Making Friends at Antenatal Classes: A Qualitative Exploration of Friendship Across the Transition to Motherhood

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ABSTRACT

This study explored how friendships made at antenatal classes preserve new mothers' well-being, postnatally. Eight women from the United Kingdom who had attended antenatal classes in the third trimester were interviewed following the birth of their first baby. Transcripts were analyzed using a constant comparative method. Findings suggest that friendships made at antenatal classes are not only unique but also support women's mental health and enhance self-efficacy because the women give and gain reassurance that their babies are developing normally. Such friendships may reduce demands on overstretched social and health-care services. Childbirth educators, midwives, and nurses can be encouraged to capitalize on the opportunity provided by antenatal classes to facilitate the formation of friendships that can help mothers to find "a new equilibrium."

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Social support has been defined as "the interpersonal resources mobilized to deal with the strain inherent in living" (Leatham & Duck, 1990, p. 2). A large body of evidence accumulated over the last 20 years confirms the positive impact of social support in early motherhood on maternal well-being (Feinberg & Kan, 2008; Gjerdingen & Chaloner, 1994; Lawson & Callaghan, 1991; McVeigh, 2000; Scott, Brady, & Glynn, 2001).

For many western women becoming mothers in the 21st century, lack of contact with other childbearing women in the community may lead to difficulty in normalizing early mothering experiences with consequent threats to identity and mental health (Rogan, Shmied, Barclay, Everitt, & Wyllie, 1997).

In 1990, Abriola noted that the literature on effective means of providing support for new mothers was

very limited. Ten years later, Walker and Wilging (2000) urged that more should be done to promote the health of women after childbirth. More recently, the opportunity to do something about women's postnatal health anticipatorily through antenatal classes has been addressed by researchers such as Feinberg and Kan (2008) and has stimulated the work of the Birth and Beyond Expert Reference Group at the Department of Health (2009–2010) in the United Kingdom. However, the most recent Cochrane review on antenatal education in groups concluded that relationships between antenatal classes and general social support "remain largely unknown" (Gagnon & Sandall, 2007, p. 3).

The benefits of supportive friendships may be multiple. Support has been found to reduce the risk of depression (Beck, 1996). Promoting women's well-being and happiness across the transition to motherhood safeguards the mental, physical, and social health of babies who have been shown to be adversely affected by unhappy and unresponsive mothers (Burke, 2003; Martins & Gaffan, 2000; Stewart, 2007). Therefore, any opportunity to provide mothers with supportive friendships must be considered valuable.

According to McBride, Emmons, and Lipkus (2003), pregnancy is one of the "naturally occurring life transitions . . . thought to motivate individuals to spontaneously adopt risk-reducing health behaviors" (p. 156); thus, pregnancy is an opportune moment for promoting mental and physical health behaviors (Feinberg & Kan, 2008). During pregnancy, women appear to be especially open to considering their lifestyles, making decisions about how they wish to parent while reflecting on the parenting they themselves received, and anticipating and preparing for changes in their most important relationships. While fulfilling these objectives, antenatal classes also provide an opportunity for women to meet other women who are going through the same life transition as themselves (Deave, Johnson, & Ingram, 2008) and who are often looking for a new friendship group because existing friends who do not have children or who are at work become less central in their lives. In this exploratory study, we therefore sought to identify some characteristics of antenatal classes that support friendship formation and to explore the particular experience of friendship across the transition to motherhood.

METHODS

We obtained funding from a university institute grant for a pilot study to examine whether attending

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antenatal classes has any impact on women's health and well-being in the postnatal period and to explore women's accounts of friendships stemming from antenatal classes. The first part of the study involved questionnaires requiring statistical analysis (to be reported later). A qualitative methodology was chosen for the second part of this study, reported here, to conduct preliminary conceptual work on friendship formation across the transition to motherhood.

Data Collection

Between May 2010 and September 2010, one of the members of the research team visited six antenatal courses being conducted in urban and rural areas in the West Midlands of the United Kingdom. All women expecting their first babies were invited to participate in the study.

The research team member distributed information sheets about the study at the beginning of the first antenatal class the women attended. She also gave a talk about the study, explained that the women were free to participate or not as they wished, and answered questions. Information given to the women included details of a postnatal interview. Six to 8 weeks after the birth of their babies, the women were asked in writing if they would consent to being contacted by the research team member for an interview to be held at a time and place convenient for them.

Women's accounts of friendships emerging from antenatal classes were gathered using semistructured interviews conducted by the research team member. The interviewer aimed to establish a rapport with the women and to use active listening (Noakes & Wincup, 2004) to help them articulate perceptions of friendship-making across the transition to motherhood. As a midwife and a mother herself, the interviewer was keenly aware of the way in which the power she might be perceived to have as a health professional could influence women's accounts (Ramazanoglu & Holland, 2002) and was constantly reflexive of her own influence on the women's emerging stories. She was also alert to the possibility that the women might wish to cross the

boundaries between a qualitative and a therapeutic interview and was conscious of her duty of care as a midwife bound by Nursing and Midwifery Council registration. Prior to undertaking the first interview, she considered situations that might require her to signpost women to sources of help; however, no woman either asked for help or appeared to be in need of it. The interviews lasted between 30 min and 1 hr, although face-to-face contact with each participant was generally longer.

Participants

Eight women agreed to be interviewed. The women were aged between 24 and 38 years. All were White, married or cohabiting, spoke English as their first language, and had given birth to their first babies. All chose to be interviewed in their own homes. At the time of the interviews, the babies were between 8 and 11 months old.

Ethical Approval

The study was approved by a university ethics committee and by the National Research Ethics Service for projects involving clients of the National Health Service. The member of the research team who conducted the interviews liaised with the senior midwife at each of the hospitals where the women gave birth to ensure that all women who were sent a postnatal letter had given birth to a healthy baby and were themselves healthy when discharged from the hospital.

Data Analysis

The interviews were recorded, transcribed by a secretary recruited to the study, and then distributed to four members of the research team, who comprised one psychologist, two educationalists, and a child-birth educator. The team members read the transcripts independently. The first stage of analysis was for the team to identify factors that appeared to have contributed or not contributed to friendships being formed at antenatal classes. No level of interpretation occurred during this phase of data analysis; statements made by the women about helpful and unhelpful aspects of their classes were treated as objective representations of facts.

The transcripts were then subjected to an iterative process, as described by Charmaz (2006). The research team, as individuals, read and reread the data, coding and categorizing observations made by the eight women (Charmaz). At the first meeting of

the team, the initial coding was discussed. Following this meeting, each team member reread the transcripts, seeking to move towards identification of themes. The second meeting of the team a month later involved intensive discussion about the themes progressing to higher level synthesis (Wellington, 2000) to agree on an overarching theme.

FINDINGS

First, the findings related to characteristics of antenatal classes that appear to assist friendship formation, or hinder it, are reported. Next, findings from the interviews are presented under three themes. “Feeling more confident” discusses the way in which friendships made at antenatal classes supported women’s confidence in their capacity to meet the challenges of new motherhood. “Making the year bearable” explores how women felt that their mental health had been safeguarded by the support provided by their friends. Third, “Forming ‘a unique bond’” describes how women felt the friendships they had made across the transition to motherhood were different from friendships made at other stages of life. Finally, the overarching theme, “Finding an equilibrium of who I am,” is discussed in relation to the role of peer groups in helping women formulate a new, stable identity as they move beyond the first months of their babies’ lives. Pseudonyms have been used throughout to protect the women’s identities.

How Antenatal Classes Facilitate or Hinder Friendship Formation

Bearing in mind the challenge issued by Gagnon and Sandall (2007) to carry out research into whether antenatal classes lead to the formation of supportive friendship groups, the research team was interested in finding out whether and how the antenatal facilitator had encouraged women to get to know each other. The team member who conducted the interviews started by asking the eight women about characteristics of their antenatal classes that had led to their making, or not making, friends. The women found this question easy to answer and it therefore provided a nonthreatening start to an interview that later explored more complex issues around friendship and the challenges of early motherhood.

All the women said that they had been interested in making friends at antenatal classes. The formation of friendships and group bonding during classes were assisted by the use of interactive teaching methods such as “working in pairs . . . mini discussions in

the group” (Claudia), “group work” (Jessica), and being given opportunities “to speak to the others” (Lucy). The attitude and behavior of the facilitator were critical. Lucy’s facilitator had made particular efforts to encourage the group to meet after classes had finished.

She was very keen on discussing with us the benefits of this kind of group and how useful we might find it and enjoyable . . . she even gave us some dates [to meet] then and there so we could pencil them in our diaries. (Lucy)

Networking among the women had apparently not been such a priority for Jessica’s teacher. Jessica explained, “We all gave our e-mail addresses to the leader and then it was a while before she actually e-mailed to put our addresses on; it was a good couple of weeks.” Clare tried to analyze why group bonding had not happened at the course she had attended. She said, “There’s a massive variation in the people that go to these groups, so not all of them are in the same situation as I was. . . . I maybe didn’t feel I had much in common with them.” Jessica’s and Clare’s experiences contrasted with the homogeneity described by Esme who had attended another course. Esme said, “They [were] the sort of people that you would normally socialize with . . . the same mindset, the same approach to life.” Although the women attending the various courses shared the same intense emotional burden (“We were all so nervous and worried about what was going to happen” [Petal]), this was interestingly less powerful to enable group bonding and friendship formation than the perception of social difference was to thwart it.

The need to be with women who were not only pregnant at the same time but also came from a similar background was expressed repeatedly. In the face of a major life transition, women appeared to seek the friendship of women to whom they could easily relate. The diverse backgrounds of women at the antenatal classes attended by Clare and Jessica appeared to prevent them from making lasting friendships, and the facilitator who led their classes did not strive to help the women stay in contact with each other. This contrasted with the effort made by the facilitators at the courses attended by the other six women who ensured that contact details were exchanged and arrangements made for ongoing meetings between the women.

Theme 1: Feeling More Confident

All of the women who were interviewed described how, following the birth of their babies, they needed opportunities to reassure themselves that their mothering was on a par with that of other women and that their babies were developing normally. Postnatal support groups based on friendships made at antenatal classes provided women with a sense of self-efficacy, of being on top of the new role of mothering. This drive for confirmation that they were competent mothers was very strong and evident in every interview and was expressed in ways similar to the following statement:

So there’s sort of, “Am I doing the right thing?” kind of element to it and so it’s quite nice to see that you are, or what they’re doing and ideas . . . so it’s a bit of a censor check really in terms of, “Am I normal? Are the babies normal?” (Xanthe)

Clare had not made friends at her antenatal course and had worked hard in the first weeks of her baby’s life to find postnatal groups in her community where she could receive the same sort of support and validation that six of the other women interviewed had found from the group of women whom they had met at antenatal classes. Clare talked in the same way as the women who had made their friends antenatally about her group of new friends. She said, “So we are all sort of, ‘Is this normal? Is this okay? He’s doing this now, he’s doing. . . .’ Sort of comparing.”

Enhanced self-efficacy appeared to relate to finding answers to problems from a peer group of women who had just had babies, rather than from professionals. For example, Claudia said, “I’d talk to the other girls and they’d say, ‘Well, my child’s done that,’ and I just wouldn’t feel worried or that I needed to rush off and get any advice from anywhere else.”

One of the two women who had not made friends at antenatal classes appeared to be isolated following the birth of her baby and spoke of how she would have liked to have had contact with women who had babies the same age as her own. She said, “It would have been nice to . . . find out how their babies were getting along . . . because you kind of compare, don’t you?” (Kara).

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Theme 2: Making the Year Bearable

The drive to be with other mothers appeared in this study to be very strong, and friendships made across the transition to motherhood fulfilled important social and mental health needs. Validation of competency as a mother and reassurance about the babies' progress contributed significantly to mothers' well-being. The women interviewed included one who had given birth to twins. She commented that being part of the group of women who had met at antenatal classes "made this year bearable." She explained this in terms that specifically referred to her mental health: "I think if I hadn't had them, I would have needed something else to keep me sane" (Xanthe). Another woman recognized how having fun in the group had been a significant element of the support it provided: "We actually have a really good laugh together . . . it's important to have a lot of fun" (Claudia).

All of the women in the antenatal groups that had been successful in promoting friendship formation had met very regularly from when their babies were born. The frequency of the groups' meetings was linked to the urgent need for opportunities to offload during "the shock period that is the first 3 months" (Lucy). For example, Esme said, "If you didn't have someone to talk to such as the girls—once a week in someone's house—you would have gone a bit mad, to be fair; it's a sort of release, isn't it?"

The informality and security of the postnatal peer group enabled women to talk about "the childbirth itself" and "feel a little bit more normal" (Xanthe). The group, therefore, appeared to be providing an informal but effective debriefing service.

Theme 3: Forming "a Unique Bond"

All of the women interviewed, except one who did not appear to have made any new friends, talked about the special quality of the friendships they had formed across the transition to motherhood. During one interview, the woman and the interviewer tried to understand what made the friendship unique. Xanthe found it hard to isolate why friends whom she would not describe as "close" would nevertheless be the recipients of very personal confidences:

(Interviewer): *How do you see them in terms of friends—would you class them as your friends?*

(Xanthe): *I think so, yes, I think I would now. Yes, it's a strange one, isn't it . . . ?*

It's not just for somebody else to be there, kind of to be able to talk to about the babies—yes, it's a little bit more than that. I wouldn't say it was close friends by any means. . . . I guess it's more like work—a work friendship that's developed.

(Interviewer): *So if something very important happened to you . . . they probably wouldn't be the first people that you would talk to?*

(Xanthe): *Yes, not necessarily—on the other hand—yes—I don't know.*

(Interviewer): *So if you felt you were sort of sliding and you felt very down, do you feel you could tell one of them?*

(Xanthe): *Yes, I would tell; we'd tell each other.*

Another woman offered the following explanation for the depth of friendship that appeared to have formed in a very short time: "You have that sort of *compassion* for each other, don't you? Because you know that you've been through it" (Esme).

The significance of having become friends as a result of an experience that operated at a level far deeper than experiences that normally draw people together was prominent in all the interviews and is reflected in the following narrative:

I think we are really close actually, yes. I mean you start off talking about being pregnant and full of the most intimate things you kind of go through, the huge changes to your body and then, when you have the child, and the childbirth itself, and then looking after the children, yes, you form a unique bond. (Claudia)

When asked whether the friendship she had experienced in the antenatal/postnatal group would last beyond the period of early motherhood, one woman described how she felt that the group's role as a yardstick for the women as they progressed through the first stages of motherhood would continue to be valuable. She said,

We are all at the point now where we're . . . thinking about going back to work . . . and that kind of thing. It's lovely to have someone to bounce off and say, "Oh, I'm sick of baby talk today; I just wish I could have something else." It's lovely that everyone feels the same way. (Lucy)

Overarching Theme: “Finding an Equilibrium of Who I Am”

By the time the women were interviewed for this study, all had come through the difficult early months of the transition to motherhood. They described themselves as having emerged from “the shock period that is the first 3 months” (Lucy), characterized by total absorption in their babies, into a new phase of their lives. All felt that the friendships they had made at antenatal classes or, in Clare’s case, at local mother and baby groups had enabled them to forge a new identity. For example, Lucy said, “It’s taken me till now to find an equilibrium of who I am—mommy and still me, and I know that all the other girls have felt the same.”

This equilibrium had been achieved as a result of the reassurance given by these special friends: that they were “good enough” mothers, the help and advice they had received in relation to baby-care skills, the permission they had been given to attend to their own needs, and the deep empathy they had experienced through friendship with women who were also experiencing the dramatic adjustments necessitated by new motherhood.

DISCUSSION

The women’s understanding of the friendships they had made during the transition to motherhood was a developing understanding not always articulated clearly. The interviews recorded the thoughts of women who sometimes struggled to capture the meaning and significance of friendships that had formed very quickly in response to the urgency of the need to measure themselves as mothers against others going through the same life transition. Their thoughts were not “polished,” but they were authentic descriptions of a new experience of friendship that often surprised the women in terms of its impact on their lives.

The study sample was small and included only White women whose first language was English. Although the women who participated were aged from their early 20s to their late 30s, they came from very similar backgrounds and did not include any very young mothers. It is not clear whether the findings would be transferable to younger women or to women from different ethnic and socioeconomic backgrounds. It may be that women who are immersed in a supportive family network that is characteristic of certain communities find an “equilibrium” of new motherhood through the advice and listening that

family members provide. The need for friendships outside the family may be peculiar to women who live at a distance from their families or whose working lives have drawn them apart from their families. These issues deserve further exploration.

Although this study was carried out in the United Kingdom, it seems likely that the findings will be transferable to other countries where women find themselves isolated postnatally because the issues associated with postpartum social isolation have resonance in many parts of the world. For example, studies from Sweden (Fabian, Rådestad, & Waldenström, 2005), Greece (Dragonas & Christodoulou, 1998), Canada (Lipman & Boyle, 2005), and Australia (Hanna, Edgecombe, Jackson, & Newman, 2002) have all pointed to the importance of antenatal classes as a means of forming social networks to assist with postpartum adjustment to motherhood in advanced economies where strong family support is not necessarily available.

Findings from this study suggest that certain conditions are necessary for antenatal classes to turn into postnatal support groups; this appears to include direct action by the group leader to ensure that women have each other’s contact details, a facilitative style characterized by frequent opportunities for women to talk to each other, and regular meetings. Previous research has stressed the important role that antenatal classes can play in building friendships (Ho & Holroyd, 2002; Nolan, 2008). However, this study suggests that even when women are open to making friends, friendships may not form if the shared experience of pregnancy is not accompanied by a similarity in background and lifestyle.

Rodrigo, Martin, Maiquez, and Rodriguez (2007) noted that people seek informal support to increase self-esteem and self-efficacy and further commented that isolation from social support networks may be related to inadequate parenting. Our study findings revealed that when antenatal classes were successful in providing a support network, women found friendships stemming from pregnancy were powerful in helping them to grow in confidence and competence as new mothers following the birth of their babies. Women who had not made friends at classes could find support from postnatal groups in

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the community, but this required an effort on their behalf, which one woman in this study appeared to find difficult to do when she was coping with the demands of her new baby.

Advice about how to look after a baby and the milestones of infant development was gleaned from the antenatal-turned-postnatal group, advice that would otherwise have had to be sought from professionals. Women's mothering is highly dependent on feedback from members of their social network (Deave et al., 2008; Mercer, 1985). The findings from our study draw attention to the often overlooked opportunity provided by antenatal classes for women to develop a supportive network that can make a major contribution to postnatal well-being.

Friendships made across the transition to motherhood do not conform to the usual parameters of friendship formation; that is, they do not require extended contact before they allow discussion of emotionally charged issues such as challenges to mental health. A couple of the women interviewed in this study reflected on whether their group would continue following most of the mothers' return to paid employment. Scott et al. (2001) noted that even when groups were not meeting 18 months following the births of the babies, contact persisted between some members. A follow-up study to interview the same women in a couple of years' time would provide interesting insights into whether friendships that form very quickly during key life transitions are lasting.

IMPLICATIONS FOR PRACTICE

Life transitions such as becoming a mother for the first time involve major threats to self-identity, and the developmental task that must be successfully completed is to find "an equilibrium of who the woman is." Postnatal support groups that grow out of contacts made at antenatal classes may have value in reducing demands on overstretched social and health-care services. Postnatal support groups enable women to learn about the physical tasks of motherhood and to share its emotional challenges with women who have a deep understanding of and empathy with those challenges because they are experiencing them themselves. Although there are other places where support can be found (e.g., one woman in this study found excellent support in community groups), not all women will have the energy or resources to seek out friendships when they have a new baby to care for. It would therefore seem logical to capitalize on the opportunity already

provided by antenatal classes to encourage friendships that can play a critical part in helping women find equilibrium in the transition to motherhood.

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