Experiences of Parenthood and Parental Support During the Child’s First Year

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Experiences of parenthood and parental support during the child’s first year

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ABSTRACT
The overall aim of this licentiate thesis was to describe parents’ experiences of parenthood, mothers’ experiences of being separated from their newborns, and also mothers’ experiences of an intervention to provide parental support. Data were collected through a review of the literature (I) and through tape-recorded narrative interviews with mothers (II, III). The data were analysed using a qualitative thematic content analysis (I, III) and a phenomenological hermeneutic interpretation (II) respectively.

Being a parent during the child’s first year was experienced as overwhelming. Mothers felt satisfaction and confidence, but also strain of various kinds. The sources of this strain lay in having the principal responsibility for the child, struggling with having limited time for oneself, and being tired and drained of energy. In addition to being confident as a father and as a partner, men also felt that living up to the new demands was a strain, and that being prevented from establishing a closeness to the child was hurtful. Men saw themselves as the family protector and provider.

Mothers’ narratives about their separation from their newborn during their first week of life, as a result of transfer to a neonatal intensive-care unit, revealed that their experiences had caused them emotional strain and anxiety accompanied by pain and grief, but also a feeling of closeness and care. A feeling of being an outsider was expressed as loss, grief and distress. The mothers felt powerless when prevented from taking responsibility for their newborn, and worried and afraid that something serious was going to happen. Feelings of love, gratitude, intense closeness, and the joy inspired by their newborn occurred in those moments when the mothers had their children with them.

Mothers’ experiences of receiving parental support through the medium of electronic encounters showed that they felt that sharing experiences with others was supportive and that having new friends reduced their feeling of loneliness. The technology was experienced as fun and exciting, but the mothers were disturbed by noise problems and gradually by the presence of the infant. The opportunity to meet other mothers in the same situation via electronic
encounters, and to share the experiences of being a mother seemed to facilitate everyday life for these mothers.

This study can be understood as a description of the process of becoming a mother and of the concepts of transition and confirmation.

**Keywords:** electronic encounters, first year, intervention, literature review, mother-newborn separation, mothers’ support, parents’ experience, strain
ORIGINAL PAPERS

This licentiate thesis is based on the following papers, which will be referred to in the text by their Roman numerals:


INTRODUCTION

This licentiate thesis reflects a western world perspective and focuses on experiences of parenthood during the child’s first year. It also focuses on how parental support can be provided by means of interactive communication technology (ICT). Parents’ own experiences are illuminated throughout this licentiate thesis and the parents represented are both new and experienced. The reason I have chosen to present the parents’ perspective is that in pediatric nursing and in child health nursing it is essential to consider the child, the parents and siblings if any as an entity. Infants are totally dependent on adults understanding and meeting their needs. I assume that working with parents in order to encourage their confidence and their ability to solve their own child-rearing problems would be a fruitful means to achieving optimal development for the children.

Parenthood during the child’s first year

One of the most rewarding and fulfilling aspects of life is having children (Knauth, 2000). Pregnancy and childbirth are regarded as normal life processes and becoming a parent for the first time implies a critical transition period which can be both a fulfilling experience and a stressful time as the new parents learn to take care of their infant (Hanna, Edgecombe, Jackson, & Newman, 2002; Mercer & Ferketish, 1995; Rogan, Shmied, Barclay, Everitt, & Wyllie, 1997). Hendricks (1998) found that being a parent for the first time is hard work despite the support received from a wide range of sources. According to Knauth (2001) new parents (both first-time parents and experienced parents) are at risk of experiencing increased marital conflict after the birth of their infant, which in turn is associated with negative developmental outcomes for their children. Men and women reported a decline in marital satisfaction between the prenatal period and eight months postpartum.
Olsson, Jansson, and Norberg (1998) exploring the manner in which parenthood was discussed in midwifery consultations found that the meaning of being a mother was experienced as complex and difficult as it involved both being needed and being dependent. The meaning of being a father revealed a struggle between distancing oneself from and being close to the child. The mate relationship was seen as both important and under strain. The focus of their study was the content of the consultations between the midwives and the parents. As the midwives mostly took the initiative concerning the topics discussed (Olsson et al., 1998), it is not obvious what topics seemed the most important to the parents.

Plantin (2001) examined Swedish men’s perceptions and experiences of their fatherhood in various phases and how they influence the male self-image. The study showed, among other things, that most men took considerable responsibility for economic provision and for the technical and heavy maintenance of the family’s material assets. At the same time men expressed a strong emotional attachment to the children and to family life. The fathers’ involvement with their children was often not associated with the first years but with later periods in the child’s development. Several men felt dissatisfied with the lack of interest in their fatherhood from those around them, and that parental education was too focused on the woman (Plantin, 2001).

Being a mother includes feelings of love for the child and satisfaction (Lupton, 2000), as well as feelings of powerlessness and inadequacy as a mother (Ahlborg & Strandmark, 2001). Mc Veigh (2000) stated that new motherhood is a stressful and lonely time, and that when parents do not have adequate support, negative outcomes may impact on mother, child, and family in both the short- and the long-term perspective. According to Gair (1999), Kruger (2003), and Lewis and Nicolson (1998), the conception of motherhood in western society
reflects the belief that motherhood itself is a universally fulfilling experience for women. The authors claim that contrary to the myth of motherhood, women frequently have intensely ambivalent feelings about motherhood. Lewis and Nicolson (1998) showed that women experienced motherhood as problematic, involving both negative and positive elements. It was described as a complex experience, involving change, loss and readjustment.

Winnicott (1988) described how motherhood influences the mother during the first months. According to him ‘primary maternal preoccupation’ means that the mother’s state is characterized by increased sensibility (pp. 36, 93). The mother is totally occupied with the care of her child who initially seems to be a part of her. Winnicott (1988) declares that during this period the woman is largely the baby and the baby is her. However, the mother’s natural instincts cannot be developed if she is afraid, if she cannot see the baby when she or he is born, or if she has to be separated from the child. Bearing all this in mind, it is thus of interest to study mothers’ experiences of being separated from their newborns. From a nursing perspective it is interesting to study the experience of parenthood during the child’s first year.

The attachment between parent and child

Theories of attachment can partly explain parents’ experiences of a new parenthood. Erickson (1996) defines bonding as the process that occurs from the first moment that the mother begins to feel connected to her baby, while attachment is the outcome of the bonding process and occurs along a continuum.

According to Bowlby (1969) one of the most striking developments in the first year of life is the development of the infant’s attachment to its primary care provider. Mothers look forward to becoming attached to their babies even before their birth; they expect to spend time with their newborns, and avoid situations
that would interfere with this relationship. Mothers consider proximity to their newborns to be essential. Bowlby (1969) further claims that when the development of this attachment does not occur, it may lead to negative consequences in later life. Unfortunately Bowlby (1969) focuses only on mothers and not on fathers’ experiences.

Partis (2000) used Bowlby’s attachment theory (Bowlby, 1988) to explore the link between early childhood experiences and adult functioning and wellbeing. She found that early attachment patterns appear to be significant for adult functioning, but not exclusively so. According to Partis (2000) it is clear that there is a wide range of factors related to the individual, the environment and other people, which determine adult functioning in society. Childcare and attachment relate to the total environment of the child, and it is the quality of care from all sources that influences attachment and development.

According to Klaus and Kennell (1976) the mother’s attachment to her child may be the strongest bond in the world. The power of this attachment is so great that it enables the mother or father to make the unusual sacrifices necessary in the care of their infant day after day. The authors claim that this original mother-infant bond is the wellspring for all the infant’s subsequent attachments and is the formative relationship in the course of which the child develops a sense of self. They define attachment as ‘a unique relationship between two people that is specific and endures through time’ (Klaus & Kennell, 1976, p. 2).

Feldman, Weller, Leckman, Kuint, and Eidelman (1999) found that an infant’s physical condition and the mother’s personality traits contributed independently to maternal attachment. Their findings suggested that infants who are ill on birth and are separated from their mothers, who are highly anxious or depressed,
stand the highest risk of sustaining disturbances in the development of the mother-infant attachment.

Most infants are born healthy by normal delivery or caesarean section, while some infants are born prematurely or have milder or graver physical problems at birth. Pregnant mothers’ wishes and expectations regarding giving birth and the consequences when those expectations are not fulfilled have been studied. The reported consequences were, e.g. feelings of lack of satisfaction in giving birth, lack of control, agony, more pain during labour, and a disturbed relation to the new infant (Halldórsdóttir & Karlsdóttir, 1996). Rautava, Lehtonen, Helenius, and Sillanpää (2003) showed that the critical illness of a newborn had a long-lasting effect on the family.

**Parental support during the child’s first year**

As becoming a parent implies, in addition to happiness and joy, various strains, e.g. feelings of loneliness and isolation (Barclay, Everitt, Rogan, Schmied, & Wyllie 1997; Olsson et al., 1998; Sethi, 1995), parents need support of various kinds. They may need emotional and social support concerning their expectations, feelings and relationships in the light of their new parenthood (Parr, 1998; Cronin, 2003).

Parents are important models for their children, and childhood is influenced by the competence and ability of the parents to create a well-balanced and secure environment for their children. Western societies are characterized by great complexity, fast change, and new conditions for parenthood (Ministry of Health and Social Affairs [SOU] 1997:161). New mothers and fathers have fewer opportunities today to learn about parenting from role modelling (Guyer, Hughart, Strobino, Jones, & Scharfstein, 2000) which creates a need to find new models of support for parenthood e.g. in parental groups. According to Hanna et
al. (2002) parents face the risk of not being as well prepared for parenting, while at the same time increased family isolation may lead to psychosocial problems, resulting in long-lasting problems for the infant and the family. Perhaps the increasing number of separations in Sweden (Statistics Sweden [SCB] 2003:1.2), resulting in many single parents owes something to such problems. This may indicate the need for increased parental support.

One of the primary aims of the Swedish child healthcare is to reduce mortality, disease and disability in children and any harmful stress suffered by parents and children. A further aim is to support parents in their parenthood, thus creating favourable conditions for child’s development (The National Board of Health and Welfare [Socialstyrelsen] 1991:8). Child healthcare in Sweden encompasses all children from birth to school age; it is voluntary and free of charge. The child health nurse (CH nurse) is the person within the child health system who will meet the parents in their parenthood, especially during the first year of the child’s life. According to Ministry of Health and Social Affairs [SOU] (1997:161) parental support by parents groups has not yet met all the aims set. One goal of Swedish society is to support parents in achieving a positive, enriching and responsible experience in becoming parents. According to the health insurance system in Sweden both parents have paid leave to stay at home for two weeks postpartum (Law [Lag] 1962:381), and one of them is allowed an additional 480 days leave on partial salary. The insurance also covers prenatal care, delivery and hospital stay.

From the CH nurses’ view the important aspect of their encounters with parents is being supportive and confirmating the parents in their new role (Fägerskiöld & Berterö, 1996; Fägerskiöld, Wahlberg, & Ek, 2000; Jansson, Petersson, & Udén, 2001). The wishes of the parents correspond with those of the nurses, when they state that support and confirmation are important quality aspects of child
healthcare (Jansson, Isacsson, Kornfält, & Lindholm, 1998). In a contrast to this unanimity of outlook Baggens (2004) found that home visits to new parents have many similarities to visits to the child healthcare centre and can be seen as institutional visits, although they take place in the home. The interactions in such visits are orchestrated by the nurse, and operated on a task-specific agenda. The interaction was dominated by the nurse and was thus asymmetrical.

The overall aim of parents’ groups was expressed by district nurses (Petersson, Håkansson, & Petersson, 1997) as achieving a socially well-functioning group of parents who could give each other advice and support. The nurses stressed the importance of increasing the psychosocial content of parental education. At the same time they pointed out the difficulty of leading discussions about problems in relationships as they lacked the methods needed for a specifically psychosocial approach. As the study express the nurses’ and not the parents’ view it is not evident whether the aim of parents’ groups was achieved.

The general importance of health visitors’ and other nurses’ capacity to provide empathic understanding and support for people with emotional problems has been pointed out (Mead, Bower, & Gask, 1997; Reynolds, Scott, & Austin, 2000; Reynolds & Scott, 2000). The nurse’s ability to help the patient to learn how to handle life stressors effectively is reduced if empathy is lacking (Reynolds & Scott, 2000). Mothers who received support from primary care were relieved to be able to talk about their relationship problems with an empathic and knowledgeable listener. They appreciated being listened to and encouraged to find their own ways to solve their difficulties (Simons, Reynolds, Mannion, & Morison, 2003). This knowledge implies new challenges for those working with parental support.
First-time parent groups might help dissipate some of the stress of early parenting and foster positive social networks (Hanna et al., 2002). The studies found that concern parental support often deal with the aim of supporting fragile families which are vulnerable for various reasons, e.g. poverty and/or lack of educational attainment, inexperience and youth (Letourneau et al., 2001; Nardi, 1999). In addition to various kinds of training programmes in parenting skills, there are a few examples of studies aimed at helping parents to empower themselves to strengthen their family unit and provide an accessible network of peers (e.g. Duffy, Vehvilainen-Julkunen, Huber, & Varjoranta, 1998; Ritchie et al., 2000).

Parental empowerment is defined as ‘enabling a parent to develop personal capacity and authority to take charge of everyday family life’ (Rodwell, 1996, p. 308). According to Jones and Meleis (1993) empowerment encompasses people’s rights, strengths and abilities, implying competence or the development of potential. Empowerment is both a process and an outcome and can be developed in parental support.

Although there are differences in the concept analyses of empowerment, they share many common elements (McCarthy, Herbert, & Brimacombe, 2002). Some of these elements are a partnership, mutual decision-making, and freedom for clients to make choices and accept responsibility as well as mutual respect and trust. McCarthy et al. (2002) used empowerment as the theoretical framework when comparing the outcomes for parents who participated in empowering and traditional approaches to asthma education. They found significant differences regarding sense of control, ability to make decisions, and ability to provide care for parents who participated in the empowering approach. Mazurek Melnyk et al. (2004) evaluated the effect of a preventive intervention program for critical ill children and their mothers. The Creating Opportunities
for Parent Empowerment (COPE) program was used, which e.g. is focused on increasing parents’ knowledge and understanding, and direct parent participation in their children’s emotional and physical care. The findings showed that mothers who received the COPE program experienced improved maternal functional and emotional coping outcomes in comparison with the control group. This indicates that empowerment can be a fruitful basis when designing parental support programmes.

**Parental support by ICT**

Telecommunications and computer technologies are changing the way in which individuals interact with their healthcare providers. There are a number of terms used to describe electronic encounters between a client and a health care provider, e.g., telehealth, telemonitoring, telemedicine, consumer health informatic (Bakken, 2001). The term interactive health communication (IHC), is defined by the Science Panel on Interactive Communication and Health as ‘the interaction of an individual-consumer, patient, caregiver, or professional with or through an electronic device or communication technology to access or transmit health information or to receive guidance and support on a health-related issue’ (Robinson, Patrick, Eng, & Gustafson, 1998, p. 1264). According to Bakken (2001) this definition incorporates the use of various information and communication technologies (ICT) for such functions as enabling informed decision making, promoting healthful behaviours, and promoting peer information exchange and emotional support. These functions match well the types of interventions delivered by nurses in clinical settings.

Telehealth technology broadly encompasses computers, the Internet, television, voice and video systems, and distance-learning devices which, when coupled with communication lines, mediate patient care, education, or encounters over long distances. This technology allows a clinical interaction to take place very
similar to a face-to-face exchange in a clinic setting. One of the advantages of telehealth is that it provides the means of and maintaining a therapeutic relationship with a patient in a remote geographical area (Schlachta-Fairchild, 2001).

Brennan et al. (2000) showed the utility and security of interactive health communication (IHC) as a nursing intervention strategy for clients and caregivers for such aspects as social support. In a systematic review of studies of patient satisfaction with telemedicine Mair and Whitten (2000) showed that all such studies reported good levels of patient satisfaction. Hufford, Glueckauf, and Webb (1999) found that mothers and adolescents found IT-based counselling convenient. However the authors emphasize the need for further research.

The telephone seems to be the most common form of ICT used to support parents. Ritchie et al. (2000) demonstrated the impact of a 12-week telephone intervention involving peer-support group for parents of children with chronic conditions. Edwards and Sims-Jones (1997) assessed the effectiveness on primiparous women of a postpartum telephone visit from a public health nurse regarding infant care. According to Thome and Alder (1999) there is good evidence to show that telephone-based counselling can reduce maternal fatigue induced by caring for behaviourally difficult infants. Apart from the telephone, video-conferencing and the Internet are other forms of ICT that are used in parental support. Gray et al. (2000) found that families with premature infants gained educational and emotional support from using telemedicine and the Internet. Lazenbatt, Sinclair, Salmon, and Calvert (2001) showed that breastfeeding mothers received support when using video-conferencing equipment linked to the hospital. No studies have been found on using ICT in connection with parental support.
RATIONALE
It is CH nurses in the health system who meet parents and infants regularly and their function is to support parents in their parenthood, especially during the first year of the child’s life. Studies have found that the CH nurse have good intentions when it comes to supporting the parents but there seem to be obstacles to implementing this in an optimal way. The majority of the published research started from and illuminated child healthcare from a nurses’ or midwives’ viewpoint. In child healthcare, as in paediatric care, the infant and its parents are considered an entirety, and furthermore that the health of the infant is dependent on the parents’ condition. In these circumstances it is important to describe the parent’s own experience of parenthood during the child’s first year in order to understand what needs to be provided in any intervention aimed at parental support. Today there are few studies found that describe interventions to provide parental support.

The beginning of parenthood can vary, and the experiences of parents who return home from the hospital with their newborn infant can also vary. Since the 1970s the care of newborns at maternity wards in Sweden has developed and changed from the staff looking after the infants to the mothers and the fathers themselves taking care of their infant. Having their premature or seriously ill newborn infants admitted to a neonatal intensive care unit (NICU) is a strain for the parents, as is shown in several studies (e.g. Doering, Dracup & Moser, 1999; Hughes, Mc Collum, Sheftel & Sanchez, 1994; Miles, Carlson & Funk, 1996; Raeside, 1997). In Sweden newborns with less serious illnesses or physical problems such as e.g. hyperbilirubinemia, who need phototherapy, or hypoglycemia, who need extra feeding, are often still treated in a NICU. The parents of these infants cannot usually stay in the NICU all day and night.
because of lack of space, but parents of more seriously ill children are prioritised. This undesired separation might influence the process of attachment.

As no study was found which dealt with mothers’ experiences of being separated from their newborns when the infant has less severe physical problems or illness it ought to be important to explore those experiences. Such knowledge is a prerequisite for giving those mothers the kind of support they need, and should form the starting point for any intervention programme aimed at providing parental support. Parents’ need of parental support in parents’ groups and the fast development of the technology, means that it is of value to discover whether parental support delivered via an electronic medium is fruitful. If it proves to be so a wide range of possibilities are opened up, especially for parents living in rural areas.
THE AIM OF THE LICENTIATE THESIS

The overall aim is to describe parents’ experiences of parenthood, mothers’ experiences of being separated from their newborns, and also mothers’ experiences of an intervention to provide parental support. The overall aim is based on the specific aims from the different studies:

Paper I  The aim was to describe mothers’ and fathers’ experiences of parenthood during the child’s first year.

Paper II  The aim was to elucidate mothers’ experiences related to separation from their newborns, who had been transferred to an NICU after delivery.

Paper III The aim was to describe mothers’ experience of an intervention to provide parental support by means of electronic encounters.
MATERIAL AND METHODS

A qualitative approach has been used in this research. As qualitative studies are often undertaken to develop a rich, comprehensive, and context-bound understanding of a phenomenon (Polit & Beck, 2004, p. 263) this approach seemed to be most suitable for describing and understanding parents’ experiences.

Settings
The studies included in this licentiate thesis reflect a western perspective with mostly Caucasian participants. Papers II and III report studies conducted in northern Sweden with mothers living in both urban (II, III) and in rural areas (II). Access to new technology made it possible to perform the intervention study from the mothers’ homes.

Participants and procedure

Paper I - Literature review
A literature search covering the period 1992-2002 was carried out using the Medline, Cinahl, PsychLit, and Academic Search Databases as well as index systems and free-text searches. The search terms were parenthood, parenting, first year, infancy, and experience. The inclusion criterion for the studies was that they had to describe fathers’, mothers’, or parents’ experiences from the first year of the child’s life. Studies dealing with both experienced and first-time parents were included. The exclusion criteria were: studies of adolescent parents, sick children and sick parents, studies limited to experiences during the first weeks of the child’s life, and quantitative studies where the parents’ experiences were not made clear. About 250 abstracts were read and 88 articles were identified of which 33 met the inclusion criterion and corresponded to the aim of the review. These were then analysed.
**Paper II**

Eight mothers participated in the study. The inclusion criteria were that their full-term newborns had been treated in neonatal intensive-care unit (NICU) for two to ten days before being declared healthy and sent home. The newborns initially stayed in the NICU for two to four days and subsequently with their mothers in the postpartum unit visiting the NICU regularly for tests and controls. The mothers stayed in the postpartum unit while their children were in the NICU. The mother and her newborn stayed at the hospital between three and six days.

The head nurse at the NICU selected the first ten mothers whose children met the criteria for the study. The selection was made from a list of infants admitted to the NICU about one month previously. Two people declined to participate. The mothers ranged in age from 19 to 35 years, and all of them were married or had common-law husbands. Six of the participants were primiparae, one mother had given birth to one child, and another had given birth to two children before this delivery.

**Paper III**

Several child healthcare centres in the north of Sweden were visited to give information about the study and to find a CH nurse to lead the group. An experienced CH nurse was interested and volunteered to participate in the study. Prenatal parent groups at several healthcare centres were given information both verbally and by letter about the study. The parents were requested to register their interest after the baby’s birth. The inclusion criteria for parents were that they spoke Swedish, had had a normal pregnancy and a healthy child, and had access to computers with a broad-band connection at home. The first five parental couples who registered their interest and who fulfilled the criteria were selected for inclusion in the intervention study. Paper III deals only with the
mothers. One of the five mothers withdrew after five months because she started to pursue her own studies, but four continued for the whole period of ten months. The five mothers included in the analysis ranged in age from 20 to 32 years, and all were married or had common-law husbands. Three of the participants were primiparae, one mother had given birth to one child, and one to two children before this delivery.

**Intervention – parental support**

Both mothers and fathers participated in the intervention study, but this licentiate thesis describes only the mothers’ experience (Paper III). An experienced CH nurse led the group of mothers. She was given special training in, e.g. communication theory, empowerment, group processes, and reflection lasting about 14 hours, in two-hour sessions. The training took place at the university and was carried out by the author. The first session was based on the findings from parents’ experiences during the child’s first year (Paper I). We also discussed the meaning of the concept of empowerment and how the CH nurse’s attitude can enable parents’ empowerment. The CH nurse was also provided with literature about communication and empowerment, which we discussed and reflected on during the following sessions.

In collaboration with technicians from the university and from one video-conferencing company the existing technology was surveyed in order to find a technique suitable for use in electronic encounters. The criteria were: good sound and picture quality and the possibility of meeting in groups as well as one-to-one. The technology had to be easy to use and also capable to maintaining confidentiality by using a code. An e-meeting portal called Marratech© was found to be the most appropriate. Marratech makes it possible to meet in real time with sound and pictures through the Web, both one-to-one and in groups. The extra equipment needed, in addition to a computer, is a web-
camera and a microphone (head-set). The project supplied these for the parents. A technician skilled in the use of the technology Marratech and the equipment trained the CH nurse and the researchers for about ten hours in how to use Marratech. The technician also visited the parents’ homes for about two hours per family and trained them to use the equipment. The technician, whose support was needed throughout the project in case of trouble with the technology, was on ‘stand by’ during most meetings but could not hear the discussions. He mainly contributed during the preparatory phase, making sure that the technology functioned in each parental home.

The intervention lasted for 40 weeks. The electronic encounter sessions were held during the infants’ first year and were an addition to the ordinary child health programme. At the start the infants were about two months old. The mothers and the fathers met in different groups with different leaders. The mothers’ meetings were held every third week or once a month, a total of nine meetings, each lasting for 60 to 90 minutes. The sessions were initially held in the mornings but when the infants were about seven months old the mothers decided to meet in the evenings instead so that they could join in the electronic encounters without the infant being present. Various sound problems, such as words or parts of words being cut off or the sound from one mother disappearing, occurred during some of the sessions held in the daytime.

During the first meeting the intentions of the intervention and the technology were discussed. The mothers and the CH nurse agreed on rules (e.g. the obligation to keep silent about what was discussed within the group, giving notice of absence from a meeting etc.). The mothers were informed of the assumption that it is fruitful to share one’s experiences and thoughts about being a mother, and that one can usually find the answers to questions oneself if given the opportunity to reflect on them. The CH nurse opened each electronic
encounter by asking how the mothers and the infants were getting on. The mothers chose the topics for discussion arising from what they felt was most important at the time. Some examples of subjects that were discussed during the first five months are: the joy and happiness of being a parent, the feeling of fatigue, the responsibility of being a mother, the difficulties of leaving the care of the baby to the husband. In later sessions the mothers discussed e. g. the child’s sleeping problems, how to set limits for the child, child health problems, feelings about returning to paid work.

The CH nurse leading the group consciously tried to act as an ‘enabler’ to promote and encourage the mothers to make their own decisions and to find solutions by discussing their problems with the other mothers. To empower the mothers, it was more important as the leader of the group to ask the right questions than to give the right answers. One assumption was that the feeling of being a competent parent is something that derives from the individual, with help from another person who can enable this in many different ways. In order to follow the process I participated in all the meetings as a passive member of the group. As an observer I followed the process in the group and made notes continuously during the sessions. To remind the mothers that I was present without being seen, I was in picture at the start and at the end of each session to say ‘hello’ and ‘goodbye’. To capture the CH nurse’s experience of the electronic encounters I tape-recorded reflective talks with her immediately after each session, and subsequently also made notes of my own reflections.

**Data collection**

*Narrative interviews*

The most basic way to gain an understanding of our own experiences is to tell others about them and to listen to their narratives in turn (Lindseth & Norberg, 2004). Personal tape-recorded narrative interviews (cf. Mishler, 1986;
Sandelowski, 1991) were conducted with the mothers in their homes, once about two months after the mother and new-born returned home in the study in Paper II, and twice in Paper III; once halfway through (five mothers) and once at the end of the study (four mothers). Narratives are reflections on and tales of people’s experience. It is a useful way of gaining access to feelings, thoughts and experience (Holloway & Wheeler, 2002 p. 202). According to Kvale (1997, pp. 25, 32) a qualitative interview is a specific form of conversation aimed at understanding certain dimensions of the interviewee’s life-world. Koch (1998), who places story-telling and narration on an equal footing, claims that people live stories, and in telling them, reaffirm them, modify them, and create new ones.

In Paper II the mothers were asked to describe and reflect upon their experiences from the time when they were separated from their children. The interview started with the question, ‘Please tell me about your experiences during your hospital stay from the moment that your baby was admitted to the NICU until your baby was discharged.’ The narrations were supported by questions such as, ‘What did you think then?’ or ‘How did you feel then?’ In Paper III the interviews were guided by questions that aimed to cover different aspects of the mothers’ experience of the parental support intervention. The interview started with the question ‘Please tell me about your experiences of these electronic encounters.’ The narration was supported by questions such as, ‘What did you think then?’ or ‘How did you feel then?’ In those cases where the mothers failed to narrate any experience about the technology used, the content of the encounters, the value of having a leader, what was felt to be the most valuable, or anything that had not felt good, questions were asked about those specific experiences. The tape-recorded interviews in both Papers II and III lasted approximately 30 to 90 minutes and were transcribed verbatim by the author.
Diary notes

In Paper III the mothers were provided with diaries in which they were requested to record their experiences after each electronic encounter session. The diaries were collected after the final session. All mothers had written in their diaries although of various extent.

Data Analysis

Qualitative content analysis

The roots of content analysis can be found in journalism, where it has been used for such tasks as analysing propaganda (Baxter, 1991). Among others the method is described by Downe-Wamboldt (1992), who states that qualitative content analysis is designed to describe phenomena of interest for a certain purpose. Qualitative content analysis in nursing research has been applied to a variety of data and to varying depths of interpretation (c.f. McMillen & Söderberg, 2002). According to Graneheim and Lundman (2004) in qualitative content analysis, both manifest messages (i.e. content close to the text) and latent content (i.e. underlying messages) can be highlighted.

A thematic content analysis (cf. Baxter, 1991; Burnard, 1991) was performed to describe the mothers’ and fathers’ experiences of parenthood during the child’s first year (Paper I), and the mothers’ experience of electronic encounters (Paper III). The findings from each article (Paper I), and each interview respectively and the diary notes (Paper III) were read through several times bearing in mind the aim of the study, in order to obtain a sense of the whole. Thereafter textual units (corresponding to the aim of the respective paper) were identified and marked. The textual units were then condensed, and in order to look for similar descriptions, open coding (cf. Burnard, 1991) was applied to all the condensed textual units. Analysis and comparison of the textual units from the diary notes (Paper III) with the textual units from the interviews revealed an agreement with
each other. In the next stage the textual units were sorted out, summed up, and categorized in several steps. The purpose was to reduce the number of categories by subsuming those that were similar into broader categories (cf. Burnard, 1991). The categories were then related to each other and subsumed into themes, i.e. threads of meaning that appeared in several categories (cf. Baxter, 1991; Graneheim & Lundman, 2004). The textual units were finally reread and compared with the categories and the themes. Throughout the analysis process there was constant discussion between the supervisor of this thesis and the author about the construction of categories until consensus was reached.

Phenomenological hermeneutic interpretation

A phenomenological hermeneutical method for interpreting interview texts inspired by the philosophy of Ricoeur (1976) has been developed and described by Lindseth and Norberg (2004). The purpose of the analysis in this approach is to uncover and describe the meaning of lived experiences through interpretation. Ricoeur (1976, p. 16) argued that only the sense of the meaning of an experience can be transferred to another person, not the experience as lived. Ricoeur (1976) described the interpretation of a text as an ongoing dialectic movement between the whole and the parts of the text, between de-contextualisation and re-contextualisation, between understanding and explanation and progression from explanation to a new comprehension.

This phenomenological hermeneutical method was used (II) in this thesis. The interviews were analysed in different phases, beginning with a naïve reading aimed at acquiring a sense of the whole within the context of the text. The result of this was a naïve understanding and two questions: ‘What feelings are expressed?’ and ‘What reflections are expressed by the mothers?’ This provided the direction for the next step; the structural analysis when, in several steps, the
parts and patterns that had a meaningful consistency were identified and explanations were sought.

A structural analysis includes examination of parts of the text to explain what it says and how it is said. The text was read many times, concentrating on one question at a time. The parts of the text that concerned these questions were marked as meaning units; for example, one or several sentences related by their content. The meaning units were then condensed and abstracted to give formulated meanings. The units were subsequently reflected on and organised into sub themes and themes based on similarities and differences. After that the analysis had to proceed to finding out how the themes and sub themes were related to different people or factors. In the last phase, the critical interpretation, the text was once again seen as a whole. Our pre-understanding, the naïve understanding, and the structural analysis were reviewed for the purpose of revealing a deeper understanding of the text. The findings were reflected upon as an interpreted whole.

Ethical considerations

When a new mother who has been separated from her newborn child is once again confronted with this stressful experience through interviews as in Paper II, it might lead to feelings of strain for the mother. Keeping this in mind the interviewer approached the mothers with tact and gave them the opportunity to narrate their experiences in their own time and in their own words. After the interview the mothers were given time to reflect on their experiences. One mother had a lot of unanswered questions, and she was helped to contact the responsible physician. To give the mothers time to recover after their delivery and hospital stay, the time for the interview was set at one to two months after their return home. All mothers emphasized after the interview how good it felt to
have had the opportunity to narrate their experiences and to have someone who listened. The mothers were unknown to the author before the interviews.

To reassure the participants in the parental support intervention (Paper III) that no one else could listen to what was said, we decided that confidentiality would be maintained by using a code, which prevented others from logging in to the e-meeting portal. Before starting the sessions the group agreed to keep silent about what was discussed within the group. The mothers were not forced to talk more than they wanted. For the studies reported in Papers II and III formal consent was received from the chief physician of the NICU and the child healthcare respectively. All mothers gave their informed consent to participation and were reassured that it was entirely voluntary and that they could withdraw from the study at any time without giving any explanation. They were also guaranteed confidentiality and an anonymous presentation of the findings. Approval for carrying out the study for Paper II was received from the Ethics Committee at the Medical Faculty, Umeå University, Umeå, Sweden (dnr 94-234), and for Paper III from the local Research Ethics Committee, Luleå University of Technology, Luleå, Sweden.

**FINDINGS**

The findings from the three papers are presented separately. In the respective papers below the categories and/or themes are marked with italics.

**Paper I**

This literature review describes mothers’ and fathers’ experience of parenthood during the child’s first year. Studies show that both mothers and fathers experienced overwhelming changes in their lives during the child’s first year. Mothers and fathers describe both differences and similarities in their experiences, as well as both positive and negative feelings about being a parent.
However different kinds of strain seems to be predominant in these experiences. The theme *living in a new overwhelming world* was the unifying theme identified for both mothers and fathers.

**The mothers’ experience** of parenthood was described in the studies as having feelings of satisfaction and confidence as well as struggling with the responsibility, limited time for themselves and the fatigue.

*Being satisfied and confident as a mother* included having feelings of total love for the infant, enjoyment and pride. Help and support from the partner, from others and from the public health nurse were felt to be a source of strength. *Being primarily responsible for the child is overwhelming and causes strain* was described in the studies as feelings of powerlessness and inadequacy as a mother, and feelings of guilt, loss, exhaustion, ambivalence, resentment and anger. Women were unprepared for what it would be like to be a mother, and feelings of disappointment, loneliness, isolation, and lack of support were expressed. Studies show that women experienced a loss of confidence and self-esteem, and were less satisfied with the quality of their marital relationship. *Struggling with the limited time available for oneself* was expressed in the studies as having feelings of loss concerning their previous lifestyle. Caring for the baby took most of the mothers’ time. Having personal needs that were not met created stress. *Being fatigued and drained* was expressed in terms of the all-consuming nature of mothering and lack of sleep which made women feel exhausted and drained of physical and emotional energy, that was felt be unbearable.

**The fathers’ experience** of parenthood was described in the studies as having feelings of confidence as a father and a partner as well as of strain from trying to live up to the new demands. Fathers felt prevented from getting close to the
child, which was hurtful. They also saw themselves as the protector and provider of the family.

*Being confident as a father and as a partner* was expressed in the studies as having feelings of deep involvement and attachment to the child, and an increased responsibility for childcare. Men experienced their marriage as warm and confiding. *Living up to the new demands causes strain* was expressed in terms of men experiencing frustration at having less time for themselves and being less free as individuals. Studies show that fathers became confused because lack of guidelines and role models, and lack of support. They felt there was chaos in their life and conflict between several aspects of equal value in life, together with a feeling of marital conflict and dissatisfaction. *Being prevented from achieving closeness to the child is hurtful* was expressed in the studies as feeling distressed and hurt at being excluded from taking care of the infant. Fathers wanted to help but felt prevented from doing so. They felt sad at being more distant from the child than they wanted to be, and at being only the second best person for the infant. *Being the protector and provider of the family* was expressed in the studies in terms of being the financial provider for the family. Fathers also felt a strong need to protect both the infant and the woman and to be the bridge to the outside world.

**Paper II**

This paper elucidates mothers’ experiences of being separated from their newborns. This entails much emotional strain and anxiety accompanied by pain and grief, but also closeness and care. Three major themes were identified: being an outsider, lack of control, and caring. The theme *being an outsider* was expressed as feelings of loss, grief, and distress. The mothers felt powerless when prevented from taking responsibility for their newborns, and homeless as they felt that they did not belong in either the NICU or the postpartum unit. The
mothers expressed disappointment as they were unprepared for complications; the outcome of the delivery was not what they had thought and expected it would be. Disappointment at not having had an opportunity to talk personally with the staff and lack of information were also experienced. The theme lack of control arose from feelings of emotional instability such as dizziness and sensitivity, as well as fatigue and fragility. There was a feeling of threat expressed as worry and fear that something serious was going to happen. Each mother thought that her newborn’s condition was serious, in spite of reassuring information from the physician. The mothers had a feeling that their children were suffering and felt guilty, as if they themselves were to blame. Being separated from the newborns engendered insecurity including feelings of loneliness, a lack of commitment on the part of the staff and a sense of being a nuisance to the staff. The theme caring contained descriptions of trust and love. Trust was expressed as a feeling of confidence in the staff. Love was expressed through feelings of gratitude, intense closeness and the joy inspired by their newborns. These feelings occurred during the moments when the mothers had their children with them. A great joy emanating from their children was expressed as a counterbalance to the sadness of separation.

**Paper III**

This paper describes mothers’ experience of an intervention to provide parental support, by means of electronic encounters. The analysis identified six categories, which were afterwards incorporated into two themes.

The theme feeling support through confirmation and solidarity is based on three categories which are labelled ‘sharing experiences with others is supportive’; ‘becoming friends with others reduces the feeling of loneliness’; and ‘the nurse is important for the conversation’. The electronic encounters were felt to be positive and enjoyable. The mothers felt supported and relieved through sharing
their experiences with others in the same situation. Daring to ask for support and receiving it both from the group and from the CH nurse gave the mothers strength. They became good friends during the intervention and intended to continue to meet in the future. Despite having a good social network, the mothers had spent most of their days alone with their infants. It felt important to meet other mothers in the same situation, making them feel less alone. The mothers thought that the nurse was important for the electronic conversations, especially in the first few sessions when they were unfamiliar both with the technology and with each other. They relied on the CH nurse, and on the knowledge that her questions would guide them during the conversation.

The theme the technology presents possibilities and limitations is based on three categories which are labelled as ‘valuable possibilities for electronic encounters have been created’; ‘feeling disturbed by sound problems and limitations in the pictures’; and ‘the ability to concentrate is reduced by the presence of the infant’. The mothers enjoyed using the technology, which was new to them. It was experienced as an easy way to meet, as they were able to stay at home with the baby and still meet others. The mothers valued the support of the technician, and stated that having electronic encounters is an excellent way to meet, especially for those living in the rural areas. The mothers talked a lot about feeling disturbed by problems with the sound. When the sound disappeared and they could not hear or could not be heard they became frustrated and felt excluded. The mothers also felt disturbed and stressed when they had to leave the session to take care of the infant. They were afraid of missing something important in the conversation. By the time the infants were about seven months they pulled at the headset and the keyboard, which made it difficult for the mothers to join in the conversation. These difficulties led the mothers to decide to have the last three meetings in the evening so as to be undisturbed.
DISCUSSION
The overall aim in this licentiate thesis was to describe parents’ experiences of parenthood, mothers’ experiences of being separated from their newborns, and also mothers’ experiences of an intervention to provide parental support. The findings show that being a parent during the child’s first year means living in a new, overwhelming world with both positive feelings and various kinds of strain for mothers and fathers (I). For a mother being separated from her newborn entails a great deal of emotional strain and anxiety accompanied by pain and grief, but also feelings of closeness and caring (II). Mothers who participated in electronic encounters to provide parental support felt they gained support through confirmation and solidarity, and that the technology presented both possibilities and limitations. The opportunity to meet other mothers in the same situation via electronic encounters and to share the experience of being a mother seemed to make everyday life easier for them. They established relationships where they felt like real friends, which reduced the feeling of loneliness (III). The findings (III) show that it is feasible to use the chosen technology as a tool for parental support, although further research is needed.

Parents’ experiences of parenthood, and mothers’ experience of parental support via electronic encounters vary. Some mothers seemed to be satisfied and confident from the very start. Other mothers strove to understand and cope with the new situation (I, II, III); they felt alone and unprepared for what it would be like to be a mother and were uncertain of the role of a mother (I, II), and to having a newborn child dependent on hospital care (II). These experiences can partly be understood as a form of transition. According to Schumacher and Meleis (1994) families are confronted with varying forms of transition throughout family life. Meleis (1997) stresses that transition denotes a change in health status, in role relationships, expectations, or abilities. It denotes changes in the needs of all human systems. Transition requires the person to incorporate
new knowledge, to alter behaviour, and therefore to change the definition of self in the social context. Parts of the findings (I, II, III) accord with this, e.g. the role conflict, the feeling of being unprepared for parenthood, the fatigue, the loss of self-confidence, and marital conflicts. According to Meleis (1997) transitions are developmental, situational, or health/illness events, where situational transition includes the addition or loss of a member of the family through birth or death. The transition from a nonparental role to a parental one is an example of situational transition that affects a human being in totality (p. 108).

Mothers described feelings of strain manifested as powerlessness, guilt, loss, exhaustion (I, II), being totally occupied with the child (I), and despair at being separated from their newborn (II). Both the feelings of love and closeness to the child and the strain experienced as a mother during the child’s first year can be understood on the basis of Stern’s (1998a) description of the process of becoming a mother. According to Stern (1998a) the motherhood constellation means that when a woman becomes a mother she starts to form a new mental organization that remains prominent for months or years, and never entirely goes away. The mothers are pre-occupied with the baby and their primary concern is to keep the baby alive and protected, which often leaves them exhausted and overworked. Most mothers do not know how to cope with the fear and fatigue. It is very hard to confront these feelings alone and this requires a positive holding environment. Mothers also create a kind of network of one or more experienced mothers or parents for the purpose of creating the holding environment.

The findings (I, II, III) show that mothers need to have some kind of network in which they can feel free to discuss matters of importance to them. Stern (1998a) addresses the relationships that a mother requires to regulate her maternal or parental capacities, which enable the infant to develop appropriately. The electronic encounters may have served a similar function. McHale and Fivaz-
Depeursinge (1999) claim that it is important to understand the new network or motherhood constellation because it serves a supportive function should fathers fail to shoulder their caring roles. If fathers resist their caring responsibilities, women can draw support from the extended female network.

Stern (1998b) claims that, although most research about being a parent has been concentrated on women, it can be assumed that men pass through a similar process to that which women go through. The findings in the studies of fathers’ experiences of being a father during the child’s first year accord with this reasoning. Just like women, men experienced extensive changes in their life such as role strain, difficulties in living up to the new demands, and that the babies were the focus of their mothers’ feelings of love at the expense of the fathers. According to Stern (1998a) during the phase of motherhood constellation the mother’s concerns are more with the partner as father to the baby and less with the partner as a man and sexual partner. This overwhelming pre-occupation moves the father’s and the couple’s relationship to one side and it may make the father uncertain of his role as he feels excluded from the new intense relationship. The lack of studies focusing on men’s experiences of fatherhood indicates that more research needs to be done in this area.

The various experiences of motherhood during the child’s first year can partly be explained in terms of whether or not the mothers are confirmed. Gustafsson (2000) states that there is a confirming interaction when a person is understood as an acting subject and the support is related to that person’s own resources. According to Gustafsson (1997, 2000) a confirming interaction strengthens positive and weakens negative self-assessment and thereby creates possibilities for self-determination, self-reflection, and self-realization. The search for confirmation seems to be common in motherhood (I, II, III). The mothers’ feelings of satisfaction, confidence and joy as well as their descriptions
of enriching encounters can be interpreted as confirmation (I, II, III). They were confirmed by their husbands (I, II), the nurse and other mothers (I, II, III). This can be compared with Gustafsson (2000), who declares that the patient wants evidence in interaction that reduces uncertainty, because patients are uncertain about their own abilities and are trying to gain certainty. Similar feelings of uncertainty were described by mothers (I, II, III). Sharing experiences with other mothers and becoming friends with them created a sense of togetherness and confidence (III). On the other hand mothers seem to lack a confirming environment (I, II). The feelings of uncertainty, loneliness, isolation and loss of self-esteem could be an expression of the lack of confirming encounters. This indicates the need for further development of nursing interventions to provide parental support.

The findings (I, II, III) showed that being a parent during the child’s first year means being involved in a life changing process that implies both happiness and joy in the child and different kinds of strain. Among other things the circumstances around the birth of the child and the support available to the mother determine how she will experience the process of transition. Encounters with other mothers (III) in the same situation together with an experienced CH nurse leading the group made mothers feel confirmed and supported. The value of encounters is also shown by Arvidsson, Löfgren, and Fridlund (2000), who described nurses’ encounters in group supervision in nursing care. Sharing experiences, being confirmed, gaining insight and trust in oneself, constituted the nurses’ experiences, which are similar to those described by the mothers (III).

Mothers’ feelings of satisfaction in being a mother (I) and emotional closeness to the child (I, II) seem to be related to whether or not they were supported and thereby confirmed. Probably the feeling of confirmation is related to
empowerment, which according to Rodwell (1996) enables a parent to develop personal capacity and authority to take charge of everyday family life. The mothers valued the CH nurse as a leader in the electronic encounters (III), they relied on her knowledge. Nursing interventions that empower individuals and groups to develop their health potential mean that the profession contributes significantly to achieving health for all (Jones & Meleis, 1993). Nursing interventions that contribute to achieving health for families with children should be given high priority.

The importance of empowerment to enhance a sense of competence and control is emphasized by Trivette, Dunst, Hamby, and LaPointe (1996). According to Aston (2002) the nurse as expert has been influenced by traditional teaching methods and beliefs within nursing as well as by the medical system. She claims that encouraging new mothers to support each other and share experiences in order to feel confident about their knowledge and to be self-reliant as a form of empowerment requires CH nurses to act in what is partly a new way. It requires a shift in the philosophy of health support, moving away from traditional teacher-directed teaching and learning towards more supportive client-centred practices (Aston, 2002). This can mean e.g. listening to and allowing the mothers to have reflective talks about psychosocial aspects and relations. A similar supportive attitude was used by the CH nurse in this study (III). Introducing a new attitude in nursing practice implies challenges and possibilities for those working in child healthcare in realizing favourable parental support. In doing this nurses contribute to the optimal development of the children.

METHODOLOGICAL CONSIDERATIONS
According to Polit and Beck (2004) there are no criteria or rules for sample size in qualitative research. Sample size is largely a function of the purpose of the
inquiry, the quality of the informants, the richness of the data, and the type of sampling strategy used (p.308). The sample size in qualitative research should be large enough to achieve variation of experiences but at the same time small enough to permit a deep analysis of the data (Sandelowski, 1995).

The sampling in Papers II and III was a kind of systematic sampling (c.f. Polit & Beck, 2004, pp. 298-299), and criterion-based (c.f. Polit & Beck, 2004, p. 307). One limitation in Paper III could be the size of the sample of mothers. The sample number was chosen to facilitate good communication, a feeling of security, and to optimise the use of the technology. Had there been more and larger groups the findings might have been different. However, it should be pointed out that the aim of the whole intervention study was not to generalise but to discover whether it is possible to use this technology as a tool for parental support, and how mothers would experience such electronic encounters. The whole study was designed to describe experiences from a parental support intervention from the perspective of all involved. This paper deals with the mothers’ experiences and not the fathers’ or the group leaders’ experiences. Another possible limitation concerns the fact that the mothers lived sufficiently close to each other to meet physically. Not knowing how and if the possibility of meeting face-to-face influenced the finding is a methodological weakness in this study.

The studies included in Paper I contain a mix of first-time and experienced mothers and fathers. Since Ferketich and Mercer (1995) found that experienced and first-time fathers both demonstrated a similar trajectory in the development of competence in the paternal role, this might not have influenced the findings. The studies included in the analysis (I) illustrate experiences during various periods in the child’s first year. As the experiences of parents change during the process of transition, this might have affected the findings. On the other hand,
the whole span of experiences should be included, since the analysed studies reflect the first year.

According to Kvale (1997, p. 36) a qualitative interview aims to gain access to various qualitative dimensions of the interviewee’s life-world; it works through words, not figures. Narrative interviewing has a main focus that is of profound interest to participant and researcher. It is not the experience itself but a representation of the experience as it is stored in the memory of the interviewee that is the story (Kvale, 1997). Kock (1998) states that constructions of experience are always in motion. Stories when well crafted are sources of the imagination, and through our imaginative participation in the created worlds, emphatic forms of understanding are advanced. When I conducted the narrative interviews (II and III), I had a pre-understanding as a pediatric nurse and nurse researcher. I have been aware of this pre-understanding and during the interviews and analysis have tried to disregard it. On the other hand the pre-understanding might have made it easier to understand the narratives and ask relevant questions. There is a risk when interviewing that the interviewee for some reason may not be sincere in their narrations or that the interviewer may influence them to answer in a particular way. I tried to avoid those problems by creating a permissive climate and by being careful in my responses. As the mothers (II and III) narrated both positive and negative experiences and feelings of strain and as all of the interviews were rather long there is reason to believe that the mothers were honest in their narrations.

To increase trustworthiness (cf. Graneheim & Lundman, 2004) all the steps throughout the research process have been described as clearly as possible. Credibility was a consideration in the selected data collection and the data analysis methods. Showing representative quotations from the transcribed text to exemplify the categories and themes increases the credibility of the findings.
When the findings (III) were presented to the staff they said they recognized them. Dependability was achieved by interviewing the mothers twice during a ten-month period (III), and by collecting data covering experiences during the whole first year of the child’s life (I).

In qualitative studies transferability is used instead of generalisation. According to Holloway and Wheeler (2002, p. 255) this means that the findings in one context can be transferred to similar situations or participants. The knowledge acquired in one context may be relevant in another, and those that carry out research in another context will be able to apply certain concepts developed in the original studies. There seems to be agreement between the findings in Paper II and those in other studies (Hughes et al., 1994; Rogan et al., 1997; Seideman et al., 1997), which gives reason to suppose that these eight mothers’ narratives about their experiences may reflect those of other mothers in a similar situation. In the same way, the findings from the detailed narratives and diary notes of the five mothers’ in Paper III provide valuable knowledge, not applicable generally but valid for these women and perhaps transferable to similar situations.
SVENSK SAMMANFATTNING

Upplevelser av föräldraskap och föräldrastöd under barnets första levnadsår


Bandinspelade narrativa intervjuer genomfördes i mödrarnas hem. Narrativa intervjuer syftar till att stimulera och uppmuntra den intervjuade att berätta om sina upplevelser så fritt som möjligt. I delstudie två uppmanades mammorna att berätta om sina upplevelser av att vara separerade från sina nyfödda barn. I delstudie tre uppmanades mammorna att berätta om sina upplevelser av att delta i de elektroniska mötena. De bandinspelade intervjuerna skrevs ut ordagrant innan de analyserades. Resultaten från de inkluderade studierna i delstudie ett och texten från intervjuerna och dagboksanteckningarna i delstudie tre analyserades med en kvalitativ tematisk innehållsanalys. Denna metod utgår från textenheter som svarar mot syftet i studien. Textenhetera kondenseras, kodas
och kategoriseras i olika steg till bredare kategorier, vilka sedan sammanfattas i teman.

Texten från intervjuerna i delstudie två analyserades med en fenomenologisk hermeneutisk metod, inspirerad av den franske filosofen Ricoeur. Den här metoden kan beskrivas som en tolkningsprocess i tre faser. Dessa tre faser karaktäriseras av en pendling mellan förståelse och förklaring, mellan del och helhet i syfte att nå en ny och fördjupad förståelse för det undersökta fenomenet.


Föräldraskapet kan börja på olika sätt. De flesta barn föds friska med normal förlossning eller kejsarsnitt, medan en del barn föds för tidigt eller har lindrigare eller svårare problem efter födseln. Syftet med den andra delstudien var att belysa mammors upplevelser av att vara separerade från sina nyfödda barn, som hade lindrigare svårigheter. Denna separation innebar mycket känslomässiga påfrestningar och ängslan, men också närhet och omsorg. Utanförskap uttrycktes som känslor av saknad, sorg och smärta. Mammorna kände sig maktlösa eftersom de inte fick ta ansvar för sina nyfödda barn, de var besvikna eftersom de var oförberedda på komplikationer. Brist på kontroll uttrycktes som
känslomässig instabilitet liksom trötthet, skörhet och ensamhet. Mammorna trodde att barnets tillstånd var allvarligt trots information om att så inte var fallet. De kände att barnet fick lida och att det var deras fel. Tillit uttrycktes mot personalen och kärlek uttrycktes genom känslor av tacksamhet, närhet och glädje de stunder när mammorna fick ha sitt barn hos sig.


Mammornas upplevelser, både de positiva känslorna av kärlek och närhet till barnet och de olika påfrestningarna under barnets första år, kan förstås utifrån Sterns (1998a) beskrivning av processen att bli mamma. Enligt Stern innebär moderskapskonstellationen att när kvinnan blir mor blir hon helt upptagen av barnet, hennes viktigaste angelägenhet är att hålla barnet vid liv och beskydda det, vilket ofta gör mamman utmattad och utarbetad. De flesta mammor vet inte hur de ska handskas med denna ängslan och trötthet. Det är svårt att möta dessa känslor ensam, därför behövs ett stödjande nätverk.


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Lag [Lag] (1962:381) om allmän försäkring 4 kap. 6 §. (In Swedish).


Paper I
Parenthood experiences during the child’s first year: literature review

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Background. Raising a child is probably the most challenging responsibility faced by a new parent. The first year is the basis of the child’s development and is significant for growth and development. Knowledge and understanding of parents’ experiences are especially important for child health nurses, whose role is to support parents in their parenthood.

Aim. The aim of this review was to describe mothers’ and fathers’ experiences of parenthood during the child’s first year.

Method. A literature search covering 1992–2002 was carried out using the terms parenthood, parenting, first year, infancy and experience. Of the 88 articles retrieved, 33 articles (both qualitative and quantitative) met the inclusion criteria and corresponded to the aim of this review. The data were analysed by thematic content analysis.

Findings. Being a parent during the child’s first year was experienced as overwhelming. The findings were described from two perspectives, namely mothers’ and fathers’ perspectives, since all the included studies considered mothers’ and fathers’ experiences separately. The following categories were identified concerning mothers: being satisfied and confident as a mother, being primarily responsible for the child is overwhelming and causes strain, struggling with the limited time available for oneself, and being fatigued and drained. The following categories were found for fathers: being confident as a father and as a partner, living up to the new demands causes strain, being prevented from achieving closeness to the child is hurtful, and being the protector and the provider of the family. The unifying theme for these categories was ‘living in a new and overwhelming world’.

Conclusion. There is a need for nurse interventions aimed at minimizing parents’ experiences of strain. A suggested intervention is to find a method whereby child health nurses’ support would lead to parents becoming empowered in their parenthood.

Keywords: experience, infancy, literature review, nurse interventions, parents, strain
Introduction

The addition of a newborn infant to the family brings about more profound changes than any other developmental stage of the family life cycle. New roles need to be learned, new relationships developed, and existing relationships realigned (Cowan & Cowan 1995). Raising a child is probably the most challenging responsibility faced by a new parent (Ladden & Damato 1992).

Meleis (1975, 1986, 1997) has proposed that transition is one of the concepts central to nursing. Families are confronted with varying forms of transition throughout family life, and the transition to parenthood is developmental (Schumacher & Meleis 1994). Uncertainty and disorganization threaten family members with disruption, and challenge their efforts to reorganize and reconstruct their lives (Selder 1989). There are studies about the transition to parenthood as it occurs during pregnancy (Imle 1990), the postpartum period (Prudham & Chang 1992), and up to 18 months postpartum (Majewski 1987). According to Francis-Connolly (1998), mothering is a lifetime occupation for women. Although it is mothers’ transition to parenthood that is most often studied, the transition to fatherhood has also been addressed (Battles 1988).

The first year is the basis of a child’s development and, according to Vägerö (1997), is significant for growth and development. Parents are important models for their children, and childhood is influenced by their competence and ability to create a harmonious and secure environment for their children. Western societies today are characterized by great complexity, fast changes, and new conditions for parenthood (Socialdepartementet 1997). The number of couple separations in Sweden is increasing (Statistiska centralbyråen 2002), which is leading to many children experiencing strain during the divorce. Child health nurses are the people within the health system who will meet parents and infants regularly and whose role is to support parents in their parenthood, especially during the first year of the child’s life. Therefore it seems important to understand parents’ experiences.

Literature review

Aim

The aim of this review was to describe mothers’ and fathers’ experiences of parenthood during the child’s first year.

Search method

A literature search covering the period 1992-2002 was carried out using the Medline, Cinahl, PsyCIt, and Academic Search databases. The terms used in the search were parenthood, parenting, first year, infancy, and experience. The search strategy used both the index systems and the free-text searching. A manual search in the reference lists of the studies found was also performed. The inclusion criterion for the studies was that they had to describe fathers’, mothers’ or parents’ experiences from the first year of the child’s life. Studies dealing with both experienced and first-time parents were included. The exclusion criteria were: studies of adolescent parents, ill children and ill parents, and studies limited to experiences during the first month of the child’s life, and quantitative studies limited to statistical findings. About 250 abstracts were read through and a total of 88 articles were identified, of which 33 met the inclusion criteria, corresponded to the aim of this review, and were analysed (see Table 1).

Data analysis

To describe mothers’ and fathers’ experiences of parenthood during the child’s first year, a thematic content analysis (Downe-Wamboldt 1992, Baxter 1994) was performed. Each article was read through several times, in order to obtain a sense of the content. Therefore, textual units (corresponding to all the text describing experience of parenting) were identified and marked. The textual units (a total of 534) were then condensed, and in order to look for similar descriptions, open coding of all the condensed textual units was performed. In the next step the textual units were sorted out, summed up, and categorized in six steps. The purpose was to reduce the number of categories by bringing together the ones that were similar into broader categories (cf. Burnard 1991). All the categories were then compared and a theme was identified. According to Baxter (1994) themes are ‘threads of meaning that recur in domain after domain’ (p. 250). The textual units were finally reread and compared against the categories. During the whole analysis process we continually discussed the construction of categories and the theme until consensus was reached. During the process we also repeatedly compared the categories with the textual units.

Findings

The findings are described from the mothers’ and the fathers’ perspectives since included studies separated these experiences. The analysis revealed the following categories concerning mothers: being satisfied and confident as a mother, being primarily responsible for the child is overwhelming and causes strain, struggling with the limited time available for oneself, and being fatigued and drained. The following
Table 1  Studies included in the literature review (n = 33)

<table>
<thead>
<tr>
<th>Author, year</th>
<th>Type</th>
<th>Participants</th>
<th>Data collection/ data analysis</th>
<th>Key findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ahlborg and Strandmark (2001)</td>
<td>Qual.</td>
<td>10 first-time parents (5 couples)</td>
<td>Interviews/descriptive phenomenological method</td>
<td>Two categories: the baby was the focus of mutual concern. The baby was focused on at the expense of the father</td>
</tr>
<tr>
<td>Anderson (1996)</td>
<td>Qual.</td>
<td>14 first-time fathers</td>
<td>Interviews/the constant comparative method</td>
<td>Three major areas: making room for the baby, father–father relationship, and wife’s support</td>
</tr>
<tr>
<td>Barclay et al. (1997)</td>
<td>Qual.</td>
<td>55 women (primi-paras)</td>
<td>Focus group discussion/ grounded theory</td>
<td>Six categories: realizing, unready, drained, aloneness, loss, working it out</td>
</tr>
<tr>
<td>Barclay and Lupton (1999)</td>
<td>Qual.</td>
<td>15 fathers</td>
<td>Semi-structured interviews/ discourse analysis</td>
<td>Three themes: renegotiating paid employment and household work, expectations and symbolic meanings of fatherhood, and changing relationship with partner</td>
</tr>
<tr>
<td>Blair and Hardesty (1994)</td>
<td>Quant.</td>
<td>802 parents (374 fathers and 428 mothers)</td>
<td>Questionnaire/statistics</td>
<td>The levels of depression and physical health of mothers and fathers differ. Women run a greater risk of work overload than men. Significant positive relationships between parental identification and self-esteem and health. Fathers’ self-esteem is significantly associated with their employment status and the level of the household income</td>
</tr>
<tr>
<td>Delmore-Ko et al. (2000)</td>
<td>Qual. and quant.</td>
<td>73 primi-parous couples</td>
<td>Questionnaires/statistics</td>
<td>Both men and women express less satisfaction with the quality of their marital relationship as they adjust to being first-time parents</td>
</tr>
<tr>
<td>Gross and Tucker (1994)</td>
<td>Quant.</td>
<td>92 married parents (46 mothers and 46 fathers) first-time and experienced</td>
<td>Questionnaires/statistics</td>
<td>Maternal confidence was related to depression and all measures of child behaviour. Paternal confidence was related only to the intensity of the child’s behaviour</td>
</tr>
<tr>
<td>Hall (1995)</td>
<td>Qual.</td>
<td>3 first-time fathers</td>
<td>In-depth interviews/ hermeneutical approach</td>
<td>The fathers’ experiences were interpreted as: fun and excitement, love at first sight, awakening, and joy and trouble</td>
</tr>
<tr>
<td>Hall (1992)</td>
<td>Qual.</td>
<td>8 first-time mothers and 10 first-time fathers</td>
<td>Semi-structured interviews and observations/grounded theory</td>
<td>A comparison of the two processes of role redefinition revealed a major difference between the men and the women: the women experienced significantly more role strain than the men did. The women described feeling overwhelmed by their responsibilities. Although the men described their lives as chaotic at times, they indicated that they never felt overwhelmed</td>
</tr>
</tbody>
</table>
Table 1 (Continued)

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Hall (1994)</td>
<td>Qual.</td>
<td>10 first-time fathers</td>
<td>Semi-structured interviews/ grounded theory</td>
<td>The fathers’ experiences consisted of coping with many demands from children, partners, and jobs. These men redefined their roles as fathers after their partners returned to full-time employment.</td>
</tr>
<tr>
<td>Hartrick (1997)</td>
<td>Qual.</td>
<td>7 mothers</td>
<td>In-depth interviews, focus group/thematic analysis</td>
<td>Defining the self includes: non-reflective doing, living in the shadows, and reclaiming and discovering the self.</td>
</tr>
<tr>
<td>Horowitz and Damato (1999)</td>
<td>Qual. and quant.</td>
<td>95 women</td>
<td>Questionnaire/content analysis</td>
<td>Four categories: roles, tasks, resources, and relationships. The subcategories were identified as areas of stress and as areas of satisfaction.</td>
</tr>
<tr>
<td>Kaila-Behn and Vehviläinen-Julkunen (2000)</td>
<td>Qual.</td>
<td>25 first-time fathers, and 29 public health nurses</td>
<td>Interviews, essay/ grounded theory</td>
<td>The fathers described being a father as being a bystander, supporter of the spouse, partner, and head of the family.</td>
</tr>
<tr>
<td>Killen (1998)</td>
<td>Quant.</td>
<td>142 first-time mothers</td>
<td>Questionnaire/statistics</td>
<td>Fatigue was by far the most prevalent symptom reported at 1 and 4 months postpartum. The fatigue scores remained high during the entire postpartum year.</td>
</tr>
<tr>
<td>Lupton (2000)</td>
<td>Qual.</td>
<td>20 women</td>
<td>Interviews/qualitative analysis</td>
<td>Difficult to achieve the ideals. An ambivalent ‘love/hate’ relationship with the child.</td>
</tr>
<tr>
<td>McBride and Shore (2001)</td>
<td>Quant.</td>
<td>Studies with both first-time and multiparous women</td>
<td>Literature review</td>
<td>A greater appreciation of the complexities involved. Maternal attachment can no longer be described as simply present or absent postpartum, for maternal competence and satisfaction change with the circumstances.</td>
</tr>
<tr>
<td>McVeigh (1997)</td>
<td>Qual.</td>
<td>79 first-time mothers</td>
<td>Questionnaire/content analysis</td>
<td>Major category: 'conspiracy of silence' and five minor categories about being unprepared, fatigue, loss of personal time, and the partner as the main support person.</td>
</tr>
<tr>
<td>Mercer and Ferkerich (1995)</td>
<td>Quant.</td>
<td>136 multi-parous mothers and 166 primi-parous mothers</td>
<td>Measurement/statistics</td>
<td>Self-esteem was a consistent, major predictor of maternal competence for both groups.</td>
</tr>
<tr>
<td>Olsson et al. (1998)</td>
<td>Qual.</td>
<td>5 midwives, 5 women and 3 male partners</td>
<td>Video-recorded consultations/ phenomenological hermeneutic analysis</td>
<td>The analysis of the meaning of being a mother revealed a complex and difficult situation of being both needed and dependent. The meaning of being a father revealed a struggle between distancing from and closeness to the child. The mate relationship was indicated as important and under strain.</td>
</tr>
<tr>
<td>Pruett (1998)</td>
<td>Qual.</td>
<td></td>
<td>Literature review</td>
<td>The depth and rapidity of the attachment often amazed the fathers themselves. They did not, however, consider themselves to be ‘mothering’</td>
</tr>
<tr>
<td>Reese (1992)</td>
<td>Quant.</td>
<td>105 first-time mothers</td>
<td>Measurement/statistics</td>
<td>Those mothers who had higher self-efficacy early in the transition to parenthood had greater confidence in parenting and less stress 1 year after delivery, thus establishing the predictive validity of the instrument.</td>
</tr>
</tbody>
</table>
## Table 1

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Reece and Harkless (1998)</td>
<td>Quant.</td>
<td>85 couples first-time and experienced</td>
<td>Questionnaires/statistics</td>
<td>Self-efficacy in parenting increased significantly between the last trimester of pregnancy and 4 months after delivery for mothers and for fathers. The stress scores remained the same for mothers and increased for the fathers</td>
</tr>
<tr>
<td>Rogan et al. (1997)</td>
<td>Qual.</td>
<td>55 women (primi-paras)</td>
<td>Focus group discussion/ constant comparative method</td>
<td>Six categories: realizing, unready, drained, aloneness, loss, working it out</td>
</tr>
<tr>
<td>Serhi (1995)</td>
<td>Qual.</td>
<td>15 mothers (primi-paras and multiparas)</td>
<td>Interviews/grounded theory</td>
<td>A core variable ‘dialectic in becoming a mother’ and four categories: giving of self, redefining self, redefining relationships, and redefining professional goals</td>
</tr>
<tr>
<td>Tarkka et al. (1999)</td>
<td>Quant.</td>
<td>271 first-time mothers</td>
<td>Questionnaire/statistics</td>
<td>Positive correlation was found between the mother’s competence, attachment to the child, health, depression, relationship with the spouse, sense of isolation and role restriction, and the mother’s coping with child care</td>
</tr>
<tr>
<td>Tarkka et al. (2000)</td>
<td>Quant.</td>
<td>258 first-time mothers</td>
<td>Questionnaire/statistics</td>
<td>The first-time mother’s successful coping with childcare when the child was 8 months was associated with her own resources and attachment to the child, as well as the activity of the child and breastfeeding.</td>
</tr>
<tr>
<td>Tiedje and Darling-Fisher (1996)</td>
<td>Qual.</td>
<td></td>
<td>Critical review</td>
<td>Many fathers want to increase the amount of time spent with their children. They derive a great deal of satisfaction from fathering, and feel that the father role is more salient than their work role</td>
</tr>
<tr>
<td>Tiller (1995)</td>
<td>Quant.</td>
<td>30 first-time fathers and 12 experienced fathers</td>
<td>Questionnaire/statistics</td>
<td>By the time the children were 1-year old, 58% of the fathers reported that they helped with childcare approximately as much as they did at 3 months, 37% reported that they helped more and 5% reported that they helped less</td>
</tr>
<tr>
<td>Troy (1999)</td>
<td>Quant.</td>
<td>28 primi-parous women</td>
<td>Measurement/statistics</td>
<td>Women were more fatigued and less energetic at 14–19 months than they were at 6 weeks postpartum</td>
</tr>
<tr>
<td>Walker et al. (1998)</td>
<td>Quant.</td>
<td>87 new fathers</td>
<td>Questionnaire/statistics</td>
<td>A healthier lifestyle was related to less perceived stress, more parenting confidence, and fewer health symptoms</td>
</tr>
<tr>
<td>White et al. (1999)</td>
<td>Quant.</td>
<td>91 mothers and 91 fathers</td>
<td>Questionnaire/statistics</td>
<td>At 8 months mothers reported more role conflict than during pregnancy, clearer communication than their partners, greater mutuality and greater individuation. Foetal attachment was greater in fathers than in their partners</td>
</tr>
<tr>
<td>Zabelski (1994)</td>
<td>Quant. and qual.</td>
<td>42 first-time mothers and 21 fullterm mothers</td>
<td>Semi-structured interviews, and measurement/content analysis, statistics</td>
<td>Eight commonly discussed themes: role expectations, role partner contact/interaction, role acknowledgement, role qualities, role actions, role readiness, self-continuity, and role change</td>
</tr>
<tr>
<td>Östberg and Hagekull (2000)</td>
<td>Quant.</td>
<td>1081 mothers</td>
<td>Questionnaire/statistics</td>
<td>When mothers saw their domestic work as arduous and demanding, they also regarded their child as more fussy and difficult, and their parenting stress was higher</td>
</tr>
</tbody>
</table>

categories were revealed for fathers: being confident as a father and as a partner, living up to the new demands causes strain, being prevented from achieving closeness to the child is hurtful, and being the protector and the provider of the family. The unifying theme identified was 'living in a new and overwhelming world' (see Table 2). The theme and categories are presented below and illustrated by quotations from the articles.

Living in a new and overwhelming world meant that both mothers and fathers experienced overwhelming changes in their lives during the child's first year. There were similarities and differences in mothers' and fathers' experiences, as well as both positive and negative feelings about being a parent. Most of the categories, however, reflect different kinds of strain.

**Mothers**

**Being satisfied and confident as a mother**

Being a mother includes feelings of complete love for the infant(s) (Sethi 1995, McVeigh 1997, Horowitz & Damato 1999, Lupton 2000), satisfaction and pride (Barclay et al. 1997, Horowitz & Damato 1999). In several studies (Sethi 1995, Rogan et al. 1997, Horowitz & Damato 1999, Lupton 2000, Ahlborg & Strandmark 2001) satisfaction was expressed as amazement and enjoyment in being a parent, and at the emotional closeness to the child (Olsson et al. 1998, Lupton 2000). Being satisfied and confident also meant sharing the concerns of childcare (Olsson et al. 1998), and feelings of mutual solidarity and togetherness with their partners (Ahlborg & Strandmark 2001). It also meant experiencing a special sensitivity to the needs of the child (Lupton 2000), and having the opportunity to rest as breastfeeding mothers (McBridge & Shore 2001). Satisfaction and confidence were related to self-esteem and health (Blair & Hardesty 1994), and increased between the last trimester of pregnancy and 4 months after the delivery (Reece & Harkless 1998).

The importance of support was mentioned in different studies. Help and support from the partner (McVeigh 1997, Tarkka et al. 1999, 2000), from others (Tarkka et al. 1999, McBridge & Shore 2001), and from the public health nurse (Tarkka et al. 2000) were felt to be a source of strength, as was learning from more experienced women (Barclay et al. 1997):

I don’t know how to put it into words what motherhood is like. It is the most true love I have experienced in my life. It is happiness, it is frustration too, and it is devotion and sacrifice. (Sethi 1995, p. 237)

**Being primarily responsible for the child**


Expressions of role strain were feelings of powerlessness and inadequacy as a mother (Ahlborg & Strandmark 2001) and feelings of guilt, loss, exhaustion, ambivalence, resentment and anger (Hall 1992). Women longed for peace away from the baby (Lupton 2000) and felt tied up (Olsson et al. 1998), and some felt an increasing role conflict from the third trimester of pregnancy to 8 months postpartum (White et al. 1999). Mothers stated that their lives had become far more restricted since the birth of their babies, compared with those of their partners (Lupton 2000).

Being a mother implied possession of an infant for some women (Zabielski 1994). For others it meant being the self-evident carer of the child and the one responsible for its development, which gave rise to stress (Horowitz & Damato 1999). Women were unprepared for what it would be like to be a mother, and feelings of disappointment (McVeigh 1997), loneliness and isolation (Sethi 1995, Barclay et al. 1997, Rogan et al. 1997, Olsson et al. 1998) were expressed. Caring for the child was experienced as heavy and demanding work (McVeigh 1997, Olsson et al. 1998, Horowitz & Damato 1999, Tarkka et al. 1999, Östberg & Hagekull 2000), and the baby’s crying caused severe strain (Lupton 2000, Ahlborg & Strandmark 2001). Women who felt that they could not stand staying at home all day with their infants found it difficult to express this...
opinion to others for fear of incurring social opprobrium (Lupton 2000). Mothers were resentful about the lack of support and help from their partners (Hall 1992, Barclay et al. 1997, Barclay & Lupton 1999, McBride & Shore 2001), and the lack of social support (Mercer & Ferketich 1995). A loss of sense of self, confidence and self-esteem were experienced by women (Mercer & Ferketich 1995, Barclay et al. 1997, Rogan et al. 1997), and some felt less competent as mothers at 8 months than they had done at 4 months (McBridge & Shore 2001):

It has been so hard looking after the baby 24 hours a day. No one told me it would be so hard. (McVeigh 1997, p. 341)

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. (Barclay et al. 1997, p. 724)

Contradictions in advice from experts and people around them made mothers feel confused (Barclay et al. 1997, Rogan et al. 1997, Olsson et al. 1998), as did contradictions in role demands (Harrtich 1997). Less satisfaction with the quality of the marital relationship was expressed in several studies (Barclay et al. 1997, Rogan et al. 1997, Horowitz & Damato 1999, Delmore-Ko et al. 2000, Lupton 2000). Women also reported that they had no sexual desire, but felt aware of unarticulated expectations from their partners (Ahlborg & Strandmark 2001).

Struggling with the limited time available for oneself

Women expressed awareness that life had changed and that there was no turning back (Sethi 1995, Barclay et al. 1997, Olsson et al. 1998, Ahlborg & Strandmark 2001) and there were feelings of loss concerning their previous lifestyle (Barclay et al. 1997, McVeigh 1997, Olsson et al. 1998, Lupton 2000). Caring for the baby took most of their time (Barclay et al. 1997, McVeigh 1997, Rogan et al. 1997, Lupton 2000, Ahlborg & Strandmark 2001). Having unmet personal needs created stress (Hall 1992, Barclay et al. 1997, Olsson et al. 1998, Horowitz & Damato 1999, Lupton 2000) and some women stated that they were looking forward to returning to paid work (Olsson et al. 1998, Lupton 2000). However, feelings of stress were also caused by the thought of going back to work and leaving the baby (Horowitz & Damato 1999), by having the same expectations of themselves after returning to work and discovering that they could not meet those expectations (Hall 1992):

Once you decide to have a child, it is a commitment. You really can’t come out. You better be looking after that baby. Oh, there is no turning back. (Sethi 1995, p. 239)

Being fatigued and drained

The all-consuming nature of mothering made women feel exhausted and drained of physical and emotional energy (Rogan et al. 1997, Lupton 2000, McBride & Shore 2001). They felt stressed by not getting enough sleep (Barclay et al. 1997, Horowitz & Damato 1999, Tarkka et al. 1999, Ahlborg & Strandmark 2001). The level of maternal fatigue was felt to be unbearable (McVeigh 1997) and women cried a great deal (Barclay et al. 1997). According to Killien (1998) and Troy (1999), women were fatigued and less energetic during the entire postpartum year:

It’s like, if you have a baby that doesn’t sleep, you can’t sleep… I had no back up whatsoever… I just cried every day. I was tired more than anything. (Barclay et al. 1997, p. 723)

Fathers

Being confident as a father and as a partners


Fathers viewed parenting as a partnership (Anderson 1996) and said that they felt allowed by the mother to take responsibility as a father (Ahlborg & Strandmark 2001). Men experienced their marriage as warm and confiding (Reece 1992, Pruett 1998), and found meaning in life and a deep feeling of togetherness (Ahlborg & Strandmark 2001).


She teaches me in a way, see I'm very comfortable with her, I don't feel emasculated, it's not a sign of weakness or vulnerability to be a goofy father. (Anderson 1996, p. 318)

Living up to the new demands causes strain

Just like women, men experienced extensive changes in their life (Hall 1995, Anderson 1996, Barclay & Lupton 1999, Ahlborg & Strandmark 2001), which they found trying (Hall 1995 and difficult to handle (Barclay & Lupton 1999). Men experienced role strain if they felt that the quality of childcare provided by others (e.g. babysitters, nursery staff) was not good, and because they did not have enough time for themselves and their spouses to meet their own individual needs, and their needs as a couple (Hall 1992, 1994). They felt required to change their behaviour and attitudes (Hall 1994, Anderson 1996, Barclay & Lupton 1999), and expressed frustration at having less time for themselves, and being less free as individuals (Hall 1994, Anderson 1996, Ahlborg & Strandmark 2001).

Trying to understand the new situation, fathers became confused because of lack of guidelines and role models (Barclay & Lupton 1999) and lack of support from relatives and friends (Hall 1994). They experienced chaos in their life and conflict between several aspects of equal value in life, for example work, hobbies, friends and family, including the infant (Hall 1995). Fathers had a fear of being isolated (Olsson et al. 1998), had not expected the infant to be as non-social and demanding as it proved to be, and felt deeply unhappy (Barclay & Lupton 1999). Some men stated that they felt less confident about parenting the baby than the mother did (Gross & Tucker 1994), and there were men who felt increased stress for 4 months (Reece & Harkless 1998).

In several studies (Hall 1992, 1994, 1995, Olsson et al. 1998, Delmore-Ko et al. 2000, Ahlborg & Strandmark 2001) men expressed a feeling of marital conflict and dissatisfaction. Some felt (Ahlborg & Strandmark 2001) that their wives did not have any feelings to spare for them. The babies were the focus of their mothers’ love feelings at the expense of the fathers, who did not feel emotionally confirmed. Men also expressed feelings of sadness at not having any sexual relations after the birth (Ahlborg & Strandmark 2001).

Paid employment influenced the amount of time available for men’s parenting (Barclay & Lupton 1999). They were tired from working (Hall 1994, Anderson 1996) and from lack of sleep (Hall 1994, Ahlborg & Strandmark 2001). Some felt that they had made sacrifices at work because of the child (Hall 1994). When the woman returned to paid employment, the role demands and strain escalated (Hall 1992), and fathers felt anxious about leaving the infant in the care of others (Hall 1994, Pruett 1998):

But I hope… it’s a bit sad that we haven’t had any intimate relations yet, L. and me, after the birth of D. In a way, she has no feelings left over for me. It’s only D that counts. I actually knew it could be like this, from what friends have told me. But does it need to take so long. (Ahlborg & Strandmark 2001, p. 322)

Being prevented from achieving closeness to the child is hurtful

Fathers expressed feelings of distress and hurt at being continuously excluded from taking care of the infant. They wanted to help but felt prevented from doing so (Barclay & Lupton 1999). They felt hurt by being alienated and excluded from the close mother–infant bond and because the mother played the leading role in the family (Anderson 1996). Men expressed how they felt sadness at being more distant from the child than they wanted to and at being the second best person for the infant, and how it seemed that the mother was the only one who could really meet the baby’s needs (Barclay & Lupton 1999). Men were aware of the powerful advantage that breastfeeding gave the woman in establishing intimate and frequent contact with the child. This made them feel more detached than they expected or wanted to be (Barclay & Lupton 1999):

When you want to help it has not necessarily been wanted or welcome. I think I can rock a baby as well as anyone else, but I’m not allowed to do that. There are times when you go to help or offer to help and she says, ‘No’. (Barclay & Lupton 1999, p. 1016)

Being the protector and provider of the family

Fatherhood was expressed as being the economic provider for the family (Hall 1994, Anderson 1996, Olsson et al. 1998, Barclay & Lupton 1999, Kaila-Behm & Vehviläinen-Julkunen 2000). Fathers also realized how helpless the baby was and felt a strong need to protect both the infant and the woman and be the bridge to the outside world (Anderson 1996). For some men fatherhood was exercised by supporting the woman’s mothering (Anderson 1996, Olsson et al. 1998).

Men prioritized their own needs for leisure time before considering their spouses’ need or before childcare (Hall 1994, Olsson et al. 1998, Barclay & Lupton 1999). Some did not feel that it was proper for men to be involved in childcare (Barclay & Lupton 1999) and that parenting was primarily the woman’s responsibility (Hall 1994). The clear expectations of the woman to participate in childcare and household tasks (Hall 1994, Anderson 1996, Barclay & Lupton 1999) made some men feel guilty about being lazy (Barclay & Lupton 1999) or feel internal stress from being expected to do things that they were not good at (Anderson 1996). In one study (Barclay & Lupton 1999) men declared that they did
not consider that the tasks of the household and infant care held the same status or demands as paid employment:
I don’t do much, but there is not much I can do. I’m still going to work and paying the bills that is part of it isn’t it? (Barclay & Lupton 1999, p. 1015)

Discussion

The aim of this literature review was to describe mothers’ and fathers’ experiences of parenthood during their child’s first year, and the analysis shows that there are similarities and differences in these experiences.

The overarching theme was ‘living in a new and overwhelming world’. Being a parent during the first year was experienced as a new and overwhelming situation in different ways. Imle (1990) claimed that experiences of transition to parenthood are individual to each parent according to the degree of change in their daily life. Transitional events or non-occurrence of an anticipated event may affect how the parent copes with the demands for developing new response skills and, ultimately, a new role. In the studies analysed, some parents were overwhelmed by feelings of love and joy inspired by the infant and new situation of being a family. Their satisfaction and confidence seemed to be connected with feelings of sharing the concerns of childcare and mutual solidarity with their partner, as well as support and guidance from others. These findings appear to be in accordance with those of Hakulinen et al. (1999), who showed that parents who reported a low level of strain and who received support from public health nurses or social support experienced family stability. Parents who expressed satisfaction and confidence also seemed to be satisfied with their partnership. It may be that feelings of sharing and mutuality are a prerequisite for satisfaction and confidence in both marriage and parenthood. Majewski (1987) emphasized the importance of partners’ support for mothers to facilitate the transition into motherhood. Probably fathers have a similar need for support.

While some parents experienced satisfaction and confidence, the majority in the studies analysed were overwhelmed by different kinds of strain. There were a large number of textual units concerning marital conflicts between parents who experienced strain during the child’s first year. The impact of the first child on marital happiness is shown by Dalgas-Pelish (1993), who found that people with 24-month-old children had lower marital happiness scores than those who had 5-month-old children. These findings are consistent with those of the studies included in this review, although our analysis is based on both first-time parents and experienced parents. The findings can also be compared with those of Tomlinson and Irwin (1993), who showed that marital distress and later family disorganization patterns were related, in part, to changes in the relationship that started during the early transition to parenthood. According to Pancer et al. (2000), fathers generally expressed lower levels of marital satisfaction than did mothers.

In the studies analysed, mothers’ experiences of being primarily responsible for the infant were expressed predominantly as feelings of powerlessness, insufficiency, guilt, loss, exhaustion, ambivalence, resentment and anger. These experiences were overwhelming and caused strain, and led to feelings of being fatigued and drained of physical and emotional energy. Although both mothers and fathers were strained, their experiences differed to a great extent. Fathers experienced difficulties in living up to the new demands of being a father, and felt frustration, role strain, confusion, lack of confidence and tiredness. Differences between men’s and women’s experiences are described by Cowan and Cowan (1995), who state that transition-to-parenthood processes are not the same for men and women. According to Pancer et al. (2000), at least some of the differences in reactions to becoming a parent can be explained by the fact that women tend to have a more prominent role in caring for the child, and tend also to experience greater disruption in their lives and careers when their children are born than men do. The importance of social support was shown by Koeske and Koeske (1990), who found that parental stress was associated with lower role satisfaction and maternal self-esteem for mothers with less social support.

The strain experienced by mothers can be understood on the basis of Stern (1998a) description of the process of becoming a mother. He addresses the relationships that a mother requires to regulate her maternal or parental capacities, which enable the infant to develop appropriately. The motherhood constellation means that when a woman becomes a mother, she starts to form a new mental organization. This motherhood constellation remains prominent for months or years, and never goes away. Mothers experience their primary concern as being to keep the baby alive and protected. Stern (1998a) declares that this powerful feeling often leaves a woman exhausted and overworked, and most mothers do not know how to cope with the fear and fatigue. It is very hard to confront these feelings alone and this requires a positive supporting environment. According to Stern (1998b), it may be assumed that men pass through a similar process to that which women go through. McHale and Fivaz-Depeursinge (1999) believe that the new network or motherhood constellation is important to understand. One reason is that it serves a supportive function if fathers fail to
What is already known about this topic

- Being a mother or father during the child’s first year requires a great deal of energy.
- The transition into parenthood is a period of multiple changes.
- Mothers’ experiences have been explored to a greater extent than fathers’ within nursing research.

What this paper adds

- A description of mothers’ and fathers’ experiences during the first year of the child’s life.
- The great variety of experiences and the differences between mothers’ and fathers’ experiences.
- The importance of child health nurses in creating opportunities for parents to discuss and reflect upon parenthood as a part of child health care programmes.

The fatigue experienced by mothers in the studies analysed was present during the whole first year after the delivery. These findings are the opposite of those of studies, which claim that fatigue will disappear after the first months (Troy & Dalga, 2002). Among others, Lee and DeJoseph (2004) have shown that fatigue interferes with successful adaptation to the maternal role. It may be this feeling of being fatigued and drained that contributes to the experience of strain for mothers, which in turn leads to the difficulties for fathers.

The descriptions of experiences of motherhood and fatherhood in our analysis might reflect the two categories of relations described by Stern (1998b) as traditional and egalitarian. In a traditional arrangement the father assumes that the mother will take full responsibility for the infant’s care, and that his primary role is to support his partner and be a buffer zone against the outside world. The egalitarian couple, on the other hand, believes in sharing equally the tasks of caring for the infant, as well as other domains of family life (Stern 1998b). Some men in the studies analysed felt hurt at being prevented from achieving closeness to the child, and some mothers may want to keep control and exclude their male partners because motherhood is a source of power and maternal efficacy. Mothers might believe that being a good mother is having the whole responsibility for the child. Teti and Gelfand’s (1991) study supports the premise that maternal self-efficacy is a central mediator of relations between mothers’ competence with their infants and factors such as maternal perceptions of infant difficulty, maternal depression and social-marital supports.

According to Lupton and Barclay (1997) there are several paradoxes and tensions in the meanings of fatherhood that influence the ways in which men see themselves as fathers and practise fatherhood. For example, fatherhood is commonly portrayed as a major opportunity for modern men to express their nurturing feelings and to take an equal role in parenting, but Lupton and Barclay (1997) claim that this ‘new’ father archetype is one of the dominant notions circulating in relation to how men are expected to behave. Men are generally still expected to participate fully in the economic sphere and to act as providers for their families, and are encouraged to construct their self-identities as masculine subjects through their work role. Lupton and Barclay (1997) also argue that little use is made of the opportunities of fatherhood, that men tend to have fewer chances to engage with their children as infants, and that this, more than inherent gender differences in parenting, may be a major source of perceived differing styles. Consequently, the so-called traditional father probably also wants to have close contact with his infant, but is prevented from doing so by his paid work.

In summary, the findings showed that parents during the child’s first year felt overwhelmed by the new situation and had a need for and were helped by support from their partner, their own network and public health nurses.

Limitations of the study

Culture influences the experience of parenthood. Since the majority of the studies analysed reflect experiences from Caucasian populations, the findings should be read with this in mind. There was a mix of first-time and experienced mothers and fathers in the studies included in this review. Since Ferketich and Mercer (1995) found that experienced and first-time fathers demonstrated a similar trajectory in the development of paternal role competence, this might not have influenced the findings. The studies illustrate experiences during different periods of the child’s first year. As the experiences of parents change during the process of transition, this might affect the findings. On the other hand, the whole span of experiences should be considered, since the analysed studies reflect the first year.

Nursing implications

A nursing implication of the findings is the importance of child health nurse interventions aimed at minimizing the parents’ experience of strain. One fruitful intervention could be to develop an IT-based method for use both in prenatal
Integrative literature reviews and meta-analyses

Parenthood experiences during child’s first year


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References

* Articles included in the analysis


Paper II
Mothers’ Experience of Being Separated From Their Newborns
Kerstin Nyström, MSc, RNT, Karin Axelsson, DMSc, RNT

Objective: To elucidate mothers’ experiences related to separation from their newborns during their 1st week of life, when the newborns had been transferred to a neonatal intensive-care unit (NICU).

Design: A phenomenologic-hermeneutic approach.

Tape-recorded narrative interviews were conducted 1 to 2 months postpartum in the participants’ homes. The mothers were asked to describe and reflect upon their experiences during the time when they were separated from their children.

Participants: Eight women whose full-term newborns had been treated in the NICU for between 2 and 10 days and then declared healthy and sent home.

Results: The women’s narratives revealed that their experiences had caused them emotional strain and anxiety. From the analysis, three themes emerged: Being an outsider was based on feelings of despair, powerlessness, homelessness, and disappointment. Lack of control included emotional instability, threat, guilt, and insecurity. The theme of caring included trust, love, anxiety, relief, closeness, and explanations. The experiences were related to the staff, the child, the environment, the mother herself, the child’s father, and other mothers.

Conclusions: Separating a mother and her newborn during the 1st week of the child’s life involves much emotional strain for the mother, even though the newborn is not seriously ill. JOGNN, 31, 275–282; 2002.

Keywords: Full-term newborns—Minor health problems—Mother-newborn separation—Mothers’ experiences—Neonatal nursing

Attachment, the capacity to form enduring bonds, is a fundamental aspect of human experience (Bowlby, 1969). Mothers look forward to becoming attached to their babies even before their birth, expect to spend time with their newborns, and limit situations that would interfere with this relationship (Bowlby, 1969). Mothers consider proximity to their newborns to be essential for them.

Giving birth to a child involves an experience of emotional strain that includes struggle and pain, triumph and joy, and relief and pride (Barclay, Everitt, Rogan, Schmied, & Wyllie, 1997; Halldorsdottir & Karlsdottir, 1996). Usually a mother and her newborn remain together. However, when a woman gives birth to a child who is immediately admitted to a neonatal intensive-care unit (NICU), their contact is interrupted, her possibility of being close to the newborn is reduced, and the development of a relationship is delayed.

Feldman, Weller, Leckman, Kuunt, and Eidelman (1999) found that an infant’s physical condition and the mother’s personality traits contributed independently to maternal attachment. Their findings suggested that newborns who were born ill and were separated from their mothers, and whose mothers were highly anxious or depressed, were at the highest risk for disturbances in the development of mother-newborn attachment. Mothers of preterm neonates experience grief and concern because their newborn might not survive (Affleck, Tennen, Rowe, & Higgins, 1990). These mothers are particularly upset by separation and their inability to care for their critically ill newborn, which alters the development of the mother-newborn relationship (Hughes & McCollom, 1994; Miles, Funk,
Feelings about separation are exacerbated when the newborn is transferred to another facility for care (Affonso et al., 1992). Miles, Wilson, and Docherty (1999) described African American mothers’ experiences related to the hospitalization of a newborn with serious health problems. Their greatest source of stress was separation from their newborn. Seeing their sick newborn was also stressful and evoked shock, fear, denial, guilt, and helplessness. The mothers’ most important source of satisfaction was support from the health care team.

Catlett, Miles, and Holditch-Davis (1994) found that mothers perceived their newborns to be sicker than they actually were. They also found that the mother’s perception of the severity of her newborn’s illness was closely related to the level of the mother’s anxiety. Wereszczak et al. (1997) found that mothers who experienced a breakdown in the NICU staff and parent alliance and those who felt less attached to their newborns more often described painful memories 6 months after their newborns’ hospital discharge. Righet-Veltema, Conne-Perréard, Bousquet, and Manzano (1998) stated that the most significant factors for postpartum depression were early mother-child separation and negative birth experiences.

In 1986, Elander stated that after delivery many mothers in Sweden were separated from their newborns who had minor illnesses that resulted in a few days of care in an NICU. She said that often these separations might be due to hospital routines (Elander, 1986). In the literature, however, studies about child-mother separation describe either preterm infants or children with severe illness. No study was found that referred to children with milder health problems.

In many hospitals in Sweden, the term NICU is used for wards in which newborns in need of intensive care are treated as are newborns with milder problems. In the hospitals, pediatric nurses and pediatricians are responsible for the care of newborns who need any kind of special observation or care. Therefore, newborns with milder illness (such as those with hyperbilirubinemia, who need phototherapy, or hypoglycemia, who need extra feeding) are admitted to the NICU.

The aim of the current study was to elucidate mothers’ experiences related to separation from their newborns who had been transferred to an NICU after delivery.

**Method**

A phenomenologic-hermeneutic approach inspired by the philosophy of Ricoeur (1976) and developed in the Department of Nursing, Umeå University, Sweden (Nilsson, Jansson, & Norberg, 1999; Rasmsussen, Sandman, & Norberg, 1997) and the unit of Nursing Science, University of Tromsø, Norway (Lindseth, Marhaug, Norberg, & Udén, 1994) was used.

**Participants**

Eight mothers participated in the study. The criteria for inclusion were that their full-term newborns had been treated in an NICU for 2 to 10 days and then declared healthy and sent home. The newborns stayed in the NICU for 2 to 4 days. After that, they stayed with their mothers in the postpartum unit and visited the NICU regularly for tests and controls such as assessment of pulse, respiration, and general condition. The mothers stayed in the postpartum unit during their children’s stay in the NICU. The time the mother and her newborn stayed at the hospital was between 3 and 6 days. The mothers were encouraged to see their children and take care of them as much as possible and to spend time with them whenever they wanted.

The first 10 mothers whose children met the criteria were selected for the study. The mothers were sent a letter 1 month after their hospital stay and a few days later were asked by telephone whether they were willing to participate in the study. Two persons declined to participate. The interviews were carried out 1 to 2 months after the mother and newborn returned home. The mothers ranged in age from 19 to 35 years, and all of them were married or had common-law husbands. Six of the participants were primiparae, one mother had given birth to one child previously, and another mother had given birth to two children before this delivery.

The study was approved by the ethics committee at the university faculty of medicine and odontology.

**Interviews**

Tape-recorded narrative interviews (Mishler, 1986) were conducted in the mothers’ homes by the first author. The mothers were asked to describe and reflect upon their experiences from the time when they were separated from their children. The interview started with the question, “Please tell me about your experiences during the hospital stay from the moment that your baby was admitted to the NICU until you had your baby discharged.” The narrations were supported by questions...
such as, “What did you think then?” or “How did you feel then?” The tape-recorded interviews lasted approximately 30 to 90 minutes and were transcribed verbatim by the first author.

Findings

Analysis

The purpose of the analysis in this approach is to uncover and describe the meaning of lived experiences through interpretation. It attempts to describe the phenomena as precisely and completely as possible. Ricoeur (1976, p. 16) stated that only the sense of meaning of an experience can be transferred to another person, not the experience as lived. Ricoeur (1976) described the interpretation of a text as an ongoing dialectic movement between the whole and the parts of the text and between understanding and explanation. The explanation mediates between a naive understanding and a critical understanding.

The interviews were analyzed in several steps, beginning with a naive reading aimed at acquiring a sense of the whole. The result of this reading was a naive understanding and two questions: “What feelings are expressed?” and “What reflections are expressed by the mothers?” This provided the direction for the next step, the structural analysis, when the parts and patterns that had a meaningful consistency were identified and explanations were sought.

A structural analysis includes examination of the parts of the text to explain what it says and how it is said. The text was read many times, concentrating on one question at a time. The parts of the text that concerned these questions were marked as meaning units; for example, one or several sentences related by their content. The meaning units were then condensed and abstracted to give formulated meanings. The units were subsequently reflected on and organized into subthemes and themes based on similarities and differences. Three major themes and 14 subthemes were identified in the accounts regarding mothers’ experiences when they had to leave their children and return to the postpartum unit and their feelings when they were separated from their newborns. The narratives contained expressions not only of pain and grief but also closeness and care. The mothers had many reflections on their hospital stay. Three major themes were found in the structural analysis: being an outsider, lack of control, and caring.

Being an Outsider

The theme being an outsider is based on the following subthemes: despair, powerlessness, homelessness, and disappointment. There were many different expressions of feelings in the narratives. The feelings of loss, grief, and distress, which were expressed as crying a great deal, having difficulties sleeping at night, not wanting to eat, and wanting to be together with their babies, were interpreted as the subtheme despair, which was prominent in the narratives. These feelings were expressed in different ways and with varying strength. For example, every time the staff went away with the child, it felt as if they tore something from the mother. Despair was also expressed as the distressing experience of being separated from the baby. It was also painful to put the child in the incubator for phototherapy. Most of the mothers touched upon these farewells in their narratives.

The only thing I was thinking of was that I wanted to go to my son.
I wanted my baby with me.

When I had breastfed him and they were going away with him, then I felt I can’t stand this . . . I couldn’t understand why it wasn’t possible for me to be with him. Because every time they went away with him, I felt I would break down and I can’t go on with this. The only thing I was thinking of was that I wanted to go to my son. I wanted my baby with me.

Powerlessness was described as the mother wanting to take responsibility for her newborn but perceiving that she was not allowed to do so because other people made the decisions for her. Not being able to prevent her newborn from crying contributed to the feeling of powerlessness.

But the negative thing was when the staff came down with him and he was so upset and sweaty and I felt there was nothing I could do.

Homelessness was expressed by the mothers partly as concern about the two units being located on separate

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floors, which was experienced as an obstacle for visiting the NICU as often as they wanted, and partly as perceiving the environment in the NICU with its appliances as strange and frightening. Not having their newborns in the postpartum unit contributed to the feeling of homelessness for the mothers: “It felt as if I didn’t belong to the postpartum unit.”

Disappointment was expressed as the mothers being unprepared for complications; the outcome of the delivery was not what they had thought and expected. They had a sense of stress and hurry and felt that it was painful and unfair to see other mothers with their healthy children. Disappointment at not having had an opportunity to talk personally with the staff and lack of information were other experiences.

I had wished that someone came and talked to me and told me what kind of ward she was entered, well, told me and gave me the possibility to really talk to someone, because the way we talk now I had wished to do then [cries].

Lack of Control
The theme lack of control contained descriptions of emotional instability, threat, guilt, and insecurity. The mothers described the emotional instability related to giving birth to a child as including feelings of dizziness and sensitivity, as well as fatigue and fragility: “But there are so many feelings when you have just become a mother, so you are not yourself.”

Threat was described by some of the mothers as experiencing worry and fear that something serious was going to happen. Each mother thought that her newborn’s condition was serious, in spite of calming information from the physician. Much worry was related to the newborns’ receiving phototherapy in the incubator.

All the time I was so afraid that he was going to die there in my arms. Although I knew, everybody told me that he was not going to die because a lot of children have jaundice and are still alive. It didn’t matter, I thought he was going to die there in my arms.

Guilt was described by the mothers as a feeling that their children were suffering and that they themselves were to blame. Most of the mothers were looking for an explanation of what had happened, to find out if there was something that they had done during the pregnancy that had caused their children’s illness.

It felt as if I had a bad conscience too and as if it was my fault.

Insecurity included a feeling of loneliness, a lack of commitment from the staff, and a sense of bothering the staff. The mothers were insecure about whether their children were subjected to unnecessary blood tests, as well as being insecure about whether their children were left alone and cried.

It was as if I was almost suspicious, if I am not there she will die and the staff don’t care, is there anyone looking after her, is there anyone taking care of her when she is crying in the incubator?

Caring
From the theme of caring, the following subthemes emerged: trust, love, anxiety, relief, closeness, and explanations. Trust was described as a feeling of confidence in the staff, who showed empathy, and a conviction about their competence: “Yet you did trust them, they know what they are doing.”

Love was expressed through feelings of gratitude, intense closeness, and the joy inspired by their newborns. These feelings occurred during the moments when the mothers had their children with them. A great joy arising from their children was expressed as a counterbalance to the sad event of separation.

It felt good when I got him with me and was breast-feeding him, when I was lying talking to him and told him that I love him and that I was there with him.

The mothers expressed anxiety that the newborns might be harmed by the early separation, as well as relief and gratitude that the child was not seriously ill and that everything had turned out well. Most of the mothers were aware that their child’s condition was not serious.

I also wondered if he had been caused any harm by not being near me those first . . . it was only 2 days he stayed there.

Then I was grateful when she was discharged from there.

All the mothers expressed a desire for closeness to their children.

I don’t think they should separate a mother and her child. I think the mothers should be offered a place in the NICU from the beginning.

It was common to search for explanations for events and experiences. For example, one explanation for the feeling of great emotional strain was that the mothers were exhausted after the delivery. At the time of the inter-
view, the mothers had a sense of distance from their experiences during their hospital stay.

I felt as if no one understood me. Now afterwards, I can see that they did.

**Themes and Subthemes Related to Different Persons and Factors**

The analysis of how the themes and subthemes were related to different persons and factors showed that the themes were related to the child, the staff, the environment, the mother herself, the child’s father, and other mothers (see Table 1). The mothers’ experience of despair was in different ways related to the child, the staff, the environment, whereas emotional instability was connected to the mother herself. Many of the subthemes, such as despair, powerlessness, threat, guilt, love, anxiety, closeness, and relief, were related to the child. Love, anxiety, closeness, and relief were mentioned only in connection to the child. All the subthemes from the theme being an outsider, despair, powerlessness, homelessness, and disappointment, as well as the subthemes threat, insecurity, explanations, and trust, were related to the staff. Only trust was connected to other mothers.

**Interpreted Whole**

An expectant mother usually has formed a concept of what it will be like to be a mother. She has prepared for motherhood and has a strong symbiosis with the child. Then, something for which she is unprepared happens suddenly, and her newborn needs a special kind of care.

This situation makes the mother feel that her motherhood and symbiosis with her child have been interrupted. She feels deprived because her ideas of motherhood are incompatible with the situation that has arisen.

The mother’s feeling of being an outsider is expressed as despair at not being close to her child but instead repeatedly separated from him or her. Her sense of powerlessness is strong because she wants to take care of her child but is not allowed to do so. Lack of control seems dominant in this chaos of feelings and results from her thwarted desire to assume the role of mother. She perceives the NICU staff to be a major obstacle, depriving her of the possibility of being a mother. Yet, the mother expresses a great deal of trust related to the child, the staff, the environment, the child’s father, and other mothers. She expresses no trust in herself, however. Later, after leaving the hospital, the mother perceives the events during her hospital stay differently, especially the actions of the staff. Although the staff demonstrated care, empathy, and commitment, the mother perceived them as doing so only sometimes, possibly because of problems in communication. Their narratives also show that these mothers were adaptable and could handle the unexpected.

**Discussion**

Many reactions could be expected from a mother who, just after delivery, suddenly has to leave her child at the NICU. This study shows that the mothers experienced feelings of being an outsider, of lacking control, and of caring. Primary maternal preoccupation has been described as the mother’s state when characterized by

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TABLE 1

**Themes and Subthemes Related to Different Persons/Factors**

This table shows the themes and subthemes related to different persons and factors. The themes include being an outsider, lack of control, and caring. The subthemes include despair, powerlessness, homelessness, disappointment, threat, guilt, insecurity, explanations, trust, love, anxiety, relief, and closeness.

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increased sensibility (Winnicott, 1988). The mother is totally occupied with the care of her child, who in the beginning seems to be part of herself. However, the mother’s natural instincts cannot be developed if she is afraid, cannot see the baby when she or he is born, or has to be separated from the child. According to this definition, the feeling of being an outsider experienced by the women in our study appears to be a natural reaction. The mother feels despair and powerlessness because the NICU staff, not her, make the decisions about the newborn, who she feels is still part of herself although not actually with her. The mother is disappointed because the outcome of the delivery was not what she expected.

Barclay et al. (1997) and Rogan, Schmied, Barclay, Everett, and Wylie (1996) found that becoming a mother caused most women to feel isolated, alone, and depleted, rather than cared for and supported. When women have infants they find it difficult to care for, they may need additional practical and emotional support.

Trust may be essential to a mother whose newborn is in the NICU. Otherwise, she could become alienated and feel like an outsider. The mothers in this study experienced insecurity, and their ability to handle the situation was hampered by a lack of control and their sense of being an outsider. The mothers experienced worry and fear that something serious was going to happen to their newborns. Some mothers were afraid that their newborns would die, although they had only minor health problems.

The situation might have been different if the mothers had been able to exert control. Thus, the lack of control may be the overarching theme. According to Wereszczak et al. (1997), the parenting role of parents is altered when they are separated from their newborns and must rely on the NICU staff for information and support to participate in their newborn’s care. Seideman et al. (1997) listed the stressors for parents with children in the NICU as being separated from their newborns, feeling helpless about how to help their newborns, and being unable to protect the newborns from pain. Hughes, McCollum, Sheftel, and Sanchez (1994) studied the coping strategies of parents with children in the NICU. They found that parents relied primarily on the coping strategies of communication and seeking social support.

The mothers experienced trust when they felt that the staff cared and took the time to talk to them, when they received enough information, and when they had a sense of community with other mothers and with their partners. On these occasions, the mothers experienced care, had a sense of control, and participated with others. The staff may have cared on other occasions, but the mothers did not perceive that behavior as care. Perhaps more closeness and empathy are needed to reach the woman who has just become a mother, owing to her special state of mind. Miles, Carlson, and Funk (1996) suggested that nurses in NICUs have an important role in helping both mothers and fathers cope with their newborns’ hospitalization. Several other studies have emphasized the importance of close ongoing relationships and communication with nursing staff (Bruns, McCollum, & Cohen-Addad, 1999; Gordin & Johnson, 1999; Griffin, Wishba, & Kavanaugh, 1998; Holditch-Davis & Miles, 2000; Miles & Holditch-Davis, 1998; Raines, 1998).

Another basis for the mother’s feeling of confidence was her love for her child. This seems to reflect the symbiosis and the primary maternal preoccupation, developed in the moments when the mother was able to concentrate on getting to know her newborn in a calm, relaxed way. It appears that there are biologic processes that facilitate the mother’s increasing sensitivity (Carter & Altemus, 1997; Uvnäs-Moberg, 1994; Uvnäs-Moberg, Widström, Marchini, & Winberg, 1987). Specific hormones influence women’s behavior when they have just become a mother. Klaus (1998) emphasized the importance of early mother-child contact and support for mothers to encourage attachment.

According to Baloskurski, Cox, and Hayes (1999), attachment is usually perceived as a dyadic relationship between the infant and the mother. However, in the NICU, their relationship is different. The presence of the nurse turns a dyadic relationship into a triadic relationship. A triadic relationship alters the attachment process, as the care of the newborn is shared between the mother and the nurses. Levin (1994) studied a mother-infant neonatal unit with the following guiding principles: 24-hour care by the mother, minimal use of technology, and little contact between the newborn and medical and nursing staff. He found that maternal care has many advantages, not only for the newborn but also for the mother, such as development of confidence in her ability to mother the child and development of a strong attachment to the newborn. According to Christensson (1994), newborns respond with crying (separation distress call) when separated from their mothers. When reunited with their mothers, the crying stops. Although the findings of this study cannot be generalized, they are valid for the eight mothers who participated. There seems to be agreement between these findings and those of other studies (Hughes et al., 1994; Rogan et al., 1996; Seideman et al., 1997), which gives reason to suppose that these eight mothers’ narratives about their experiences may reflect those of other mothers in the same situation.

**Nursing Interventions**

The findings of this study have implications for nurses and midwives caring for mothers and their newborns. Nurses and other caregivers should ask the mothers to tell them about their experiences during childbirth and hospitalization and listen to their stories. The mother should be...
more involved in decisions concerning her child and her child's care. The mothers also need ongoing support in dealing with their anxieties and worries about their newborns. During pregnancy, information could be given to the mothers about the NICU and some of a newborn's most common problems. Future research could address the extent to which interventions aimed at supporting the mothers will decrease their experiences of emotional strain and anxiety. In Sweden, intervention studies could be conducted to find out where babies with less serious problems should be treated.

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Paper III
PARENTAL SUPPORT – MOTHERS’ EXPERIENCE OF ELECTRONIC ENCOUNTERS

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ABSTRACT

The early stages of motherhood are a stressful and lonely time, and when parents do not have adequate support, negative outcomes may have both long- and short-term impacts on mother, child and family. An intervention study was designed and implemented. The aim of this study was to describe mothers’ experiences of receiving parental support through the medium of electronic encounters. Five mothers with normal pregnancies and healthy children met regularly during the infants’ first year. An experienced child-health nurse was the leader of the group. The study was approved by the chief physician of child health care and by the local ethics committee at the university. The technology used made it possible to meet in real time with sound, picture, and the Web, both one to one, and in groups. The intervention data included interviews and diary notes. Personal tape-recorded narrative interviews were conducted with the mothers twice; one halfway through and one at the end of the study. Qualitative thematic content analysis was the method applied to the data and two themes were identified: feeling support through confirmation and solidarity, and the technology presents possibilities and limitations. The mothers felt that sharing experiences with others was supportive and that having new friends reduced their feeling of loneliness. The technology was experienced as fun and exciting but the mothers were disturbed by sound problems and gradually by the presence of the infant. The opportunity to meet other mothers in the same situation via electronic encounters, and to share experiences of being a mother seemed to facilitate everyday life for these mothers.

Keywords: Electronic encounters, first year, intervention, mothers’ support.
INTRODUCTION

It has been argued in the literature that the early stages of motherhood are a stressful and lonely time, and that when parents do not have adequate support, negative outcomes may have both long- and short-term impacts on mother, child and family (1). New mothers and fathers have fewer opportunities today to learn about parenting through role modelling (2). According to Stern (3) favourable growth and development in children can be remarkably improved by resolving promptly the difficulties of parenthood and the problems in early interaction. Parents have a special interest in childcare and upbringing when their children are very small or are starting school, and families with small children are willing to receive additional help (4).

One of the primary aims of Swedish child healthcare is to reduce mortality, disease and disability in children and any harmful stress suffered by parents and children. A further aim is to support parents in their parenthood, thus creating favourable conditions for the child’s development (5). The child-health nurse (CH nurse) is the person within the health system, who will meet the parents in their parenthood, especially during the first year of the child’s life. In Sweden parental support has not met the aims yet (6).

According to Bond and Burns (7) a number of parent training programs have been designed and implemented around the world to promote the healthy development of children. The authors argue that primary prevention efforts that foster parents’ own development and empowerment are most likely to achieve those positive influences that have lasting effects upon child health and development.

Studies concerning parental support often aim to support fragile families who are vulnerable for various reasons, e.g. poverty and/or lack of educational attainment, inexperience and youth (8, 9). In addition to various kinds of parenting skills training programmes there are a few examples of studies aimed at helping parents empower
themselves to strengthen their family unit and provide an accessible network of peers (e.g. 10, 11).

Telehealth technology broadly encompasses computers, the internet, televisions, voice and video systems, and distance-learning devices which, when coupled with communication lines, mediate patient care, education, or encounters over long distances. This technology enables a clinical interaction to take place very similar to a face-to-face exchange in a clinic setting. One of the advantages of telehealth is the ability it provides to create and maintain a therapeutic relationship with a patient in a remote geographic site (12).

A systematic review of studies of patient satisfaction with telemedicine showed that all studies reported good levels of patient satisfaction (13). Hufford, Glueckauf, and Webb (14) examined how adolescents with epilepsy and their mothers experienced IT-based counselling. They found that mothers and adolescents reported moderately high levels of comfort and therapeutic alliance and low levels of distraction, but emphasize the need of further research.

The telephone seems to be most common form information and communication technology (ICT) used to support parents. The impact of a 12-week telephone peer-support group intervention for parents of children with chronic conditions was demonstrated in one study (11). In another study the effectiveness of a postpartum public health nurse telephone visit on primiparous women regarding infant care was assessed (15). According to Thome and Alder (16) there is good evidence to show that telephone-based counselling can reduce maternal fatigue in caring for behaviourally difficult infants. Apart from the telephone, videoconferencing and the internet are other forms of ICT that are used in parental support. Families with infants that had a very low birth weight gained educational and emotional support from using telemedicine and the internet (17). That breastfeeding mothers received
support when using videoconferencing equipment linked to the hospital was shown in another study (18).

The supposition that using telehealth might be useful in parental support was the basis for an intervention study. Our assumptions were that parents are experts regarding their own children, and can be supported in such a way as to encourage confidence and their ability to solve their own child-rearing problems. In order to discover whether it is possible to use telehealth technology as a tool in parental support, an intervention study was designed involving mothers and fathers meeting in separate groups. The aim of this paper is to describe the mothers’ experience of an intervention, means by electronic encounters to provide parental support.

THE INTERVENTION

Both mothers and fathers took part of the intervention study, but this paper deals exclusively with the mothers. An experienced CH nurse interested in development work led the group of mothers. She had further training in e.g. communication, group processes, and reflection. Technician support was also needed throughout the project. The existing technology was surveyed in order to find a technique suitable for use in electronic encounters. The criteria were: good sound and picture quality and the possibility to meet in groups as well as one to one. It had to be easy to use and also to maintain confidentiality by using a code. An e-meeting portal called Marratech was found to be the most appropriate. Marratech makes it possible to meet in real time through sound, picture and the Web, both one to one and in groups. The extra equipment needed in addition to a computer is a webcam and a microphone (head-set).

We introduced the intervention with two face-to-face meetings at a healthcare centre. This was to give the technician time to install the program and the equipment in their homes.
and to train the mothers to use it. But it also gave the mothers an opportunity to meet. The extra equipment was loaned cost-free to the mothers and was retrieved at the end of the study period. The electronic encounter sessions were held during the infants’ first year and were an addition to the ordinary child health programme. At the start the infants were about two months old. The meetings were held every third week or once in a month, a total of nine meetings each lasting for 60 to 90 minutes. The sessions were initially held in the mornings but when the infants were about seven months old the mothers decided to meet in evenings instead so that they could join the electronic encounters without the infant being present. Various sound problems occurred during some of the sessions held in the day.

During the first meeting we discussed the intentions of the intervention, the technology and agreed about the rules (e.g. obligation to keep silent about what was discussed within the group, give notice of absence from a meeting). The mothers were informed of our assumption that it is fruitful to share one’s experiences and thoughts about being a mother, and that the answers to questions can usually be found within oneself if one has the opportunity to reflect on the questions. The CH nurse opened each electronic encounter with some questions about how the mothers and the infants were getting on. The mothers chose the topics for discussion arising from what they felt was most important at the time. Some examples of topics are the joy and happiness of being a parent, the feeling of fatigue, the responsibility, and the difficulties of leaving the baby to the care of the husband.

The CH nurse leading the group consciously tried to act as an ‘enabler’ to promote and encourage the mothers to make their own decisions and to find solutions by discussing their problems with the other mothers. As the leader of the group it was more important to ask the right questions than to give the right answers. We believe that the feeling of being a competent parent is something that derives from the individual, with help from another
person who can enable this in many different ways. In order to follow the process the first author participated in the meetings as a passive member of the group.

METHODS

Participants

The inclusions criteria for parents were that they spoke Swedish, had had a normal pregnancy and delivered a healthy child, and had access to a computer with broadband at home. Prenatal parent groups at several healthcare centres in a town in the north of Sweden were given information about the study. The parents were requested to register their interest after the baby’s birth. The first five parental couples who did so and who fulfilled the criteria were selected for inclusion in the study. Five mothers were initially included in the study, one of whom withdrew after five months because she started to pursue her own studies, and four continued for the whole period of ten months. The five mothers included in the analysis ranged in age from 20 to 32 years, and all were married or had common-law husbands. Three of the participants were primiparae, one mother had given birth to one child, and one to two children before this delivery.

Ethical Considerations

All participants gave their informed consent to participation in this study, which was approved by the chief physician of child health care and by the local Ethics Committee at Luleå University of Technology. The mothers were assured that their participation was voluntary and that they could withdraw from the study at any time. They were also guaranteed confidentiality and that their anonymity would be preserved in the presentation of the findings.
Data Collection

The data included interviews and diary notes. The mothers were provided with diaries in which they were requested to write down their feelings after each electronic encounter session. Two personal tape-recorded narrative interviews were conducted with the mothers in their homes by the first author; one halfway through (five mothers) and one at the end of the study (four mothers). The interviews were guided by questions that aimed to cover various aspects of the mothers’ experiences of the parental support intervention. Each interview started with the question, “Please tell me about your experience of these electronic encounters.” The narration was supported by questions such as, “What did you think then?” or “How did you feel then?” If the mothers did not voluntarily narrate any experience about the technology used, the content of the encounters, the value of having a leader, what was felt to be most valuable, or something that had not felt acceptable, questions were specifically asked about these experiences. The tape-recorded interviews lasted approximately 30-60 minutes and were transcribed verbatim by the first author.

Analysis

The method used to describe the mothers’ experiences of the parental support intervention was qualitative thematic content analysis (cf. 19, 20, 21, 22). Each interview was read through several times, bearing in mind the aim of this paper, in order to obtain a sense of the content. Thereafter textual units from the interviews (corresponding to all the text describing experiences of the electronic encounters) were identified and marked. The textual units were then condensed, and in order to look for similar descriptions, open coding (cf. 20) was applied to all the condensed textual units. Analysis and comparison of the diary notes with the textual units from the interviews revealed an accordance with each other. In the next step the textual units were sorted out, summed up, and categorized in five steps. The
purpose was to reduce the number of categories by subsuming those that were similar into broader categories (cf. 20). The categories were then related to each other and subsumed into themes, i.e. threads of meaning that appeared in category after category (cf. 19, 22). The textual units were finally reread and compared to the categories and the themes. Throughout the analysis process the authors constantly discussed the construction of categories until consensus was reached.

FINDINGS

The analysis of mothers’ experience of a parental support intervention by means of electronic encounters identified six categories, which were afterwards incorporated into two themes; Feeling support through confirmation and solidarity, and The technology presents possibilities and limitations.

Feeling support through confirmation and solidarity

The theme Feeling support through confirmation and solidarity is based on the categories; Sharing experiences with others is supportive, Becoming friend with others reduces the feeling of loneliness, and The nurse is important for the conversation.

*Sharing experiences with others is supportive.*

The electronic encounters were experienced as positive and enjoyable, it felt natural to sit and talk via the computer. The mothers said that it felt good to have their own ideas confirmed, that they had got valuable tips from the others and that the meetings induced a sort of well-being and reduced harassment and anxiety. As one mother expressed it: “…there is a kind of well-being, you feel good afterwards, you were able to discuss your ideas sometimes and… because these sorts of things you don’t talk to your husband or other people about.” The mothers felt that they were listened to when they spoke and that they
provided space for each other. The mothers appreciated the evening meetings especially since they were then able to sit in peace and quiet for the whole session. They could focus on the conversation and the sound functioned satisfactorily.

All mothers stressed that they found it valuable to be allowed to talk about anything they felt was important at the time, and about things that they didn’t talk to others about. They narrated that there were no obstacles to talking about worrying experiences. The mothers felt supported and relieved through sharing their experiences with others in the same situation. The mothers said that they often felt alone with some particular feeling, but when they heard that others had the same problem or even worse they were comforted. It was a relief to know that there was always someone to share their problem with. Daring to ask for support and receiving it both from the group and from the CH nurse gave them strength.

There were statements that it was fruitful to have a mixed group with both first-time and experienced mothers, but one mother felt that a group with only experienced mothers would probably have given her more, because she had a greater need to talk about problems related to older children. Some mothers thought that there were too few meetings, and others thought that they did not have time to meet more often. All mothers thought it was important to continue the electronic encounter sessions through the first year of the child’s life. For some mothers the need to meet other mothers in the same situation was greater during the early months, while one mother stated that the need to talk with others increased as the infant grew.

What has been most valuable is the sharing of experiences and this…not being alone …we function so well in this group that we feel we can ask anything. If there is anything I wonder about I dare to ask or say that now everything is chaotic and I need some support, and then I have got it.
Becoming friend with others reduces the feeling of loneliness.

All mothers declared that the contact with other mothers was the most valuable aspect. Although all the mothers stated that they had a good social network, they had spent most days alone with their infants. It felt important to meet other mothers in the same situation, it made them feel less alone. The mothers felt that they had become good friends who would continue to meet in the future. One mother thought that the infants could also become a group and find friends for life as she thought she had done. The mothers stated that they had so much to talk about, there was never a silence and that the time ran too fast during the electronic encounter sessions. They had never had any problem finding topics to talk about. The mothers felt that they got on well with each other.

...yes that I have got to know these people I almost think that that is the best thing of all when I think back, that is that I have got new friends. Yes I suppose that is what I value most of all.

The nurse is important for the conversation.

The mothers narrated that they felt nervous in the beginning, seeing themselves on the screen and hearing themselves. It felt a little strange before they got to know each other. In the beginning it was sometimes difficult to get started. All the mothers said that they felt more secure having a professional with her experiences as the group leader during all the electronic encounter sessions. They relied on her, and on the knowledge that her questions would guide them during the conversation. Especially at the start of the first meetings they found her guidance important for preventing silence. The mothers also stated that it felt valuable to have the possibility now and then to get advice when needed. One mother
expressed the opinion that once they had got to know each other it was no longer necessary to have a group leader.

I think it is great having a group leader it feels good to know that she is there… when you want to ask something or when she can come in and give advice… about certain things but still I think she keeps her distance so it’s not too much but not too little either.

The technology presents possibilities and limitations

The theme The technology presents possibilities and limitations contains the categories; Valuable possibilities for electronic encounters have been created, Feeling disturbed by sound problems and limitations in the pictures, and The ability to concentrate is reduced by the presence of the infant.

*Valuable possibilities for electronic encounters have been created.*

The mothers said that it was fun and exciting to use this technology, which was new to them. It was experienced as an easy way to meet, being able to stay at home with the baby and yet meet others. The mothers stated that the technical support was valuable and that having electronic encounters was an excellent way to meet, especially for those living in the rural areas. They said that they had looked forward to the meetings and one mother expressed it as follows: “…it has been fun and I have looked forward to these meetings, it’s a break in the routine it is something to put on the calendar, something you have and…..”

Even though they were tired and busy it was pleasant to have the electronic encounter sessions to look forward to. All the mothers wanted to meet more often than just in the stipulated net-meetings, which they also did both electronically and face to face. Some of the
mothers declared that they could both see and hear satisfactorily, that they were not very disturbed by the sound problems and that they got used to the technology.

…I think it is very easy to just get up and go to the computer, it feels very convenient that H (the baby) can lie in his bed while I have the meeting and…yes it feels very easy.

Feeling disturbed by sound problems and limitations in the pictures.

The mothers talked a lot about feeling disturbed by the problems with the sound. When the sound disappeared and the mothers could not hear or could not be heard they became frustrated and felt excluded. There were feelings of irritation and disorganization, which affected some of the mothers the whole day after the meeting. These mothers said that they had a lot they wanted to talk about but had no chance to do so. One mother related that not hearing the others made her feel very frustrated, as if she had a handicap and almost as if she was being bullied. When no one could hear what the mother said it felt as if she was trying to reach the others but no one cared. Those problems emerged only during some of the electronic encounter sessions held in the day, while the sound in the evenings was satisfactory. Some mothers thought that the pictures were a little too small and that it was a negative thing not being able to see the body language so clearly. One mother thought that she could not fully be herself because she was a cautious person and that this aspect of her personality was lightened in this medium.

…and then people heard me badly and … so then words were cut off all the time so I didn’t hear whole sentences so it was … very frustrated it was as if I had a handicap… as if I was outside and oh, it was not fun at all.
The ability to concentrate is reduced by the presence of the infant.

The mothers felt disturbed and stressed when they had to leave the session to take care of the infant, who was crying or needed breast-feeding or changing. They were afraid of missing something important in the conversation. The mothers said that they could not concentrate on the conversation when the infant was crying or disturbing them. By the time the infants were about seven months they pulled at the head-set and the keyboard, which made it difficult for the mothers to join in the conversation. These difficulties lead the mothers to decide to have the three last meetings in the evening, so as to be undisturbed.

…it was messy so then you know when they (the infants) grow it is not possible. They hang on the cables) no it is not possible. It has been much nicer to have them (the meetings) in the evenings and be able to leave the infant and sit there for an hour, oh that is nice that was nice.

DISCUSSION

Discussion of the findings

The analysis showed that the mothers experienced support through confirmation and solidarity, and that the technology presented possibilities and limitations. The opportunity to meet other mothers in the same situation via electronic encounters and to share the experience of being a mother seemed to make everyday life easier for the mothers in the present study. In spite of difficult technology they established such a relationship that they felt like real friends, which reduced the feeling of loneliness. It is well known that becoming a mother brings strain of a different kind e.g. feelings of loneliness and isolation (23-26).
The technology used in the present study, meeting in real time with picture and sound, seems to work for the purpose of providing parental support. However one mother felt that this medium prevented her from being fully herself. One reason was that the perception of body language was limited. As interactive communication involves a person’s awareness and use of non-verbal communication skills, as well as verbal skills (27), it is understandable that e-meetings are not suitable for everyone. On the other hand for some people it might be the opposite. Not being in full view may lead to a feeling of security and to more openness.

The mothers found that sharing experiences with others was supportive. The value of sharing for mothers is shown by Cronin (28) who stated that first-time mothers had a desire for group services that give opportunities to share experiences with other mothers. The author claims that the mothers’ need for physical, emotional and social support emerged throughout the birth experience, during the first week at home and up to nine months afterwards. The mothers in the present study found it important to continue the meetings through the first year of the child’s life. They stated that they appreciated the opportunity to talk about anything that bothered them and to be listened to. These mothers’ feelings could be understood in the context of Martinsen (29), who emphasised the value of the dialoguing. According to her there is a difference between speaking in a monologic manner and sharing a dialogue. Listening to what the other person says and answering with new questions makes all involved understand better what they are talking about. The value of genuine listening has been described as when someone really listens to you without judgement or evaluation it feels good. Then tension is released and you can see the world in a new way and move on. Feelings that you can hardly stand become endurable when someone listens (30).

In the mothers’ experience the electronic encounters in the present study could be labelled as caring encounters. Halldórsdóttir and Karlsdóttir (31) explored the essential structure of caring and uncaring encounters with nurse-midwives during labour and delivery
as perceived by women who have given birth. The women’s experience of caring and uncaring was empowerment or discouragement. The nurse-midwife perceived as caring was empowering, encouraging and supporting, showing solidarity and sharing. Another study (32) showed that mothers felt supported when the nurse trusted the new mother’s own capability, this being a kind of confirmation.

According to Stern (33) most mothers do not know how to cope with the fear and fatigue they experience. They create a kind of network of one or more experienced mothers or parents for the purpose of creating a holding environment. Probably the mothers in the present study felt they were part of that kind of network and were strengthened by each other. This is in accordance with Long (34), who found that parents with a large network of social support exhibit the optimal parenting behaviour. Sharing problems about child rearing with others provides opportunities for parents to gain information, test out their own coping strategies and learn new parenting skills. Tarkka (35) also emphasized that the more concrete support the mother received from the support network, the better was her maternal competence. The mothers in the present study particularly appreciated the evening encounter sessions perhaps because on these occasions they had time of their own, and that these mothers, like the mothers in another study (36), longed for peace away from the baby.

The mothers in the present study agreed that they needed this kind of meeting, and that the CH nurse was important for the conversation, and it felt safe to have her as a leader of the group. They relied on her guidance. According to Fägersköld et al. (37) first-time mothers expected the child health nurse to be a supporter and to have faith in a new mother’s own strength. The authors also stated that the central factor in the encounter between mother and CH nurse is that they share the realm of motherhood, i.e. that the nurse is able to take the mother’s perspective. In the present study the mothers shared the realm of motherhood not only with the CH nurse but to a great extent with each other.
The CH nurse in the present study made efforts to encourage the mothers to make their own decisions and, by discussing their problems with the other mothers, find solutions. An attitude enabling empowerment does not seem to be common among CH nurses. The traditionally predominant attitude among CH nurses is that of expert giving advice (38). Nurses are faced with conflicting requirements in their work. They should be both empowering agents and experts (39). Poskiparta et al. (40) showed that nurses used specific strategies when asking questions and giving advice during empowermental health counselling. Nevertheless, the authors found that nurse-centred features were predominant. Judging from the findings in the present study the different way in which the CH nurse acted during the electronic encounters might in some way have fulfilled the mothers’ need of being empowered. It is not clear from the findings to what extent the CH nurse affected the mothers’ experience. Most likely the possibility of sharing with other mothers was more supportive.

Methodological considerations

There are some methodological limitations to discuss as regards this study. The study was designed to describe experiences of a parental support intervention from the perspective of all involved. This paper deals with the mothers' experiences and not the fathers’ or the group leaders’ experiences. Another limitation is the size of the sample of mothers. The sample number was chosen to facilitate good communication, a feeling of security, and to optimize the use of the technology. If there had been more and larger groups the findings might had been different. However, it should be pointed out that the aim of the whole intervention study was not to generalise but to discover whether it is possible to use this technology as a tool for parental support, and how mothers would experience such electronic
encounters. These detailed narratives and diary notes of these five mothers’ provide valuable knowledge, not generally applicable but valid for these women.

Another possible objection concerns the fact that the mothers lived sufficiently close to each other. Not knowing how and if these face-to-face meetings influenced the finding is a methodological weakness in this study.

Implications for clinical practice and research

As mothers seem to have a need to share their experience of being a mother, strenuous attempts must be made to create opportunities for this. All mothers should have the possibility to meet in groups for parental support, with or without electronic encounters. Instead of being the expert who tells them what to do, the CH nurse in her encounters with mothers should ask them more often about their experience and what they think about certain matters. It is also important that the mothers meet CH nurses who allow them to talk about psychosocial aspects and relations. Since the CH nurse has traditionally had the role of the expert who gives advice, working at empowering the mothers requires them to act in a partly new way, which should be considered by those educating CH nurses. Further research is required concerning suitable technology to improve electronic encounters e.g. sound and picture quality, and using technology without being dependent on technician support. Research concerning groups of mothers living in rural areas and using this technology, and the possible cost benefit as well as the long-term effects for mothers and children of having this kind of support also seem important. In addition to mothers of healthy infants it would be of interest to study how parents of infants with special needs or problems experience this type of electronic encounter. The present study separated mothers and fathers in the groups. It would be interesting to try groups with only first-time mothers or only experienced
mothers respectively. Perhaps it would be fruitful to also try mixed groups of mothers and fathers.

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