“I Didn’t Know What to Ask About”: First-Time Mothers’ Conceptions of Prenatal Preparation for the Early Parenthood Period

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ABSTRACT

The aim of this phenomenographic study was to describe first-time mothers’ conceptions of prenatal preparation for the early parenthood period in relation to their experiences of early parenthood. Eighteen first-time mothers were interviewed approximately 1 month after giving birth. The categories identified in the analysis were: *accessing appropriate sources of support*, *gaining knowledge to form realistic expectations*, and *mobilizing and strengthening personal resources*. First-time mothers want health professionals to actively address postnatal issues as they have difficulties in knowing prenatally what knowledge will prepare them for early parenthood. Both professional and peer support during pregnancy were conceived as important for gaining knowledge. Professionals can support by guidance to reliable sources of information and encouraging personal reflections and partner communication.

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INTRODUCTION

Becoming a parent is a challenging stage in life, which provokes feelings of both excitement and insecurity; parents strive to develop confidence in their parenting role (Nilsson et al., 2015; Svensson, Barclay, & Cooke, 2006). When mothers’ expectations of parenthood are not met, their adjustment to

parenthood and their postnatal health may be negatively affected (Harwood, McLean, & Durkin, 2007). Tammentie, Paavilainen, Åstedt-Kurki, and Tarkka (2004) demonstrated a discrepancy between expectations and reality in postnatally depressed mothers. Researchers from Australia and Sweden have illustrated the importance of the type and quantity of

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information given during pregnancy for parents' experiences and confidence during the early postnatal period (Bergström, Kieler, & Waldenström, 2011; Persson, Fridlund, Kvist, & Dykes, 2011; Svensson et al., 2006). A large cross-sectional study of parents-to-be showed that the most important reasons for attending antenatal classes were to feel secure as parents and to learn infant care skills (Ahldén, Ahlehagen, Dahlgren, & Josefsson, 2012). It has been clearly expressed that parents feel inadequately prepared and that there is a need to develop new strategies for parenthood preparation (Ahldén et al., 2012; Deave, Johnson, & Ingram, 2008; Entsieh & Hallström, 2016).

Maternity health care encompasses both medical and psychosocial aspects and is an important platform for the promotion of health for both parents and children (Di Mario, Basevi, Gori, & Spettoli, 2005; Swedish National Board of Health and Welfare, 2014). Preparation for parenthood can be seen as a health promoting intervention, which is often delivered in the form of antenatal education in classes but can also be given individually. The purpose of this education is to prepare parents, physically and psychologically, for both childbirth and parenthood (Gagnon & Sandall, 2007). In Sweden antenatal education is integrated in the antenatal care provided free of charge by midwives and offered to all pregnant women and their partners (Swedish Society of Obstetrics and Gynecology, 2016). Participation in antenatal preparation classes is high among first-time mothers in Sweden but has declined from approximately 80% to 70% between 2003 and 2014 (Swedish Pregnancy Register, 2014; Waldenström, Bergström, & Fabian, 2011). Swedish research has shown that women feel that antenatal classes prepare them for birth but less for early parenthood (Bergström et al., 2011; Fabian, Radestad, & Waldenström, 2005). Socio-economically disadvantaged women are less likely to attend antenatal preparation classes (Fabian, Rådestad, & Waldenström, 2004; Lu et al., 2003). Providing support and preparation that attracts and meets the needs of all parents is a challenge in antenatal care.

Criticism has been raised, both in Sweden and internationally, that evidence for best practice in antenatal education is lacking (Gagnon & Sandall, 2007; Hildingsson, Dalén, Sarenfelt, & Ransjö-Arvidson, 2013; Swedish Society of Obstetrics and Gynecology, 2016). The Swedish National Board of Health and Welfare has identified antenatal education as an area in need of improved knowledge and development (Swedish National Board of Health and Welfare, 2014). When evaluating current practice and developing new strategies for parental preparation it is vital that care providers take parents' perspectives into serious consideration (Entsieh & Hallström, 2016; Gilmer et al., 2016). The aim of the present study was to describe first-time mothers' conceptions of prenatal preparation for the early parenthood period in relation to their experiences of early parenthood. The term "early parenthood period" in this study refers to the first month after the baby is born. The term "prenatal preparation" is used to encompass both preparations delivered as antenatal education by professionals and preparations made by the individuals on their own.

METHODS

Design

A phenomenographic approach was used in this qualitative interview study in order to gain in-depth information about mothers' varied conceptions of preparation for the early parenthood period (Marton, 1981; Sjöström & Dahlgren, 2002). A cornerstone of phenomenography is the fact that different people have different ways of experiencing a phenomenon. These conceptions are not endless; there is a limited variation. The term conception is used to describe the manner in which things are perceived (Sjöström & Dahlgren, 2002).

Setting and Participants

The study was conducted in three postnatal units in southern Sweden. The first author visited the postnatal units, approximately once a week on randomly selected days for 2 months, where midwives assisted in identifying women who met the inclusion criteria: first-time mothers who received care on a postnatal unit. The first author was responsible for the recruitment of mothers, who were selected based on a strategic sampling with the purpose of optimizing variation in age, education, ethnicity, place of antenatal care, and mode of birth. Women whose speaking skills in Swedish or English

TABLE 1

Profile of the Participants

18 first-time mothers were interviewed approximately 1 month after giving birth.

Age ranged from 18 to 42 years.

One mother was single, one mother lived in a same-sex relationship, and 16 mothers lived in a heterosexual relationship.

12 mothers had tertiary education, 4 had sixth-form college education, and 2 had basic schooling.

Mothers were born in: Sweden ($n = 12$), other Nordic country ($n = 1$), Western Europe ($n = 1$), Eastern Europe ($n = 2$), Middle East ($n = 2$).

17 mothers had attended at least one parental group session during pregnancy and one mother did not participate at all in parental group.

were insufficient to carry out a conversation were excluded from the study. Participation in antenatal parental groups was not a requirement for inclusion. Twenty-two mothers were provided with oral and written information about the study. Of these, 21 mothers gave consent to be interviewed 1 month after birth. When contacted before the interview, two had changed their mind about participation and one mother could not be contacted, giving a total of 18 interviews (Table 1).

Data Collection

Data were collected between April and June 2015 by the first author through individual interviews with the mothers approximately 1 month after birth. The interviews were guided by four open questions: "What is your experience of preparation for early parenthood?" "What does being prepared for early parenthood mean to you?" "What do you think is good to be prepared for?" "What, in your opinion, are good ways of preparing?" Additional probing questions were used to further explore the women's responses. One of the interviews was conducted in English due to a non-Swedish speaking participant. The interviews lasted between 37 and 85 minutes (mean = 59 minutes) and were audio recorded and transcribed verbatim by the first author ($n = 11$) and an external transcriber ($n = 7$).

Ethical Considerations

The study was conducted in compliance with the ethical principles laid out in the Declaration of Helsinki (World Medical Association, 2013) and permission to undertake the study was given by the Regional Ethical Review Board (2013/651). Written and oral information was given to all mothers before written informed consent was obtained. The information emphasized the freedom to participate in the study and that the participant could withdraw consent at any time. None of the authors were involved in any of the respondents' care.

Data Analysis

A phenomenographical analysis was performed (Marton, 1981; Sjöström & Dahlgren, 2002), using the seven steps described by Sjöström and Dahlgren (2002) (Table 2). The categories were supported by quotations in order to enrich the descriptions and increase transparency and trustworthiness of the analytic process. Note-taking was used during the research process as a tool to continually reflect and enhance data exploration. The first author (PP) conducted the primary analysis, which was confirmed by the last author (EKP), and thereafter discussed between all coauthors until consensus was reached.

TABLE 2

Steps in Data Analysis

Familiarization	The transcribed interviews were listened to in order to ensure correct transcription and read through several times to gain an overall impression of the material.
Compilation	Relevant statements about preparation for the early parenthood period were identified from all participants.
Condensation	Essential elements of the statements were identified.
Grouping	The condensed statements were compared and sorted into groups of categories and conceptions.
Comparison	A comparison of groups was made to ensure that they could be distinguished from each other.
Naming	The emerging categories and conceptions were named to emphasize their content.
Contrastive comparison	The categories and conceptions were compared regarding similarities and differences and the relationship between the categories was presented in an outcome space.

TABLE 3
Overview of Categories and Conceptions

Categories	Conceptions
Accessing appropriate sources of support	Informal support from peers and relatives Professional support and organized peer support Information presented in diverse ways
Gaining knowledge to form realistic expectations	Managing breastfeeding Understanding the baby's needs Managing everyday-life Balancing parental and partner roles Adapting physically and emotionally
Mobilizing and strengthening own resources	Making personal reflections and planning ahead Communicating with ones' partner

RESULTS

Ten conceptions related to preparation for early parenthood were identified in the analysis and sorted under three categories (Table 3).

There was a nonhierarchical interplay between the three emergent categories as illustrated in Figure 1 of the outcome space. The interplay can be described as

a cogwheel; when one part begins to spin, it sets the others in motion, increasing the mothers' preparation for parenthood.

Accessing Appropriate Sources of Support

This category consists of mothers' conceptions about how they may be facilitated in their preparation

Figure 1. Outcome space showing the relationships between the categories.

through different sources of support. Preferences for how support should be delivered were diverse, but guidance from both health professionals and experienced peers in accessing appropriate information was important.

Informal Support From Relatives and Peers. The possibility to reach out for advice to family and friends who had children gave security in dealing with life after birth and was conceived as an asset for preparation. Personal experience with children or the observation of others taking care of children made them more comfortable and familiar with the idea of taking care of their own baby.

I feel I've had great use of having my nieces close. Even if they are not your own, but you've held a baby and have got more insights about what lies ahead. Perhaps one should encourage people to talk to others who have children, if one has someone close... ask questions or discuss with them. (13)

Professional Support and Organized Peer Support. The mothers expressed that preparation had mainly focused on giving birth. This was, at the time, a topic very much in focus for the women but later they realized that they should have given more thought to the time after birth and would have liked the midwife to help them think beyond birth by actively addressing these issues.

Something happens there in the end (of the pregnancy)...and suddenly the baby's arrival is imminent and you think about how the baby will come out...and you get a bit stuck on that. (9)

When you sit there and they ask you: do you have any questions?...you have no previous experience of being a parent so you don't know what to ask about. (12)

Mothers conceived that sometimes health professionals considered questions as not belonging to their area of expertise. Being equipped prenatally with information about where to turn to with questions, for assistance and overall information about Child Health Services, was stated as positive by the mothers. Colocation and collaboration between antenatal care, child health care, social services, and open nursery school in family centers was appreciated as it increased access and awareness of where to seek help. Preferences

for the structure of parental groups differed; some respondents preferred antenatal classes to be given as lectures, with focus on communicating facts, whilst others found interactive discussions more favorable. Mothers who preferred learning from peers and peer support appreciated being able to identify with others and described how this also gave confirmation of normality to their concerns and problems. They expressed a desire for small groups consisting of first-time and experienced parents and for more sessions to create contacts and to make the discussions fruitful.

If you meet someone repeatedly during a longer time you get another relationship and it becomes another kind of dialogue... And with only first-time-parents-to-be... if there had been experienced parents, they could have given more practical advice. (4)

Themed sessions were appreciated because they gave mothers the chance to focus on one thing at a time. Mothers could also prepare themselves for the sessions if the themes were preannounced. Some mothers suggested dividing the group into mothers and fathers on some occasions.

Information Presented in Diverse Ways. Preferences for delivery of and access to information were diverse among the mothers. The use of combinations of strategies including written information, films, drama, demonstration, and practice on a doll was conceived as favorable. They required information to be based on fact and given in a nonjudgmental way. Access to information in other ways than the written word was highly important in case of reading difficulties.

Then there are people like me...that have dyslexia. I have serious trouble to keep reading it through. You could have it as a free audiobook on a website. (1)

Being able to have repeated access to information was expressed as a good idea; for example, to be able to see films shown in antenatal classes again, at home. The mothers described how the internet and apps made information available at all times but required a critical review of sources and content which could be difficult on their own.

I began to search but I put it down pretty quickly because I found all sorts of horrible stories. There are loads... I have a close friend, she works as a nurse so I have used internet through her... she found sources

that she knew are reliable. Internet is good in many ways but has its backside too. (14)

A positive side of websites and apps was that they provided access to both written and audiovisual information. Information was preferably sought from websites distributed by health-care professionals. However, forums and social media could be used to create networks for support and discussions with peers. The mothers expressed a desire for professionals in maternity health care to provide them with recommendations for reliable websites and apps.

Gaining Knowledge to Form Realistic Expectations

This category consists of conceptions related to gaining knowledge to form realistic expectations in order to be prepared for and better adapt to life in the early parenthood period. It was acknowledged that it could be difficult to be prepared for everything that might happen during early parenthood; focus should be on creating a realistic picture of what lays ahead, specifically in areas where difficulties might be expected.

Managing Breastfeeding. Breastfeeding was conceived as more challenging than mothers had expected. They called for better preparation for possible problems and how to deal with them. Realistic information was not expressed as discouraging, rather it would have equipped them to meet the challenges.

The film was good but perhaps too positive, but of course they want you to breastfeed. They don't want to scare you off before you are there, but at the same time it is good to be mentally prepared... instead of "there's no problem" and then there are difficulties...and you just: what is happening? (10)

It would have been advantageous to know how time-consuming breastfeeding could be initially; how often baby might want to feed and how long the establishment of breastfeeding might take. The mothers conceived that knowledge about early initiation of breastfeeding was needed since a good start could prevent further problems. It was expressed as important to acknowledge that not everyone can breastfeed and that to breastfeed or not is a choice each individual makes. Therefore, preparation about baby feeding should include how to feed with breast-milk substitutes.

It is very tough... ok why doesn't it work for me if it works for everyone else? It might have made me less anxious to know that it doesn't work for everyone and that's ok. I didn't experience there was an opening to... what happens if you don't sort it out... (6)

Provision of phone numbers to breastfeeding clinics and receiving information about "The Swedish Nursing Mother's Support Group" [Amningshjälpen] was appreciated by the respondents.

Understanding the Baby's Needs. Not all mothers had basic knowledge about baby care, for example, how to lift and hold a baby or how to change a diaper and the respondents expressed a need for preparation in this area. Provision of a checklist of baby articles and advice about what to buy helped them to make practical preparations before the baby was born. The mothers called for knowledge about the baby's health and which signs of ill health to look out for.

When she first started pooing ... it was just all this yellow stuff with white bits in it and we were like... and there were so many of them you know, nappy after nappy and we just...oh is she dehydrated now, what's going on, is this normal and... So we phoned up the hospital ... she's doing this, is this normal? ... you don't want to be negligent but you don't want to be panicky either. (3)

The mothers' conception was that it had been difficult, especially in the beginning, to interpret the baby's communication and this could lead to feelings of powerlessness and frustration. Prior information about babies' crying, what is it they want to convey, for how long they should be allowed to cry, and advice on how to comfort a screaming baby were important areas for information. The mothers expressed the importance of peace and quiet to be able to be attentive and respond to the baby's signals. Bonding and interaction was considered an important topic and the mothers would have liked to know if and how they could stimulate their baby's development. Respondents were often surprised by the baby's demand for physical closeness.

He likes to lie here (in her arms - author's note) all the time, and when I try to put him down; he just starts crying. When I've been sitting with him the whole day... and barely been able to brush my teeth or pee... then it is like really hard. I wasn't really prepared for this intensity... I think it's important

that one knows this is somehow normal. (8)

This need for physical closeness had caused concerns over decisions about where the baby should sleep. They expressed a need for more knowledge about cosleeping and sudden infant death syndrome.

Managing Everyday Life. The mothers described the remarkable changes in their lives after the arrival of their baby and that the baby was now the primary focus of their lives. They felt unprepared for the overwhelming feelings of responsibility, insecurity, and the love they experienced for their child. Some mothers expressed that their insecurity about doing the best for their baby could cause illogical anxiety about being alone with the infant. They expressed a wish to have been better prepared for this even though they realized it might be difficult to fully understand the extent until it was a reality.

Life changes completely... It's such a responsibility. Suddenly you question everything you do... I didn't expect this, that it would be a problem for me to be alone with her... I mean it's not logical... I was brave and confident enough to work around the world... (15)

The extent of sleep interruption and its effects that the respondents experienced had been difficult for them to understand before the birth. The mothers' conception was that being prepared for loss of control in the planning of everyday activities could improve parents' adaption to parenthood. Having a baby and going on parental leave affects the family's economy, and some respondents mentioned it would have been good to discuss this prior to the birth.

Balancing Parental and Partner Roles. The mothers expressed that even if there had been a prior intention for equal parenting, it was difficult in reality to carry out the intention. They described that establishing breastfeeding takes time and effort that can lead to feelings of loneliness for the mother who needs both practical and emotional support from her partner. According to the mothers, partners could feel excluded since the mother and the baby spent a lot of time together and the baby was more easily comforted by the breastfeeding mother. It was conceived as important that parenthood preparation focused on both parents' bonding with their

child and gave them realistic expectations of their early roles as parents.

Neither I nor particularly X was prepared for how mummy-dependent they are in the beginning... or they just want the breast... We never discussed this with our midwife; I think that's really important to talk about... how difficult that can be... sometimes it's just the mother in the beginning... then how can one (the other parent – author's note) bond? (18)

According to the mothers, the father should be prepared to have patience with the initial unequal parent-baby-time, without doubting their equal importance as a parent. Mothers should be aware of and encouraged to take a step back in order to let the father be close to the baby and share responsibility.

My colleague said: "Daddy can!" And I've had use of that eye-opener! It's his baby too and he needs to experience what works for him. It's easy for the one who's more at home in the beginning to find ways and want to implement them on everything... (13)

Planning for joint parental leave immediately after the birth was considered helpful for settling into family life and should be discussed in parenthood preparation. Becoming parents also brought changes to their relationship as a couple, something that they expressed they were inadequately prepared for.

Adapting Physically and Emotionally. The mothers conceived they were somewhat unprepared for the feelings of not owning their own body, which had become primarily a resource for the baby. Physical traumas of childbirth could take time to heal, something they considered important to be aware of. Prolonged recovery could also lead to feelings of insufficiency for the mothers. It was acknowledged that even if the majority would experience a normal birth they wished to have been better prepared for the fact that things might not turn out as expected and that complications can occur.

We needed a caesarean and you don't expect that... if it's not planned. And I have been unlucky with my recovery... X had to do everything in the beginning. Well you should know a bit at least... both the part for the mother and the father... (7)

They wanted to have had more knowledge about the healing process and what to look out for as well

as to know about recommendations for when and how to initiate physical exercise again. Emotional readjustment with turbulent feelings and vulnerability might be expected during the early days but it would be important to know that this could occur at any time during the first month and may be exacerbated by lack of sleep. Being prepared for normal emotional reactions and how to distinguish these from signs of postnatal depression could, according to the mothers, make them more reassured since motherhood was often conceived as glorified with expectations of happiness.

Mobilizing and Strengthening Personal Resources

This category consists of conceptions related to being helped to mobilize and strengthen mothers' own resources to use in the preparation for and adaptation to life in the early parenthood period. Mothers felt empowered when their personal resources were bolstered.

Making Personal Reflections and Planning Ahead. The mothers expressed that it would have been advantageous to take some time off work before the birth in order to create opportunities for reflection. It was conceived as important to reflect on how one would like family life to work, based on one's own life situation. On the other hand, it was important to retain an open mind because life might not turn out as planned.

To think things through; what do we want, what do we need and kind of settle in mind before the baby comes. I think that's important. Then it's of course dependent on how the baby and you feel afterwards... but have a picture of how you would like to manage it. (13)

Communicating With One's Partner. The mothers' conception was that partner communication and making a joint plan for parenting was important in order to promote involvement for both parents and to improve mutual support. This kind of communication should be encouraged in parental preparation. Maintaining an open and constructive dialogue and revising the parenting plan continuously were essential according to the mothers.

We came to the conclusion that communication plays the most important role... to communicate your needs... and his needs too, so we can understand

each other. It's not about who's right or wrong, it's about how we can make things better. (2)

DISCUSSION

The mothers acknowledged the difficulties in being fully prepared for everything that might happen in early parenthood and realized that some aspects might not be understood until they became reality. Being prepared was rather about having a picture of what lays ahead and knowing where to find more reliable information and where to seek support. Mothers did not find information about difficulties that may arise discouraging; rather, they were necessary in order to be prepared. Preferences for how support and information should be accessed and presented were diverse among the mothers, indicating the need to offer a broad repertoire of strategies for preparation for parenthood. In a recent review of parent education interventions to support the transition to parenthood (Gilmer et al., 2016), the authors raised the question "Do professionals really know what parents want?" The present study adds to the body of knowledge about what first-time mothers want their prenatal preparation to encompass.

Mothers found it difficult, without experience, to form questions about the postnatal period, a difficulty also shown in previous research (Deave et al., 2008; Persson et al., 2011). The mothers would have liked health professionals to actively address postnatal issues and help them to think beyond birth. This is an interesting and important finding because parental support in antenatal care and child health care are commonly discussed in research and clinical practice as being the same topic. There are similarities between parental groups in antenatal care and child health care but preparation for a situation that lies ahead and support when the baby is born appear, from the results of this study, to require different strategies. The value of peer support is well supported in literature (Berlin, Törnkvist, & Barimani, 2016; Entsieh & Hallström, 2016; Widarsson, Kerstis, Sundquist, Engström, & Sarkadi, 2012), but if there are no experienced parents present in the antenatal classes, learning from peers can be difficult, putting a greater responsibility on health professionals to raise topics where information and reflection are valuable to the parents-to-be. Health professionals may misinterpret women's lack of questions as unconcern about the postnatal period and the idea that pregnant women cannot see beyond birth is a common

idiom among midwives in Sweden. It is possible that many of the issues raised by the mothers in this study are at present insufficiently broached in antenatal care. This is paradoxical since previous research has shown that the most important reasons for attending antenatal classes were to feel secure as parents and to learn infant care skills (Ahldén et al., 2012). Collaboration between health-care professionals as occurs in family centers could be one way to better cover parents' support (Wallby, Fabian, & Sarkadi, 2013). Previous research has shown that the second trimester can be a more optimal period for information about breastfeeding (Svensson et al., 2006) and this might also be the case for parenthood preparation, making it possible to avoid overshadowing by the imminent birth.

Discussing potential problems would prepare mothers to meet challenges of early parenthood. They would have liked more knowledge about how to deal with common breastfeeding problems and about bottle feeding, findings well in line with other studies (Barimani et al., 2017; Razurel, Bruchon-Schweitzer, Dupanloup, Irion, & Epiney, 2011). Experience of breastfeeding difficulties has previously been shown to be a significant risk factor for early breastfeeding cessation (Gerd, Bergman, Dahlgren, Roswall, & Alm, 2012; Wagner, Chantry, Dewey, & Nommsen-Rivers, 2013) and the experience of problems in the initial phase among breastfeeding mothers is common (Colin & Scott, 2002; Kronborg & Vaeth, 2009; Wagner et al., 2013). Early breastfeeding cessation, in its turn, has been found to be a risk factor for increased anxiety and postnatal depression (Ystrom, 2012) making it highly important to provide adequate preparation and support for breastfeeding.

Frequent breastfeeding in the early postnatal period was seen as a hinder to equal parenting and could lead to feelings of exclusion of the partner, which might cause tension in the relationship. Hansson and Ahlberg (2016) showed that strains from parenthood, including the lack of equality, and insufficient communication were factors contributing to separation among parents of young children. These are factors that might in part be preventable. Focus on both parents' relationship with their child is important (May & Fletcher, 2013; Pålsson et al., 2017; Vikström & Barimani, 2016) and the meaning of equal parenting and partner communication should be discussed in parental preparation to help both mothers and their partners create realistic expectations.

Mothers found it difficult, without experience, to form questions about the postnatal period.

The mothers in our study had diverse preferences for delivery of and access to information, a finding in line with results from Svensson, Barclay, and Cooke (2008) and Gilmer et al. (2016); it is unlikely that a single method will meet all parents' needs. Time is limited during individual antenatal visits and antenatal education classes making it difficult to provide parents with all information they might need during pregnancy, birth, and early parenthood. Renkert and Nutbeam (2001) have suggested that antenatal care should focus on improving maternal health literacy; which includes knowing where to turn for further information and the ability to critically analyze information. Strategies to strengthen mothers' own resources, by encouraging personal reflections and partner communication, might also empower them and increase their self-efficacy. People with high self-efficacy are more likely to organize and take actions (Bandura, 1997); valuable skills when entering the challenging time as a new parent.

Strengths and Limitations

The phenomenographic approach gave an insight into the variety of mothers' needs for parental preparation. The timing of the data collection is a particular strength in this study because it allows mothers' very recent experiences to inform care providers about topics of particular importance for their transition to parenthood. The strategic recruitment of participants gave a diverse sample in respect to age and ethnicity, but the exclusion of mothers without Swedish or English-speaking skills is a limitation. Apart from educational level, which is higher in the sample compared to national average, the sample reflects the Swedish population of first-time mothers. Participation in antenatal classes was not an inclusion criterion, which is important since one criticism of antenatal classes is that they do not target all women. However, in Sweden 70% of first-time mothers attend at least 50% of offered antenatal class sessions and in this study 17 of the mothers had attended at least one session. According to Larsson and Holmström (2012, p. 396), new conceptions do not commonly emerge after analyzing 10 to 12 interviews; therefore, recruitment was stopped after 18 interviews as no new conception emerged. The

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study was carried out in Sweden, and the structure of society and health-care systems might differ from other countries; however, transferability might be possible as several findings are supported by international research.

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

Care providers should apply guidance and leadership when addressing postnatal issues during pregnancy. In order that preparation for early parenthood corresponds to mothers' needs and the challenges of parenthood, it is essential to offer a broad repertoire of preparation strategies. Involvement of experienced parents in preparation for parenthood can be applied to optimize peer-support. Encouraging mothers to make personal reflections and to communicate with their partner may improve their preparation for parenthood. Future studies to test and evaluate strategies for preparation for early parenthood are needed, and one strategy may be to rearrange the chronology of preparation classes in order to avoid preoccupation with the impending birth. Future studies should focus on development of evidence-based guidelines and implementation of care based on parents' needs.

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