

## Adoption of Maternal Role during the Postpartum Period in First-Time Pregnant Women

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### Abstract:

**Introduction:** the puerperium is the period that begins after childbirth, characterized by a complex network of changes and transformations in women, in their subjectivity, identity, sexuality. **Objective:** to reveal the experiences of women in their maternal role during the puerperium in Mexico and Colombia. **Methodology:** qualitative-descriptive, from the perspective of Husserian Phenomenology; early participants with term pregnancies, of low and medium risk requiring evaluation, Monitoring and development of labor and childbirth within the Health Service Providers Institutions in Culiacan Sinaloa and Barranquilla Atlántico. The selection of participants was for convenience until reaching data saturation, inclusion and exclusion criteria were established; the technique and instrument was the in-depth interview recorded and transcribed, the analysis was carried out in 6 phases: Information familiarization, open coding, axial coding, creation of central themes and sub-themes according to living codes, creation of thematic map and final report according to specific analysis to themes and sub-themes. **Results and Conclusions:** The experiences of women in each of the stages of the puerperium converge in situations that impact on the adaptation of the maternal role; mothers, expressed their lack of experience for the upbringing of a child, feel emotions as fear, guilt, anguish due to inexperience in this new role and the responsibilities it entails. Mothers look back at the moments they have lived, to make way for the moment when they expressed happiness by holding their child, they forget the moments of pain and anguish in the previous stages (part-time work and childbirth). Women's education and information are key to assuming this maternal role with confidence and confidence. Nursing professionals must understand and understand the feelings, thoughts and concerns of these mothers; know their social and cultural context to provide care in accordance with their expectations and needs to contribute to the adoption of the maternal role in these new mothers since this experience is unique and will be part of their life history.

**Keywords:** puerperium, nursing theory, maternal role, care

## Introduction

The puerperium is the period that begins after childbirth, characterized by a complex network of changes, transformations in the woman, in her subjectivity, identity, both in her body and in her sexuality, Women also receive some care derived from their culture and beliefs<sup>1</sup>; one of the significant transformations or changes is in its new maternal role, understood this as a process of reciprocal action between the mother and her child derived from the maternal bond that allows a permanent interaction between the mother-child in which she learns actions inherent in her role, provides care to the child, manifests her enjoyment of the new role<sup>2,3,4</sup>

The woman who for the first time is a mother, experiences multiple feelings and emotions among them love for her child; the emotions that accompany the period of puerperium are permeated by the previous experiences of her family, friends and friends of women, which in some cases generates uncertainty, anxiety and fear. Mother-child interactions, from birth to the first year of life, have an impact on the current and future development of the child; this should be taken into account by nursing professionals when providing care based on the theory of middle-level nursing, Adoption of the maternal role, by Ramona Mercer, to help the mother internalize the adoption of the maternal role<sup>5</sup>.

Ramona Mercer's theory encompasses the processes by which a woman passes at the time of becoming a mother as well as how the environment influences the mother-relationship son, becoming a mother refers to the woman's perceptions of her competence to care for the child. By establishing her competence, the mother anticipates the child's behavior, knowing how? What? When? And why? something is done to or with him, in order to obtain the welfare of the child. Nursing care should contribute to the identification, together with the mother, of difficult situations or sources of support that contribute to this process, to propose actions that favor the adoption of the maternal role<sup>5(Edith)</sup>.

Within the Mercer model, there are three concentric circles which interrelate each other, which are the microsystem, is the immediate environment where the adoption of the maternal role occurs, which influences factors such as family functioning, family, mother-father relations, social support and stress. The mesosystem, which refers to how what happens to the developing maternal role and the child influences; this includes school, nurseries, work environment, places of worship and other community entities. Macrosystem, refers to the prototypes that exist in culture in particular or in the cultural coherence transmitted, also includes cultural, political and social influences. The main concepts of the theory of adoption of the maternal role that supported the proposed model are within the microsystem and are: 1) maternal characteristics: sensitivity to signals, attitudes regarding parenting, state of health; 2) characteristics of the child: temperament and health; 3) maternal role: competence in the role; and 4) result in the child: health<sup>6</sup>.

Scientific evidence shows that obstetric violence is present in maternal health care, there is a lack of humanism in care, reflected in ill-treatment (shouting), inappropriate attitudes and abuse by health professionals, violating the rights of patients, considered a serious public

health problem which represents one of the major weaknesses of the health system, a situation that affects the mental state of women receiving the service<sup>7,8,9,10</sup>.

Among the experiences of women in the puerperium, studies report that women experienced states of emotional distress in the first year postnatal, psychological processes such as guilt, difficulties of adaptation in different types of distress, among others<sup>11</sup>, placed these experiences in the context of childbirth and breastfeeding. They identified, in addition issues related to unwanted negative emotions and the difficulties of women to adapt to their new role, also describes how the new experiences of mothers with their babies began with unpleasant emotions, often in the context of difficulties during birth and breastfeeding. All women spoke about the importance of their post-natal health care experiences in "Relationships with the Health System". "The impact of the new" describes women's difficulties in adapting to the demands of motherhood; they emphasized the importance of social support in "Meeting new support needs". These findings highlight the need to explore psychological processes such as estrangement, guilt, and self-culpment through different types of emotional difficulties, as these can be viable targets for therapeutic intervention. Breastfeeding and childbirth trauma were key areas where women felt they needed support but were not readily available<sup>12</sup>.

The puerperium according to studies may be accompanied by disorders such as postpartum depression, generated by the fear that the new mother experiences not being understood, she sometimes does not express her feelings of sadness, because he feels guilty about experiencing depressive symptoms at a time when he should be cheerful. The puerperium can be a stage of happiness, fullness, but it can also become a completely opposite experience to the aforementioned, so the nursing and health professional should provide care and information to the mother and her family about the possibility of facing these emotional ailments that would be part of the experience at this stage<sup>13</sup>. The nursing professional must know the cultural diversity in the experience and care of the postpartum period so that the care provided to the postpartum period is far from ethnocentrism and can guarantee individualized care according to expectations and particular experience of women<sup>14</sup>.

Other experiences described by women, reported in the scientific evidence, is the accompaniment of a family member in the hospital environment (husband, mother, sister), because it provides security, confidence, tranquility, in addition to promoting tolerance to the pain and discomfort of the moment. Studies reveal that nursing professionals' care provides them with tools for self-care through education, strengthens the emotional bond in the family, and broadens knowledge about post-natal care. The support of the family and the nursing professional decreases negative emotions, thus achieving the completion of their labor in a reliable and safe way. Motherhood and care are a shared responsibility, for which reason it must include the family and the nursing professional to ensure that it is<sup>15,16,17</sup>.

## **Methodology**

A qualitative, descriptive study that revealed the experiences of first-time pregnant women during the postpartum period in two hospitals: Sinaloa Regional Hospital and State Social Enterprise (ESE) Hospital Niño Jesús de Barranquilla, Colombia, the research was carried out

in the period from September 2018 to June 2020. The object of study had a qualitative-descriptive approach, framed in the listening and understanding of the experiences of the participants, to know a part of reality that is commonly overlooked and undervalued, but at the same time it is fundamental to know the particular context of the individual; the intention of the study was to capture as faithful as possible the experiences of the participants<sup>18,19</sup>.

The object of study was approached from the perspective of Husserian Phenomenology; the phenomenon studied were the experiences of primitive women during the puerperium. This perspective as a method was integrated into the social sciences with an emphasis on phenomenological reduction, that is, on the suspension of a judgment that is far from the commonsense typifications. the result of this reduction is that there is only the phenomenological residue, that is, the experiences or phenomena of the consciousness, so its emphasis is on the importance of moving away from those typifications and the idealizations that are generated around daily life<sup>20</sup>.

The research had the participation of first pregnant women of Mexican and Colombian nationality, with term pregnancies, of low and medium risk that required evaluation, surveillance and development of labor of birth, childbirth and puerperium within the IPS in Culiacán-Sinaloa and Barranquilla-Atlántico. The selection of participants was for the convenience of the researchers until reaching data saturation (theoretical sample); this, naturally, involved a concomitant process of collection and analysis. Thus, within the process of the investigation, the researchers defined and delimited their "corpus". From there it was possible to start the cycle of analysis, whose first step was the familiarization and deconstruction of texts<sup>21</sup>.

The inclusion criteria were: First-time pregnant women with short-term, low- and medium-risk pregnancies who required assessment, monitoring and development of childbirth and puerperium within the IPS. And exclusion: All those participants who did not have the characteristics or criteria of inclusion.

The technique and instrument used was the in-depth interview, as pointed out by Taylor and Bodgan<sup>18</sup> "The in-depth interviews" are developed through dialogue, where the presence of the researcher is fundamental to be able to "observe the phenomenon face to face", in order to obtain truthful and first-hand information about the experiences, experiences or perceptions of a particular lived situation. A group of detonating questions were posed which served as a guiding element for the revelation of lived experiences, based on the answers to these questions and depending on their answer, other questions were formulated, which allowed us to delve more deeply into the information related to achieve the objective of the research.

Likewise, it was supported by a semi-structured guide of questions that allowed empathy and rapport among the participants, were structured based on the objectives of the study, the interviews were recorded and transcribed in Word format; its duration ranged from 45 minutes to an hour until it reached data saturation<sup>22</sup>. Subsequently, the data were recorded in a field journal, complying with the guidelines proposed by Valverde<sup>23</sup>, which makes some recommendations to obtain more organized information and try to collect more information through observation, In addition, organize them in a series of sections that allow and facilitate

the obtaining of ideas in a clearer and more forceful way of the facts and thus be able to highlight the most valuable information obtained during the visit to the field where the study is carried out<sup>23</sup>.

For the analysis, the operational proposal of the thematic analysis of Braun and Clarke<sup>24</sup> was used, consisting of six phases described below: Phase 1: familiarization with interview data to be able to find the depth and breadth of the content through repeated reading of the data in an active way, in order to start coding. Phase 2: Carrying out of the open coding in an inductive way, forming the initial codes that were identified through the most important characteristics of the data or discourses of the interviewees, which were selected according to the adherence to the theory and to the specific objectives based on the discourses and/or data obtained. Phase 3: axial coding, that is, the search for data already encoded in order to perform a regrouping of codes according to their similarities, differences, in identifying the themes and extracts that were essentially considered in the generation of graphical representations of the operational proposal. Phase 4: start to the ideas and refinement of the data that the researcher considered more valid and with sufficient coherence to create the central themes and sub-themes according to living codes. Phase 5: definition and naming of topics and a satisfactory thematic map of the data collected was created. Phase 6: the analysis corresponding to the themes and sub-themes was carried out, forming the drafting of the final report of the same<sup>25</sup>.

#### **Ethical considerations:**

The research was approved by the ethics and research committee of the Higher School of Nursing Culiacan, where this project was evaluated, later was sent to the ethics committee of the ISSSTE Regional Hospital "Dr. Manuel Cárdenas de la Vega" and was approved within the committee of the State Social Enterprise (ESE) Hospital del Niño Jesus de Barranquilla for application in that institution.

The above to comply with the regulations of the General Health Law in matters for health research issued in 2014, where it states that such research must go through the various ethics committees, for application in turn before application in humans, the formulation and application of an informed consent<sup>26</sup> is required. The ethical considerations set out in Resolution 008430 of 1993 of the Ministry of Health of Colombia<sup>27</sup> were also taken into account, considering it to be a "risk-free research".

Informed consent was made with the values imposed by the Helsinki declaration, where all research with human beings has to go through the conscious approval of these, "it is a duty to protect the life, health, dignity, integrity, right to self-determination, privacy and confidentiality of personal information of persons involved in research. "Every precaution must be taken to safeguard the privacy of the person involved in the investigation and the confidentiality of his or her personal information" <sup>28</sup>. Among the ethical considerations, the names of the participants were codified and omitted to maintain their privacy, the pseudonyms that were assigned were: "Erika", "Julia", "Raquel" for the Mexican population and "Carlota", "Valeria" and "Luciana" for Colombian participants.

## Results

The results are presented by theme and sub-themes, as proposed by Brown and Clark<sup>24</sup> in their operational proposal:

Theme: Puerperium Experiences and Adaptation to the Maternal Role

This topic speaks of the experiences of the puerperium in each of the stages: immediate, mediate and late, where diverse situations converge, which impact on the adaptation of the mother, the process of understanding her role as mother, which describes their lack of experience and how their environment, is a fundamental part of that support for the upbringing of a child, in the same way expressed through the speeches all those feelings and expectations of the new mother and those around him.<sup>6</sup>

“The nurses focused on establishing reciprocal therapeutic relationships with mothers who were viewed as active participants; live situations”

First sub-topic: Adaptation to maternal role

This sub-topic provides evidence of how the woman perceives that her life will no longer be the same and that from that moment on, she has the responsibility and the good development of another person, another individual who is part of her new family, They also refer to how their family circle and values are important for the integral development of the newborn who becomes the centre of attention, cause of joy and suffering.

Erika

...I couldn't find anything to put it on, that he was crying and or I don't know, I didn't know how to carry it, I was afraid of my little head, I was afraid that my mother-in-law, my mother would see me and say, "Oh no, because you're going to fall..."

...I had no experience and I still don't believe, to change a baby's clothes in fact the first time I changed her clothes was my sister-in-law and she, I had to ask her, I was less ashamed to ask her than my mother-in-law and my mother's, how to put the half or put something first to put the diaper, I had no idea the, I did not know and in my baby I realized in many little details, like the fingernails that scratched and little details that I saw that stressed me as the first night he drank had been perfect, I had not cried, I felt that this was always going to be and not that night, we were very frustrated we heard him cry and did not find what to do, but I tried to be calm and my husband also tried to be calm, my mother-in-law was the one who took it a little and despaired and she brought it then I said "She, because she's the one with the experience, that she tries to calm him down and something..."

Julia

..... My mom tells me "leave it" but, I tell her, "no", I'm there all week, because if I come on the weekends...

Valeria:

"... Well, at first psychologically at the time of childbirth, uh, and then buying things from the child, what I needed and that. Well, the rest if already, that we say anything, it was as I explain. The, is that I do not know how to tell you, are things that one does not know how to describe in reality..."

Raquel

"... I couldn't believe that, it was really so hard and it was, to start with, I came to my mom's house, I didn't get here directly, I was with my mom for like a week, it's because everyone tells you it's that, "You have to be clear with your mom because you're new, because you don't know and something you might need in the night and well, you go there" I wasn't completely healthy, I had an inflammation and, no, it did not heal at all, then I was going with indications from the gynaecologist to be in absolute rest but, Well but, who gets angry at night, not to care for her, this and the other, because between my husband and me. And my parents did help me a little, in what they could this and the other, but, well, you're really with the pain down there and, but, well, also with the need to attend to her and, and it's very bastard, very difficult..."

"... something I'd like to comment on. Well, I don't remember anything like that, anything specifically, but, I think no one, no one at 15, no one at 25, no one at 40 are ready to be parents, when you're the first time, no one, no one because all experiences are different..."

"... Absolutely everyone and I, I feel frustrated to say, but, is that I see that other mothers are very fresh and maybe they will not go through the same thing that I do, is that I am not really there with them and I do not know what they have gone through..."

Carlota:

"... Well, this one before, before he was born, I don't know, I didn't think I was going to change, I was going to get motivated to move on and.... (Moment of nostalgia and crying) ...

"... My sisters had already had children and I, looked like the experience of them, but, at the time I thought everything was normal, that one hit him, but no, and no, I do not know".

"... No, he gets up. Well, last night I almost didn't sleep, he spends most of the night awake, I hit his chest. This one, it doesn't let me sleep. So, I put him to bed for a little while, and then, like, he's used to arms already, because..."

Second Sub-Topic: Suffering and its Rewards: Adopting the Maternal Role

In this sub-topic are immersed the data that imply another side of life, the mother makes a retrospective of all the moments lived, step to be able at the present time, express his happiness with his son, to be able to hold him in his arms and look at the whole previous process with a smile, because today, your son is with them.

Julia:

"... Yes, if I live for him completely, "Oh, I'll cry". For all things have been different, for, as I say to him, all things are now set before him; all things that are made are now made for him to improve all things; therefore, all things, all things. Then, since the days, I am doing something else, I go and look and all the time we are with an eye there with him because..."

Valeria:

"... well, first uh, set a good example for him to be a good child when he grows up. This already give you the support, eh the love as you grow and good neither spoil it..."

Luciana:

"... And now I'm in love with my daughter, well, the truth at first when I knew either, I didn't want to, I left the girl's dad, I left him and I said things like that, I didn't want nothing with him..."

Carlota:

"... The same joy, well, as I explain, I feel better than ever, I've already seen him, and I think that, I don't think, I know I can, I'll change, I'll get along with him alone..."

## **Discussion**

Theme: Puerperium Experiences and Adaptation to the Maternal Role

This topic speaks a little of each of the stages of the puerperium: immediate, mediate and late, where in the three there are different moments of the adaptation of the mother, in the process of understanding her role as mother, which realizes the inexperience and how its environment is part of that support for the upbringing of a child, which when it comes to its family generates changes in it, in the woman, and in those around it; Women also recognize the need for the support of health professionals in the adoption of the new role; the findings of this study are similar to those of other research such as Coates et al. and that of Steen<sup>11,29</sup> in which it can be understood that the experience of the puerperium depends on the information, support and follow-up of the health personnel during this stage, where the woman begins to have different emotions between them emotional distress, as time passes and lives with the newborn child, surrounded by people who live a different process adapting to the great changes and the future of the newly formed family.

Sometimes, during the puerperium, the irruption of the maternal identity appears, can darken and come to nullify other identities of the woman, this aspect must be explored in spaces where she can manifest her experience, feelings and perceptions of this new role, be with other mothers or women in the family and with nursing professionals to enable the meaning of motherhood to be restored and to contribute to the solution of conflicts or discomforts associated with the puerperium stage and to adhere to the new maternal role<sup>30</sup>.

First sub-topic: Adaptation to maternal role



Women placed these adaptive roles as decisive moments in becoming a mother; giving birth and breastfeeding<sup>11</sup>, they identified issues related to unwanted negative emotions and women's difficulties in adapting to their new role, it also describes how the new experiences of mothers with their babies began with unpleasant emotions, often in the context of birth and lactation difficulties; experienced psychological processes such as guilt, difficulties of adaptation in different types of distress, among others<sup>11,6</sup>.

Educational activities about newborn care are an important part to encourage the adoption of the maternal role, women, study participants who experience their motherhood for the first time, expressed the positive and significant contribution of having information about the care of the newborn, this knowledge gives them confidence and security for the care of their children, those results were similar to those reported by Giraldo et al<sup>31</sup>, where educational activities together with other medical services have a positive impact on the promotion of maternal and child health and the adoption of the maternal role<sup>32,33</sup>.

Second sub-theme: Suffering and its rewards: Adoption of the maternal role.

In this sub-topic she provides the data that imply another side of life, where the mother makes a retrospective of everything that happened to be able today to express her happiness with her son, to be able to have him in her arms and to look at the whole previous process with a smile, because today, your son is with them. The results of the present studies coincide with those reported by Giraldo et al<sup>31</sup> where the mothers expressed that despite the suffering and pain of labor and childbirth, having their child in their arms, made them forget these events and considered that the process of childbirth reaffirmed them before the adoption of their maternal role, these results highlight the pain and the process of childbirth, emotions, as part of the process that has a reward and is the arrival of the new family member, your child<sup>6,34,35</sup>.

## **Conclusion**

The adoption of the maternal role in the puerperium, in the woman who is a mother for the first time, is given by a series of individual experiences permeated by the family context and by the care offered by the nursing professional and other members of the health team; which marks the perception and attitudes that women assume in the face of this new identity, that of being a mother"; this new role, generates uncertainties, Blame, fears and complex changes that need to be addressed in a multidimensional way to contribute to the adherence of the maternal role.

The preconceived ideas of first-time mothers, friends, and family members about the puerperium create imaginary ideas that when facing reality, are usually ratified or not according to the individual experience of each one of them; the presence of difficult moments such as depression in some of them is recognized, where the nursing professional in addition to their disciplinary knowledge must have effective and assertive communication processes for the favorable resolution of the situations presented.

On the other hand, the education and information that women receive are key to assuming this role with confidence and confidence. Nursing professionals must understand and understand the feelings, thoughts and concerns of these mothers; know their social and

cultural context to provide care in accordance with their expectations and needs to contribute to the adoption of the maternal role in these new mothers since this experience is unique and will be part of their life history.

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