Becoming a mother — an analysis of women’s experience of early motherhood

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This paper presents the results of a qualitative study conducted by midwife researchers into women’s experience of new motherhood. Data were collected using focus groups involving 55 first-time mothers and analysed using grounded theory method. The analysis produced six categories: ‘realizing’, ‘unready’, ‘drained’, ‘aloneness’, ‘loss’ and ‘working it out’. The core category, ‘becoming a mother’, integrates all other categories and encapsulates the process of change experienced by women. Also explained are factors mediating the often distressing experience of becoming a mother. The analysis provides a conceptualization of early motherhood enabling the development of strategies for midwives, nurses and others helping women negotiate this challenge.

INTRODUCTION
Supportive and educational care is provided for most women who give birth. The characteristics and duration of care vary as do the status and training of the persons providing it (Rush et al. 1991). As most women give birth without trained assistance (Kwast 1993) it is likely that female family members are the most important care-givers. In western countries, post-natal care is considered to require professional attendance either in hospital or at home. Those delivering care may perceive what professionals do differently from women receiving care (Laryea 1989, Morales-Mann 1989). Ball (1987) demonstrates how care provided by professionals after childbirth can influence a woman’s emotional reaction to motherhood.

Nurses and midwives have undertaken research into the effectiveness of their care (Golas & Parks 1986, Field & Renfrew 1991, Lawson & Callaghan 1991), the needs and concerns of new mothers (Davis et al. 1988, Martell et al. 1989, Hiser 1991) and maternal thinking on parenting issues (Pridham et al. 1987, Pridham & Chang 1992). This research is usually descriptive or relies on the assumption that health workers understand the women’s needs and experiences. Nursing and midwifery research has failed to incorporate the important sociological and feminist work...

The negative response of western women to child bearing is identified in the social sciences literature and alternatives to medical explanations are being generated (Wearing et al. 1990, Oakley 1992, Crouch & Manderson 1993).

The rapid medical takeover of birth (Oakley 1980) and other social changes in recent decades have profoundly altered the symbols, status and support surrounding birth and mothering in western cultures. Consequently, childbirth now lacks cultural elaboration (Stern & Kruckman 1983). Prior to becoming a mother women have few opportunities to gain understanding of what to expect in the weeks after birth.

This research was generated by (i) a concern at the assumptions that underpin much of the work published in health literature on experiences of women after childbirth, and (ii) a belief that unless 'normal' was understood it was impossible to recognize or manage the problems that women face at either a therapeutic or social level.

THE STUDY

The study used nine focus groups, with a total of 55 women, to generate discussion on the experience of motherhood. Logistical difficulties precluded resampling of groups over an extended period and limited our use of the grounded theory method in data collection. Permission was granted for the study by the Southern Sydney Area Health Service Ethics Committee, the women themselves and their early childhood nurses.

Participants

Participants were drawn from support groups for new mothers organized by early childhood nurses. These groups meet the conditions required for focus groups in that they are unfamiliar with each other but relatively homogeneous (Nyamathi & Shuler 1990). They were all first-time mothers, fluent in English, of ages ranging from 23 to 39 (mean 30.5) years and two-thirds were previously employed in clerical/secretarial (33.3%) or manual trade (33.3%) roles. Their babies were of similar ages (mean 11.8 weeks, range 2–26 weeks). Their partners were mainly employed in manual trades (61.9%) and professional areas (28.6%). The sample reflects the socio-demographic groups found in the South Eastern Sydney Area Health Service.

Data collection

Tape-recorded group discussions were the major source of data. Key questions stimulated discussion of the birth and early motherhood. These questions were of the following type: 'What was it like for you after the birth?' and 'What is it like now?' The same open-ended questions were used to begin discussion in each group. These questions were modified as preliminary impressions were elicited and specific areas of interest identified. The tapes were transcribed and then verified to ensure accuracy of transcription.

Data analysis

A detailed description of the grounded theory method of analysis is provided in a subsequent paper (Rogan et al. 1997). Initially, open coding was used to break down the data into concepts. These concepts were analysed using the constant comparative method. Words, phrases, lines, sentences and paragraphs are searched for concepts which are then compared for similarities and contrasts (Strauss & Corbin 1990). Categories were developed by grouping related concepts. Properties of the categories were abstracted and interpreted and judgements were made about positive and negative dimensions of the categories.

The progression that distinguishes grounded theory from simple description occurs at this point (Strauss & Corbin 1990). For example, the concept of 'feeling ready' for motherhood was related to the concept of 'getting ready'. The concepts grouped together into the category of 'unready' reflect previous experience and quality of preparation for the baby. The dimensions of the category encompass a continuum ranging from completely ready to totally unready for the baby.

The next level of coding, axial coding (Strauss & Corbin 1990), added depth and complexity to our interpretation of the data and laid the foundation for a final synthesis of the analysis through the core category and storyline into a grounded theory. Tentative analyses were verified by seeking additional evidence from the data. This constant re-examination of the data makes the analysis systematic and rigorous (Strauss & Corbin 1990). The research team derived agreed and substantiated meanings through negotiations with mothers.

Theoretical saturation (Strauss & Corbin 1990) was established by working with five transcripts. The remaining four, when subsequently analysed, confirmed that the initial process was exhaustive in identifying concepts and categories and therefore no further sampling of women's groups was necessary. The final stage of the analysis was verified by discussing it with another new mother's support group.

CATEGORIES

The derivation of concepts and categories is illustrated in Figure 1.
Becoming a mother

‘Realizing’

‘Realizing’ describes facing the overwhelming process of becoming a mother and the consequences this has on one’s life. The impact of this realization was huge for many women.

I felt like I was walking into, say, someone else’s life, that’s what it felt like ... I [was saying to myself] this isn’t my life anymore — it’s someone else’s and I’m watching a film, it’s not really mine ... it took me at least a week and a half to realise ... that it was actually mine and that it was my life that was changing.
Another participant describes 'realizing' as follows:

I think of it as a new language because you think it's easy before you fall pregnant and have a baby and it's just learning something totally new, you can never know enough, you never know until you have one.

Women repeatedly linked the impact of 'realizing' to leaving hospital and the early days at home.

I think it actually took until I actually got home till sort've — it sort've wasn't as though she was mine and I sort've just left her in the cot and just watched her and just layed on the bed and just watched her ... it was just that ... just couldn't sort've actually comprehend that this was my baby and I had to do everything for her ... I just probably didn't expect it, was sort've I didn't expect to ever know her.

The reality of early motherhood was different from expectations.

I didn't sort of think about the demands on you at all beforehand.

Part of the realization is the amount that has to be learned.

I didn't realize that feeding took an hour each time — they say it does get shorter.

Another mother said:

'Cause I hadn't realized how much work went into it actually doing things ... they all said to me “Oh it's so easy” ... and then all of a sudden I realized it wasn't quite that easy.

Staff were not perceived as sympathetic to the difficulties facing new mothers.

I think they think breast feeding comes really natural ... and such a normal thing to do. But it not ... it is really difficult.

'Realizing' seemed to depend on women being able to accept their birth experience. Women wanted to tell their birth stories repeatedly, as if they could not move on because the experience was untold or unresolved. 'Realizing' begins the process of becoming a mother and was, at times, difficult.

Most of the women felt 'unready' for the reality of motherhood. They spoke of using a range of resources, such as books, videos and classes, to prepare for birth and parenting. A number of women questioned whether you can really prepare for birth or parenting.

That's the thing, it's something that you really can prepare yourself for but you will never be able to prepare yourself enough until it actually happens.

Another participant put it:

Because what you need is to be actually doing it so it stays in your mind.

A third said:

I think it just sort of comes to you, I don't know how.

Anti-Natal classes
Participants expressed mixed reactions to ante-natal classes. Some did not find ante-natal classes useful at all. Others found the classes useful as preparation for the birth but not as preparation for parenting.

There's nothing about after (the birth). It's like you know, you should know what to do ... but it was one huge black hole.

Another women said:

I think they (should) concentrate on what you do when you get home.

Participants also identified a need to be better prepared for issues relating to the care of the baby.

I suppose there was just other things I didn't expect because he was really colicky and stuff and I didn't even know what that was. I thought he was hungry all the time and then I thought it was something else and something else, but as you go along I guess you learn.

Strategies that would have helped them feel more ready for motherhood were suggested.

I think that there should be in your ante-natal care a day where or a morning where you actually sit with mothers ... even though I never had a baby before — I've got lots of nephews and nieces — I knew I was going to be absolutely run off my feet, so I thought, make the most of it now and enjoy every luxury that comes your way when you're in hospital.

Many of the women found friends and relatives who had children a great learning resource.

I was just wondering if it would be nice to see someone beforehand ... you know ... it would be a good idea actually ... it would probably be an excellent idea. To talk perhaps to some mothers ... only to see how they go about it, see I had a lot of friends around me with babies so they were telling me all the problems.

'Drained'

'Drained' is a term used by the women to describe a sense of having given everything, of being emptied out.

It's like you're drained.

'Drained' resulted from the physical, mental and emotional demands associated with taking on and learning their new role. Physical tiredness appeared to be associated with recovery from the birth, lack of sleep, and was compounded by emotional tiredness and upheaval.

It is a different tired ... he was not sleeping as well as he does now. You're just recovering from the birth ... your whole life has
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changed you know ... I just found that I was, it was a different tired.

The physical tiredness associated with lack of sleep was aggravated by the constant demands associated with motherhood.

You've got everything else to do. And like she slept for half an hour at a time, like, when did I sleep? You can't.

The women said that the mental tiredness was associated with uncertainty and the process of constantly learning.

I find it's a mental tired too, you don't know what's going on, you're learning as each day goes by anyway and you're constantly watching people and what they do and you're wondering if that doesn't work. Plus you've got everybody else telling you how you should do things. I think that becomes tiring too.

The sense of being 'drained' came partly from the women feeling as if people were monitoring their inadequate mothering skills rather than supporting them.

Lack of support exacerbated the fatigue.

It's like, if you have a baby that doesn't sleep you can't sleep ... you know I had no back up whatsoever ... I just cried every day. I was tired more than anything.

Crying was not accompanied by a healthy release of tension. It appeared symptomatic of exhaustion rather than of depression. It was an expression of the women's despair that they would never get on top of the demands that were being placed on them.

'Alone'

Many women described feeling 'alone'.

You become a bit of a hermit.

Another women commented:

it's very isolating these first few weeks.

Coping with a new baby seemed to be a time of being alone, unsupported, was scary and a time of high anxiety.

That first day I came out (of hospital) with my husband ... that was really traumatic.

In hospital some women felt protected and able to cope with the baby by themselves. For some this transpired to make the move home a shock.

It seemed so unreal in the hospital because everything was so perfect ... and I remember the first day I got home. It was like he hadn't stopped crying ... I was just having breakfast at one o'clock in the afternoon.

At times being 'alone' was perceived as more helpful than negative.

People judge you harshly, I'm sick and tired of every expert bringing up your children ... leave me alone and let me get on with it.

Feeling alone was contrasted to feeling supported. Support increased confidence and reduced emotional and physical stress. Not all support is welcome, however; sometimes women felt ambivalent about accepting help, particularly from their male partners, as it made them feel guilty.

My husband gets up at five every morning to go to work and doesn't get home until about seven at night but he doesn't seem to care ... He's up with me too when I get up to feed him. I'll charge outside and he's out there with me for a while. I keep telling him to go back.

Lack of help from partners

It was more common that women lacked practical help from their partners. Sometimes men did not alter their demands on the woman's time. This competed with her responsibilities as a new mother.

Your husband comes home, 'you didn't clean the house' or 'haven't you cooked something for dinner?'.

Some women become resentful about a lack of support from partners.

Yeah my husband turned around to me the other day and said: 'oh you've got it easy' and I just said: 'what!!'.

A few women received help from their male partners without a sense of guilt or ambivalence.

I went back to work when he (the baby) was 11 weeks and [the husband] had to learn how to settle in and how to work out all the problems on his own so now it's ... you know it's usually who's going to grab him first. if he needs to settle because we both ... like he can do it as well as I can and like. So now I've found that's made a huge difference with us.

Some women reported positively about receiving practical help from other women.

I guess I am lucky because I live with my grandmother at the moment. We are sort of buying a place so we live in one room, so there's sort of three of us in one room. She did most of the cooking and everything for us when we first came home which was fabulous. It's been great with Nan because she goes and gets his things off the line and brings his things. It's been great with her ... there has been someone else.

It was helpful when women realized that other women shared their sense of incompetence and were also daunted by the magnitude of motherhood. They also found learning from more experienced women very helpful.

Yeah, it's nice when you can meet people in the same position as you, where you can feel one of the girls ... just to ask her stupid little things ... that you are not clear about.
'Loss' was experienced in a variety of areas of life. Many women expressed 'loss' in pragmatic terms, such as loss of time.

The older they get the more hectic it is ... before he just slept and that still filled my whole life totally. I had no time and now I've got even less time.

This had consequences in time available for self, partner and friends.

Of course you don't have as much time to myself, for what I find is becoming a problem, time with my husband ... he is feeling left out and ah ... we have very little time to sort of chat now, to sit down and talk for hours and all the rest. It's hard to strike up a conversation.

Loss of time impacted on relationships and on time for self.

It's not just time for going out with friends or doing things with friends. It's ... for me, it's just that time.

Loss of freedom and independence was graphically depicted in women's language.

It's very demanding ... sometimes I crave for that time of freedom and peace and quiet.

Another women described:

I feel awful sometimes and yeah, because I just want him out of my hair. I just say 'take him' and I get so ... I just, even to wash up the dishes up, if he's crying I can't. I'm dropping the forks and breaking the cups and I'm thinking I can't even wash the dishes in peace.

The fundamental 'loss' appeared to be loss of control over one's own life.

Well none of your time is your own. It's you know, like sort of having a lifestyle where you can actually have a lot of freedom and enjoy your life ... [now] you've got this tiny little thing that runs your whole life 24 hours a day. It just doesn't stop.

Loss of control was reflected in loss of previous lifestyle and loss of rewarding social roles. For example:

I'm in the cub scouts and I want to go back ... at the moment I feel like I'm going mad cause I'm with him (the baby) 24 hours a day.

Another woman exemplified the ambivalence and guilt that frequently accompanies this loss and a reluctance to acknowledge it.

We've been married for 6 years and had her, now it's a big change. I don't mean to sound selfish or anything, but I like my life. I like my social life.

Sense of self

Loss of sense of self was exhibited by many women as loss of confidence, self esteem and a negative perception of themselves as mothers.

I just felt that she wasn't sucking and I was worried ... she wasn't latch ing on very well and I'm thinking: 'oh I'm no good. I'll have to learn. I can't feed her' and I thought: 'well I'll give her a dummy'. And I didn't ever want to give it to her. And I was absolutely weeping and I put this dummy in her mouth but I really didn't want to give it to her but I just wanted her to be quiet and try and get settled ... I was just thinking: 'oh no, here I am, I'm such a bad mother I'm giving her a dummy'.

Another women said:

You don't have much faith in yourself; it's funny how your self esteem and just your whole confidence goes plummeting down ... I used to see myself as a confident person before I had her.

For some women these losses were balanced by gains associated with enjoyment of the experience.

It's not your time any more, not to say that's not good. It's terrific, it's a really nice feeling to be totally responsible for something you love so much.

Gains became more apparent as the baby grew older.

It satisfies you when you see stages they go through, I really like being a mum ... it's great!

Women's language becomes more positive as they work out how to be mothers, gain confidence and tune in to their babies. The sense of loss, accompanied by some guilt, however, remains.

As much as I love her and she's wonderful and good and everything, it's a big change. It really is.

'Working it out'

'Working it out' was a category that demonstrated that the women were developing skills and gaining confidence in being mothers and caring for their babies.

I think you get sort of told things by lots of people, especially mothers and mothers-in-laws, but I think in the end you sort of work out what the baby seems to like.

As another women expressed it:

I think after the first week you sort of get yourself worked out and baby sort of settles down a bit more as well and you just cope ... work out what time you've got to ...

Women observed other mothers.

You're constantly watching people and what they do.

They observed friends and relatives to see what worked. They compared their babies with others. They compared
their own experience and skills with those of other women and made judgements about it. Other women with children were perceived to be of the most assistance in the process of ‘working it out’.

Even though the amount that I read, you still don’t know how long the feeding gonna take and, like, just the little things. It’s good to talk to mums about these things.

Another women described the process of learning to care for her infant.

You really are feeling your way along, you learn trial by error, if it doesn’t work you don’t try that next time.

Women come to realize that the process takes time.

So, bit by bit, and all the ideas, things sort of worked out.

They also come to realize that the process is individual and depends on both their own and their baby’s characteristics.

Even if somebody did it last week, it doesn’t mean necessarily it works for your baby.

The process of ‘working it out’ requires personal resilience and is more comfortably and easily negotiated by women whose self-confidence is reasonably high.

Like, it’s really a learning process though, like perhaps no one can tell you. I think ... like everybody gives you advice, yet sometimes you just want to ... you sort of know yourself in the end what to do with him ... and your commonsense just prevails in the end.

Competence of midwives is intimidating

At times women felt intimidated by the obvious competence of the midwives in caring for their baby. This appeared to inhibit or delay their capacity to work things out for themselves.

And I thought if I ask anyone they’d think I was really stupid. But I never really changed a nappy on a little baby before and so one night, all the visitors went home ... so I just shut the door and we literally stripped her off because we hadn’t even had a good look at her. We had a really good look at her and then we fumbled our way through.

Other mothers worked out very early on that they needed to mother in their own way. They were resigned to receiving so much conflicting advice from staff and had decided to ‘just do as you are told’ and do things their own way when they got home.

It is noteworthy that some women gained confidence from the fact that there appeared to be so many ways of doing something.

But it’s good practice when you get home really realising that even the professionals have different opinions. So ... it gives you more confidence ... Women who were ‘working it out’ began to trust their own judgements and feelings.

You’ve gotta know in yourself. You know what feels best ... I want to continue breast feeding, so I kept with it ... I’m happy with what I’m doing and that’s nice.

Another women said:

I think you take all advice and then dissect what you need for yourself, ’cause every day the situation changes.

They showed discrimination over which advice to accept.

And they also had given me different advice ... I mean, you can listen to everyone else and just sort of take the bits and make your own mind up.

Sometimes women found it necessary to become assertive and fight decisions people were making about their baby.

With experience women became confident in the decisions that they made on their own or with their partners. They expressed irritation with expert opinion.

I tell you what annoyed me. You know that Doctor X? The paediatrician, you know how, he (the baby) had a wind problem. I looked it up—no such thing as wind (laughter). Well that went through the window—idiot!

Those women with prior experience of any kind ‘worked it out’ more rapidly and easily than women without experience.

It was because I brought by brother up like, from when he was a baby.

Another woman said:

It was all very difficult, very you know, and in the end it’s like ...

I got home and I thought I’ll just do what makes her (the nurse) happy ... I (now) know how to listen to my baby ...

A third woman said:

I think gosh why didn’t I listen to him before ... he was telling me everything, but I didn’t know how to listen ... to what he wanted. Because you spend more time with them, you seem to know how they’re going to react. I think you’re in a certain tune with them too.

CORE CATEGORY: ‘BECOMING A MOTHER’

In this study the core category is ‘becoming a mother’. The core category is the central phenomenon around which other categories are integrated. In a grounded theory analysis the core category is explicated in the story line (Strauss & Corbin 1990). Whilst the act of giving birth determines motherhood in the biological sense, our research shows that in the emotional and personal sense ‘becoming a mother’ takes some time. ‘Realizing’ the impact of the child on their lives comes as a shock to mothers. The magnitude
of the change they experience and the need to resolve the birth makes it difficult. Women feel ‘unready’ and are not prepared for the experience of ‘becoming a mother’.

They feel ‘alone’ and frequently unsupported by partners, health workers and society as they ‘work out’ how to become mothers. Women feel ‘drained’ by physical and emotional fatigue, lack of sleep and the demands of the baby. The experience of new motherhood involves ‘losses’ which are accompanied by grieving and sometimes resentment. Gains attached to being a mother may take months to be evident but usually compensate women for the losses they experience. Eventually women are able to ‘tune in’ to their babies as they work out how to ‘become mothers’.

Our storyline involves a beginning and an endpoint. This indicates that a basic social process (Glaser 1978) is occurring. The experience of becoming a mother is developmental and appears to follow a chronology related to increasing maternal confidence and experience. The maturation of the infant contributes another dimension to the process.

I really enjoy it now. It’s funny how you change.

Another woman said:

By the time 9 o’clock at night came and he wasn’t asleep either, I’d had enough ... and then I sort of ... get me out. But it was just after that, as the weeks have gone on, I mean he’s just a joy now. Like I can sit there and play with him and he’ll laugh and giggle at me and I’m sort of enjoying it more, week by week.

Mediating factors

It became evident in the study that three factors influenced women’s experience of new motherhood. ‘Becoming a mother’ for the first time is mediated by: (i) the nature of the baby and the mother’s reactions to her baby’s behaviour, (ii) prior experience with other people’s babies and (iii) the nature of social support available to women.

The mother’s experience was related to her evaluation of her baby’s behaviour. For example:

N. was very good. I can’t imagine what it would be like if she was really bad.

In particular, the mother’s perception of the nature of her baby influenced her perception of herself as a mother.

I coped a lot better than I thought actually, it’s only just — because she is a very good baby.

The mother’s perception of her baby’s nature also influenced her feelings towards her baby.

I’m quite lucky that he does sleep as well but I imagine if I had a baby that didn’t sleep very well I probably wouldn’t feel as nice towards him (laughter).

A negative example of response to the baby as a result of its behaviour is provided by this mother.

I’ve been through trying to introduce her to solids which she wouldn’t take. So I just stopped altogether and then she slept two hours a day ... I found that stressful ... I was in tears every day and it was horrible. I hated her.

Previous experience with babies helped these first-time mothers to feel more prepared for the process of becoming a mother.

I was pretty well prepared, I mean there were other babies in the family also which I managed to look after, and baby sit, so it was a fair enough experience.

Women who lacked such experience referred to the value of learning from the experience of other women.

I mean I was lucky because I lived down the road from a lady who had kids so I was with her a lot.

Lack of previous experience made many new mothers feel hesitant and frightened.

I was too scared to touch her ... she’s so small.

As mothers gain confidence and experience with their developing babies previous experience decreases in importance.

Social support

The nature of the social support gained through relationships with the woman’s partner, family, friends, other mothers and health professionals was crucial as women became mothers. Some women described their relationship with their partner as an alliance in which each person contributed equally to the care of the baby. This support extended to practical help with household tasks. Some women found that the support of their parents was valuable, particularly the support of their own mother.

I think the only person I rely on is my Mum, she’s been wonderful ... and I’m not normally like that, not like that at all.

Some women described the support of health professionals very positively.

I had nothing to do with babies. It took me two hours to get the baby dressed ... I look back and think I never would have had it so easy if I hadn’t had such good midwives.

Other mothers found that midwives made becoming a mother more difficult or unnecessarily uncomfortable. They were perceived as reducing the women’s is self esteem further, confusing them with conflicting advice or providing intrusive, rough or insensitive care.

I found it very difficult because different midwives had different ways to do every thing — like breast feeding and just grabbing...
your breasts which are so engorged with milk and full by the time you get the baby you (want to say) just don’t touch me anymore … I’ve just had enough.

Similarly, early childhood nurses were perceived to be both helpful and unhelpful by different women. She would make a point of telling you how well you were doing, not what you were doing wrong.

Clearly this woman’s confidence was boosted but another mother said:

a lot of girls I’ve spoken to have problems with their clinic sister, some give you a really hard time about breast feeding. I had to lie about changing to bottle feeding.

DISCUSSION

The change in the participants is greater than transition theory (Hobbs 1968, Russell 1974, Miller & Sollie 1980) suggests. Mothers undergo a profound reconstruction of self. The enormity of the change supports Rubin’s (1984 p. 52) contention that: ‘from the onset of labour to the destination, child bearing requires an exchange of a known self in a known world to an unknown self in an unknown world’.

This process of change is not bounded by a particular time frame. It is possible that women ‘become mothers’ by the end of the neo-maternal month described by Rubin (1984) or, alternatively, it may take up to 12 months after birth (Mercer 1986).

Confidence improves and anxiety lessens as the baby becomes less demanding, sleeps better and the mother gets more sleep and time for herself. Babies become more responsive and interaction becomes more satisfying, providing rewarding feelings of closeness for the mother. Women demonstrated increasing enjoyment of motherhood. There may still be a sense of loss but compensations became evident.

‘Becoming a mother’

‘Becoming a mother’ for most women caused them to feel isolated, alone and depleted rather than nurtured and supported. This suffering interfered with women’s other relationships. It took time to renegotiate relationships incorporating their new sense of self as a mother.

The individual categories and mediating factors that have emerged from our data can be supported by the findings of other researchers. Sociological and feminist work conducted with women in the 1970s and 1980s (Oakley 1979, 1986, Baum 1985, Crouch & Manderson 1993) highlight the lack of preparation and loss, isolation and exhaustion which women feel, as well as the importance of social support (Oakley 1992). Nursing/midwifery studies identify that women are unprepared for the demands of new motherhood (Pridham et al. 1987, Tulman & Fawcett 1991), and unaware that there are costs as well as rewards (Pickens 1982, Tulman & Fawcett 1991).

Fatigue has been shown to interfere with successful adaptation to the maternal role (Rubin 1984, Tulman & Fawcett 1988, Lee & de Joseph 1992). Previous experience with infants has been shown to make a difference (Curry 1983). Maternal perceptions of the infant’s behaviour and temperament are related to maternal adaptation (Roberts 1983, Ventura 1986) and the help which women seek (Pridham et al. 1987, Tulman & Fawcett 1991).

Framework needed: implications for practice

What is missing from both nursing and sociological research is a framework that draws together women’s experience of early motherhood, conceptualizes the magnitude of change required and provides strategies to help women negotiate this experience. The emphasis on labour and delivery needs to be counterbalanced with sufficient focus on family formation. Education of midwives and early childhood nurses should be changed so that professionals can assist women to integrate and resolve labour and the birth and to realize the magnitude of change which many women face in new motherhood.

Women who have babies which they find difficult to manage need additional practical and emotional support. Health workers need to recreate a cultural elaboration around mothering to cushion women against loss, provide practical support, strengthen community sources of learning and provide networks of support by women for each other. They also need to recognize the effects on individuals of their social circumstances.

CONCLUSION

Grounded theory aims to explain the everyday experience of those involved, yet be sufficiently abstract and comprehensive to apply in other circumstances where the phenomena are experienced (Strauss & Corbin 1990). The findings of this study have proved credible to women in similar situations, to experienced midwives and to early childhood nurses.

The substantive theory coming form these data, therefore, appears to be sufficiently abstract and comprehensive to fit criteria demanded of grounded theory (Strauss & Corbin 1990) and also provides a sound beginning to understanding the difficulties associated with new mothering. It demonstrates that assistance to women is limited while health workers focus on physical care and ignore the social context.
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