Supporting women in the transition to motherhood: a research overview

NCT postnatal leader and research networker Alex Bollen considers the evidence.

This research overview looks at the literature on the transition to motherhood, with particular emphasis on the psychological and social processes involved in becoming a mother. It starts with a background section explaining the history of the concept and areas of difference between researchers. It goes on to examine the common experiences and challenges involved in becoming a mother, exploring the factors which may lessen or intensify them. In particular, the protective effect of social support is examined. Implications for practitioners supporting women in the transition to motherhood are then considered.

The review has its roots in research undertaken for the NCT Diploma in Postnatal Group Facilitation and subsequent reading to support my role as an NCT Postnatal Group Leader. In addition, the following databases were searched using the terms ‘transition + motherhood’: Google Scholar, JSTOR, PubMed, and ScienceDirect. Relevant literature cited by other authors was also reviewed. Studies that focus primarily on pregnancy, birth and/or breastfeeding, rather than on changes in role, status and experiences of becoming a mother, were excluded, as was the extensive literature on the impact of the transition to parenthood on couple relationships. This narrative review is not exhaustive, but aims to include the main themes in the social science literature.

Background

Transition to motherhood theory derives from the work of Rubin, who introduced the concept of ‘maternal role attainment’ (MRA) in the 1960s. Mercer has built on Rubin’s research, suggesting that MRA be replaced with the concept of ‘becoming a mother’ to connote the initial transformation and continuing growth of the mother identity. Rubin and Mercer’s work has strongly influenced nursing research and practice.

Mercer identified four stages, involving preparation during pregnancy, a time of acquaintance, learning and physical restoration in the first two to six weeks postpartum, followed by a period of moving towards a sense of a new normal as the mother learns about the baby, adjusts to her new role and achieves maternal identity, usually at around four months (although Mercer stresses that the timings are variable).

Key points

- The process of becoming a mother is often challenging. Women can feel unprepared for the reality of motherhood and experience a range of emotions such as feeling overwhelmed and drained. A loss of a sense of self can occur.
- Factors which can increase the difficulties include an unsettled baby, unrealistic expectations due to a lack of experience in babycare, and negative birth and feeding experiences.
- There is a lack of research among women of different social classes, but the evidence suggests that difficult social circumstances such as poverty bring additional challenges.
- Women can expect motherhood to come naturally and equate negative feelings with being an inadequate mother. This can lead women to conceal difficult experiences.
- Social support, which includes practical help, information and emotional support (including emotional support provided by other mothers), is a key factor in the transition to motherhood. However, some women can be reluctant to access it.
- Confidence usually increases as women develop skills and the baby becomes more settled and responsive.

Rubin and Mercer’s work has been criticised for assuming that adaptation is universal and context-free, and for focusing too narrowly on mothering the baby rather than changes for the woman. Its implication is that a failure to adjust to motherhood is an individual pathology.

Sociological and feminist research on becoming a mother explores the experience from the woman’s perspective and locates this in a wider social context. Oakley contends that a woman only becomes a mother in the social sense when she is seen as one both by herself and others. In her longitudinal research among 17 new mothers, Miller found that feeling like a mother was a gradual process which even at nine months may not be perceived as having been achieved.

‘Normalising feelings and experiences is a valuable means of support.’

What can be agreed is that the transition to motherhood is often challenging. Some authors go so far as to suggest that an ‘easy’ transition is unusual. It is therefore important to understand what factors can heighten or reduce the challenges, as well as what impact these factors may have on the risk of developing postnatal depression (PND), a major public health issue.

Key themes

Key themes from the sociological and social psychology literature are set out below. While early experiences of becoming a mother are diverse, there are many commonalities reported in research.

‘Not what I expected’

A key theme is that women often feel unprepared for the reality of motherhood. In her seminal 1970s study, Oakley found that almost all (91%) of her sample of 66 mothers found that motherhood was not as they expected. Feeling unprepared and having unrealistic expectations of motherhood continues to be a common theme. For example a study among 79 Australian first-time mothers found most of them did not expect the unrelenting demands of infant care, how tired they would feel, and the loss of personal time and space. A ‘conspiracy of silence’ about the challenges was the major category identified. This can have a negative impact on well-being. Eight out of 18 qualitative studies on PND in Beck’s meta-synthesis focused on the theme of conflicting expectations and reality.

Cultural ideals of motherhood

The literature suggests that common cultural representations of motherhood as natural, instinctive and enjoyable contribute to the gap between expectations and reality. Women can believe they should immediately know how to care for their babies, despite a lack of practical experience. Not living up to cultural ideals of motherhood can have a damaging impact. In Mollard’s meta-synthesis of 12 qualitative studies on PND, ‘crushed maternal role expectations’ was identified.
as a key category. A ‘good mother’ was seen to be happy, selfless, and patient; women felt like a ‘bad mother’ if they were not meeting these expectations.\textsuperscript{22} Other research shows that women can feel like bad, abnormal or inadequate mothers if they experience negative feelings about motherhood and/or find it difficult to cope.\textsuperscript{10,16,18,21}

There is evidence that rigid and idealised views of motherhood can contribute to depression.\textsuperscript{22} A recent study of 113 American women found that women who scored higher on the Rigidity of Maternal Beliefs Scale had a higher risk of developing postnatal depression.\textsuperscript{23} Miller’s research found that cultural expectations led women to conceal experiences and reactions which are difficult but normal. It was only in the final interview conducted nine months postnatally that they felt comfortable disclosing these.\textsuperscript{6} In longitudinal qualitative research among first-time mothers conducted when their babies were around 18 months old, it was easier for them to reflect on negative or mixed feelings about becoming a mother one year later.\textsuperscript{24} This has methodological implications for research conducted in the early postnatal period, and may help explain studies showing lower feelings of maternal competence at eight months postpartum compared to four months.\textsuperscript{7}

**Riding the rollercoaster: challenging emotions**

Nelson’s meta-synthesis of nine qualitative studies found that the transition is ‘fraught with conflict, uncertainty, fear and emotional lability’.\textsuperscript{9} In Darvill et al’s subsequent qualitative research among 13 first-time mothers, many of the women used the analogy of a rollercoaster.\textsuperscript{13}

Common emotions are:

- Feeling overwhelmed. In their review of the literature on the first year of parenthood, Nyström and Öhrling summarise the experience as ‘living in a new and overwhelming world’.\textsuperscript{25} This is linked to an overwhelming sense of responsibility for the baby and the demands of infant care.\textsuperscript{9,13,22,26}

- A sense of shock.\textsuperscript{9,22,26} Indeed, Coates et al avoided using the term ‘transition’ in their research (among 17 women who had experienced emotional difficulties in the first year after birth) because women spoke of a sudden and challenging change.\textsuperscript{26}

- Exhaustion. Extreme tiredness from the physical and emotional experiences of birth and early motherhood is another common theme.\textsuperscript{12,13,21,25} Barclay et al characterise this as feeling ‘drained’.\textsuperscript{15}

Some researchers argue that PND pathologises normal emotions arising from the challenges involved in becoming a mother.\textsuperscript{7,16,27} Homewood et al suggest that it may be that depressed mothers undergo similar cognitive and emotional processes to ‘well’ mothers but have more difficulty accepting ambivalent feelings.\textsuperscript{22}

**Reconstructing identity**

Becoming a mother involves a major transformation of self-identity.\textsuperscript{7,26,29} — a ‘profound reconstruction of self’.\textsuperscript{15} The change in identity can involve major losses, including a loss of autonomy,\textsuperscript{26} which can be a key factor in the development of PND. Beck’s meta-synthesis identified loss as a pervasive component of PND,\textsuperscript{16} while loss of a sense of self was a key theme in Mollard’s meta-synthesis.\textsuperscript{22} Homewood et al’s qualitative research among nine women with PND identified a core category of ‘becoming occluded’, where the baby’s needs eclipsed the mother’s sense of identity and self-confidence.\textsuperscript{22} Nicolson concluded from her qualitative research among 24 new mothers that women need time and support to adapt to loss and change, arguing that this process is complicated by motherhood being seen as natural and desirable.\textsuperscript{19} A focus on the woman’s own feelings and needs can feel incompatible with her role as a mother.\textsuperscript{14}

This can be reinforced by the shift of focus from the woman to the baby which can be experienced following birth.\textsuperscript{7,16,29}

**Birth and feeding experiences**

There is not space to examine birth or feeding, but it is important to note that difficult experiences of birth\textsuperscript{2,26,30} and breastfeeding\textsuperscript{29,31,32,33} can impact negatively on women during the transition.

**The characteristics of the baby**

The baby’s characteristics and responsiveness can shape women’s evaluation of themselves as mothers.\textsuperscript{17,22} In their research synthesis, Brunton et al found that women blamed themselves for being unable to interpret their baby’s needs and stop their crying, becoming disappointed that their early mothering was not instinctive. As the baby becomes more responsive, settled and predictable, confidence can increase and motherhood becomes more enjoyable.\textsuperscript{7,15,24}
Perceptions of prolonged or frequent crying and poor sleep in babies are associated with higher levels of maternal fatigue and depressive symptoms. Working it out is influenced by factors such as working it out to be a key category in the transition. This involves women developing skills and gaining confidence over time, a theme found in other research. A literature review covering the period 1985-1999 found that positive self-esteem is the most important variable accounting for successful maternal role attainment.

Working it out — developing confidence

Barclay et al’s research among 55 Australian first-time mothers found working it out to be a key category in the transition. This involves women developing skills and gaining confidence over time, a theme found in other research. A literature review covering the period 1985-1999 found that positive self-esteem is the most important variable accounting for successful maternal role attainment.

‘As the baby becomes more responsive, settled and predictable, confidence can increase and motherhood becomes more enjoyable.’

Working it out is influenced by factors such as the baby’s characteristics, the woman’s confidence and prior experience. Darvill et al’s research found that confidence was restored through regaining some sense of control. Other research identifies losing and regaining control as a key theme.

Social circumstances

Much of the research has been conducted among educated, white, middle-class women in stable heterosexual relationships. However, many other factors can influence women’s experiences of becoming a mother, such as ethnicity, socioeconomic status, immigration, age and employment.

In their systematic review, Brunton et al concluded that there are gaps in the evidence on how women of different social classes and ethnicities experience the transition to motherhood. Difficult circumstances such as poverty are likely to increase the stresses. One American study of 19 low-income mothers with PND found that the women were overwhelmed from the emotional and material demands arising from poverty, and associated factors such as living in dangerous inner-city environments.

Mothering orientations

Another important discipline contributing to our understanding of the transition to motherhood is psychoanalysis. I have found Raphael-Leff’s work particularly useful, including her observation that ‘we are each the sum total of our life’s stories’. She has identified different mothering orientations which involve distinct beliefs about pregnancy, birth, caregiving and motherhood. Brief descriptions of the main three orientations are as follows:

- **The Facilitator** sees the newborn as a separate, sociable person capable of forming relationships and making demands. She believes both the baby’s and the rest of the family’s needs should be taken into consideration. There is a constant process of negotiation as approaches are reassessed according to the changing needs of the baby and the rest of the household.

- **The Regulator** sees the newborn as the baby knows best and she herself to fully meeting her newborn’s needs.

- **The Reciprocator** sees the newborn as a separate, sociable person capable of forming relationships and making demands. She believes both the baby’s and the rest of the family’s needs should be taken into consideration. There is a constant process of negotiation as approaches are reassessed according to the changing needs of the baby and the rest of the household.

Quantitative research in the UK has validated the theory (although some of the studies focus on Facilitators and Regulators only). The different orientations can give rise to different stresses, for example a Facilitator being apart from her baby, a Regulator being unable to get her baby into a routine or a Reciprocator struggling to meet everyone’s needs.

These orientations relate to different philosophies of baby care, which have been classified as follows:

- **Infant-demand**/‘intuitive parenting’ which holds that parents should respond intuitively to crying, feeding and sleeping, and encourages active comforting (e.g. rocking and baby wearing) and co-sleeping.

- **‘Limit-setting’**/‘infant behaviour management’ parenting which holds that unsettled infant behaviour can cause significant problems for some families and that infant behaviour can be shaped or modified by caregiving (for instance, putting the baby to bed while drowsy rather than asleep).

The infant-demand philosophy broadly corresponds to the Facilitator orientation, while the Regulator orientation to a limit-setting approach. Given the variation in orientations, some researchers argue that prescribing one ‘right way’ of mothering should be avoided. Raphael-Leff argues that variation in orientation is part of life and only becomes harmful at the extremes. As discussed above, rigid and idealised views of motherhood can contribute to depression.
The literature suggests that women can benefit from three types of support: [56]

- Practical support, e.g. shopping, housework or cooking.
- Information/guidance on caring for their baby. However receiving conflicting advice can be problematic. [15]
- Emotional support, both receiving encouragement and being able to talk about what they are going through. [13]

The risk of PND increases in women without someone to talk to openly. [23]

Sources of support

Partners can be a key source of support; a partner who is unsupportive can be a factor in depression. [15,16] Women’s parents, particularly their mothers, can be a significant source of support. [24] as can friends. [16] Mauthner’s study of 18 depressed mothers concluded that relationships with other mothers were at least as important as the quality of relationship with partners. [47]

The most valuable form of support from other mothers seems to be emotional, through ‘normalising’ feelings and experiences. [13,14] Urwin’s research among 40 women found that discovering that other new mothers had similar problems enabled them to re-evaluate their own competence. [21]

Accessing support

The availability of social networks does not necessarily mean a woman feels well supported. [41] Several factors can prevent women accessing available support. A qualitative study with an ethnically diverse sample of American women explored the barriers. Some women feared that asking for help would reflect negatively on their parenting skills. Others worried about being a burden or hurting their family’s feelings by voicing their frustration about the lack of support. [49]

Other studies have identified a reluctance to ask for help from family and friends because of fears of how this would be perceived. [8,16] In Mauthner’s study, women’s perceptions of ‘difference’ and ‘abnormality’ in comparison to other mothers led them to withdraw from these relationships, thereby limiting the opportunities for their negative thoughts to be contradicted by other mothers. [47]

The sociological and social psychological literature shows that the transition to motherhood is often challenging and that incorporating maternal identity into a woman’s sense of self can be fraught with difficulty. Rigid views of motherhood can contribute to depression, and trying to live up to perceived cultural ideals of being a ‘good mother’ can add to the pressures.

Other factors which can shape a woman’s transition to motherhood include the extent to which social support is available and accessed, difficult social circumstances such as poverty, expectations and previous experience of babycare, and characteristics of the baby.

In addition, the psychoanalytical literature suggests that different mothering orientations can give rise to different stresses in the transition to motherhood.

Practice points

Support should be woman-centred, listening to what a woman says about her individual experience. Avoid making generalisations or assumptions, as circumstances and values vary widely.

Cultural ideals about motherhood need to be taken into account. [8] For instance, if a woman feels guilty about meeting her own needs, comments which seem perplexing (such as claiming her newborn likes having his own space) become more explicable. Women should be supported to:

- Understand that conflicting and overwhelming emotions are normal. [8]
- Openly express negative feelings and fears. [22]
- Appreciate the legitimacy and importance of their needs.
- Access support networks, particularly those which provide opportunities to voice their experiences to other mothers. [13,22,47]

As a practitioner, I have found Raphael-Leff’s mothering orientations particularly useful in explore different approaches to babycare, although I have renamed them ‘Connector’ (instead of Facilitator), ‘Balancer’ (Reciprocator) and ‘Organiser’ (Regulator) as these labels feel more accessible.

Finally, the enormous personal achievement involved for each woman on her journey to motherhood should be recognised and celebrated. 

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Wilkins C. A qualitative exploration of discovering the needs of first-time mothers on their journey towards intuitive parenting. Midwifery 2006;22(2):169-80.


