to a romantic life and family. The responsibilities of parenthood, however, are not what adolescent mothers expected, and they may feel more confused and overwhelmed as they begin to realize that becoming a parent is more than just "playing house." They may also feel discouraged to discover that, instead of living "happily ever after" with the father of their child and sharing the responsibilities of infant care with him, their relationship with the father may become more distant, less reliable, and, in some cases, dissolve. Nevertheless, many adolescent mothers may continue to hope that their relationship with their infant's father continues, even if it only serves to allow their newborn to have a father in his or her life.

During the 4-to-6-week postpartum period, adolescent mothers may also have an incomplete view of their future and the need to set realistic goals. Although they may acknowledge the importance of continuing and completing their education and finding employment, they often lack concrete plans to complete their objectives. Thus, adolescent mothers need guidance in recognizing the reality of their role as a new parent, setting specific and attainable goals for the future, and seeking resources that support their efforts.

RECOMMENDATIONS FOR NURSES AND CHILDBIRTH EDUCATORS

First-time adolescent mothers need extra guidance, education, and support, as well as acceptance and reassurance. They especially need nurses and childbirth educators who listen to, understand, and can address what adolescent mothers specifically need and want to know regarding how to care for their newborn and how to become an effective parent while, at the same time, continue to successfully advance in their adolescent development.

Childbirth education classes, parenting classes, and ongoing programs that focus on the needs of adolescents who are pregnant or new mothers are recommended. Classes and programs that both reinforce the mother/child relationship and help adolescent mothers learn how to be a parent are imperative. Because adolescent mothers are often overwhelmed with the initial reality of being a new parent, community nurses and childbirth educators are encouraged to provide follow-up care within the first weeks after an adolescent mother's discharge from the hospital. Immediate follow-up care can include conducting home visits with the adolescent and providing phone numbers of a nurse or childbirth educator who is available to answer the adolescent's questions. Ongoing follow-up care can include sustained parenting classes as well as continuing-education and career workshops that help adolescent mothers not only confront the reality and responsibilities of their parenting role but also be aware of educational opportunities and job resources in their community. Guidance counselors from local school districts can be invited to participate in the workshops to help adolescent mothers set attainable goals for their future education and employment.

Community nurses and childbirth educators are also encouraged to choose comfortable settings that will not intimidate adolescent mothers or

discourage them from attending educational and social programs. Locations such as a community center, coffeehouse, local theater, or public library will likely provide adolescents with a more welcoming atmosphere for meetings and group socials than a hospital conference room. Also, being allowed to bring a friend or support person with them will help adolescent mothers feel more welcome and secure.

One of the most important ongoing follow-up care initiatives that community nurses and childbirth educators can provide adolescent mothers is organizing group activities and meetings with other adolescent mothers. Social gatherings and group learning activities provide adolescent mothers the opportunity to develop new friendships with other adolescent mothers and to share the experience of being a new parent with peers who understand their situation. Again, nurses and educators are urged to invite adolescent mothers to bring a supportive companion to the meetings and gatherings. CenteringPregnancy programs, which offer prenatal and postnatal care, education, and support in a group setting, have been especially successful with adolescent mothers by allowing adolescents to bring a friend or support person and providing new interactions with other adolescent mothers going through similar experiences (Grady & Bloom, 2004; Rising, Kennedy, & Klima, 2004). Another exemplary service, the Resource Center for Young Parents-To-Be, not only has had similar success with group-learning activities for pregnant adolescents in a parish (county) located in Louisiana but also serves as an excellent example of drawing on community partnerships to provide effective prenatal education and support for pregnant adolescents (Broussard, 2001; A. Broussard & B. Broussard, 2009; B. Broussard & A. Broussard, 2010).

CONCLUSION

The current study's secondary content analysis adds to the quantitative findings of my preliminary study that identified factors contributing to adolescent mothers' self-perceptions of parenting during the critical 4-to-6-week postpartum period (DeVito, 2007). By increasing their understanding of adolescent mothers' meaning of the experience of becoming a parent, nurses and childbirth educators can develop additional programs, activities, and educational opportunities that assist adolescent mothers with their future goals and aspirations. Further research that includes longitudinal studies is needed to determine whether the factors that influence

the adolescent mothers' self-perceptions of parenting during the 4-to-6-week postpartum period continue to contribute in the months and years ahead.

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For more information on the parenting resource center for pregnant teens described by Broussard and Broussard, see The Journal of Perinatal Education, 18(2), pp., 40–47, which is available online at PubMed Central (www.ncbi.nlm.nih.gov/pmc/journals/359/) and at IngentaConnect (www.ingentaconnect.com/content/lamaze/jpe). Lamaze International members can access JPE's IngentaConnect site and download free copies of JPE articles by logging on at the "Members Only" link on the Lamaze Web site (www.lamaze.org).

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