FIGURING OUT MOTHERHOOD: 
A QUALITATIVE STUDY GROUNDED IN THE 
EXPERIENCES OF FIRST-TIME MOTHERS

By

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ABSTRACT

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The transition to parenthood is believed to be one of the most challenging normative developmental life stages and has been associated with interpersonal distress, a decline in relationship satisfaction, increased divorce rates, and decreased family functioning; ultimately affecting later child well-being. Transition to parenthood literature is saturated with research focused on postpartum couple relationship outcomes, yet studies aimed at capturing lived transition experiences from a new parents’ perspective are scarce. The present study utilized an ecological framework to address this gap by exploring new mothers’ experiences of transitioning to motherhood. This study also draws from symbolic interactionism to explore how first-time mothers’ indeed make sense of becoming a mother.

A qualitative approach guided this study in which data was collected through 18 semi-structured interviews with first-time mothers in a committed relationship who had given birth within the past 12 months. The present sample represented a primarily Caucasian, middle-class, and educated group of new mothers. Data analysis followed the principles outlined by the reformulated grounded theory including the constant comparative method and a sequential process of open, axial, and selective coding of the data. Throughout the duration of the study, specific processes were carried out to ensure trustworthiness of the research findings.

The findings revealed that first-time mothers encountered both internal and external processes that unfolded across the transition experiences, leading mothers to make sense of first-
time motherhood. Mothers described five themes including influential systems relating to the transition, experiences of first-time motherhood, influential feedback experiences and processes, interpersonal process of figuring out first-time motherhood, understanding and meaning-making of first-time motherhood that ultimately informed construction of first-time mother’s understanding and meaning making of lived experiences. Specifically, mother’s described that these themes worked together wherein influential Systems and feedback experiences and processes provided the context in which experiences of first-time motherhood and the interpersonal process of “figuring it out” occurred. This daily feedback loop informed their greater understanding and meaning assigned to the transition experience.

In sum, participants contributed to the understanding of a reciprocal path of motherhood experiences and demonstrated that there is not one linear way to achieve mastery of first-time motherhood. The emergent theory could inform future explorations of the transition to motherhood experience. This study also suggests implications for clinical intervention.
DEDICATION

This work is dedicated, with love, to my daughter, Emily, and to my husband, Klayton.
ACKNOWLEDGEMENTS

As my time in graduate school comes to a close, I would like to reflect on my academic journey and acknowledge the support I have received along the way.

To begin, I must first thank God for giving me the strength and endurance to complete my PhD. It has been quite a long road and without the many blessings I have been provided, this accomplishment would not have been possible. Thank you especially for bringing the following people into my life at just the right moments, for they are the people who supported me each step of this process.

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completion fellowship. These financial supports have created multiple opportunities to grow personally and professionally.

There are no words to articulate the level of support provided by my husband, Klayton. You have been by my side and have been my biggest cheerleader as I have completed my bachelors, masters and doctoral degree these past ten years. You have picked me up when I did not think I could go on, and comforted me when I simply did not want to write anymore. You have provided me with encouragement, much needed laughter, financial means for retail therapy and above all else, unconditional love. Thank you for believing in me and allowing me time to achieve my goals. More than anyone, you know the sacrifices that took place to make this happen, therefore, this degree is just as much yours as it is mine. For everything, thank you so much! I love you!

To our daughter, Emily, it is you who inspired my scholarly passion. Long before you were born, I was intrigued by the transition to parenthood. I wanted to be prepared for your arrival! What a blessing it has been to begin my journey of motherhood with you as a daughter. Thank you for each smile, laugh, and many wonderful reinforcing moments that motherhood is indeed worth the challenge! I love you, Peanut!

To my parents, I want to thank you from the bottom of my heart for believing in me more than I believed in myself. Mom, you have set a remarkable example of what motherhood is all about; I have some big shoes to fill! Thank you for making sacrifices to allow me to finish my dissertation. To my Dad, thank you for teaching me the value of hard work, always being proud of me, and calling to check in on me. To my sister, Breeana, you have inspired me to always be authentic, regardless of strength or fault. Thank you for being you! I love you all very much!
I am also blessed with amazing friends that have come out of my graduate experiences. Emily and Beckey, we have been through so much together in these past five and a half years! From the moment we met during the interview process, to our discussions our first semester (wondering what we had signed up for), to this final dissertation phase, you have both been an integral part of my experience. Thank you both for the reassurance, motivation, phone calls and many fun memories that kept me going.

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Finally, I would like to thank the 18 mothers who shared their transition to motherhood experience with me. Your stories provided enjoyment during this dissertation process, and brought humor to my own experience of transitioning to motherhood, while trying to write about yours. You are all remarkable women and exemplary mothers. I hope that I have done justice to your voice so that your stories of becoming a mother are recognized within the scholarly community.
# TABLE OF CONTENTS

## LIST OF TABLES

xiii

## LIST OF FIGURES

xiv

## CHAPTER ONE: INTRODUCTION

1

- Background of the Problem 1
- Purpose of the Study 4
- Theoretical Background 5
  - Human Ecological Theory 6
  - Symbolic Interactionism 8
- Theoretical Map 10
- Conceptual Model 11
- Research Questions 13

## CHAPTER TWO: REVIEW OF THE LITERATURE

15

- State of the Literature 15
- Historical Review 16
- Transition to Motherhood 20
  - Microsystem 21
    - Individual 21
      - Identity 21
      - Communication Skills 21
      - Adaptability/Flexibility 22
      - Emotion Regulation 23
      - Commitment/Investment 23
      - Meaning of Parenthood 24
      - Mental & Physical Health 24
    - Couple 26
      - Relationship Status 26
      - Relationship Satisfaction 28
      - Partner Support 29
      - Meaning of Pregnancy 30
      - Renegotiation of Roles 30
      - Family of Creation 31
      - Resources 31
  - Family of Origin 32
    - Intergenerational Transmission 32
Mesosystem 33
   Mutually Support Environments 33
Exosystem 34
   Partner’s Employment 34
Macrosystem 34
   Marriage Ideologies 34
   Gender Roles 35
   Expectations of Motherhood 36
Chronosystem 36
   Timing of Motherhood 36
Literature Review Conclusions 37

CHAPTER THREE: RESEARCH METHODS 38
   Overview of the Approach 38
   Rationale for Qualitative Methodology 38
   Grounded Theory 39
   Sampling Procedure 41
      Participant Recruitment and Selection Criteria 42
      Participant Demographic Characteristics 44
   Method of Inquiry 46
      Researcher as an Instrument 46
      In-depth Interviews 47
      Interview Process 48
      Eco-map 50
      Questionnaire 51
   Data Analysis 51
      Coding Procedures 51
   Trustworthiness 54
      Reflexivity of Researcher 56

CHAPTER FOUR: RESULTS 59
   Participants Characteristics from the Findings 59
   Relevant Themes from the Findings 60
   Influential Systems Relating to the Transition Experience 61
      Individual Factors Specific to Motherhood 62
         Pregnancy 62
         Birth 64
         Breastfeeding 65
         Miscarriage 66
         Identity and Role 66
   Microsystem 68
Family of Origin 68
Mother-Maternal Grandmother Relationship 71
Couple Relationship 72
Becoming a Mother with Friends 75
Work 76
Faith and Beliefs 78
Healthcare Providers 79
Internet 80
Mesosystem 82
Exosystem 82
Macrosystem 84
Chronosystem 86
Experiences of First-time Motherhood 87
Individuality of Motherhood 87
Challenges 89
Expectations 91
Emotional Awareness 92
Influential Feedback Experiences and Processes 93
Social Interaction 93
Feedback from Baby 95
Self-Awareness, Thoughts, and Emotions 96
Interpersonal Process of Figuring Out First-time Motherhood 98
Interpersonal Adjustment 98
Flexibility/Balance 99
Relinquishing Control 100
Learning 101
Understanding and Meaning-making of First-time Motherhood 102
Meaning of Motherhood 102
Everlasting Transition 103
New Meaning of Life 104
Experiences, Process and Meaning-making of First-time Motherhood 105

CHAPTER FIVE: DISCUSSION 107
Conceptual Model Findings and Research Overview 108
Theoretical Foundations 110
Interpretation of the Findings 111
Influential Systems Relating to the Transition Experience 112
Individual Factors Specific to Motherhood 112
Pregnancy and Birth 113
Breastfeeding 114
Miscarriage 115
Identity and Roles 115
Microsystem 116
Family of Origin 116
Mother-Maternal Grandmother Relationship 117
Couple Relationship 118
Becoming a Mother with Friends 129
Work 120
Faith and Beliefs 121
Healthcare Providers 121
Internet 122
Mesosystem 122
Exosystem 123
Macrosystem 124
Chronosystem 125
Experiences of First-time Motherhood 126
Influential Feedback Experiences and Processes 128
Interpersonal Process of Figuring Out First-time Motherhood 130
Understanding and Meaning-making of First-time Motherhood 131
Experiences, Process and Meaning-making of First-time Motherhood 131
Clinical Implications 132
Future Directions 135
Limitations 137
Final Reflexivity 139
Conclusions 140

APPENDICES 141
Appendix A: Consent Form 142
Appendix B: Semi-structured Interview Guide 147
Appendix C: Demographic Questionnaire 151
Appendix D: Eco-Map 155
Appendix E: Phone Interview Consent Form and Procedures 158

REFERENCES 167
LIST OF TABLES

Table 1.1. Progression of Research Concepts and Questions 14
Table 3.1. Demographic Characteristics 45
Table 4.1. Participant Characteristics 60
Table 4.2. Final Framework 61
Table 5.1. Relating Themes to Theory 111
LIST OF FIGURES

Figure 1.1. Theoretical Map 11
Figure 1.2. Conceptual Model 12
Figure 5.1. Revised Conceptual Model 109
Figure 6.1. Eco-Map 157
CHAPTER ONE: INTRODUCTION

Background of the Problem

In the United States alone, 4,247,694 babies are born annually (Tejada-Vera & Sutton 2010), forever changing the lives of millions of individuals, couples and families. The birth of a child is commonly perceived as a joyous occasion, yet the transition to parenthood is widely accepted as one of the most challenging developmental stages (Demo & Cox, 2000; Shapiro, Gottman & Carriere, 2000) given the complexities that must be renegotiated. Issues range from those within the individual (Belsky & Pensky, 1988; Pinquart & Teubert, 2010), the couple relationship (Belsky & Rovine, 1990; Pinquart & Teubert, 2010), and greater family system (Curran, Hazen, Jacobvitz & Feldman, 2005). Although, many new parents are excited about their new baby, caring for this new baby is accompanied by larger workloads, fatigue, and confusion regarding new roles and changing relationships (Gjerdignen & Center, 2005).

Therefore, the birth of the first child is a phase marked by massive adjustment across every aspect of life (Pacey, 2004). Moran and Kellam (2010) add that no amount of preparation can truly prepare an individual for parenthood, a transition period noted extensively for change and challenge.

Since the time of Lemasters’ (1957) seminal research on the transition to parenthood, hundreds of studies have identified countless factors that directly affect relationship satisfaction across the transition to parenthood experience. Nonetheless, distressed relationships in the face of new parenthood remain a common occurrence (Demo & Cox, 2000; Doss, Rhodes, Stanley & Markman, 2009; Mitnekk, Heyman, & Smith Slep, 2009; Twenge, Campbell, & Foster, 2003). These findings have also been replicated across culture (Lu, 2006), race (Hobbs & Wimbish, 1977) and ethnicity (Tamis-LeMonda & Kahana-Kalman, 2009). Although, it is important to
note that some previous research studies have presented opposing arguments regarding levels of
distress actually experienced by new parents related to the transition to parenthood (Cowan &
Cowan, 1995; Lawrence, Rothman, Cobb, Rothman, & Bradbury, 2008; Perren, von Wyl,
Burgin, Simoni, & von Klitzing, 2005). Specifically, these findings indicate that new parents are
likely to encounter increased distress due to having previously existing stressors prior to
pregnancy, issues related to mental health, or have had difficult family experiences with the
family(ies) of origin (Cowan & Cowan, 1992).

Therefore, it is noteworthy that some new parents experience stability and even positive
changes throughout this transition. Ultimately, scholars concur that outcomes differ based on
timing of the study, as well as the particular focal point of the investigation (Cowan & Cowan,
1995; Lawrence et al., 2008; Perren, et al., 2005). Consequently, it is essential to recognize that
some new parents experience increased satisfaction; some do not report any changes in
satisfaction, but the majority experience distress often marked by a decline in relationship
satisfaction and sometimes dissolution after the birth of a child (Cowan & Cowan, 1995;
Lawrence, et al., 2008).

Importantly, the transition to parenthood body of literature is saturated with couple
focused research that has led to ubiquitous findings. In particular, the most recent statistics reveal
that between 40-50% of all marriages terminate, indicated by National Vital Statistics Reports
(Tejada-Vera & Sutton 2010). Additionally, one-third of all marriages dissolve within the first
ten years, a time in which many families are in the early stages of creation (Hurley, 2005).
Moreover, the U.S. Department of Health and Human Services (2008) report that the United
States government recently spent several hundred million dollars to promote healthy new parent
couple relationships. This flood of federal support indicates the seriousness of elevated risks
leading to declining satisfaction and dissolution of couple relationships of new parents (Mitnick, Heyman, & Smith Slep, 2009). Consequently, it is evident that the transition to parenthood remains a critical research area that is in need of help to stabilize this transition experience.

Moreover, some couple focused studies have revealed that gender differences lead to differing perspectives of the transition experience. Common transitions include a shift of one’s identity, self-concept, relationship adjustments, and alterations to one’s world view (Mercer, 2004). Specifically, mothers and fathers assign different levels of priority to various roles, relationships, and responsibilities (Salmela-Aro, Nurmi, Saisto, & Haltesmaki, 2000). For women in particular, they are faced with taking on the new role of being a mother, which includes figuring out what motherhood means, identifying maternal role models and determining her preferred identity of mothering (Cast, 2004). Additionally, Belsky and Pensky (1988) indicate that the mother’s experience usually results early in relationship satisfaction declines, whereas father’s satisfaction declines at a later time point. In particular, mothers report taking on more roles and increased work hours often resulting in perceived unfairness (Claffey & Mickelson, 2008). Over all, the challenges presented for new mothers and fathers may be experienced differently. Nonetheless, these drastic changes in one’s identity, roles and relationships are related to experiencing stress (Deutsch et al., 1988; Nicolson, 1999).

Despite the expansive body of transition to parenthood literature, directed explorations of lived experiences of parents transitioning to parenthood are limited. Largely, previous research has identified key factors and outcomes of the transition to parenthood for the couple relationship. Thus, there is a need to further understand what new parents are actually experiencing as the transition unfolds. Additionally, further explorations are needed from gendered perspectives considering the marked differences between mother and father.
experiences. In particular, present researchers are calling for further exploration of support networks across the transition to parenthood experience (Miller, 2007). To date, few published studies have utilized a qualitative approach within the transition to parenthood body of literature. Therefore, with 82% of the population of women in the United States giving birth by the age of 45 (United States Census Bureau, 2005), it is appropriate to explore an inside perspective of the transition to parenthood experience from first-time mothers. Consequently, the dissemination of a qualitative investigation to explore new mothers’ experiences of transitioning to parenthood utilizing an ecological and symbolic interactionism framework could make a unique contribution to the literature.

Purpose of the study

The purpose of this study was to contribute to literature on the transition to parenthood, specifically, from a mother’s perspective. Further, this study aimed to examine the lived experiences of first-time mothers transitioning to motherhood. For the purposes of this study, the transition to parenthood or specifically, the transition to motherhood is defined as the transition process that takes place with the birth of the first child. As has been extensively noted, the transition to parenthood embodies an expansive body of literature, however, the vast majority of previous work has centered on quantitative measures of transition to parenthood couple centered outcomes. This study aimed to provide a different focus by exploring the transition to parenthood by giving voice to first-time mothers’ understanding of their lived experiences of becoming a mother.

To accomplish this, a grounded theory qualitative approach was designed, with guided individual interviews and eco-maps, with new mothers who had given birth within the past 12 months. This study conceptualized new mothers as nested within ecological systems and the
reciprocal nature of these systems as having informed mothers’ formulation of meaning through symbolic interactionism.

Theoretical Background

Two primary theoretical frameworks were selected to guide the present research study including Human Ecological Theory (Bronfenbrenner, 1979) and Symbolic Interactionism (Blumer, 1969). Collectively, these theories provided a complementary lens for understanding lived experiences of first-time mothers.

Human Ecological Theory defined by Bronfenbrenner (1979) studies the reciprocal relationship between an individual (or family) and nested environments. Therefore, Human Ecological Theory provided an essential aspect of exploring lived experiences of new mothers. This theory posits that all experiences are interdependently influenced by multiple interactions and environments.

Symbolic Interactionism defined by Blumer (1969) speaks to the interdependent social interactions that create meaning and the belief that human’s act toward things based on meaning. Importantly, Social Interactionism from the Chicago School, or rather Blumerian approach, was selected for its preference of process and phenomenological perspective (Reynolds & Metzer, 1973; Social Interactionism, 2003). Further, the Blumerian division was consistent with the qualitative methodology, as it aimed to examine the process of reality construction within mother’s natural settings (Social Interactionism, 2003). Consequently, Symbolic Interactionism theory guided the exploration of how new mothers formulated meaning regarding lived experiences.
*Human Ecological Theory*

Human Ecological Theory argues that one’s development and behavior is a function of interactions between the individual and environment (Bronfenbrenner, 1979). Therefore, Human Ecological Theory is grounded in the interactional study of individuals, families, and communities (Bubolz & Sontag, 1993). Additionally, this theory allows for the study of individuals within their environment as well as the study of the whole system, indicating the interdependence of the nested environments (Bubolz and Sontag, 1993). Consequently, the core assumption of Human Ecological Theory is that the individual interacts with the environment and the environment interacts with the individual. The environment is also comprised of multiple levels, each affecting one another. For the transition to parenthood, no single factor defines the whole experience, rather the interaction of people and environments determine the experience.

Bronfenbrenner’s (1979) model includes four levels of ecosystems including the microsystem, mesosystem, exosystem, and macrosystem. A fifth component, the chronosystem, was added to the model in 1989. As a result, one’s environment is actually created by the interdependent relationship between person and the multiple nested environments. Each ecosystem is also defined according to proximities to the person of focus (Bronfenbrenner, 1979).

According to Human Ecological Theory, the microsystem includes primary environments of the person of focus. Bronfenbrenner defines the microsystem as a “pattern of activities, roles, and interpersonal relations” (1989, p.227). Therefore, both people and physical environments are features of the microsystem. Most importantly, the immediate family is a prominent example of a microsystem. For the purposes of this study, the primary microsystem would include the mother, father, and infant.
Mesosystems encompass the interactions between two or more microsystems of which include the person of focus. Bronfenbrenner states that it includes both linkages and process taking place between these systems (1989). Functional ecological systems emerge from cohesive mesosystems, compared to conflicting interactions between the interdependent environments (Bronfenbrenner, 1989). Specific to this study, an example of the mesosystem would include the family of creation interacting with one or both families of origin.

The exosystem refers to systems with indirect influences. Specifically, it is a context that is indeed influential on the person of focus; however the individual is not directly involved with the environment (Bronfenbrenner, 1989). Therefore, first-time mothers would be able to include her partner’s place of employment or work hours as an example of an exosystem because of the indirect nature of the relationship between herself and her partner’s work environment.

The most encompassing system, the macrosystem, speaks to the larger societal ideologies and cultural values that are practiced within each micro, meso, and exosystem (Bronfenbrenner, 1989). Specifically, Bronfenbrenner identifies the macrosystem as, “developmentally-instigative belief systems, resources, hazards, lifestyles, opportunity structures, life course options, and patterns of social interchange that are embedded in each of these systems” (1989, p.228). For this study, the macrosystem includes the beliefs and values that are imposed on new mothers as well as policy related to becoming a mother.

The chronosystem discusses the interdependent concept of time. Specifically, the focus is on important events and changes between an individual and the environment that occur with the passage of time (Bronfenbrenner, 1989). The chronosystem also refers to the importance of age, historical period, developmental stage, normative time and non-normative time. In particular, Bronfenbrenner identifies that all concepts of time relating to differences in historical time
periods and families differing based on developmental stages. Normative and non-normative
time indicate how something is experienced dependent on how normative the event is to take
place for the person of focus at that specific time. In terms of the transition to parenthood, time
is relevant through changes experienced from the prenatal to the postpartum periods. It is also
incorporated through age of becoming a mother and the dominant discourse of what motherhood
means.

Human Ecological Theory lends itself nicely to transition to parenthood literature as it
directly addresses the interdependency between various environments and changing contexts of
becoming a new mother (Cowan & Cowan, 1995). Specifically, new mothers not only face
change on an individual level resulting from shifting roles, but relationships are renegotiated
upon the presence of a new member of the family. Moreover, larger systems including the family
of origin may shape expectations of the transition experience (Perren et al., 2005). Particularly,
these systems are not completely mutually exclusive and therefore must operate with mutual
support to balance couple and parenting roles (Margolin, Gordis, & John, 2001).

Symbolic Interactionism

The Chicago School of Symbolic Interactionism or Blumerian approach provides a venue
wherein construction of reality is viewed as a process of phenomenological and qualitative
inquiry. Comparatively, the Iowa School, operates from a structured and deterministic formula of
role formation (Social Interactionism, 2003). As such, Symbolic Interactionism as defined by
Blumer (1969) was selected and rests on three specific principles. First, is the belief that all
human behavior is a function of the meaning that is assigned to the particular object or person.
The second assumption is that social interaction is the mechanism through which meaning is
created and assigned. The final premise is that all meaning is interpreted and modified through interaction of person and the environment as it is encountered (Blumer, 2008).

Symbolic Interactionism assumes that meaning making is the foundation of all human experience. Specifically, shared norms are created within a cultural context and shape both the actions and reactions of individuals. Humans then attach meaning based on the norms and values established creating general societal processes that perpetuate the behaviors of individuals. Within these larger social interactions, humans also develop a sense of self, and the way in which individuals make sense of him/herself, brings about particular behaviors (Blumer, 1969).

Specifically, Symbolic Interactionism identifies three important components that are essential to the process of acquisition of meaning. White and Klein (2002) discuss identity, role, and socialization as central components to this theory. Identity formation is defined as a process of developing concepts of self that are informed by one’s role and social interactions. Roles can be understood as a shared belief of normative characteristics that create a sense of predictability and stability for expectations. Socialization is conceptualized within Symbolic Interactionism as the social process of creating a shared meaning based on society’s influence for humans to understand normative meaning of experience.

Subsequently, this ongoing process of combined components leads individuals to create and interpret meaning of everyday experiences and interactions. These meanings continue to inform both an individual’s world view as well as future interactions with others. Families serve as a specific context in which much development of self and identity occur, as they likely hold a specific shared set of values, beliefs and goals (Blumer, 1969).

Symbolic Interaction Theory provides a framework for interpretation and meaning making of any lived experience. Applied to this study, first-time mothers create meaning from
the interactional nature of one’s identity, role and process of socialization. In particular, mothers can create vastly different interpretations for similar experiences based on her contextual, social and historical background (Larossa & Reitzes, 1993). Importantly, all contextual factors help shape the meaning associated with experiencing motherhood.

Overall, Symbolic Interactionism is a complementary framework for exploring experiences of first time mothers. It is well-suited for examining the transition to parenthood process, a time noted for changes to one’s identity and role, and social processes.

Theoretical Map and Conceptual Model

Figure 1.1 provides an illustrative map of the two theoretical frameworks selected for this study. This map reflects the primary concepts of Bronfenbrenner’s (1979, 1989) Human Ecological Theory incorporated with the primary components of Symbolic Interactionism (Blumer, 1969). United, the concepts of each theory provide a complementary lens for understanding the environmental factors and formulation of meaning as experienced by first-time mothers within the transition to parenthood.
For interpretation of the references to color in this and all other figures, the reader is referred to the electronic version of this dissertation.

**Conceptual Model**

Figure 1.2 depicts an illustration of the Conceptual Model of factors that are believed to affect the lived experiences of first-time mothers transitioning to parenthood. This model indicates that the interaction of nested environmental factors influence meaning interpreted by mothers and reciprocal processes inform the lived experiences of first-time mothers. While this model is based on the transition to parenthood body of literature, it is expected that this model will evolve based on the lived experiences as described by new mothers.
Figure 1.2. Conceptual Model

MACROSYSTEM
- Marriage
- Gender Roles
- Expectations of Motherhood

EXOSYSTEM
- Partner Employment

MESOSYSTEM
- Social Support
- Mutual Supportive Environments

MICROSYSTEM
- Individual
  - identity
  - Communication Skills
  - Ability to Adapt/Flexibility
  - Emotion Regulation
  - Commitment /Investment
  - Meaning of Parenthood
  - Mental & Physical Health
- Couple Relationship
  - Marital/Relationship Status
  - Relationship Satisfaction
  - Partner Support
  - Meaning of Pregnancy
  - Renegotiation of Roles
  - Family of Creation
  - Resources
  - Family of Origin
  - Intergenerational Transmission

CHRONOSYSTEM
- Prenatal Period
- Postpartum Period
Research Questions

This qualitative study will address the following central research question: How do first time mothers understand and describe the lived experience of first time motherhood during the first 12 months of the transition to parenthood? Specific theoretically informed research questions include:

1. How do ecological environmental influences inform the transition to parenthood experience? (Individual health, relationship with partner, baby characteristics, family, peer relationships, support systems, career etc.)

2. How do mothers make sense of this transition?

Please note: Table 1.1 describes a progression of research concepts and questions.
Table 1.1. Progression of Research Concepts and Questions

<table>
<thead>
<tr>
<th>Theory</th>
<th>Research Questions</th>
<th>Goals</th>
<th>Concepts</th>
<th>Interview Questions</th>
</tr>
</thead>
</table>
| Human Ecological Theory         | RQ1: What ecological/environmental influences inform the experience of first-time motherhood? | • To explore the lived experiences of new mothers  
• To explore ecological factors that inform the transition to parenthood experience | • Individual factors  
• Microsystem  
• Mesosystem  
• Exosystem  
• Macrosystem  
• Chronosystem | IQ1: What are factors/environments/experiences that have helped with transitioning to motherhood? (Eco map)  
IQ2: What are factors/environments/experiences that have challenged your transition to motherhood? (Eco map) |
| Symbolic Interactionism        | RQ2: What is the meaning assigned by first-time mother’s to the experience of transitioning to parenthood? | • To explore meaning-making of first-time mothers lived experiences  
• To explore first-time mothers perception and meaning of the transition to parenthood experience | • Social construction of reality  
• Social Interaction  
• Meaning Making | IQ1: Please describe how you understand the experience of this transition to motherhood?  
IQ2: What does motherhood mean to you?  
IQ3: What influences your understanding of where you are in the process of transitioning to motherhood? |
CHAPTER TWO: LITERATURE REVIEW

State of the Literature

As previously stated, 4,247,694 babies are born annually in the United States (Tejada-Vera & Sutton, 2010), marking the transition to parenthood as a normative developmental process of postpartum adjustment during the first year of baby’s life (Mercer, 2004). However, the expansive body of literature regarding the transition to parenthood indicates that the majority of these individuals, couples and families experience interpersonal and relational distress during this developmental phase (Lawrence et al., 2008). Research suggests that prevalent challenges include adjustment in one’s identity, roles, relationships, and world view (Mercer, 2004). As such, the birth of the first child is a transition noted for massive change across every aspect of life (Pacey, 2004). Although it has been said that no amount of preparation can truly prepare expectant parents for what is to come (Moran & Kellam, 2010), the transition to parenthood is also associated with potential extensive personal and relational growth as new identities are formulating (Cowan & Cowan, 1988).

Historically, transition to parenthood research has largely focused on relationship satisfaction outcomes as well as correlating variables that influence the couple relationship. More recently, gender differences have been identified in terms of how mothers and father fare differently as they become parents within this body of literature. As such, current scholars have advocated for further exploration of support networks across the transition to parenthood experience (Miller, 2007). Consequently, the focus of the present study is to explore beyond the general transition to parenthood experience by examining a gendered perspective of ecological and social influences. Specifically, this study hopes to contribute by exploring how first time
mothers understand and describe their experience of first time motherhood during the first 12 months of the transition to motherhood.

This review first presents a historical overview of prominent findings within the transition to parenthood body of literature. The dominant discourse of previous literature centers the couple relationship and therefore is included in great detail to exemplify what has previously been identified in terms of the profound nature of this transition. Further, the literature aims to provide a discussion of ecological variables related to the transition to motherhood. Specifically, the review covers identified influential factors within each ecological system, while also drawing from symbolic interactionism by examining how specific experiences may shape first-time mothers’ meaning of the transition to parenthood.

**Historical Review**

Lemasters’ (1957) seminal research on the transition to parenthood revealed alarming outcomes that the majority of relationships decline in satisfaction after the birth of the first child. Over the past five decades, hundreds of studies have identified countless factors that directly affect relationship satisfaction across the transition to parenthood experience (Demo & Cox, 2000; Doss, Rhodes, Stanley & Markman, 2009; Mitnek, Heyman, & Smith Slep, 2009; Twenge, Campbell, & Foster, 2003). Comparable outcomes have also been replicated across culture (Lu, 2006), race (Hobbs & Wimbish, 1977) and ethnicity (Tamis-LeMonda & Kahana-Kalman, 2009).

However, it is noteworthy that some subsequent research studies have presented opposing arguments regarding levels of distress actually experienced by new parents related to the transition to parenthood (Cowan & Cowan, 1995; Lawrence, Rothman, Cobb, Rothman, & Bradbury, 2008; Perren, von Wyl, Burgin, Simoni, & von Klitzing, 2005). Specifically, these
findings indicate that new parents are only likely to encounter increased distress as a result of previously existing issues. Similarly, some new parents experience stability and even positive changes throughout this transition. Ultimately, scholars concur that outcomes differ based on timing of the study, as well as the particular focal point of the investigation (Cowan & Cowan, 1995; Lawrence et al., 2008; Perren, et al., 2005). Consequently, it is essential to recognize that findings indicate an array of outcomes; some new parents experience increased satisfaction, some do not report any changes in satisfaction, but the majority does seem to experience distress during this transition (Cowan & Cowan, 1995; Lawrence, et al., 2008).

Further studies, including Guttman and Lazar (2004) have also discussed whether childless couples avoid similar declines in satisfaction. Outcomes indicate that a more natural decline occurs over time, compared to the sharp decline experienced by new parents (Shulz, Cowan, & Cowan, 2006; Bouchard, Boudreau, & Herbert, 2006). While childless couples may not experience extreme couple relationship distress, it is essential to highlight that research outcomes indicate that couples who do have children actually report higher levels of relationship satisfaction at the beginning of the relationship, compared to childless couples (Schulz, Cowan, & Cowan, 2006; Bouchard, Boudreau, & Herbert, 2006). Therefore, avoiding parenthood altogether does not simply result in more satisfying relationships considering that both couples with and without children experience relationship satisfaction declines, although, the declines take place at a much different pace (Schulz, Cowan, & Cowan, 2006; Bouchard, Boudreau, & Herbert, 2006).

Moreover, the degree of distress experienced has been explored to identify whether the birth of a baby creates new distress or simply amplifies already present distress. Outcomes seem to suggest that although this period is very stressful, severe relational distress and dissolution
typically only becomes present within relationships with previously existing relationship issues (Schulz, Cowan, & Cowan, 2006; Bouchard, Boudreau, & Herbert, 2006). Couples may experience drastic changes in satisfaction, but couples presenting with specific risk factors before birth are most at risk for dissolution (Schulz, Cowan, & Cowan, 2006; Bouchard, Boudreau, & Herbert, 2006).

Consequently, relationship dissatisfaction has been identified as the key indicator of distress during the transition to parenthood. The most recent statistics reveal that between 40-50% of all marriages terminate, as indicated by National Vital Statistics Reports (Tejada-Vera & Sutton 2010). Importantly, one-third of all marriages dissolve within the first ten years, a time in which many families are in the early stages of creation (Hurley, 2005). While research outcomes differ in terms of who experiences relationship satisfaction declines, they do indicate consistent explanations for why declines exist.

Specifically, over fifty years of research has revealed five major changes that unfold during the transition to parenthood marking it as such a challenging experience (Schulz, Cowan & Cowan, 2006). As such, becoming a parent typically redefines the individual, couple and greater family system through the experience of specific changes across ecological systems. First, gender roles become more traditional in regards to the division of household work (Moller, Hwang, & Wickberg, 2008; Shapiro, Gottman, Carrere, 2000). Moreover, care for an infant adds an additional 35-40 hours of work per week to the existing household responsibilities (Bianchi, Milkie, Sayer, & Robinson, 2000). Additionally, findings indicate that women perform two to three times more of this work than men (Bianchi et al., 2000), while fathers often increase paid work after the birth of a child (Bianchi et al., 2000). Second, couples usually experience financial concerns as a result of reduced disposable income due to increased family costs and decrease in
women’s hours of paid work (Thomas & Sawhill, 2005; Waller, 2008), which further reinforces the father’s desire to increase paid work hours and family income.

Third, these responsibilities combined, generally leave less time available for couple-focused communication free from distraction. The reduced quality of communication often results in less self-disclosure, less praise, and increased negativity and conflict (Belsky & Kelly, 1994; Klewer & Johnson, 2007). Fourth, couples experience less frequent quality couple time (Belsky, Spanier, & Rovine, 1983; Shapiro, Gottman, & Carrere, 2000). Likewise, new parents report experiences of less couple focused activities, sexual and emotional intimacy, emotional support, commitment, and even less love (Guttmann & Lazar, 2004; Bouchard, Boudreau, & Herbert, 2006; Perrin, Von Whl, Burgin, Simoni, Klitzing, 2005).

Additionally, physical intimacy, the fifth component, is doubly complicated from not maintaining an emotional connection, as well as experiencing significant changes in frequency of sexual intercourse (VonSydow, 1999). Initially, almost all new mothers report some discomfort or pain in initial sexual intercourse postpartum; however, most couples continue to report a reduced sexual relationship 6-12 months after birth and one third report experiencing sustained issues 3-4 years post birth (VonSydow, 1999).

Understandably, becoming a parent can be a time noted for distress and exhaustion (Elek, Hudson, & Fleck, 2002; Medina, Lederhos, & Lillis, 2009). It is also evident how the couple relationship has remained a prominent focus within this field. However, to better grasp the transition to parenthood phase, the present study utilizes this literature as a foundation to conceptualize the delicate physical and emotional state that new parents may be experiencing. Therefore, the couple focused literature provides the groundwork for justifying the importance of expanding the literature base to include detailed accounts of lived experiences from each parents’
perspective. As such, the present study aims to explore the transition to parenthood experience from the perspective of first-time mothers within the first year of her infant’s life.

Transition to Motherhood

Adjustment to motherhood is identified as a complex, yet normative process that takes place across the first year after having given birth to one’s first child (Cowan & Cowan, 1988; Mercer, 2004). Within the United States, 82% of women have become a mother by the age of 45 (United States Census Bureau, 2005). The transition to motherhood is most salient for first-time mothers as they have not previously adjusted to such an experience. Although, the birth of subsequent children is associated with adjustment periods, they may be more subtle compared to the drastic changes with first-time motherhood (Deutch et al., 1988; Tarkka, Paunonen, & Laippala, 1999). Motherhood is also associated with rewarding experiences including personal fulfillment, success of social expectations, a sense of developmental, and a symbol of unity of the couple relationship (Feeney, Hohaus, Noller, & Alexander, 2001), yet the experience whether positive, negative or both, influences her sense of self, her relationships, and her baby (Pacey, 2004).

Consequently, distress in the face of new motherhood is often a result of substantial changes one’s identity, roles, and relationships (Nicolson, 1999). Research indicates that mothers struggle with the adjustment process more than fathers do (Belsky, Spanier & Rovine, 1983; Deave et al., 2008). Specifically, the transition to motherhood involves everything previously identified for the couple, as well as including adjustments from giving birth, adapting to breastfeeding, bodily changes, and increased infant care responsibilities (Cavanaugh, 2006). As such, motherhood will be further discussed in terms of ecological factors that shape the transition to motherhood experience.
**Microsystem: Individual**

**Identity.** For new mothers in particular, identity is largely influenced by her gender and personal roles relating to the intensive life change of having a baby. Although Cowan & Cowan (1988) positively reframe new motherhood as an opportunity for personal growth, that is not always the case. Specifically, Nicholson (1999) speaks of assumptions made regarding the natural process of motherhood for women because of women’s biological ability to conceive and give birth. Nicholson (1999) discusses that these false assumptions lead to distress from new mothers. As such, women are tasked with developing a new identity of a mother and defining what motherhood means to her (Cast, 2004). Research suggests that women who struggle with seeing themselves in a maternal role are more likely to struggle with the changes of motherhood leading to increased distress (Affonso & Arizmendi, 1986; Campbell et al., 1992). Messias and DeJoseph (2007) refer to this process as ‘personal work” which is described as a focused process of engaging in creating and ‘trying on’ identities of being a mother. Moreover, the transition to motherhood leads to changes in the way a women sees her position and the world (Cowan et al., 1985) due to her changing identity and balancing additional roles (Cavanaugh, 2006).

**Communication Skills.** Individually, communication skills including listening skills, assertive-self-expression, anger management, and effective problem solving, provide the foundation for healthy adjustment to motherhood (Dyer & Dyer, 2003). Positive problem solving and conflict resolution skills are associated with less distress during the transition to motherhood (Cox and Paley, 1999). Active listening skills that convey emotional support have been shown to also affect varying workloads, allowing for a more positive perception (Woollett & Parr, 1997). Lawrence, Nylan & Cobb (2007) identified that confirmation or disconfirmation of expectations of the transition to motherhood affects overall experiences. In particular, new mothers who share
individual expectations and communicate support needs are more likely to have easier transitions (Blum, 2007). Consequently, communication skills are essential for expressing needs and wants from one’s support system. This skill is a cornerstone of healthy adjustments as it is essential in finding balance between self-reliance and accepting support. Additionally, when both mothers and fathers communicate thoughts and feelings to one another to create mutual expectations, less conflict is experienced as the transition takes place (Kluwer & Johnson, 2007).

*Ability to Adapt/Flexibility.* New mothers who have the ability to adapt to diverse contexts are better prepared for unexpected events. In particular, flexibility is viewed as primary coping skill for adjustment to new life with baby. The characteristic of flexibility has been found to help new mothers maneuver constant changes including roles (Lachance-Grzela & Bouchard, 2009), responsibilities (Klewer & Johnson, 2007), time management (Glade, Bean & Vera, 2005), sexual priorities (Meltzer & McNulty, 2010), extended family (Curran, Hazen, Jacobvitz, & Feldman, 2005; Perrin, Von Whl, Burgin, Simoni, Klitzing, 2005), friendship relationships (Guttman & Lazar, 2004), individual needs (Salmela-Aro, Nurmi, Saisto, Halmesmaki, 2000), and infant care needs (Mattson Bryan, 2002).

Additionally, this characteristic has been identified as a protective factor from postpartum depression (Ambrosini, Donzelli, & Stanghellini, 2011). Specifically, Blum (2007) has identified that women who desire to master everything, and do not allocate responsibilities to others are significantly more likely to experience postpartum distress. Therefore, new mothers who are able to reorganize life without taking on too much, experience optimal adjustments to motherhood (Blatt, 1990; 1991). Given that the transition to motherhood is very unpredictable, flexibility allows for softening within stressful moments. New mothers who are better able to work through these challenges are more likely to experience healthier adjustments postpartum.
Emotion Regulation. Individuals with healthy emotion regulation skills are more likely to experience more optimal postpartum adjustments and positive relationships with one’s partner and child (Carneiro, et al., 2006). In particular, conflicting emotions for new mothers can also be very confusing. Specifically, new mothers commonly feel overwhelming love for her baby, but at the same time feel sad, anxious, or ambivalent about motherhood (Arendell, 2000; Besser et al., 2008). Often these feelings are a result of the dramatic needs of the baby and struggles of mothers’ decreasing independence (Blum, 2007). Therefore, women who are unable to accept that adjusting to motherhood normatively involves mixed emotions are likely to experience more distress (Nicholson, 1999). In particular, becoming a mother includes experiencing joy from having a new baby, but it is also a time of loss in terms of everything that must be given up or postponed until the child is older. As such, new mothers with strong emotion regulation abilities are more likely to process dual emotions in a healthy way. This coping skill has been identified as protective buffer for women working through health related issues where mixed emotions are typically present (Stanton et al., 2005).

Commitment /Investment. Stability of relationships within the transition to parenthood are dependent on protective characteristics of each partner in that relationship. Therefore, partners that experience and perceive high levels of commitment are more likely to stay together according to longitudinal research (Kimbro, 2008). Simpson & Rholes (2002) add that increased spousal support demonstrated commitment to the relationship and were associated with increased relationship satisfaction. Partners who demonstrate commitment also experience increased quality of the relationship and Kimbro (2008) revealed that partner commitment increased the mothers’ investment in the pregnancy by increasing prenatal health behaviors. In summary, new mothers who perceive her partner as committed, not only benefits from a more stable
relationship, but these mothers are more likely to implement higher commitment to the pregnancy though healthy prenatal and later postpartum behaviors (Gibson-Davis & Brooks-Gunn, 2007; Schmidt & Sigmund-Grant, 2000).

**Meaning of Parenthood.** Mothers are more likely than fathers to experience earlier significant connections of parenthood during the prenatal period because of the physical demands on the female body (Cowan & Cowan, 2000). From a postpartum perspective, the birth and breastfeeding also place higher demands on the female, which may possibly strengthen a mothers’ connection to a motherhood role. Additionally, new mothers who previously experienced a miscarriage, and presently gave birth to her first live baby, are likely to also formulate a very different meaning of parenthood compared to mothers who have not experienced such a loss (Key, 2010).

**Mental & Physical Health.** Mental health and parenthood are also linked by increased rates of depression by both new mothers and fathers (Morse, 2000). Moreover, the National Institute of Health (2005) has identified that 80% of new mothers experience some level of postpartum depression ranging from very mild temporary feelings, baby blues to more severe depression, clinical postpartum depression. The baby blues is characterized by a very common emotional reaction that takes place from the first few days to at most a few weeks postpartum (Seyfried & Marcun, 2003). It is specifically defined as distress, depression, anxiety, irritability, crying, and frequent and abrupt mood changes (Freeman et al., 2005; Grigoriadis & Romans, 2006). More significant on the continuum is postpartum depression, which affects one in eight mothers (Freeman et al., 2005). Postpartum depression is defined by the American Psychiatric Association (1994) as symptoms including dysphoric mood, fatigue, excessive guilt, crying spells, irritability, significant disturbances in sleep, appetite or concentration. Postpartum
depression can be diagnosed within the third week postpartum, and may continue up to two years due to continuing physical demands such as breast feeding (APA, 1994).

Expectant mothers may also deal with body image related issues begin long before the ‘official’ transition to motherhood. By that time, the mother has already experienced profound physical changes including, size, shape, and muscle tone. Internal physical changes include, enlargement and position of her heart, increased blood volume, and increased hormone levels. As a result, pregnancy can either be experienced as a positive and purposeful voluptuous body, or conversely, feeling very awkward and heavy (Westheimer & Grunebaum, 1999). Additionally, the latter is associated with fear of being fat, unable to return to her pre-pregnancy weight, unattractive, and sexually ambivalent (Pacey, 2004). Consequently, some mothers are left feeling as if their body has been taken over and results in a loss of one’s control over her identity. Moreover, after the baby is born, mothers often continue to struggle with meeting the demands of motherhood while also trying to assert come control over regaining one’s body. In particular, mothers who choose to breastfeed continue to share their body with their baby postpartum (Adler, 1994).

Furthermore, mental and physical health is also linked to one’s relationship. Mothers and fathers who identify with being in a satisfying relationship also experience overall health benefits. Studies conducted by Broderick and Blewitt (2006) and Waite and Joiner (2001) identify that satisfying marital relationships lead to increased mental, physical and family health. Specifically, these individuals report lower occurrences of substance abuse, mental, and physical illness (Green, 2008). Tejada-Vera & Sutton (2010) also indicate that married individuals generally live longer, experience lower rates of cardiovascular disease, and are positively associated with increased health and wellbeing of children (Manning, Smock, & Majumdar,
2004). Subsequently, relationship satisfaction is especially important during a period of family creation.

On the other hand, experiencing both unsatisfying and distressed relationships have been associated with a greater risk for lower immunity and depression (Hicks, McWey, Benson, & West, 2004; Schulz, Cowan & Cowan, 2006). Consequently, children raised in compromised environments are likely to have lower academic achievement and increased behavioral problems in family, social and academic settings (Cowan and Cowan, 1995; Cummings, Davies, & Campbell, 2000). Specifically, general family functioning and socio-emotional development, especially family have also been correlated with overall development and later peer interactions (Feninberg, Jones, Kan, & Goslin, 2010; McHale & Cowan, 1996). Less satisfied individuals are less likely to practice health behaviors such as avoidance of substance use as well as increased risk for distress during the transition to parenthood.

Microsystem- The Couple

Relationship Status. Relationship status during the transition to parenthood has been identified as a strong indicator of relationship outcomes. Generally, married couples demonstrate higher levels of commitment and therefore are more likely to remain in a stable relationship compared to non-marital couples (Lachance-Grzela & Bouchard, 2009). Additionally, Lachance-Grzela & Bouchard (2009) report that cohabitating individuals have lower economic statuses than married couples (Seltzer, 2000), are less psychologically healthy (Wu, Penning, Pollard, & Hart, 2003), less satisfied with their life (Evans & Kelley, 2004), less happy with their relationship (Brown 2003), and less committed to their relationship (Seltzer, 2000), compared to married couples. However, it is essential to highlight that while marriage serves as a protective factor, being married is not enough for new mothers to experience a healthy transition to
parenthood experience. Therefore, relationship status and relationship satisfaction can be looked at as a continuum in which overall health is gauged. For example, an unsatisfying marriage can actually be less healthy than a highly satisfying non-marital relationship (Kimbro, 2008, Lachance-Grzela & Bouchard, 2009). Relationship status in particular serves as an example of the importance of recognizing interdependent aspect of ecological factors.

Similarly, relationship status affects new mothers in terms of paternal involvement with raising children. In particular, non-marital father involvement tends to decline until only one in three fathers are regularly involved with their school age and teenage children (Garfield, Chung, 2006). Non-marital fathers even report increased awareness of the possibility that they might not always be present in their child’s life (Garfield, Chung, 2006). Moreover, Lee and Dorghty (2007) revealed that father’s time with children reciprocally influence satisfaction with the relationship. That is, that fathers who are more satisfied are spending more time with their children and those who are taking this time are also feeling more satisfied. Consequently, relationship status not only serves as a protective factor in terms of relationship stability but also creates a different perception of long term parent involvement. Consequently, relationship status may indirectly influence a mother’s experience of the transition to parenthood.

Relationship status is also interdependently connected to health behaviors and outcomes prenatally and postpartum for mother and baby. Specifically, married mothers tend to have better birth outcomes due to better prenatal and postnatal health behaviors (Gibson-Davis & Brooks-Gunn, 2007; Kimbro, 2008). Gibson-Davis & Brooks Gunn (2007) found that married mothers were also more likely than cohabitating mothers to breastfeed, and that cohabitating mothers were more likely than romantically involved but not living together couples. Additionally, not smoking during the prenatal period has been identified as positive health behaviors that married
mothers are more likely to practice (Kiernan & Pickett, 2006; Raatikainen, Heiskanen & Heinonen, 2005).

Additionally, unmarried cohabiting mothers also experience some benefits compared to unmarried mothers who are not residing with their partner. Specifically, cohabitating mothers are more likely to receive more adequate prenatal care and better health behaviors (Kiernan & Pickett, 2006; Raatikainen, Heiskanen & Heinonen, 2005) and their babies have healthier birth weights (Padilla & Reichman, 2001) compared to mothers not living with her partner. Similarly, Gibson-Davis & Brooks Gunn (2007) found that married mothers were also more likely than cohabitating mothers to breastfeed, and that cohabitating mothers were more likely than romantically involved but not living together couples. Additionally, reports from the 1999 National Survey of American Families showed that children living in two biological parent cohabitating families experience more behavioral and emotional problems than those residing with two biological married parents (Brown, 2004).

Relationship Satisfaction. Williams (2003) reports that relationships either impede or facilitate mental and physical health of individuals, depending on the satisfaction of the romantic relationship. Moreover, couples with increased marital satisfaction before birth are more likely to rate higher marital satisfaction after birth (Carneiro, et al., 2006). Gjerdingen & Center (2005) conclude that for first time parents, relationship satisfaction is related to parents’ expression of caring, mental health and particular work characteristics including spousal effort in housework. Additionally, parents in satisfied couple relationships are more likely to engage in optimal parenting practices, such as acceptance, support, consistent and appropriate discipline (Krishnakumar & Buchler, 2000). Conversely, distressed couple relationships are more likely to become stuck in an escalating cycle of conflict, unresponsive parenting, and a lack of effective
co-parenting (Halford & Petch, 2010). Similarly, Seltzer (2000) indicates that less satisfying
relationships are associated with increased conflict patterns.

Relationship satisfaction has also been demonstrated to have a direct association on
parenting. In particular, reports of prenatal marital satisfaction are associated with increased
ability to develop a prenatal co-parenting alliance (Carneiro et al., 2006) that promotes a
nurturing context for children. Additionally, fathers reporting higher marital satisfaction tend to
become more involved in parenting compared to fathers with lower marital satisfaction (Carneiro
et al., 2006). As such, relationship satisfaction within the couple relationship and specifically for
new mothers, may influence the transition to parenthood experience through overall health
benefits as well as increased partner involvement.

Partner Support. The extent to which mothers and fathers support each other during the
transition to parenthood is strongly related to the sensitivity and responsiveness of their parenting
of the infant (Halford & Petch, 2010). It is evident that partner support is interdependently
connected between the couple relationship and co-parenting relationship. While partner support
has been identified as a characteristic of investment in the relationship, partner support has also
been linked with prenatal and postpartum health behaviors. Specifically, Kimbro (2008)
demonstrated that mothers supported by the father are also more likely to practice prenatal health
behaviors by receiving prenatal care, taking prenatal vitamins, and decreasing use of substances.
Similarly, Gibson-Davis and Brooks-Gunn (2007) and Schmidt, Sigmund-Grant (2000), revealed
that partner support also increases the likelihood of breastfeeding. Therefore, supportive
relationships not only set the stage for healthier practices in general, but these actions strengthen
the initial physical health of the mother and baby.
Postpartum, father involvement has been linked with improved childhood social, cognitive, and emotional outcomes, less childhood depression, and anxiety, and fewer negative childhood behaviors (Garfield, Chung, 2006). Overall, when fathers are more involved in caregiving behaviors, both parents are more likely to have higher relationship satisfaction (Levy-Schiff, 1994). This positive influence may result from offering oversight, support, advice, and encouragement or accompanying their partners to prenatal appointments (Kimbro, 2008). Consequently, new mothers who perceive her partner as supportive are more likely to have healthier adjustments during the transition to motherhood.

*Meaning of Pregnancy.* Previous studies indicate that the intentionality of influences the way both mothers and fathers experience the transition to parenthood. Specifically, outcomes suggest that couples with unplanned pregnancies experience higher levels of relationship functioning following the birth compared to before pregnancy, whereas couples facing planned pregnancies experience lower levels of functioning postpartum compared to before pregnancy (Bouchard, Boudreau, & Herbert, 2006). Findings conclude that couple expectations shape outcomes and the meaning that the pregnancy holds. In particular, couples having planned the pregnancy are at increased risk for romanticizing the prenatal and postpartum experiences and may be let down by actual events. Conversely, couples who did not plan their pregnancies are more like to use individual skills including adaptability, communication and emotion regulation to navigate the transition to parenthood together. This ultimately increases functioning compared to the lower expectations they may have held. As a result, new mothers are likely to formulate meaning based on their intendedness of motherhood.

*Renegotiation of Roles.* Particularly relating to the couple relationship, research indicates that the more division of labor shifts toward traditional gender roles, the greater decline in
relationship satisfaction for new mothers (Belsky, Lang, & Huston, 1986; Moller, et al, 2008). Specifically, mothers perception of fairness are one mechanism by which division of labor influence both relational and personal distress (Claffey & Mickelson, 2008). Importantly, it is notable that gender roles, traditional or egalitarian, can lead to healthy transitions; it is the perception of the couple that identifies appropriate roles based on perceived fairness (Claffey & Mickelson, 2008). Further, Grote and Clark (2001) identified that perceived unfairness greatly changed for new mothers only after the birth of the baby even if they were doing more work prior to motherhood.

Family of Creation. Burgin & Von Klitzing (1995) have demonstrated that mother and father triangular representations of family unity during pregnancy predicts the place that the parents will afford to the baby in triangular interactions after birth (Carneiro et al., 2006). Additionally, Halford and Petch (2010) identify a relationship between quality of the parent’s couple relationship and parenting of infants. Moreover, Halford and Petch (2010, pp.167) concluded that “supportive, mutually satisfying, and low conflict couple relationships” enhance the well-being of the entire family system across the transition to parenthood. General meta-analytic studies of couple dyads and parent-child dyads indicate that there is a consistent interrelationship between couple relationship functioning and parent child interactions (Krishnakumar & Buchler, 2000). Subsequently, it is evident that healthy relationships between mother and father allow for an isomorphic effect throughout the entire family of creation.

Resources. Optimal transition to parenthood experiences have strongly been associated with socioeconomic, social and emotional resources (Gazmarian, Adams, & Pamuk, 1996; Ketterlinus, Henderson, & Lamb, 1990). Kimbro (2008) reports that the ability to invest in one’s child is related to the availability of resources, both emotionally and financially. Additionally,
couples with more resources are less likely to experience stress that dissolves the parental relationship. Consequently, availability of emotional and financial resources lessens the burden that is often associated with the transition to parenthood. In particular, mothers and fathers with strong emotion regulation and communication will be less challenged by new roles. Similarly, couples with financial security also have the opportunity to allocate more energy toward fostering healthy postpartum relationship stability rather than taking on extra paid work to make ends meet. Similarly, couples with financial freedom are more likely to provide choice to new mothers in terms of staying home with baby or returning to work, which fosters new mothers ability to try on different identities of motherhood.

Microsystem: Family of Origin

Intergenerational Transmission. Several studies have been conducted that investigated the role of family of origin experiences related to how new parents experience the transition process. It seems that the family of origin is likely to be large indicator of how couples will experience the transition to parenthood based on development experiences of one’s own childhood within the immediate family (Hofferth & Goldscheider, 2010; Perrin, Von Whl, Burgin, Simoni, Klitzing, 2005; Sabatelli & Bartle-Haring, 2003). Additionally, such experiences provide the lens through which the individual sees, interprets and makes meaning of the world (Rholes, Simpson, Campbell, & Grich, 2001). Therefore, one’s family of origin provides not only a foundation for relating to the world, but also supplies one with skills for working through stress provoking situations, therefore creating opportunity for either a positive or negative influence (Perrin, Von Whl, Burgin, Simoni, Klitzing, 2005).

Consequently, mothers and fathers typically carry out their learned behaviors from their families of origin during the transition to parenthood. Studies indicate that individuals with
negative or highly conflictual family of origin experiences are more likely to have a less functional transition phase (Glade, Bean, & Vira, 2005). For mothers in particular, Blum’s (2007) findings indicate that new mothers who perceived their own mothers as not enjoying motherhood have increased difficulties when caring for their new baby. Specifically, women having experienced unconditional love as a child are more likely to have a positive image of motherhood allowing easier development of a maternal identity (Blum, 2007; Cast, 2004). Thus, numerous studies have demonstrated the intergenerational transmission of transition to parenthood experiences (Cowan & Cowan, 1995; Perrin, Von Whl, Burgin, Simoni, Klitzing, 2005).

_Mesosystem_

_Mutually Supportive Environments._ For the purposes of this study, the interacting microsystems include the new mother, her committed relationship, families of origin, and any other overlapping system. Therefore, what is most important in terms of the mesosystem for new mothers’ healthy adjustment is that they are all mutually supportive of one another. Price and Hawkins (2007) have acknowledged that decision making concerning reproductive and maternal health is largely influenced by social relations across subsystems. Furthermore, Pruett & Caputo (2011) have revealed that emotional and active support from one’s husband and friends who have gone through the same life events have a prominent influence. Consequently, social support is interdependently connected with decision making and forming thoughts and behaviors for new mothers. Moreover, when social supports are in agreement, new mothers are more likely to feel content with the adjustment process.

Likewise, social support among friends has been identified as a protective factor that reduces depression and emotional stress during the transition to parenthood (Bost et al., 2002;
Morse et al., 2000; Hyun, 2002; O’Hara & Swain, 1996). Specifically, it is defined as any support that offers resources and provides connection with others. Saranson’s et al., (1999) findings indicate that these connections may actually increase feelings of well-being and adjustment during the transition to motherhood. Additionally, new mothers with increased family contact are even better off during the transition to parenthood (Bost et al., 2002).

**Exosystem**

*Partner’s Employment.* While many indirect environments may affect a new mothers’ transition to parenthood experience, the most prominent one discussed in the literature includes the father’s place of employment. Fathers often increase paid work after the birth of a child (Bianchi et al, 2000) due to increased family costs and decrease in the mother’s hours of paid work (Thomas & Sawhill, 2005; Waller, 2008), which further reinforces the father’s desire to increase paid work hours and family income. In particular, the actual environment (e.g. in the office, field work), scheduled hours of work, and salary greatly affect new mothers in terms of having partner support available as well as financial resources.

**Macrosystem**

*Marriage Ideologies.* In terms of cultural values within the U.S., statistics reveal that 90-95% of Americans become married at some point in their lifetime (Hurley, 2005). Currently, the divorce rate continues to hover between 40-50% (Tejada-Vera & Sutton 2010). However, it appears that the institution of marriage is still strongly practiced, yet not maintained as far as lifelong unions. Therefore, women are likely to continue to face some level of cultural influence regarding marriage prior to having children or marrying the baby’s father after becoming a mother. Moreover, not being married at the time of the child’s birth introduces extra decision making on the part of the mother in terms of the child’s last name and well as general father
involvement in the health care setting (Cabrera, Fagan, & Farrie, 2008). As previously noted, relationship status at the time of new motherhood greatly influences the transition experience (Kimbro, 2008).

**Gender Roles.** Gender Roles include another cultural aspect of U.S. culture. Presently, a majority of men and women practice egalitarian relationships both inside and outside the home, until the transition to parenthood, that is (Claffey & Mickelson, 2009). Most mothers and fathers then take on more traditional gender roles after the birth of the first child. Mothers are more likely than fathers to experience distress because most of the additional work load that is taken on by mothers. Additional stress is placed on mothers who continue to work outside of the home. Unbalanced parental responsibilities have been associated with increased stress especially for mothers (Claffey & Mickelson, 2009). Consequently, the transition to parenthood is one experience that likely results in widening the gender gap experienced by new mothers, especially in regards to the division of labor (Baxter, 2008). Importantly, Claffey & Mickelson (2009), highlight perceived fairness as a variable wherein traditional gender roles may continue to aid in a healthy adjustment if it is congruent with perceptions of fairness defined by new parents.

New mothers are also identified as being the first to identify with the new parenting role (Cowan & Cowan, 1985). Mothers are also socialized in some respects as gate-keepers as they provide care for their children (Cowan & Cowan, 1992). Perry-Jenkins et al. (2007) have also identified the positive nature of new mothers returning to paid work, a complex decision for new mothers. Specifically, mothers who are able to retain some previous roles or have occupational status and income are significantly more likely to experience less distress (O’Hara and Swain, 1996).
Expectations of Motherhood. On a societal level, assumptions are made regarding women’s natural and innate ability to transition into a mothering role (Bobel, 2002, Hayes, 1996). Specifically, Duden (1993) draws attention to dominant discourse including ‘natural’ traits of mothering such as bonding with an unborn baby and the ease of connection with a newborn. Miller’s (2007) findings reveal that first time mothers particularly struggled with the discourse of mothering as a natural process. New mothers were often confused in terms of how the first months of motherhood should be experienced based on these fully accepted beliefs. Therefore, new mothers often begin this process of adjustment based on unrealistic expectations of motherhood due to false, yet accepted assumptions of what the experience should be like. Moreover, new mothers face a double-edged sword of not wanting to be a ‘bad’ mother and therefore reinforce these difficult to resist dominant discourses (Miller, 2007).

Chronosystem

Timing of Motherhood. Time is an important element for various reasons during the transition to motherhood. Bronfrenbrenner (1989) describes that change is brought about through important events and that order, succession, duration of the event affects how time is associated. For the transition to motherhood time is influential across many aspects including age, historical time, normative and non-normative events, and time experienced each day. In particular, becoming a new mother holds very different meaning dependent on all characteristics of time. Additionally, the time of pregnancy to parenthood is recognized by Carniero et al. (2006) as a period of psychological preparation for parenthood and that this time is helpful for taking on new identities and roles. Moreover, the transition to parenthood represents a challenge for new mothers as time is reallocated to create time for baby. Specifically, Dew and Wilcox (2011)
have identified that mothers in particular, felt ill prepared for decreased time with husbands and reduced time for couple communication resulting in decreased emotional connection.

Literature Review Conclusion

Collectively, this review of existing scholarship provides evidence to demonstrate that numerous factors have been identified to affect the transition to motherhood experience. First, the previous literature discussed is a compilation of research findings based both individual and couple focused outcomes of the transition to parenthood. Further, added research specific to a mother’s experience, demonstrated specific variables that may influence the transition to motherhood. Therefore, the present study hopes to contribute to this body of literature by identifying the lived experience of becoming a mother from a first-time mother’s perspective. Such an examination aims to give voice to ecological influences and descriptive transition experiences that unfold how first-time mothers of makes sense of motherhood.
CHAPTER THREE: RESEARCH METHODS

Overview of the Approach

This study investigated the process of how first-time mothers understand and describe their experience of motherhood during the first 12 months of the transition to parenthood. In particular, this study explored first-time mothers’ experiences and meaning of their experiences across ecological levels, from the microsystem to macrosystem to conceptualize their greater transition of becoming a mother.

A qualitative research approach was utilized to address the research questions. Specifically, a grounded theory approach provided the framework for the qualitative research process. Qualitative data was collected through semi-structured in-depth individual interviews with 18 first-time mothers. Data was analyzed following the tenets of grounded theory, including the constant comparative method and a sequential process of open, axial, and selective coding. Aligning with qualitative research methods, multiple steps were taken to ensure trustworthiness of the research outcomes.

This design was most appropriate for this study to generate a theory for explaining how mothers recognize their experience of new parenthood. The inductive aspect of the grounded theory was helpful in creating themes to form the perspectives of the participants rather than placing the data into pre-existing categories (Glaser and Strauss, 1967). All research protocols and materials were approved by the Michigan State University Institutional Review Board.

Rationale for Qualitative Methodology

A qualitative research approach was selected for this study as it facilitates an understanding of human experience through exploring description, interpretation, context, and meaning (Kazdin, 2003). Specifically, qualitative methodology is defined by Denzin and Lincoln
(1998) as having a particular focus on process and meaning. Qualitative approaches provide a framework for exploration and gathering a deeper understanding of social processes and meaning people attribute to experiences to generate specific hypothesis of complex areas that are not well understood (Merriam, 2003; Snape & Spencer, 2003; Willig, 2001; Ritchie, 2003). Conversely, quantitative methodologies are best utilized as a means for investigating more general trends or providing confirmation to qualitative findings later in the research process (Denzin & Lincoln, 1998). Therefore, the general purpose of qualitative research is to produce a deeper understanding of experience compared to quantitative methodologies.

Subsequently, qualitative methodology was consistent with the present study goals as it facilitated conceptualization of experiences, process, perception and meaning of new motherhood within the transition to parenthood. Qualitative analysis was specifically designed to bring new light to lived experiences of participants. In particular, Hallberg (2006) identified qualitative research as, “the world of individual experiences and their socially constructed realities” (p.141). Additionally, previous researchers have called for further explorations of supporting environmental influences that facilitate healthy adjustment to the transition experience (Miller, 2007). Therefore, qualitative methodology not only complimented the research focus and theoretical framework, but it provided an opportunity to expand the present conceptualization of new mothers’ experiences of the transition to motherhood.

**Grounded theory**

Grounded theory methodology is regarded as the first systematic approach to qualitative research (Hallberg, 2006). Additionally, it is the most commonly used qualitative research approach within the social science field (Denzin, 1994). Specifically, the grounded theory approach is not simply used for collecting descriptive experiences; it is designed to generate a
theory (Strauss & Corbin, 1998). The lack of research exploring experiences of first-time mothers transitioning to motherhood permits the use of this approach to allow for theory to emerge from the data. As a result, grounded theory is the most fitting method of qualitative inquiry for the present research.

Grounded theory methodology was first developed in the 1960’s by Barney Glaser and Anselm Strauss. The developers, and subsequently, the tenets of grounded theory are entrenched in the Chicago School of symbolic interactionism (LaRossa, 2005). Moreover, Mead (1934), one of the founders of symbolic interactionism made the point, “language does not simply symbolize a situation or object which is already there in advance; it makes possible the existence or appearance of that situation or object” (p.78). Therefore, grounded theory is described as bidirectional process informed by the meaning making tenets of symbolic interactionism.

LaRossa (2005) expanded on the association between symbolic interactionism and the underpinnings of grounded theory. Specifically, LaRossa’a five major principles included “(a) language is central to social life, …(b) words are the indicators upon which [grounded theory methodology] –derived theories are formed…(c) coding and explanations are built upon a series of empirical and conceptual comparisons…(d) from a grounded theory perspective, theories are sets of interrelated propositions, whereas propositions state how variables are related…(e) there is value in choosing one variable from among many variables that a grounded theoretical analysis may generate and making that variable central when engage in theoretical writing” (p.838).

For the purposes of this study, the present methodology operated from Strauss (1987) and Strauss and Corbin’s (1990a, 1998) approach. Strauss and Corbin’s approach was known as the reformulated grounded theory approach that differed from Glaser and Strauss original tenets.
This methodology advocated for both and inductive and deductive processes as well as systematic procedures (LaRossa, 2005). Additionally, Strauss and Corbin’s approach believed that “reality cannot be fully known but it can always be interpreted” (Hallberg, 2006, p.145).

Moreover, early grounded theory methodologies promoted reviewing literature after the theory has emerged from the data. However, Strauss and Corbin’s (1990, 1998) approach allowed for reviewing prior research to facilitate original research as well as inform researchers to create familiarity with concepts. It was also essential for the researcher to acknowledge that the literature significantly influenced the coding even if the researcher was unaware that it may have done so (Glaser, 1992; Strauss, 1987; Strauss & Corbin, 1998). Consequently, the selection of Strauss and Corbin’s reformulated method aligned with dissertation requirements of reviewing prior literature. As such, the researcher recognized that the present study was informed by prior theoretical models and that theoretical biases were evident in the findings. Importantly, this step supported the present study in terms of making a unique contribution to the transition to parenthood body of literature.

Sampling Procedures

The systematic procedures of Strauss and Corbin (1990, 1998) called for theoretical sampling. Gaps in the literature guided the process of theoretical sampling and it was specifically used to capitalize on gathering rich data (Charmaz, 2000). Theoretical sampling can be best described as a process in which multiple data collection processes unfold through the stages of gathering data, analyzing the data and going back to collect more data to collect more information as the theory is unfolding (Charmaz, 2000). Therefore, data collection, coding and analysis were happening concurrently and theoretical sampling allowed for gaining more insightful data as the theory was emerging. Within this grounded theory approach the researcher
engaged in the process of constant comparison and data collection proceeding until saturation of
the data had been reached. Saturation of the data took place upon completion of the 16th
interview, however, the researcher carried out the final two interviews already scheduled with
participants. Therefore, in total, 18 interviews were carried out.

Provided that Strauss and Corbin’s (1990) approach of theoretical sampling was guided
by the emerging theory, the present sampling procedures of this study were expected to evolve to
fit theoretical needs. Specifically, sampling began by utilizing the guided interview to establish a
broad scope and was later directed at further confirmation or disconfirmation of relationships
within the data that had already been discovered. Finally, the last several interviews brought the
data to saturation and verified the emerging theory.

Participant Recruitment and Selection Criteria

Two principal methods of recruitment were utilized within this study. First, the snowball
sampling method was implemented to allow present participants to help assist with additional
recruiting of participants. Snowball sampling was discussed as an appropriate sampling
procedure for specific qualitative studies as long as the strategy is purposeful to ensure good
examples of experiences under investigation (Morrow, 2005). Second, a site-based recruitment
method was executed where flyers were placed within healthcare and community agency
locations in a Mid-West suburban area. Specific agencies included obstetrics and gynecology
(OBGYN) doctor’s offices, pediatricians, therapy practices and community resources including
Planned Parenthood.

The present researcher acknowledged the potential for sampling biases based on the
sampling procedures and geographic location. While it was hoped that a more diverse sample
would emerge based on the recruitment strategies, a largely homogeneous sample prevailed.
However, this sampling limitation was expected due to its association with qualitative inquiry and the nature of the methodology. Specifically, snowball recruitment tactics proved to be very successful, yet, brought forth a group of first-time mothers with similar characteristics. Consequently, diverse sampling barriers exist within the present study, however the grounded theory approach, allowed for sampling based on theoretical needs rather than a more randomized sampling procedure.

Additionally, all participant information that was gathered by the researcher was kept according to confidentiality rules governed by the Michigan State University Institutional Review Board. In particular, these procedures called for complete confidentiality with only the researcher, committee chair, and review board having access to participant information. All potential participants were informed of the confidentiality guidelines that were adhered to throughout the research process.

Potential participants expressing desire to participate were contacted over the phone by the researcher and provided an overview of the study as well as screened for the following inclusion criteria:

1). All participants must be able to speak English as a primary language.

2). All participants must be presently in a committed heterosexual relationship with the father of their child for a minimum of one year.

3). All participants must be at least 21 years of age or older.

4). All participants must have given birth to their first child within the last twelve months, and must have carried and given birth to only one child.

5). All participants must not have any prior child living in the home (i.e. step-children).
This study also implied specific exclusion criteria including having a previous child with previous partners. It also excluded first-time mothers under the age of 21 as having been considered a higher risk population.

*Participant Demographic Characteristics*

A total of 18 first-time mothers participated in this study. All participants with the exception of one, identified themselves as Caucasian. The final participant identified herself as Asian. All participants were married at the time of the interview. Participants ages ranged across a ten year time span, from 21-31 years old, with most participants in the mid to late twenties. All participants were educated, with the majority having a college or graduate degree. Annual family income provided to be a diverse variable with income distributed between $30,000 to over $100,000. Income and education seemed to be linked within this sample. Additionally, 11 participants had given birth to a girl, while seven had boys. Finally, baby’s age seemed to be evenly distributed from one month to 12 months of age. For further detailed information related to demographic characteristics, see table 3.1.
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<td>11%</td>
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Method of Inquiry

*Researcher as Instrument*

In qualitative methodology generally, and grounded theory specifically, the researcher was the key instrument in data collection. Comparatively, quantitative methodology draws upon the use of inventories, questionnaires or other more objective mechanisms. Therefore, it was the researcher who engaged in learning about other’s experiences and interpreted others life experiences (Sword, 1999) resulting in theory emerging from the researcher’s self (Daly, 1997). For that reason, it was essential for the researcher to participate in self of the researcher explorations. Specifically, the researcher was responsible for providing a discussion of meaning the participants assign to experiences rather than the researcher placing her own perspective on the data (Daly, 1992a).

Self of the researcher processes included acknowledgement and reflexivity of the researcher’s background, gender, social class, ethnicity, values, and beliefs that shape the researcher’s construction of reality including the interpretation of qualitative data (Sword, 1999). It is also important that the researcher became aware of the similarities and differences of positionality (social position) and privilege as in this case, a white educated professional and graduate student. Additionally, the researcher acknowledged subtle differences of experiences and values and did not make assumptions of similarities based on outward characteristics. Rather, the researcher respected each participant’s story with recognition of similarities and differences as presented by that participant.

In addition, it was important for the researcher to determine the specific role that she desired to present to participants. Specifically, the researcher was a graduate student as well as a licensed marriage and family therapist. Therefore, providing specific background information to
participants may have facilitated or impeded developing rapport with participants. Specifically, the researcher acknowledged that her profession places her in a helping position, while her educational process depicts her as someone engaging in a learning process. Regardless, Daly (1997) warned of taking on mechanical role as a qualitative researcher. In particular, qualitative methodology highlighted the benefit of implementing fair exchange and reciprocity of disclosure (Daly, 1992b). Consequently, appropriate disclosure on the part of the researcher was used to lessen the hierarchy between researcher and participant even though the researcher role did come with an indisputable position of power.

Moreover, it was important to use multiple strategies to develop rapport with participants to create a comfortable environment to facilitate the process of gathering qualitative data. Engaging participants immediately (Shaffir, 1991) was most prominent. Other mechanisms that the researcher noted as a potential support or inhibit the development of a relationship with participants included choice of clothing, language, and environment.

In sum, the present researcher desired to engage in a bi-directional interaction with participants to foster a comfortable environment. The present researcher acknowledged that her matching gender of participants may have eased the connection process as mothers may have felt comfortable sharing experiences with another female. Additionally, engaging in self of the researcher processes guided the researcher in dealing with personal thoughts and experiences as well as insight that may be provided through having familiarity of the literature.

**In-depth Interviews**

A grounded theory qualitative approach utilizing semi-structured, in-depth interviews was used to address the present research questions. Specifically, semi-structured interviews consisted of conducting a face-to-face interview or phone interview with each participant to
gather individual perspectives of the experience of focus, new motherhood. The semi-structured outline created a flowing bi-directional interaction between participant and researcher but also allowed for participant specific probing based on precise responses. Therefore, semi-structured interviews aimed to create an experience that enabled the participant to share her perspective in a way that naturally unfolded (Marshall & Rossman, 2006).

Interview Process

The researcher completed one face-to-face or phone interview with each participant to gather detailed descriptions of first-time mothers’ experience of the transition to parenthood process. To assist new mothers with the interview process, mothers were given the choice of choosing a comfortable location to conduct the interview or the choice to complete a phone interview (if at a great geographical distance). The researcher offered her clinical office noted for its warm and professional characteristics, as well as its confidential and public location. Further, the researcher suggested that participants may desire to have the interview in their home or other preferred location. Importantly, six participants selected to complete the interview in their home, four opted to be interviewed at the researcher’s clinical office, and eight mothers decided to carry out a phone interview. Additionally, mothers were welcomed to include their baby in the interview process to eliminate additional child care cost. It was expected that the interview process would take between one to two hours to complete. Actual interview duration was consistent, with the shortest interview lasting 55 minutes and the longest interview concluding at one hour and 50 minutes.

Particularly related to the interview format, the researcher first engaged with participants to develop rapport and provide a welcoming environment. Informed consent procedures were discussed in detail prior to the interview (Appendix A). This process included confidentiality of
information, potential experience of emotion elicited by the interview, as well as the participants’
right to not answer specific questions or deciding to withdraw participant at any time during the
process. Once the participant signed the consent form or provided consent through the phone
interview consent protocols as outlined by the University’s Institutional Review Board, audio
taping of the interview commenced.

Upon receiving written or audio informed consent, the interview was initiated by the
researcher by providing a general outline of the interview guide (Appendix B) and the purpose of
the study, followed by the introduction of the demographic questionnaire (Appendix C) and eco-
map activity (Appendix D) that was to be utilized as an illustrative tool simultaneously with
semi-structured interview questions. All materials were coded to protect participants’
confidentiality. Interviews were carried out informally to provide greater comfort to the
participant through a more natural communicative environment. All interview questions were
open-ended to allow for rich description to be provided by the participant. All questions were
grounded in previous relevant literature, as well as informed by present theories including
Human Ecological Theory and Symbolic Interactionism. All interview questions were reviewed
by the dissertation committee chair for fit and appropriateness. Importantly, participant responses
were given priority in terms of follow-up questioning rather than probing the same in depth
questioning across participants. In doing so, detailed participant narratives guided the emerging
theory.

Prior to commencement of the research study, one practice interview was piloted with
one mother to highlight any issues of the interview process in terms of flow and structure. This
interview was not utilized in data analysis or development of theory; rather, it was a practice run
of the methodology. Additionally, grounded theory according to the tenets described by Strauss
and Corbin (1990, 1998) allowed for interview revisions as data collection unfolds. Consequently, as new information emerged it was essential for the researcher to acknowledge specific theoretical needs as well as reflect any issues raised by previous participants. Consequently, the researcher used notes documented after previous interviews to slightly revise the guided interview. As such, the researcher carried forward with the same open-ended questions during each interview to allow each participant to share their whole story. Importantly, the researcher practiced specific theoretical probing to facilitate further development of less saturated areas of data across interviews.

**Eco-map**

An eco-map exercise was implemented into the interview process to facilitate collection of systemic factors present within participants’ lives (Appendix D). The eco-map was an instrument that provided a visual display of variables connected to the person of focus and was particularly helpful in conceptualizing significant relationships to peoples and systems within their environment (Hartman, 1995). Specifically, it was thought that participants would fill in the worksheet by identifying important people and systems that informed experiences that shaped her experience of new motherhood, throughout the interview process. Therefore, the eco-map would illustrate ecological concepts and aid the participant in visually connecting the ecological framework. However, during the first interview, with the infant present, it became obvious that mothers were not going to be able to fill in the eco-map while handling their wiggly baby. Consequently, the researcher explained the purpose and concept of the eco-map to participants, and the researcher filled it in and used the eco-map to document notes during the interview process. Importantly, for phone interviews, the researcher emailed the eco-map to participants prior to the interview to facilitate a similar outline of the eco-map procedure. The
researcher carried out the eco-map activity in a comparable fashion wherein the participants were still able to visualize the ecological concepts and it was filled in by the researcher during the interview.

As such, the researcher was able to check in with the participants for accuracy by having participants read over the eco-map as it came together or reading it back to participants over the phone. Utilizing this tangible task within the interview process allowed for early engagement with participants and they reflected an interest in seeing their eco-map come together. Moreover, it was helpful for participants to begin thinking systemically about their experiences. In sum, the exercise was completed throughout the entire duration of the interview. All data conceptualized through the eco-map was entirely coded and implemented in the data analysis procedure. Finally, the eco-map aided the researcher in documenting notes, and worked as back-up information in the event the audio-recording device failed to record.

**Questionnaire**

A brief questionnaire that focused on gathering demographic information was provided to participants (Appendix C). These inquiries included factors such as age, income, educational status, etc. to gather a more complete understanding of ecological factors present for each participant. During face-to-face interviews, participants filled in the questionnaire and phone interviews were filled in by the researcher as the questions were read aloud. This questionnaire was regarded as qualitative information within in the research process.

**Data Analysis**

*Coding Procedures*

The data analysis procedure described by Strauss and Corbin (1990) was known as the constant comparative method. Constant comparison was defined as a concurrent coding process
in which coded indicators were compared to previously coded indicators or concepts through three distinct phases (Strauss & Corbin, 1990; 1998). An indicator referred to a word, phrase, or sentence or a series of words, phrases or sentences in the materials being analyzed. A concept was a label or name associated with an indicator or indicators (LaRossa, 2005). This analysis process resulted in the creation of categories and subcategories ultimately leading to the generation of themes and finally a theory grounded in the data (Strauss & Corbin, 1990).

As previously noted, the grounded theory approach operated with three specific overlapping phases (Strauss & Corbin, 1990). These phases include open, axial, and selective coding. In particular, each phase was aimed at fulfilling a specific task in the data collection process. However, these phases were not carried out in a linear fashion; they mimic the data collection process of having to repeat stages as they were carried out concurrently as new data was gathered. Thus, this resulted in the constant comparison of data until a central code is reached. Moreover, it was these systematic procedures that set apart grounded theory from other qualitative research approaches.

Specifically, analysis began with open coding characterized by selecting individual words, groups of words or whole sentences that represent participants’ experiences. Strauss and Corbin (1990) described open coding as a process in which “the data are broken down into discrete parts, closely examined, compared for similarities and differences, and questions are asked about the phenomena reflected in the data (1990a, p.62; 1998, p.102). Early in the open-coding process, a single indicator called for developing a new concept. This stage of analysis involved writing memo’s about the concept’s possibilities. However, by the end of analysis, theoretical saturation was only reached as multiple indicators were captured by one concept and no new indicators emerged for that concept (LaRossa, 2005).
Consequently, axial coding was the subsequent step following the open coding process. Axial coding allowed for creation of connection for categories and subcategories (Strauss & Corbin, 1990, 1998). According to Strauss (1987) axial coding was described as “intense analysis done around one category at a time, in terms of paradigm items” (p.32). Additionally, LaRossa (2005) described this as the process of developing a hypothesis of relationships between or among variables. Therefore, open coding and axial coding differed based on first dissecting the data into organized concepts and secondly linking the data to move from typology and a theory (LaRossa, 2005). In axial coding, the largely unexplored variables were explicitly examined to create possible relationships regarding the variable. As a result, axial coding was phase in which grounded theory began to achieve its “theoretical promise” (LaRossa, 2005).

Codes and categories were sorted, compared and contrasted in the process of selective coding. Selective coding was defined as the process of identifying a ‘core variable’ (LaRossa, 2005) and as the creation of story line (Strauss & Corbin, 1990a, p.116; 1998, p.148). The core variable as defined by Strauss and Corbin (1998) was one of higher “analytic power” because of its connection with other categories that brought the grounded theory together. Therefore, selective coding was synthesized as beginning with numerous concepts and linking them until a core variable was identified.

For this study, data included the interview, eco-map, and demographic data of 18 interviews with first-time mothers. All interviews, eco-maps and questionnaires were transcribed using Microsoft Word. Once each interview was transcribed, the researcher read and re-read the interview transcription to check for transcription accuracy and to become even more familiar with the data (Richards, 2005). The additional re-reading facilitated the researcher in identifying
early themes emerging from the data (Richards, 2005). Transcriptions were analyzed through open, axial, and selective coding using Microsoft Excel.

Trustworthiness

In keeping with qualitative research protocol, accountability and trustworthiness of the data was central to the validity and reliability of the research findings (Miles & Huberman, 1994; Morrow, 2005). Trustworthiness of the data was achieved through several processes. In particular, adequacy of data was primary in determining trustworthiness. Erickson (1986) highlighted that adequacy was reached through inclusion of adequate amounts of evidence, and engaging in a variety of types of data presenting evidence of interpretation. Moreover, triangulation of the data was reached through multiple means of descriptive data including the in-depth interview, eco-map, questionnaire, audit trail, and participant checks (Marrow, 2005).

Additionally, trustworthiness of qualitative research was measured on four specific standards including credibility, transferability, dependability, confirmability, and reflexivity (Morrow, 2005). Each area is discussed below in terms of proactive steps incorporated into the methodology to ensure the trustworthiness of the findings.

Credibility can be described as qualitative term for internal validity. Lincoln and Guba (2000) identify that credibility speaks to the internal consistency of the study. It was the process of ensuring that the researcher investigated what has been put forth to be investigated. Credibility can be reached through multiple venues including in-depth interviews, multiple interviews, participant checks, researcher reflexivity, peer debriefing, negative case analysis etc. Presently, the researcher imposed all of these protocols to provide strong internal validity of the study.

Transferability can be described as relating to external validity or generalizability. Specifically, transferability means the extent to which the findings or in this case the grounded
theory can be applied outside of the specific participants whose voices provided the data (Marrow, 2005). Therefore, operating from a qualitative approach, transferability was a more difficult concept to guarantee. As such, it was only appropriate for the findings to be limited to the present participants with the possibility that the results may be similar for the larger population.

Dependability compares to reliability and was achieved through consistency across time, researchers, and analysis techniques throughout the study (Gasson, 2004). This process was documented through tracking the emerging research design, keeping an audit trail and generally maintaining the process in which the study was carried out. The researcher documented an audit trail as a primary mechanism of ensuring trustworthiness. According to Marrow (2005) an audit trail was defined as a “chronology of research activities and processes; influences of the data collection and analysis; emerging themes; categories or models and analytic memos (p.252). Consequently, this modality provided an internal look into decisions and rationale of each step taken by the researcher (Marshall & Rossman, 2006).

Confirmability relates to objectivity in qualitative research. With qualitative data in particular, acknowledging that research was never objective was essential (Morrow, 2005). Many processes were utilized to create trustworthiness of the research specifically relating to confirmability. Explicitly, confirmability was strengthened through the audit trail as well as participant checks to ensure that participant’s voices were being accurately interpreted and analyzed. Importantly, the researcher engaged in self of the researcher awareness for this aspect of qualitative methodology.

Reflexivity was a unique research process that sets qualitative methodology apart from quantitative research. It was a process that advocates for researchers to be become more aware of
how ‘self’ was imposed into the study (Sword, 1999). Denzin and Lincoln (2000) noted that the primary concern of reflexivity was to be able to demonstrate whose experience of reality is present in the findings. Reflexivity can be carried out through multiple means. Presently, the researcher engaged in the audit trail writing process, debriefing with her committee chair to examine potential biases as well as providing participant checks. Additionally, providing actual quotes of the participants provided the ‘statistical power’ and supported the researcher’s interpretation of participants lived experiences (Marrow, 2005).

**Reflexivity of Researcher**

As previously discussed, in qualitative research the researcher was the key instrument through which data is collected. Therefore, reflexivity on behalf of the researcher was crucial for the trustworthiness of the findings. Denzin and Lincoln (2000) identified concerns with reflexivity specifically related to determining whose experience of reality is present in the findings. Therefore, qualitative research was most sound when the researcher was able to balance between having an awareness of one’s personal biases and demonstrating that these personal beliefs have not influenced the interpretation of the data.

Aligning with the process, I provided my ‘self of the researcher’ exploration. First, I recognized myself as a white, married, heterosexual, middle class, female, doctoral student and licensed clinician. Therefore, I noted my positionality of power and privilege. Specifically, as a clinician within a Marriage and Family Therapy doctoral program, I understood the process in which my presence may have affected others. For example, transference and countertransference were possible experiences that may have taken place. Additionally, I became more insightful of my own experiences and how these lived experiences were central to who I am as a student,
researcher and marriage and family therapist. Accordingly, I acknowledged my values of operating from a feminist perspective and remained authentic in diverse environments.

Importantly, I also acknowledged that not only was I of a similar child-bearing age, but at the time of conducting interviews, I was between 20-30 weeks pregnant. Therefore, it was essential as a researcher to be aware that my positionality of pregnancy brought fourth another connecting variable with participants. It was this characteristic that participants primarily responded to by inquiring about my pregnancy experiences, whether I was having a boy girl, and any names that I had picked out. Further, throughout the interview process, not only did participants depict very detailed accounts of their experiences, but they went on to share pieces of personal information in hopes of allowing me to have their insight on my journey to motherhood.

Consequently, I remained highly aware that above all, these characteristics did not automatically imply assumed similar life experiences. Therefore, as a researcher, I acknowledged diverse life experiences as well as respected differing perspectives since my experiences of motherhood had only included my pregnancy to date, and even that was recognized as unique experience to each participant and myself.

Finally, it terms of my reflexivity, I would like to share insight into my interest in the transition to parenthood experience. Originally, my initial research interests centered on healthy adult couple relationships. However, I became fascinated early in my graduate program with how the normative process of becoming a parent can so easily transform one’s life and relationship in such a profound way. Personally, my interests have grown through my own experience of marriage and identifying parenthood as complementary step for my relationship.
Therefore, I found previous literature to focus on general outcomes, while I was concerned with gaining an understanding of first-mothers’ perception of the transition to parenthood experience.
CHAPTER FOUR: RESULTS

The goal of this study was to explore how first-time mothers understand and describe lived experiences of first-time motherhood during the first 12 months of the transition to parenthood. The salient themes emerging from this study provide a more comprehensive understanding of such an experience. As such, this study has led to the development of a grounded theory that demonstrates the experience and meaning-making of first-time motherhood. Therefore, the purpose of this chapter is to present prominent findings that were obtained through 18 in-depth interviews.

Participant Characteristics from the Findings

Prior to discussing the themes identified within participant narratives, it is important to introduce participants along with important characteristics. Table 4.1 presents each participant with their pseudonym, and factors including their feeding style, whether they experienced a previous miscarriage, the intendedness of the pregnancy and their employment status. From this table, it is evident that various experiences informed each mother’s journey to motherhood. As such, these characteristics provide an additional illustration of each participant, and it is hoped that this information will be useful as participant narratives unfold as relevant themes are presented.
Table 4.1. Participant Characteristics

<table>
<thead>
<tr>
<th>Name</th>
<th>Feeding Style</th>
<th>Previous Miscarriage</th>
<th>Planned Pregnancy</th>
<th>Work Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer</td>
<td>Breast milk</td>
<td>Yes</td>
<td>Yes</td>
<td>Full-time</td>
</tr>
<tr>
<td>Amanda</td>
<td>Breast milk (5wks)/Formula</td>
<td>No</td>
<td>Yes</td>
<td>Full-time</td>
</tr>
<tr>
<td>Heather</td>
<td>Breast milk</td>
<td>No</td>
<td>No</td>
<td>Full-time</td>
</tr>
<tr>
<td>Elizabeth</td>
<td>Breast milk</td>
<td>No</td>
<td>No</td>
<td>Full-time</td>
</tr>
<tr>
<td>Meagan</td>
<td>Breast milk</td>
<td>No</td>
<td>Yes</td>
<td>Full-time</td>
</tr>
<tr>
<td>Melissa</td>
<td>Breast milk</td>
<td>No</td>
<td>No</td>
<td>Part-time</td>
</tr>
<tr>
<td>Rachel</td>
<td>Breast milk (8wks)/Formula</td>
<td>No</td>
<td>Yes</td>
<td>Full-time</td>
</tr>
<tr>
<td>Laura</td>
<td>Breast milk in bottle</td>
<td>No</td>
<td>Yes</td>
<td>Not employed</td>
</tr>
<tr>
<td>Amber</td>
<td>Breast milk</td>
<td>No</td>
<td>Yes</td>
<td>Part-time</td>
</tr>
<tr>
<td>Brittany</td>
<td>Breast milk</td>
<td>No</td>
<td>Yes</td>
<td>Part-time</td>
</tr>
<tr>
<td>Stacy</td>
<td>Breast milk</td>
<td>No</td>
<td>Yes</td>
<td>Not employed</td>
</tr>
<tr>
<td>Kimberly</td>
<td>Breast milk</td>
<td>No</td>
<td>Yes</td>
<td>Not employed</td>
</tr>
<tr>
<td>Amy</td>
<td>Breast milk (16wks)/Formula</td>
<td>Yes</td>
<td>Yes</td>
<td>Full-time</td>
</tr>
<tr>
<td>Tiffany</td>
<td>Breast milk</td>
<td>No</td>
<td>Yes</td>
<td>Full-time</td>
</tr>
<tr>
<td>Erica</td>
<td>Formula</td>
<td>Yes</td>
<td>Yes</td>
<td>Part-time</td>
</tr>
<tr>
<td>Mary</td>
<td>Breast milk in Bottle</td>
<td>No</td>
<td>Yes</td>
<td>Not employed</td>
</tr>
<tr>
<td>Lisa</td>
<td>Breast milk</td>
<td>Yes</td>
<td>Yes</td>
<td>Part-time</td>
</tr>
<tr>
<td>Kelly</td>
<td>Breast milk</td>
<td>Yes</td>
<td>Yes</td>
<td>Full-time</td>
</tr>
</tbody>
</table>

Relevant Themes from the Findings

Five major themes emerged from the data, illustrating the experiences of first-time motherhood. The final framework displays the findings from this study (Table 4.1).

1. Influential Systems Relating to the Transition
2. Experiences of First-time Motherhood
3. Influential Feedback Experiences & Processes
4. Interpersonal Process of Figuring out First-time Motherhood
5. Understanding & Meaning-making of First-time Motherhood

These final themes represent the overall experience, process, and meaning-making of transitioning to first-time motherhood.
Table 4.1. Final Framework

<table>
<thead>
<tr>
<th>Influential Systems Relating to the Transition</th>
<th>Experiences of First-time Motherhood</th>
<th>Influential Feedback Experiences &amp; Processes</th>
<th>Interpersonal Process of Figuring out First-time Motherhood</th>
<th>Understanding &amp; Meaning-making of First-time Motherhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual Factors Specific to Motherhood</td>
<td>1. Individuality of Motherhood</td>
<td>1. Social Interaction</td>
<td>1. Interpersonal Adjustment</td>
<td>1. Meaning of Motherhood</td>
</tr>
<tr>
<td>4. Exosystem</td>
<td>4. Emotional Awareness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Macrosystem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Chronosystem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Experience, Process, & Meaning-making of Transitioning to First-time Motherhood

The following discussion will provide supportive details to augment each theme and sub-theme. Specific quotes and passages from the interview process will illustrate the importance of each theme to provide the reader with a better understanding of the transition to first-time motherhood experience. The primary focus of this chapter will be to allow the participants to share their experiences in which the grounded theory is embedded.

Influential Systems Relating to the Transition Experience

Interactions with nested systems provide the environment and greater atmosphere through which first-time mother’s transition to motherhood. First, mothers in this study described their transition as being informed by individual factors specific to motherhood including pregnancy, birth, breastfeeding and miscarriage. Additionally, participants reflected about key figures and environments within their respective Microsystems that affected the transition. Spouses work
responsibilities within the Exosystem were discussed as having influenced their experience. The larger context of the Macrosystem also played a part in how mother’s perceived expectations of motherhood within their culture. Finally, participants described the influence of time within the Chronosystem across the transition to first-time motherhood.

**Individual Factors Specific to Motherhood**

As previously discussed, all mothers spoke about individual experiences that were key in their experience of transitioning to first-time motherhood. As such, mothers reflected their experiences of shared aspects of motherhood included pregnancy, birth, breastfeeding and miscarriage. Further, participants identified a shift in their identity and role within their family.

**Pregnancy**

All participants described their pregnancy experiences as informing their transition in one way or another. Examples included the intendedness of the pregnancy, complications, or pure enjoyment of being pregnant as the state of mind leading into a complex transition experience. One participant shared,

“She was not a planned pregnancy, planned baby. This kind of happened when I was finishing up school. So, you know, definitely, that was a little bit stressful for me in the early stages” (Elizabeth, 28; Baby girl, 9 months).

Similarly, another participant expressed,

“Well, I got pregnant with her before I was married.--so it was not--I didn’t get married because of her. And I didn’t know during the wedding that I was pregnant, and found out probably two weeks after the wedding. And…my father-in-law is a pastor and he wasn’t very excited about it, finding out when her due date was, it was eight months after the wedding. So that was pretty stressful at the beginning, telling everybody, and all…” (Melissa, 23; Baby girl, 2 months).

Conversely, some mothers struggled to become pregnant, as one mother shared,
“We have been trying for almost a year to get pregnant, so--But I think it was maybe two weeks after I lost my job that I finally got pregnant and my doctor said it was most likely the stress from the job that's why I couldn't get pregnant…It was amazing…I sat there for like 10 minutes just staring at it…” (Rachel, 25; Baby boy, 7 months).

As such, this suggests that new mothers various experiences and emotions are brought into the greater transition.

Similarly, new mothers entered into a transition that is informed by ten months of pregnancy experiences. Many mothers enjoyed an easy pregnancy like Amanda who reflected,

“Just from the moment that I became pregnant, it was just like an overwhelmingly happy feeling. You know, it was exciting; I just couldn't wait to do all the planning. And then once I could feel her, when I heard her heartbeat, that was like another step where I was like, "Oh, my gosh, this is going to be so great." And then, feeling the kicks was just--it was like a progression of excitement” (Age 28; Baby girl, 6 months).

Amy also echoed,

“I just had a great pregnancy experience, like I wasn’t sick, like I had no complications, like everything was really good” (Age 28; Baby girl, 8 months).

Conversely, other mothers voiced their experiences as having included various levels of complications and stress. Specifically, participants shared complications including placenta previa, gestational diabetes, and pleural effusion. As one participant stated,

“He had a pleural effusion fluid around his lung that prevented his lung from partially developing-- So I had ultrasounds weekly in my whole pregnancy, but it ended up going away…But it was just really stressful” (Laura 26; Baby boy, 5 months).

Equally, Lisa shared her story,

“…at my 18 week apt I had placenta previa, so they kept checking it and pretty much knew I was going to have C-section all along… having placenta previa, like I was lucky I didn’t and have to be on bed rest or anything because a lot of people do…and with having placenta previa, we couldn’t have sex after 18 weeks of being pregnant so that was hard…” (Age, 28; Baby boy, 5 months).

Interestingly, Kimberly reflected on her thoughts of pregnancy, “I think there is definitely a reason that we are pregnant for 40 weeks and not four or ten. For me, because you really need
that time to mentally prepare yourself…there are so many things that you learn through the experience that will go on and help you to make better choices further on down the line” (Age 21; Baby boy, 11 months). Through these experiences, it can be noted that pregnancy experiences greatly differ among new mothers. Thus, new mothers commence their transition having encountered vastly different pregnancies.

_Birth_

Further, one’s birth experience was also reported as a unique and individual experience informing the starting line of motherhood. The birth was noted as the “initial” transition, by many participants including Tiffany who said, “…the transition is complete now that he is here…” (Age, 31; Baby boy, 6 months). Moreover, birth experiences as reflected by participants were described as informing the climate of their initial moment of motherhood. As such, one mother talked about the birth of her daughter,

“I got the epidural--so, obviously, that makes it so--it wasn't really painful. I was technically in labor for 24 hours…I just had--just great, great doctors and great nurses around me. And like even the recovery after the birth was easy. There was really--just no really pain involved with it. It was just all great” (Amanda, 28; Baby girl, 6 months).

Conversely, another participant contributed her experience of complications,

“Finally they did an emergency C-section with an epidural that did not take when they went to give me another dose of it. So then I started, I was feeling it and then they had to knock me out. So it's like I’m kind of upset because I missed the first couple of hours…thank goodness my husband was in there and then my sister was in there. So she recorded him giving his bath, she recorded the nurse, like wiping him down…” (Laura, 26; Baby boy, 5 months).

As such, it can be noted that one’s birth is a highly individual experience accompanied by various emotions. On the whole, new mothers largely reflected positive experiences related to meeting their baby for the first time. However, three mothers reported complications that unveiled feelings of disappointment regarding their birth.
Breastfeeding

Breastfeeding was also brought forth by each new mother as informing their transition experience. Similar to other individual factors, breastfeeding experiences carried unique challenges and outcomes, but by and large affected all 18 mothers. For example, one participant shared,

“Nursing was definitely one of the biggest challenges for me. I had a very a hard time the first couple of weeks…I called my mom crying. You know I called the pediatrician. I called the hospital …I wanted to quit. I wanted to give up. And my mom and my husband really helped me. I mean, they literally helped me some days get S attached correctly” (Stacy, 28; Baby girl, 12 months).

Another participant reflected,

“Coming home, having him screaming at my breasts and then I knew it was going to be tough and I wasn’t too frustrated or anything else, just learning to work with him and after two hours he finally started sucking and that was great, success…until the next feeding three hours later and it was not a success. He’s crying, I'm crying, I didn’t have the same mindset… I was more frustrated that time around we ended up deciding on bottle feeding… So I'm actually pumping and then bottle feeding” (Mary, 26; Baby boy, 1 month).

Interestingly, all 18 mothers eagerly wanted to try breastfeeding. However, 12 of 18 mothers were able to overcome the initial challenges of breastfeeding including latching and supply, and continued with breastfeeding. One mother even described immediate difficulty with producing milk and was disappointed to be formula feeding. Two mothers were able to produce milk effectively; yet, their babies struggled with latching to the breast, as discussed above. These mothers went on to pump breast milk to feed through a bottle. Finally, three mothers initially began breastfeeding, but switched to formula after going back to work due to their lowered milk supply. In sum, every new mother characterized breastfeeding as challenging and informing the greater transition experience.
Miscarriage

Five of 18 participants had previously experienced a miscarriage with their first pregnancy just months before becoming pregnant with their present baby. Mother’s shared the perspective of having experienced a great loss, trying to not become too excited about subsequent pregnancies, and overall feeling grateful for being able to become pregnant again so quickly after their miscarriage. One participant reflected,

“...that was like hugely traumatic… and then luckily for us like I had one period after that when I got pregnant again. I was like super paranoid… I mean you are still excited but I tried not to get super excited and so did E because we were scared that we know that something can happen again… It was like once that first trimester was over and like I could feel the baby moving a little bit and that was like the turning point I guess…I remember just like this huge sigh of relief. I don’t care what he was. I was just so happy to see that like you know, his brain was there and all his legs and arms and it was huge relief for both of us and it made it more real too” (Lisa, Age 28; Baby boy, 7 months).

Similarly, Kelly discussed,

“And then I'd say my miscarriage just changed my entire life completely…I was just devastated ’cause I remember just being so shocked I--I would be that upset, you know, because it was so early on. But I really, really felt the loss…” (Age 28; Baby Girl, 5 months).

It can thus be seen that new mothers viewed their miscarriage as a seminal point in becoming a mother. Through their experience of loss, mothers were hesitant during the subsequent pregnancy as well as overjoyed by finally birthing a live, healthy baby.

Identity and Role

Equally, one’s identity and role within the family was identified by many participants as an additional individual experience influencing the transition. As such, many new mothers expressed a connection with the identity of being a mother. For example, Elizabeth stated, “I couldn't imagine myself not being a mom. You know, it seems like I've always been a mom” (Age, 28; Baby girl, 9 months). Likewise another participant elaborated,
“...there's a side of me that's come out that I didn't really know I had...it's almost like I've always searched for my place in life, like what I would--where I would just fit, and I didn't really find it until I became a mother” (Brittany, 24; Baby girl, 9months).

Finally, one mother described taking on a mother identity as soon as she felt her baby move,

“...and I feel like, right away, like I really felt a bond with her, like I loved feeling her move inside, you know, when I was pregnant. And so I feel like right from then, it’s when I really like felt like a mother...” (Amy, 28; Baby girl, 8 months).

Interestingly, while many mothers voiced this strong connection with their identity as a mother, one mother specifically conveyed her desire for balancing her identity,

“Like I don't want my identity to be just mom, you know, all about mom...the time that I have, free time or--you know, I feel like I give a lot of my time to [my daughter]... to, like, further immerse myself with other moms to talk about babies or kids is just like overload. (Heather, 31; Baby girl, 11 months).

Correspondingly, participants identified various perceptions of their roles. As such, one new mother described how her role as a mother greatly enhanced her life,

“...now that I am a mother, there’s no way that I would ever want to go back...my life was so like empty...I didn’t feel like I was working for anything, working towards anything, it didn’t feel like I was making a difference. And now, my life is fulfilled...”(Melissa, 23; Baby girl, 2 months).

Another participant described the positive change she experienced in her transition through accepting her new role and relaxing some of her career goals,

“And since then, like I've accepted the role a lot better and I actually enjoyed it a little bit more than I thought I was initially, because a career was so important” (Kimberly, 21; Baby boy, 11 months).

As a final example, one new mother characterized currently working to balance her roles within the family,

“...it’s difficult...just kind of trying to find a balance between like work, life and being a mom, and a balance between like finding time for my marriage and for her, and trying to kind of like redefine like our roles...”(Amber, 28; Baby girl, 3 months).
Taken as a whole, these individual experiences of becoming a mother were described by participants as influential factors that commenced the greater experience of transitioning to motherhood.

*Microsystem*

Interactions with relational systems, particularly the microsystem, outline the influence of people and places across the transition. New mothers in this study identified multiple relationships that informed their transition to first-time motherhood by providing support or inflicting stress. Specifically, participants discussed the integral role of family members and friends. Further, new mothers brought forth the experience of becoming a mother within the couple relationship. Likewise, healthcare providers, work, church/faith, and internet were also mentioned as prevalent microsystems informing first-time motherhood.

*Family of Origin*

On the whole, the new mothers in this study characterized their families as a key component in their experience of first-time motherhood. Further, participants described the multi-faceted role of family as providing support, inflicting stress and serving as role models. Moreover, new mothers spoke about better understanding their own mothers through becoming a mother. Likewise, participants voiced the influence of wanting to provide grandchildren for their parents and the reciprocal excitement expressed by grandparents.

All mothers shared positive sentiments of feeling supported by various family members. For example, one new mother shared,

“I'm very appreciative of my family for sure, they’ve been there for me throughout this process… whenever I needed to talk, whenever I needed to cry or work things through and they were there to listen…I needed a lot of support from my mom, and family
members… Having family and friends has been really helpful and reiterating that “It's okay,” that I’m not meeting expectations…” (Mary, 26; Baby boy, 1 month).

Another participant reflected,

“Same with my mom and my twin sister, both of them…Always being there to support you of anything, anything I could imagine I wanted, they're there to do it for me” (Laura 26; Baby boy, 5 months).

Additionally, one new mother shared her appreciation for her sister,

“Definitely my sister, you know, with her experience with kids, you know, the first day we got home from the hospital, she came over because I'm so overwhelmed, you know, crying and whatever, and didn’t know when my milk would come in and I was thankful…” (Elizabeth, 28; Baby girl, 8 months).

Similarly, one mother recounted the helpfulness of having her family support her,

“Definitely my mom and my sister and then my grandma. They've kind of been my life support system outside of my husband. I mean, he's been great. He has been like my cheerleader all along, but outside of him, my mom and my sister and grandma have definitely been there to help me when, you know, you don't always feel good or when I get stressed” (Erica, 27; Baby boy, 4 months).

Finally, Laura provided how helpful her mother was in handling the colicky period her son encountered, “…she would come over and help and we just take turns help because it would get stressful when he's crying constantly…” (Age 26; Baby boy, 5 months).

Likewise, two participants mused about more intense family aid due to their husband’s deployment during their pregnancy and birth. Similarly, Brittany described her mother coming to stay long term while her husband was deployed, “[My mom] was here a month before she was born and she was here like a month after she was born” (Age, 24; Baby girl, 9 months). Another participant reported,

“[My parents] were really supportive and, you know, voiced that they would be helpful in any way possible…You know, when I feel sick, they'd come pick me up and cook me dinner or drive me to the doctor if I was feeling too ill to drive myself…for them to take care of me again just reiterated the importance of being a parent and that it doesn't end
when you're a child, graduate, get a job or even if they get married” (Kimberly, 21; Baby boy, 11 months).

Kimberly also reflected further about her family’s involvement during the birth,

“I went home to have my son was so that I have that support system, and my husband and I grew up in the same metropolitan area so--so it was nice that, you know, even though he wasn't there with me--like his mom and I would get together regularly and his brother was there and held our son that day he was born. And my sister was the one that cut the umbilical cord… So it was difficult at first having to do it without him being there and experiencing the birth by myself--well, with my mother and, you know my other family members.”

Conversely, two mothers reflected stressful experiences particularly related to interactions with their mother-in-law’s. These examples provided the only expressed encounters of inflicted stress within one’s microsystem. One participant described,

“I mean, my mother-in-law stresses me a little bit, she just kind of puts extra stress on me and not on purpose. She's got a great heart. She doesn't mean to. She just--she's one that always has an opinion or a fix for something or like, I'll be like, "Oh, she didn't sleep well last night." "Well, why didn't you do this? Why didn't you do this? " And I'm like, "No. It'll be fine. We're doing fine. She's had a rough night, you know." And sometimes, I just don't need all the extra” (Amanda, 28; Baby girl, 6 months).

Another participant expressed,

“…when I was pregnant, she kind of went through all these things of her son really isn't hers anymore because now he's starting his own family and she became very possessive... And now that my son is here, she just says things to kind of irritate like, "He's my son and you don't take good care of him." And she says it kind of in a joking way, but it's still--this is definite stressor when you hear someone say that” (Erica, 27; Baby boy, 4 months).

Moreover, many mothers recounted experiences of looking up to family members as a model of what being a mother/parent should look like. These mothers described family as an informative element by learning from others how to intentionally incorporate healthy behaviors and beliefs into their motherhood practices. One participant reflected, “My sister has three
daughters and…she has taught me a lot on how to raise kids, especially girls” (Melissa, 23; Baby girl, 2 months).

Correspondingly, another mother shared,

“And kind of what I’ve seen like on my husband’s side of his family, they’ve been very influential and so I really kind of admire and aspire to be kind of how they are as parents. They’re very Christian and one family has four children and just the love that the parents show and the attention that they show for their children… that’s very influential on how I want to be as a mother” (Mary, 26; Baby boy, 1 month).

Finally, another participant reported,

“And then also even my grandparents and my aunts and uncles, just looking at people in my life and like, "You're a really strong parent." And trying to focus in on what I think it is that they do so well, you know, and implement that as a parent myself” (Stacy 30; Baby girl, 12 months).

Mother-Maternal Grandmother Relationship

In addition to general family support, almost all participants voiced a special relationship forming with their own mother. In particular, upon becoming a mother many participants experienced understanding their own mother better. One participant shared,

“I used to think she was really nuts when she would wait up for me like when I go out in high school… I understand that now… and I think it's made my -relationship with my mom better even” (Amber, 28; Baby girl, 3 months).

Another participant expanded on her special relationship as she discussed her mother’s integral role in helping her to become a mother.

“I wouldn't have made it without her. She's been so integral in just being able to handle all these things at once. I mean, she didn't leave the hospital when I was in labor. She-- you know, like cut the umbilical cord. She woke up in the middle of the night with me…She not only was my--my role model as a mom, but she also like basically helped me become one, too” (Brittany, 24; Baby girl, 9 months).
Similarly, Kelly expressed, the unique relationship between a mother and daughter as she described the initial days after giving birth,

“…she didn't just hold the baby, you know. She did the laundry, she got dinner ready, she helped clean the house…a lot of people wanna come and be with the baby, but I really wanted to be with the baby, and I was struggling doing the other stuff. So there are some things just your mom can do” (Age, 28; Baby girl, 5 months).

Further, a handful of participants spoke about the grandparent influence of their parents wanting to be grandparents. One mother expressed the influence of her mother and the urgency of motherhood.

“…and another influence that made me want to have a child at this point in my life was my mom's illness and wanting to have her--you know, her to have a grandchild and enjoy that” (Jennifer 25; Baby girl, 2 months).

Two mothers spoke of the positive energy of their parents/in-laws becoming a grandparent. Rachel, 28 reflected, “They are first time grandmas for both of them. So, he's spoiled” (Baby boy, 7 months). Additionally, Amy stated, “For my in-laws, it's their first grandchild, so they were like you know, so excited” (Age 28; Baby girl, 8 months).

Given these statements, it can be noted that family interaction provides multi-layered influences across the transition to first-time motherhood. Overall, the markedly positive reports demonstrate the helpfulness of family and minimal encounters of stress induced by family as experienced by these participants.

Couple Relationship

Every new mother in this study was married and shared their experiences of transitioning to motherhood alongside their husbands, who were also transitioning to fatherhood. All participants expressed their husbands having an integral role, and most often described them as having the greatest influence above all other people and systems. In particular, becoming parents
together and being a team was reported as a primary influence across the transition. Equally, new mothers described the positive experience of sharing a love for their child. Finally, a few participants spoke about proactively maintaining the relationship. Interestingly, only two participants reflected relationship stress informing the couple experience.

For example, one participant shared her experience of becoming a parent with her partner,

“We influence each other and just learning together, and that's been--has brought us a lot closer and created a new bond that we didn't have before…it's like it was coming together like it's a team thing…we've become more of a team versus just two people that, you know, loved each other and got married and like partners. Now, we're actually a team…doing something together” (Brittany, 24; Baby girl, 9 months).

Additionally, most new mothers described an overall sense of support from their husbands as they embarked on pregnancy and motherhood. One participant expressed,

“My husband of course--he's very supportive and like even to the whole pregnancy like he was just positive about everything, about me and my body changing. Like I mean, he was just so like welcoming to everything, which helps. And because I know some people that aren't and I feel like you know, and it just--it makes a big difference…” (Laura, 26; Baby boy, 5 months).

Another participant contributed her experience of her husband assisting during the initial postpartum period,

“Just being able to figure out the whole nursing thing and having him support--I mean, there are times when he had to hold her head like because you just--you feel like you need four arms to do it” (Jennifer, 25; Baby girl, 2 months).

Similarly, mothers reflected on a new experience of love that they have for their husbands in a father role. One participant shared,

“We have a great relationship but getting to see him as a dad, like getting to see the person that you love the most love your daughter is just like, oh, my gosh, I absolutely love it” (Kelly, 28; Baby girl, 5 months).
Correspondingly, Lisa shared,

“I love [my husband] even more because we have this little person together and like seeing him do things with him makes me love him even more” (Age 28; Baby boy, 6 months).

Interestingly, relationship stressors related to the transition to parenthood were discussed by two of 18 participants. One participant provided,

“…like I was ready, but my husband not so much…He is about almost a year younger than I am. … I was more ready for this. I have nieces and nephews; he doesn't….I know what we're getting into. He is still more, you know, wanting to go out in party mode and he's not so ready for growing up…So, he made it a little harder….It just makes it more stressful” (Rachel, 25; Baby boy, 7 months).

Another participant expressed the role of stress during the transition and working through it. This mother reflected,

“…when you're sleep deprived, you're tired and things like that, that's definitely a stressor and that adds stress to the relationship. But I think in turn it also made us stronger because it's made us communicate more than we have before…”(Erica, 27; Baby boy, 5 months).

Further on a relational note, only two mothers discussed the reciprocal nature of the couple relationship informing the transition. These participants suggested proactive plans to maintain the couple relationship to enhance an optimal transition. One mother discussed,

“I always said, well, when the baby comes, I don't want it to be the baby is first… but, you know, let me tell you, it's very hard. I mean, it's a constant daily reminder that, you know it's us first and then R” (Heather, 31; Baby girl, 11 months).

Similarly, another participant reflected,

“We worked on our relationship again. You know, trying to find each other again, you know, after we had her well established” (Elizabeth, 28, Baby girl, 9 months).

In sum, participants indicate the complexities of partners transitioning to parenthood together. Largely, new mothers report experiencing positive moments of teamwork and
perceived support from husbands while becoming a mother. However, some participants reflected encountering stressful moments shaping their transition. On a final note, few mothers brought forth recognition of relationship maintenance to enhance the intricacies of the transition.

_Becoming a Mother with Friends_

Every mother in this study, with the exception of one, described friendships with other mothers or being pregnant concurrently with friends, as having influenced their transition. These participants specifically shared experiences of feeling emotionally supported by their friends. Moreover, new mothers reported reaching out to friends for information and advice. Equally, participants shared occurrences of learning what to expect during the transition to motherhood from one another. Jennifer contributed her experience of reaching out online to commiserate with friends in the middle of the night,

“I have a lot of friends who just had babies and, you know, were all supportive... we’ll all be up at 2:00 a.m. on Facebook and it’s like, "Oh, why won't she just go back to sleep?" And it’s like, "Oh, I feel you" (Age, 25; Baby girl, 2 months).

Another participant reflected about going through first-time pregnancy with a close friend,

“A good friend of mine, we were pregnant pretty much all together for like the whole time, when she had M, and I got to see her holding M...like that was a huge moment for me, just being so much more excited and knowing, and almost like making it real... I was just thinking, "That's going to be me," like, really soon” (Amanda, 28; Baby girl, 6 months).

Similarly one mother described her process of reaching out and providing support to pregnant friends,

“I’ve had two friends who had babies shortly after she was born...like we call each other and, you know, ask things and you know, just bounce things off each other, like, “Is this happening?” or “Is this okay?” or “What did you do when this happened?” so that’s been really good…” (Amy, 28; Baby girl, 8 months).
Likewise, participants reflected friends providing what to expect from motherhood. One participant added,

“I’ve been able to see what other people have gone through…a lot of my really close friends…all had babies within six months of each other, so--and I was one of the last ones to have a baby, so I would kind of see what they went through and kind of what to expect…” (Erica, 27; Baby boy, 4 months).

Given these expressions, it can be noted that communicating with friends as well as experiencing pregnancy together with friends creates a very meaningful experience among new mothers. Participants continuously echoed having an appreciation for not going through the experience alone.

Work

Eight mothers returned to working outside the home after becoming a mother. These participants reflected various work related encounters that informed their transition. Reported influences included very supportive employers as well as stress inducing encounters. Additionally, one mother contributed her thoughts on teaching experiences affecting her transition to motherhood. Further, one mother characterized work as providing the balance she needed to appreciate motherhood. First, one participant recalled a stressful and negative experience, “When I went back to work, the lady I worked with wasn't very supportive of [breastfeeding]. She's very rude about it, made comments behind my back” (Rachel, 25; Baby boy, 7 months). Correspondingly, Erica was approached by her unsupportive employer,

“…one of the things that was said to me was you were on maternity leave and now you have to play catch up. Like--my supervisor didn't do anything for my job to keep that kind of going, so now, I feel like I am four or five months behind where I should be… just because they didn't hire a temp, they didn't bring anyone in…” (Age, 27; Baby boy, 4 months).
Conversely, one new mother expressed the ways in which her work environment supported her transition. She reflected,

“I mean it is, definitely, the salon because…it is like hanging out with your girlfriends all day… when you are pregnant, everybody wants to talk about their pregnancy and so definitely the salon would have been huge and then there was two other girls that were pregnant at the same time so it was like having a little mommy group every day” (Lisa, 28; Baby boy, 6 months).

Similarly, another participant suggested how well her work experiences fit together with her experiences of motherhood,

“I mean it seemed all of it seemed to work out great. I mean, people at work were, you know, very supportive in about things going on and like when I had to make appointments and this and that…. I mean it all kind of just fit together” (Laura, 26; Baby boy 5 months).

One mother recounted work helping her to better conceptualize the experience of motherhood. She described,

“I've learned through my five years of teaching that people do what they can do and, you know, their best, and them truly doing their best, I mean, may look a lot different than me doing my best, you know. And so I think life changes that, being a teacher just-- it's calmed me a little bit as a mom” (Kelly, 28; Baby girl, 5 months).

Finally, Heather described,

“…when I got off the maternity leave, went back to work, I got kind of a sense of myself back and then I realized how much I wanted her-So that was kind of the turning point” (Age 31; Baby girl, 11 months).

Taken together, participants brought forth diverse working experiences that contributed to providing the support or stress inducing atmosphere. Likewise, such encounters inform the context of the transition.
Faith and Beliefs

Most participants expressed having strong beliefs in faith. Each of these participants related their beliefs as having an integral role in the transition to motherhood. In particular, new mothers echoed feeling support from their church family and that their faith had become even stronger through experiences of motherhood. In terms of how participant reflected about their faith, one participant suggested, “[A Baby] makes you believe in God even more” (Jennifer, 25; Baby girl, 2 months).

Another participant added, “I think about what did they do in the olden days…Babies lived, she’ll live… I like to leave everything in God’s hands” (Melissa, 23; Baby girl, 2 months). Similarly, another mother expressed the reciprocal role of motherhood also strengthening her faith. She described, “I kind of became more grounded in my faith since attaining motherhood” (Kimberly, 21; Baby boy, 11 months).

On a related note, new mothers shared beliefs and roles that their faith played during their transition to motherhood. Kimberly described the timing of pregnancy,

“I think as a Christian, I believe that, you know, God definitely influences things in my life, that he had the ultimate say. So, you know, after it worked and I found out I was pregnant, I was like, “Well, God must have really wanted this to happen for us right now because we didn't give it a lot of effort…” (Age, 21; Baby boy, 11 months).

Correspondingly, another mother contended the role of her Jewish beliefs,

“I'm Jewish and there's a lot of like Jewish superstitions around everything, but then pregnancy, in particular, you don't name a baby until the baby is here. You don't buy anything for the baby until the baby is here because you're not supposed to celebrate something that hasn't happened yet…”(Amber, 28; Baby girl, 3 months).

Additionally, the priority of church, especially after having a family, was expressed by most mothers. It appears that the birth of a child prioritized church, as one mother described,
“So that’s something we’re currently figuring out right now and hope to get something set up and just having religion and beliefs and everything part of our lives” (Mary, 26; Baby boy, 1 month). Another participant recounted,

“Church is something that I have put on the top of my priority list now, because I get such a huge support from my church family. I get advice, I get--I learn things, you know, I get a moment of not having to hold her because everyone wants to hold her…It's really helped my transition… It’s really helped me with keeping everything all together” (Jennifer, 25; Baby girl, 2 months).

Another mother echoed,

“Religion is a big thing for my husband and I, you know, and that we want to raise our son with Christian values and things like that. So, that's definitely been an influence and, you know, we've already had him baptized and things like that because we think it's important for our family” (Erica, 27; Baby boy, 4 months).

On the whole, participant’s expressions indicate experiencing connectedness with faith and a desire to incorporate religion into their newly developing family. Further, most new mothers described feeling supported and are therefore prioritizing faith in their transition process.

*Healthcare Providers*

In terms of healthcare providers, new mothers related feeling supported by their doctors and medical team. Participants brought forth the influence of perceived warmth and approachability of their healthcare providers as an important component of working through first-time pregnancy, birth and motherhood issues. One mother stated, “Our pediatrician…she just was so like warm and welcoming…She just talks to you like a normal person” (Amanda, 28; Baby girl, 6 months). Similarly, Laura described,

“I mean I love my doctor that I had. She was very supportive, she was very helpful and made it, you know, me and my experience” (Age, 26; Baby boy, 5 months).
Likewise, one mother contributed further detail,

“...my doctors are great, any questions that I had and as the first-time mom...you know, you always have questions, and my doctors are really great about answering them and, you know, just being there, making sure that... I was comfortable and that I was relaxed and that I knew what was going on, which was really helpful” (Erica, 27; Baby boy, 4 months).

One participant uniquely expressed her experience of intentionally seeking out a medical team because as she knew she was at risk for developing postpartum depression. She described her experience of ensuring support as she embarked on her transition. She reflected,

“I was getting all those ducks in a row that I had to have you know, the psychiatrist I liked, the counselor that was working for me. The medical team, you know, I had to have all those things in place before I [became pregnant]” (Stacy, 30; Baby girl, 12 months).

Additionally, a handful of new mothers described their experiences of working with a lactation consultant. While these mothers sought information to assist with breastfeeding, one particular mother reflected the helpfulness of hearing advice and direction from someone outside her family. She expressed,

“Hearing [information] from a third person versus listening to your family- I don't know why it just resonates more listening to someone else. I don't know if it validates things” (Heather, 31; Baby girl, 11 months).

Given these statements, new mothers described the helpful influence of support provided by healthcare providers. Most importantly, participants related providers as informing their transition through warmth, providing information, and ensuring new mothers were comfortable with their experience during pregnancy or postpartum.

**Internet**

More than half of new mothers interviewed reflected utilizing the internet and technology to ease the transition to motherhood. As one mother contended, “I look a lot of stuff up online.
And there's also a girl that I went to school with that I can ask a lot of questions on Facebook” (Melissa, 23; Baby girl, 2 months). Similarly, another participant declared, “If you have a question about anything with your kid being able to look up on the internet… different techniques that people do, you can blog with other moms and, you know, just having that global connection… you never feel like you’re a hundred percent alone especially if you have questions about things” (Elizabeth 28; Baby girl, 9 months).

Some mothers also discussed the accessibility of accessing information regarding pregnancy and child development using their phone, “I have that app on my phone that would give me what to expect, and all throughout my pregnancy, it was like, what to expect this week or this month, and so what I would always read on that. And then, I would also get what to expect the first year and I read through that” (Amanda, 28; Baby girl, 6 months).

As described above, Facebook was specifically described as a connectivity tool among participants. New mothers characterized this social network as informing their transition reaching out to friends for emotional support, as well as providing connection with distant family members. Here, Elizabeth shared, “…and we try to, you know, post pictures for them online so that they can see development and see what she's doing for them because they don’t get to see her regularly” (Age, 28; Baby girl, 9 months).

Another mother mentioned, “We're all commenting on Facebook all the time about how everything was going….You know, and there’s one other girl that was always talking to me and saying how everything was going. She was about a month behind----wanting to know because she was having problems, too, so she was always asking. …Yeah, and I think I helped her, too because …she didn't really have anybody to talk to about it…” (Rachel, 23; Baby boy, 7 months).

Several participants echoed having experienced helpfulness and connectivity to other people and information through internet and various technology resources.
Mesosystem

The mesosystem, or interactions between microsystems, was overwhelmingly described as simply fitting together among 16 participants. The majority of new mothers declared, “it just worked out” or “it just fit” with regards to the interaction between their personal environments. Conversely, two mothers described encountering conflicts in their Mesosystems. As such, one mother suggested,

“[Home and work] doesn’t work well together because I can’t be at two places at one time… I have to take things so I guess for my school environment…and I’ll bring them home with me…I have to bring some of my work into my home environment, but I can’t take my home environment to work” (Tiffany, 31, Baby boy, 6 months).

Another participant reflected about family conflicts,

“We have-I feel like different teams going on. There’s the paternal team and the maternal team” (Stacy, 30; Baby girl, 12 months).

Generally, participants indicated having a harmonious mesosystem, with limited stress encounters reported. However, work and home life for one participant, as well as bridging families of origins for another, served as the only friction created between environments.

Exosystem

The most prominently discussed exosystem included one’s spouse’s place of employment. New mothers expressed experiencing effects of her husband job responsibilities and mostly through his hours away from home. Interestingly, almost all participants described her husband’s employer as supportive during the birth and initial postpartum phase by allowing time off without notice. Further, only one mother brought fourth contextual influences of her husband’s job as having affected her transition.
Specifically, one’s husband being away from home was the dominant theme within the exosystem. One participant shared her experience of her husband being on a different work shift while she was managing a complicated pregnancy,

“The swing shifts made it harder throughout my pregnancy. He wasn't at home a lot. I was home a lot by myself. But it worked out good when it came to--time for me to actually go and then have him, they were really understanding with everything…thankfully, after that week he went into days…It makes it a lot easier having us both home” (Rachel, 23; Baby boy, 7 months).

From a military stand point, Brittany expressed,

“…with the military, I can't plan my life around it all the time…there's never like a really good time because you never know what's gonna happen like, if he’s not out for deployment he could be gone for training…” (Age, 24; Baby girl, 4 months).

Later in the interview this same participant expanded how her husband’s military career affected her,

“I just kinda thought, I’m just trying to do what feels right and whatever happens, and try and make the most of it," because there’s no point in me being all upset about things that I can't really change…I was just trying to be positive about it because there's nothing else I could do” (Brittany, 24; Baby girl, 4 months).

On a different note, one mother suggested content of her husband’s employment having influenced her transition experience. She reflected,

“My husband is a school teacher. He teaches fifth grade. So that, I think is a big environmental, like, factor for us……he wants to, I feel, discipline S as though she’s a fifth grader. You know, she’s a 10 or 11-month-old….she doesn’t even know what “no” means,”…there’s some transition there for him to check that at the door, be back in baby world. Those things do come home and they affect how you discipline…or one of the first things that influenced us when we’re talking before we started about names. And sometimes, since your tossing names out over the dinner table, you’re like, “Oh, I knew one of those. And, oh no, she cannot be that” (Stacy; 30; Baby girl, 12 months).

As such, it can be seen that the time that participant’s husbands are away, whether it be during each day or for several months at a time, influenced new mother transition experiences. In
particular, being alone provoked emotions and induced the use of coping skills while being pregnant or parenting alone. Moreover, Exosystems were described as a content influence in terms of a father bringing the work perspective home.

**Macrosystem**

The Macrosystem, or greater cultural and societal level informed the transition to first-time motherhood in terms of expectations of what it means to be a good mother. In particular, mothers reflected various ways they perceived the expected role of motherhood within their culture. Further, breastfeeding was repeatedly brought forth by participants as a contradictory topic. One mother shared her perception of the role of motherhood,

“I think maybe it could be like the way society kind of makes it out to be, like you're kind of the one that gives up everything, that goes through the pregnancy, that has to take time off work, that has to--I don't know, just basically run the family kind of a thing” (Amanda, 28; Baby girl, 6 months).

Similarly, another mother described her perceived influence of celebrities having babies and the pressure of unrealistic expectations,

“…the culture around this. Stars having babies, you know. Even TV shows that you watch, you know, your expectations or your seeing this…but there's always that spin and, you know, you've got the Kardashians, you've got everyone that, you know, puts their opinion on you” (Heather, 31; Baby girl, 11 months).

Later in the interview, Heather also voiced her experience of becoming pregnant before getting married,

“…that's what society ultimately thinks and that probably shouldn't be the case, but--you know, and that's what society judges you upon, you know, are you married or not. Do they look at you lesser because you're not? And definitely it had an influence on me, definitely put pressures on me…” (Age, 31; Baby girl, 11 months).

On a different note, new mothers talked about deciding whether to return to work after giving birth. One mother discussed her experience of being expected to go back to work,
“...the expectation of going back to work and being a working outside the home mom changed for me. Like I thought that that's what you had to do—I think it came from--I do have a bachelors' degree. I think it came from just that pressure in our generation--to--that you had to have all of those things and they have to all fit neatly in a shelf and be very organized, and that's what made you a good person” (Stacy, 31; Baby girl, 12 months).

Stacy also shared,

“I think there is still that expectation and stigma that goes with why aren’t you at work…I think about it every day, wondering, you know do other people think I'm less of a person because you know, because I’ve decided to stay home… you know, there are days when you’re singing the ABCs and telling her it's a red ball…you question yourself, “Wow, that’s what I'm using my education for” (Age, 30; Baby girl, 12 months).

Likewise, another participant contributed,

“I kind of feel pressured too that going back to work, that is expected of you. So I feel like a lot of these expectations are coming from society, coming from various areas – parents, the pastors, and hospital professionals – all sending this message of what you should be doing” (Mary, 26; Baby boy, 1 month).

In terms of breastfeeding, each new mother reflected her experience of deciding to breastfeed, and the acceptability of breast or bottle feeding. One mother stated, “I think people are more open nowadays, too. You know, like I don’t have any qualms about pulling down my shirt and nursing in front of my dad or my grandpa” (Jennifer, 25; Baby girl, 2 months).

Conversely, one participant contended,

“[Breastfeeding] also comes with the social pressure and stigma. I think it’s not very accepted in our society still, as Americans. It’s--there is not a lot of places to do it in public” (Stacy, 30; Baby girl, 12 months).

One mother related her experience of feeding breast milk in a bottle,

“...I also feel the societal pressure…I feel like I have to clarify this is breast milk and it’s not formula, don’t look down on me, I’m not really bottle feeding. But I do feel that way, I feel a little bit judged doing bottle feeding just because – I don’t know – it's not a perfect situation and it's not breastfeeding at all” (Mary, 26; Baby boy, 1 month).
In sum, many new mothers brought forth perceived expectations and cultural norms of the macrosystem as having informed their experience of transitioning to motherhood. Breastfeeding in particular, served as a prominent discussion point.

Chronosystem

Each participant elaborately described her relationship with time related to transitioning to motherhood. New mothers reflected how much of who they are as mothers is linked to the timing of becoming a mother. Additionally, new mothers shared how time has affected how they think about motherhood. Further, time has been described as having a reciprocal relationship with motherhood experiences. As such, one mother stated, “I mean time is what our whole generation is short of. We apparently don't have enough--there's not enough hours in a day” (Jennifer, 25; Baby girl, 2 months). She also went on to share,

“I think about how when I did have a miscarriage a couple of years ago, how different I would have been as a mom if that baby would have been the baby that was meant to be. I don’t think I'd be the same mom” (Jennifer, 25; Baby girl, 2 months).

One participant reflected what she has learned over time,

“…the most important thing in relationship to motherhood is the maturity and the wisdom that comes with time because I got pregnant really young and I got married really young and everything kind of happened--I grew up really quickly. But even--it's amazing to me just how in the last year I've grown so much as a person because of motherhood and how it's really solidified for me what is important in my life” (Kimberly, 21; Baby boy, 11 months).

Additionally, Stacy described the absence of time since staying home to care for her daughter,

“As a working person, watching the clock, you know, and you’re watching that little clock on the edge of the computer screen, you know, like "God, I hope it clicks to 5 soon so I can get back to my life." Being a stay-at-home mom, I can look at the clock and be like “Oh, my God!” , “What day is it?” (Age, 30; Baby girl, 12 months).
Finally, one participant expressed the blurring of time since becoming a mother,

“ Well, I guess some days it feels like you are on whirlwind like you don’t remember the last day from the next or you don’t remember did I get up three times tonight, did I get up one time. Because it all blurs together …” (Lisa, 28; Baby boy, 6 months).

Overall, participants voiced having an awareness of change across time and some losing time all together since becoming a mother.

Experiences of First-time Motherhood

Four themes, characterized as experiences of first time motherhood, were described by participants. First, experiences included the individuality of motherhood, meaning the uniqueness of each experience of becoming a mother. Additionally, participants voiced the role of challenges across the transition experience. Moreover, mothers described their expectations of motherhood. Finally, participants reflected their experience of emotional awareness across the transition.

*Individuality of Motherhood*

The unique experience of becoming a mother was echoed by all participants. Each new mother described the individuality of motherhood as a way of helping her to make sense of the experience. Participants recognized that while many components of motherhood were universal experiences, how each mother responded and lived through the experience would be different. One mother expressed, “…it's definitely different for every person because your situation’s different. Your child is not the same as mine. I'm not the same person that you are” (Kimberly, 21; Baby boy, 11 months). Another mother echoed,

“From what I've seen…every mother’s experience is different than from what I have heard, every experience with every child is different…So, I had to adjust my expectations
of, you know, when things should happen and what I've seen my friends go through are not necessarily the same” (Erica, 27; Baby boy, 4 months).

Correspondingly, one participant reflected how her work experiences highlighted the concept of individuality in motherhood,

“It just taught me that you can--there's lots of different ways to be a mom, and you work with what you have and you do the best you can, you know, and that's all it's gonna look different” (Kelly, 28; Baby girl, 5 months).

Likewise, one mother spoke about the differences of families and trying to figure out what works best,

“I feel like I’m trying to just be accepting of doing what works for me because every baby, every family is different, and just because something worked for someone else doesn’t mean that’s what works for us” (Tiffany, 31; Baby boy, 6 months).

One mother even described conceptualizing environmental complexities contributing to the differences of experiences resulting in difficulties preparing for motherhood,

“I feel like it’s challenging and like very different for everybody. I think that’s one reason that, you know, like as much--as people tell you their stories and what happened like you’re going to experience it on your own way and little things are going to affect, you know, affect it so differently like pregnancy and the birth experience and just, you know, all of your outside influence and everything like it’s just--that’s why you never can understand how it’s really going to be for you. And I feel like even for the first child and the next child, it’ll be so different because, you know, I will have already done it and it’s just going to be a completely different experience” (Amy, 28; Baby girl, 8 months).

Taken together, participants indicate the importance of understanding the individual nature of motherhood. As such, new mothers conceptualization of unique experiences informed the transition experience by carrying a more aware and mindful attitude. Therefore, mothers expressed the importance of looking at others experiences, but recognizing that each mother must experience her own journey of transitioning to motherhood.
Challenges

Participants reported first-time motherhood as being marked by various challenges. The most prominent challenge new mothers brought forth were life changes that took place with the arrival of the new baby. However, for other mothers, challenges also included life events occurring concurrently with the transition. Further, participants described the huge responsibility of motherhood and the challenge of having to endure it. One mother described, “The first six weeks is a total and complete life overhaul, life changing…” (Lisa, 28; baby boy, 5 months). Additionally, Stacy voiced,

“I don’t know what I thought it would feel like, but I absolutely did not think it would affect my every ounce of being but it literally affects every single decision you make and/or don’t make or ignore or—and it’s—it’s an all-inclusive-thing” (Stacy, 30; Baby girl, 12 months).

Another mother shared,

“I guess I understood it as a big life change that I knew that was coming…But knowing it and then living it are two very different things…like it really is a transition…and with that shifting, like how that affects everything…I've come to understand that it’s something that like trickles into every area” (Brittany, 24; Baby girl, 9 months).

Brittany also later reflected,

“I think I--one of the biggest, I guess, misconceptions you could say, was that I thought that I could go about living my life kind of as it already was, but just toting a baby along with me. And that was completely, the opposite. I knew it was a big responsibility and I knew that there would be life changes, but I thought that my whole life wouldn't be changed. Like I thought that I could just fit her into my life, and it hasn't been that way” (Brittany, 24; Baby girl, 9 months).

Similarly, one mother reflected,

“I think I can say it has been pretty life-changing. I'm not really sure if there is anything that anybody could have told me or that I could have done to kind of prepare for all of the
emotions that come up with--come up and it just changes kind of everything about your life” (Amber, 28; Baby girl, 4 months).

Other mothers spoke about schedule and sleep challenges,

“So just doing things around his schedule and around his needs has been a challenge…And trying to be on time is a challenge now… And sometimes, the lack of sleep is challenging” (Tiffany, 31; Baby boy, 6 months).

One participant added the challenge she has felt as a loss of the life she once knew,

“…I think it's been a general loss of being able to be spontaneous or go do something when you need to do it…” (Kelly, 28, Baby girl, 5 months).

Further, new mothers related the challenges of life events that influenced their transition to motherhood. One contributed her relocation issues,

“Everything was pretty much a mess when I was pregnant. We--before I found out I was pregnant, I lost my job. We moved into my in-laws, found another job, moved into a different house. I was like six, seven months along when we had to move out of that house and back into my in-laws, so everything was pretty much a mess during my pregnancy” (Rachel, 25, Baby boy, 7 months).

Likewise another participant suggested the influence of moving into a new house toward the end of her pregnancy,

“So here I am like eight months pregnant down on my hands and knees ripping out nails from the floor and just so much going on in the house that it was so stressful” (Mary, 26; Baby boy, 1 month).

Participants also described the challenge encountered of what it felt like to be a mother,

“I've never had like young cousins or anything or nieces and nephews, that I've never been around babies before, so I just--even though I knew she was mine, I just felt so kind of like thrown into an ocean and told to swim back, you know, like it was just really hard for me to go--to feel like a mom when I didn't know what to feel” (Amanda, 28; Baby girl, 6 months).

This same mother shared her struggle with not knowing how to be a mom,
“I think it's been challenging when--in the beginning especially, like I would be up at night with her and she'd be crying and I would be so upset because I couldn't soothe her, and that felt--or not that I could and I just didn't know how” (Amber, 28; Baby girl, 4 months).

Only one participant stated an opposite experience of first-time motherhood,

“…we still have our life per se, it's not fully consumed by him, but being able to go out and go on dates or to restaurants and go walking with him. I don’t feel hindered at all and really kind of just bring him along into our pre-baby life” (Mary, 26; Baby boy, 1 month).

Given participant reflections, first-time mothers were largely met with challenges. Primarily, participants encountered substantial life changes. Other mothers faced additional life events or unforeseen struggles of actually living motherhood.

Expectations

Participants described having expectations of motherhood that for the most part did not hold true during the transition process. However, a quarter of new mothers did believe that expectations and reality of motherhood did align due to working previously with infants (i.e. babysitting, working in a daycare, etc.). One mother described, “…like ever since as a senior in high school, all through college, I worked in daycare, so I was around babies and kids, so--like I think that was part of it that, you know made me feel comfortable. Like I was--I thought like, “Okay. I, you know, kind of know what to do” (Amy, 28; Baby girl, 8 months).

Conversely, one mother contended,

“It was eye opening and I guess my expectations of what I thought, you know, I was gonna be able to do definitely was a setback, just coming home from the hospital and the amount of energy and the nursing time… I guess my expectations were that I was gonna be able to, you know, get out grocery shopping with her and shop--you know, just anything and have my life back from not being fat-pregnant. But clearly, I was very disappointed to the fact that that wasn't at all what happened” (Heather, 31; Baby girl, 11 months).
Another participant suggested,

“I've always wanted to be a mother so I guess I figured… I'm a woman, this is what I'm made to do. I had a very easy going pregnancy so it wasn’t like--so I guess I assumed it would always be that way. You know, I thought I was going to come home and I was going to do my makeup every day and I was going to, you know, get dressed every day. I spent like the first week, I think, in my bathrobe and pajamas…” (Megan 24; Baby girl, 7 months)

Taken as a whole, most mothers encountered unmet expectations while transitioning to motherhood. However, a minority of participants described their lived experiences as holding up to previously formulated expectations.

*Emotional Awareness*

Most new mothers described becoming aware of their emotions during the transition to motherhood. In particular, participants brought forth emotional awareness a meaning-making component of the transition experience. One participant suggested,

“"I think that there's a whole range of emotions that's very exciting, and it's a lot of joy and happiness, but then there is also a lot of, you know, anxiety and there is, you know, times are really difficult, frustrating, and stressful as well” (Amber, 28; Baby girl, 4 months).

Likewise, one mother related her experience of bonding with her daughter,

“...there's no one else in my world that I love the way I love my little girl. It's such a different type of love...that's such a unique one that's different than anyone else that you care about… And I didn't have it immediately, you know, it wasn't--I mean, right when I saw her I loved her, of course, but for me it's been something that grows. And so I think--that overall--like the bond that we're forming and the fact that it's getting stronger daily...that's kind of coming with her recognizing me and with me learning more about her. And I think you really have to get to know each other which I wasn’t expecting” (Kelly, 28; Baby girl, 5 months).

On a different note, one mother expressed her encounter with the baby blues,
“I was kind of worried that I was having postpartum because I just--I was crying a lot and I just felt like I was never hungry and--but I never had any, like, negative feelings towards her or anything like that” (Amanda, 28, Baby girl, 6 months).

Similarly, another participant related her experience,

“T'm not sure if I dealt with post-partum, I think I dealt with some bat of it. I'm feeling great now. I never received the help but--so that was surprising to me, to be feeling so much but I really didn't have control over” (Kelly, 28; Baby girl, 5 months).

One mother described her awareness of emotions linked to her husband’s deployment,

“I just kind of had to, like I said, accept it and get over it because it's not to my benefit as a new mother to constantly be upset over things that I can't change. And even though my child is, you know, a day old, a month old, a year old, they can still pick up on--or I think anyway--your emotions. And if you're not relaxed and if you're not okay with the way that things are, then they're gonna have a harder time relaxing too, they can sense the tension” (Kimberly, 21; Baby boy, 11 months).

As such, it can be seen that participant recognized emotional responses to motherhood and began their process of conceptualizing first-time motherhood.

Influential Feedback Experiences & Processes

New mothers in this study voiced the experience of receiving feedback from others, their baby, and from within one’s self. Feedback was related as informing meaning-making and allowing mothers to further their conceptualization of first-time motherhood. Specifically, feedback experiences and processes unfolded through social interaction, feedback from one’s baby and interpersonal self-awareness, thoughts, and evaluation.

Social Interaction

Interaction with people, particularly other mothers, was described as an essential experience for understanding the transition to motherhood. Further, social interactions were characterized as meaningful encounters that creating a sense of connection and support during this challenging life transition. One mother suggested,
"I'm in a new moms group and that’s been wonderful as far as hearing other people’s stories and being supportive, and helping one another – that’s really nice. Yes, and you kind of realize that what you’re going through you’re not alone and you can even see that you don’t have it as bad as others. It's very therapeutic…” (Mary, 26; Baby boy, 1 month).

The same participant elaborated,

“So it's really nice to be able to sit down with six other moms with newborns and just kind of talk and just have more experience and giving advice and be someone to listen to, being able to work through whatever is going on, try to work on it, give suggestions with anything” (Mary, 26; Baby boy, 1 month).

Likewise, one participant reflected her experience of support the unique way mothers seek out interaction with other mothers.

“But, as a whole, by having this whole new network of people who are also moms and understand what you're going through. It's been a big help, like something that I didn't realize I would welcome so much… It's weird. They just like come out of nowhere. Like people approach you. People are just like talking at your baby and about theirs, and then all of a sudden you're like, "Oh well, maybe we can have a play date" (Brittany, 24; Baby girl, 9 months).

Correspondingly, other mothers discussed the interpersonal reflection that resulted from social interactions. These mothers experienced having clarity of their own experience by interacting with other mothers. One mother described,

“…And this was like my "Aha" moment… she said to me that I am so glad I am working, I could not be home with my daughter, and I was really taken back and I looked at her and I said, “Really, I love being home.” And I didn’t know until like that moment that I loved being home” (Stacy, 30; Baby girl, 12 months).

Likewise, an additional participant related gaining confidence through seeing other mothers in action. She realized that other mothers mothered with similar approaches which internally helped her,
“...it gives you different perspectives on how to deal with situations, deal with realities, than just the whole being a mom, I think that’s given me some of my confidence, too because I see people who are doing the same things I'm doing. They have all made me feel like it’s okay” (Jennifer, 25; Baby girl, 2 months).

One participant voiced the role of social interaction in helping her make sense of a challenge.

She contended,

“Not knowing what's best all the time...because I am an open person, getting everyone's opinion, that part has been a challenge too because you're constantly questioning what's the right thing to do and just learning that I am not always gonna know” (Kelly, 28; Baby girl, 5 months).

As such, it can be seen that through social interaction, participants experienced various interpersonal processes initiating meaning-making of first-time motherhood.

*Feedback from Baby*

All participants shared the importance of feedback from the baby in terms of making sense of motherhood. Many mothers discussed the positive influence of seeing their baby react to their mothering abilities. Further, positive feedback from the baby was overwhelmingly characterized as the most positive moment of motherhood by all participants. One participant contributed,

“I think it just gets better and better and--as she starts to, you know, when she got to the two to three months point when she would start to give back a little like she starts to give smile back at you and start recognizing you. And I think all of that really helped me” (Kelly, 28; Baby girl, 5 months).

Another mother, Amanda, echoed,

“I think that was right about the time she smiled. And I think that really made it--made me feel like I'm doing all of this right, you know, like for so long, she's just kind of just a baby that you have to be so careful with and you don't really know what's wrong when she cries, you're just guessing. And then when she smiles at you, it's like you know you're doing something right” (Age, 28; Baby girl, 6 months).
Taken together, participants conveyed baby’s feedback as a strong indicator of how they were performing as mothers, allowing further interpersonal processing of making-sense of motherhood.

**Self- Awareness, Thoughts & Evaluation**

Participants described self-awareness, thoughts and evaluation as an interpersonal process that occurred during the transition to motherhood. From participant’s perspectives, it was this process that solidified the meaning making process as they were becoming aware of their own experience as it unfolded. New mothers brought forth various examples to exemplify their internal process. First, one mother reflected on the snowball effect of overcoming challenges resulting in a new meaning of how to approach motherhood,

> “Honestly, a lot of [confidence] comes from breastfeeding. And I know it sounds kind of weird but I--before I had her, I was kind of I can I do it or not… And then when it was difficult, it became a challenge which means I have to overcome it because it's a challenge. …having people say, “Well, you don’t have to do it” makes you want to do it even more so you can prove them wrong that you can do it, you know. And it's actually really changed me in my life. now I'm starting to become this like crunchy person. I make my own baby wipes, I make my own laundry detergent, you know. Like I snowballed into this huge change in the way I look at my own health and family’s health…”(Megan 24; Baby girl, 7 months).

Other participant provided her internal struggle,

> “I was so hard on myself… For like the first two months, I just was so like, I don't know, maybe I shouldn't have had a baby, maybe I can't handle this, maybe I don't know what I'm doing. But then, as time went on, probably two and a half months, I like have that, a couple of those moments where I was like, that was such a mom thing to do and I just knew how to do it, you know. And then, I felt more comfortable, and then, it just made me feel so much better once I could tell she was getting what she needed from me and I was getting so much from her, I just put so much pressure on myself…” (Amanda, 28; Baby girl, 6 months).
As such, this new mother reflected the foreign experience of first becoming a mom and questioning herself. She added,

“I just don't think I really realize how much pressure it was going to be I was going to put on myself. I’m always needing to feel good at everything I did…I always wanted to feel competent” (Amanda, 28; Baby girl, 6 months).

Some participants related their journey of coming to terms with the process of accepting oneself. One mother offered,

“I have high expectations of myself, you know. We all have this, I'm a super woman. I can do everything, and it's like, you know what? I'm not superwoman and I can't do everything and if I have a screaming baby, that's just what I got to do today” (Jennifer, 25; Baby girl, 2 months).

Further, Kimberly added her internal thoughts,

“I have to remind myself that things are not as big a deal as they seem and that it's okay if I don't feel like I'm doing everything right…” (Age, 21; Baby boy, 11 months).

Similarly, one participant suggested still being on the process of working toward self-acceptance of doing enough as a mother,

“I'm trying to do so many various things throughout the day to stimulate him, to be a good mom and I don’t know, I kind of had that internal thought am I doing enough? Is there anything else I should be doing? So I don’t know, maybe I'm trying to do too much or I don’t know but I do have that thought process, wanting to do a lot, wanting to support him through all different areas” (Mary, 26; Baby boy, 1 month).

Finally, one mother described breastfeeding as informing how she presently thinks about her physical appearance,

“Even though I'm only nursing her one time a day still, I still don’t feel that sexual and it changed how I look in the mirror. Now, I look in the mirror and I, there are still days I have that and look like, to be perfectly honest feeling like a cow…and as much as I enjoyed the experience and I see the benefits to S, it has definitely changed my whole sexual feelings about [my body]” (Stacy, 30, Baby girl, 12 months).
As such, these statements suggest that as participants encounter first-time motherhood, mothers become more aware of their experience through interaction, thoughts, and internal evaluation to create and assign meaning to motherhood.

Interpersonal Process of Figuring out First-time Motherhood

*Interpersonal Adjustment*

Each participant described utilizing various techniques to figure out motherhood. Specifically, new mothers made interpersonal adjustments to make motherhood work for her individual experience. Adjustments included various coping mechanisms such as reframing experiences, self-talk, implementing new mothering strategies, and even seeking out therapy.

One mother shared how she reframed her perspective of motherhood and life,

“…And, you know, life is ideal by the way you make it ideal for yourself, you know. I mean we have American standard of ideal but what's that, middle class family with a clean house, two dogs, a cat and two kids? Like what's ideal, you know. I guess that's the best part is you make it ideal for yourself whether anybody else thinks it is” (Megan 24; Baby girl, 7 months).

Another participant described her strategy of self-talk,

“I guess the biggest thing ever was when my husband left, and just never thinking that I was going to do it by myself. I think that was harder. And you're really trying to be positive about it…I guess just trying to talk myself into like a positive scenario for it. And I think- that helped more” (Brittany, 24; Baby girl, 9 months).

Similarly, one mother suggested,

“And thinking to myself, I can figure out a way to do it better, like not better, but like in our way. I can fit what they're doing into my lifestyle” (Amanda, 28; Baby girl, 6 months).

Likewise, Tiffany discussed using therapy to enhance her interpersonal adjustment process,

“…I took cognitive behavior therapy from a psychologist for eight months to try to get a hold of my anxiety and learn ways to manage it... And that was successful... I was
looking for her to be able to pinpoint what it was that gave me anxiety. And what happened, I had to be more accepting of myself and realize that this is part of who I am and this is the way that my body deals with stress, and there is no one stressor in life that brings it out for me” (Age, 31; Baby boy, 6 months).

Given these examples, it can be noted that as the transition to motherhood unfolds, participants utilized coping mechanisms to make interpersonal adjustments to work towards aligning one’s reality of motherhood with one’s ideal meaning of motherhood.

Flexibility/Balance

In terms of figuring out motherhood, participants described being flexible to achieve balance, another identified element that first-time mothers strived to experience. One participant related, “… it’s okay, not everything goes right the first time. But you figure it out…” (Laura, 26; Baby boy, 1 month). Another participant described,

“I think just kind of going for me, it's in finding what works best for you and for baby and your family, so how I'm understanding the transition, it's just what works for us right now I guess is the best I can put it” (Mary, 26; Baby boy, 1 month).

Likewise, one mother brought forth,

“I'm just learning that you're never gonna be a hundred percent--I mean, at times that you just make a decision and go with it, you know…It makes me grateful that I'm not too extreme one way or the other because I feel like some of the parents I talked to are having a hardest time who were set in their ways” (Kelly, 28; Baby girl, 5 months).

Another participant characterized being flexible in terms of being flexible with yourself,

“…once you're actually – you have a baby and you kind of realize what is realistic for us-- if it was a fit for us you just kind of now realize what's going to work, what's not going to work and just what's realistic” (Mary, 26, Baby boy, 1 month).

Similarly, mothers shared their experience of trying to achieve balance in life to figure out motherhood. One mother said,
“We just thought we can do this…we can still have our life but we could have a baby too. You know, we're not going to give everything up. We're still just—we're going to work—I don't know, balancing it all…” (Amanda, 28; Baby girl, 6 months).

Further, Heather shared,

“The balance was that the biggest thing, you know, when you don't have kids and you can do seven things in a day” (Age, 31; Baby girl, 11 months).

Similarly, a participant elaborately described,

“It's like there’s two halves of me…there's this half of me that wants to just have everything perfect and everything in order. And there's the other half of me that’s such a realist that says it will never happen. I guess the only way to really navigate through it is to just jump back and forth between those two parts of you and let one win, sometimes let the other win, and then you spend most of the time in the middle” (Megan 24; Baby girl, 7 months).

Finally, one mother speaks to the challenge of achieving balance,

“I guess one of the biggest challenges have been, maybe learning to balance. Balancing is different now, especially when I was still doing my coursework last semester. It was difficult, especially when nobody was here when my husband was deployed… and just learning to balance everything and re-weigh what's important to me. I'm learning as I'm going how to balance better…” (Brittany, 24; Baby girl, 9 months).

Participants sentiments suggest not only being aware of achieving balance as key to feeling satisfied as a first-time mother, but statements reflect intentionally being flexible and looking for strategies to being about balance across the transition.

Relinquishing Control

New mothers described recognizing a loss of control regarding their lives in some respect. Many participants expressed a desire for control, yet identified the need to relinquish control to optimally transition to motherhood. One mother contributed,

“I was gonna, you know--I felt my energy would be back, but as much time as she took, you know, frustrated me and in turn you know, I think was frustrating her. I'd always
prevent control and it wasn't until I sought out, you know, expert advice and once I relinquished control to her… but once I was able to do that and I relaxed, everything kind of fell into place…” (Heather, 31; Baby girl, 11 months).

Equally, one participant found herself realizing the loss of control during the interview process,

“Flexibility has been the biggest challenge because I am so type A…I have control over everything and giving up that control has been--that's what it is! It's giving up the control of life! it's really out of our control, and I think being a parent, you know, you'll always try to let go and let God, but once you're a parent you really, really have to” (Jennifer, 25; Baby girl, 2 months).

Similarly, one mother shared her struggle with giving up control,

“I've just kind of had to kind of let go of the fact that the dishes may not get done or the laundry may not get done or whatever. It drives me crazy. Like I don't think I really do let go of control--like I have no control because it's not getting done, but I mean, it bothers me when the things aren't done” (Amber, 28; Baby girl, 4 months).

It can thus be seen that first-time mothers adjust by giving up control and relaxing into motherhood. Further, some participants related that letting go of control creates an easier transition process.

Learning

Learning motherhood was characterized as the final interpersonal process of adjusting to motherhood as described by participants. Many mothers described the learning process as helpful in conceptualizing motherhood. Learning was also reported as generally improving the role of being a mother. Likewise, mothers spoke to the ongoing nature of learning as their baby is learning. One mother suggested, “I'm still learning obviously…Every new thing he goes through, I'm still learning too, like we're learning and discovering new things together as he grows” (Laura, 26; Baby boy, 5 months).

One participant reflected how much she has gained through learning and would never want to go backward,
“…you learn how to do that better for sure. I wouldn't go back if they paid me because it's like, you know, I've learned how to quickly get the diaper bag together and what we need to have. And okay, we can do this place, this place I'd rather go when I have help…” (Kelly, 28; Baby girl, 5 months).

Additionally, Tiffany described getting to know her child better,

“I’m getting better. I’m not saying that it’s easier but I’m a little bit more used to it. There is some sort of a routine. I feel like I understand him better. At first, you’re trying to figure out, look for little signals and clues as for what he wants or what he needs, so I feel like I understand more of what he needs” (Age, 31; Baby boy, 6 months).

Likewise, one participant contended the importance of learning across the transition to motherhood,

“I'm kind of reaching a point in developing into a mother and transitioning into it where I feel like I'm getting the hang of things” (Kimberly, 21, Baby boy, 11 months).

Taken together, participants indicate learning motherhood is a helpful part of figuring out motherhood. Specifically, new mothers emphasize the importance of ongoing learning and understating their baby. Learning was characterized as a developmental process for first-time mothers to get the hang of things.

Understanding & Meaning-making of First-time Motherhood

Meaning of Motherhood

New mothers in this study were able to give voice to their understanding and meaning-making process regarding first-time motherhood. Participants reflected on what it means to be a mother and what the process of transitioning to motherhood feels like. One mother recounted,

“I think it’s the most important job. I mean it kind of is a job but not really. It’s 24/7. There are no breaks. There are no vacations. There are no--there is no one way to be a mom…you’re always, I feel like trying to do the best that you can and not knowing if you’re doing the right thing all the time” (Tiffany, 31; Baby boy, 6 months).

Another participant suggested,
“Giving half of yourself to someone else, giving basically, your heart. Everything that you thought that you needed in your life, giving that to someone else, you know, just love and attention and success. Just everything--just wanting to be a part or--a part of the happiness of someone else in such a way that you just can't get enough of it” (Amanda, 28; Baby girl, 6 months).

Equally, one mother contributed

“…what it means to me to be a mother is to strike a balance between playmate and friend and nurturer and provider….I guess the meaning of motherhood is beginning. You're their beginning, you don’t get to be their end, you know. You only get to be their beginning and then they get to do what they think is right for their end…”(Megan 24; Baby girl, 7 months).

Similar, another participant shared,

“…motherhood is arguably one of the most important experiences that a woman can have and one that shapes your entire life…” (Kimberly, 21; Baby boy, 11 months).

Participant’s experiences indicate first-time motherhood is a process and an important one at that. Therefore, even though transitioning to motherhood is marked with challenges, participants relate that the meaning of motherhood outweighs the struggle.

_Everlasting Transition_

The transition to motherhood process was noted as a time of an everlasting transition experience by first-time mothers. In particular, participants reflected on the evolution that takes place with child development and that motherhood is a continual transition. One mother summarized, “… it’s--a continual time in life of learning and adapting and negotiating” (Stacy, 30; Baby girl, 12 months). Another suggested,

“I don't know how long this process is going to be, but I feel like right now, I'm like probably right in the middle of it. I've let go of like the person that I was before in some ways and I'm like ready to do all the things, you know, like when she gets older, like giving her advice or taking her to dance classes and getting to the more involvement
stage of her life when she starts becoming her own person” (Amanda, 28; Baby girl, 6 months).

One mother related her struggles with conceptualizing her transition,

“I don’t know I can even make sense of it, but I did try to keep, you know, the self that I know, I don't think that I transitioned all the way… I mean, her clothes size are changing faster than, you know, I'm able to keep up with. And so that wrapping my head around the transition process into motherhood, I don't know that I even got a process” (Heather, 31; Baby girl, 11 months).

Likewise, one participant contributed,

“I feel that I’m still in a transition and as soon as you get used to one thing, it changes. Because they're continually changing, right, like if you--you were like, alright, I have this now. They're going to do something else… it's just continually evolving the transition to motherhood, it's just always changing. Because yes, you're a mother but you keep getting new things coming along…” (Brittany, 24; Baby girl, 9 months).

Similarly, one mother added, “…it’s like the biggest transition of my life… I think it’s an ever changing transition also because he is going to grow and change and things, and --our relationship is going to be continually evolving…” (Tiffany, 31; Baby boy, 6 months). Likewise, this participant expanded, “…It’s an ever changing transition because his needs change, as do mine… And I feel like it’s always going to be-a transition…” Finally, an additionally new mother remarked, “…things change all the time like, you know, going back to work. That was another transition. Like, every stage she had, you know, every little thing she does is another transition…” (Amy, 28; Baby girl, 8 months).

New Meaning of Life

All new mothers expressed the new outlook on life since becoming a mother. It appears that many aspects of life have taken on a new meaning with the presence of having a baby. One
mother said, “I have a new meaning for a lot of different things in my life…” (Amber, 28; baby girl 4 months). Similarly, another mother brought forth her new perspective,

“I would describe transitioning from being just your regular self to being a mother as really an eye opener. It's really opened my eyes to how much love I can have for somebody. It's opened my eyes to, you know, what I think is important. It's like I said, opened my eyes to the way we eat, the way we live, the things we do. It's been quite an eye opener as far what I'm capable of, you know, going into labor and having a baby and, you know, raising her and trying to get everything done. And it's opened my eyes to how much there is in this world, you know…It's just so much more when you have a baby” (Megan 24; Baby girl, 7 months).

Another participant described the shift in important life things,

“I realize how unimportant so many things in my life were when my child was the most important thing, and that like my relationship with Edwin has shown me that relationships really are more important to me than having a nice car, going on vacations or whatnot…And my son helped me to find joy in smaller things, just appreciating all the things in life. Like when he smiles and laughs… he is my own happiness…” (Kimberly, 21; Baby boy, 11 months).

Experience, Process and Meaning Making of the Transition to First-Time Motherhood

Each of the themes presented, provide a key element to the larger transition to first-time motherhood experience. When combined, these variables paint a vivid illustration of what new mothers actually encounter. Participants related behind the scenes descriptors of internal processes convey how first-time mothers make sense and achieve mastery of lived experiences of motherhood.

Interestingly, a few mothers responded at the end of the interview process with their own reflection of sharing their experiences. One participant expressed, “I’m really sitting like, what, has it been almost 2 hours we’ve been talking and I guess, I’m seeing even in this 2 hours like how even more so, how big it really is” (Stacy, 30; Baby girl, 12 months).
Given the complexities of motherhood described by these 18 mothers, one may wonder why people have babies. Interestingly, without provoking such a complicated question, two mothers answered this for themselves. One mother shared, “…if we didn’t do it it’s–there wouldn’t be anything. It means the continuation of life. It literally and figuratively is what makes the world go round” (Stacy, 30; Baby girl, 12 months). Equally, another reflected a conversation with her husband,

“We were talking the other day about why we have children. And it's hard to--I don’t know why you have children because you just have children. And I mean she costs money and she takes time but that's okay, like she's part of our family and that's what we wanted to do. It's so hard to explain and understand though. It's like--it's not something that gives you money back. It's not something that gives your time back. It's not something that makes things easier. She makes everything ten times harder but at the same time like putting her in her crib at night and just watching her before you go to bed like, “Oh, it doesn’t matter.” I mean she's what you just do it for” (Megan, 24; Baby girl, 7 months).

In sum, numerous variables inform each mother’s transition to first-time motherhood. Further, new mothers expressed recognition of variables informing motherhood. Participants reflect making adjustments to figure out motherhood and making meaning of lived experiences. As such, first time motherhood is recognized as a very complex, life-changing experience and even mothers themselves question their own reasons for having children. Regardless of one’s experiences, new mothers are in pursuit of creating their own meaning-making process as they embark on the greatest transition of their lives.
CHAPTER FIVE: DISCUSSION

The purpose of this study was to contribute to our understanding of the transition to parenthood by examining the lived experiences of first-time mothers within the first 12 months of becoming a mother. It was anticipated that by exploring the transition to first-time motherhood specifically, the findings would offer a deeper conceptualization of how mothers perceive this normative, yet challenging transition. Further, it was hoped that by giving voice to first-time mothers’ understanding of their lived experiences, better insight would be gained in terms of how first-time mothers assign meaning to their experience of transitioning to motherhood.

This study utilized a grounded theory qualitative approach as outlined by Strauss and Corbin (1990, 1998), to create a theory grounded in the data. Following this methodological approach led to the development of a framework that would represent the data. Two primary theoretical frameworks, Human Ecological Theory (Bronfenbrenner, 1979) and Symbolic Interactionism (Blumer, 1969), were selected to guide the research process. These theories together provide a corresponding lens for conceptualizing lived experiences of first-time mothers. To accomplish this, semi-structured individual interviews and detailed eco-maps came together to outline the development of the grounded theory. Additionally, an audit trail, interviewer memos written upon completion of each interview, documented notes and careful consultation with my advisor, informed the researcher in the analysis process. Most importantly, 18 first-time mothers of infants who are less than one year of age, participated in giving voice to experiences of transitioning to motherhood. This study is representative of a primarily Caucasian, middle class, heterosexual and married group of first-time mother’s transition experience. As such, these findings serve as a contribution to the greater body of transition to
parenthood literature by emphasizing the first-time mother perspective. Further, prevalent themes identified in this research suggest clinical implications and future directions for working with mothers transitioning to parenthood.

The goal of this chapter is to present the revised conceptual model and interpretation of findings, and how they may be related to current research in the field. This chapter will also discuss salient clinical implications, limitations of the study, and suggestions for future research.

**Conceptual Model Findings and Research Overview**

The findings of this study were interpreted to produce a grounded theory. The grounded theory reflects appropriate revisions to the proposed conceptual framework outlined previously in the research process (Figure 1.2). While many of the primary components of the initial conceptual model continue to be present in the revised model, further development and the emergence of new themes, contributed to the final framework. In particular, the model presented below expands on initial elements to include the linkage between ecological components and how first-time mothers experience these external influences to inform an internal meaning making process. The revised model, as provided in figure 5.1, relates that experiences of first-time motherhood and interpersonal processes of figuring out motherhood are reciprocally informed by interactions with ecological systems, and sources of feedback. Together, these themes inform first-time mother’s greater understanding and meaning-making of first-time motherhood. As such, this model reflects the lived experiences of first-time mothers transitioning to motherhood, the primary research question sought by this study.
Figure 5.1: Revised Conceptual Model

Understanding & Meaning-Making of First-time Motherhood

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Social Interaction

Feedback

Self-Awareness, Thoughts & Evaluation

Feedback from Baby

Pre-pregnancy  Pregnancy  Chronosystem  Birth  Transition to Motherhood

New Meaning of Life

Meaning of Motherhood

Everlasting Transition

Eternal Transition
Theoretical Foundations

This study conceptualized new mothers as nested within ecological systems and the reciprocal nature of these systems as having informed mothers’ formulation of meaning through symbolic interactionism. Therefore, Human Ecological Theory (Bronfenbrenner, 1979) and Symbolic Interactionism (Blumer, 1969) were selected as primary theoretical frameworks to guide the present research study. These theories worked in tandem to represent the lived experiences and meaning-making of first-time motherhood.

As such, Human Ecological Theory provided an outline for examining the reciprocal relationships within nested environments as experienced by first-time mothers. Further, this theory allowed for comprehension of interactions with external and relational systems encountered by new mothers. In particular, Human Ecological Theory provided a systemic lens for understanding the influence of key people, in addition to environments such as family of origin, church, work, and the like. Moreover, Bronfenbrenner’s model (1979) allows for new mothers to reflect their experience of their greater worldview, as well as the unfolding nature of time. In sum, Human Ecological Theory provided an essential venue to interpret participant’s experiences.

Subsequently, Symbolic Interactionism defined by Blumer (1969) provided the ability to make meaning of first-time mothers interdependent social interactions. Further, this theory allowed for interpretation of new mother’s internal process founded on the belief that human’s act toward things based on meaning. Specifically, Symbolic Interactionism theory brought forth feedback processes with regards to social interaction, feedback from the baby and self-evaluation. As such, this venue brought participants stories to life by giving voice in terms of how mothers made sense of becoming a mother, to ultimately figure out motherhood.
Table 5.1 *Relating Themes to Theory*

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<th>Theory</th>
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Interpretation of the Findings

As previously discussed, a number of prominent themes emerged from the research process. These themes informed the development of the grounded theory and conceptualized the experience of transitioning to first-time motherhood. In particular, participant’s sentiments emphasized the internal and external experiences and processes that unfolded in becoming a first-time mother. Woven together, ecological systems, motherhood experiences, social feedback, and interpersonal processes reciprocally informed the complex nature of the transition to first-time motherhood. In more detail, participants described the lived experiences of motherhood and the interpersonal adjustments as daily encounters that were informed by lived experiences within their nested systems and influences from others. From there, these daily experiences brought about a new perspective that informed their understanding of the greater experience as a whole. Importantly, it should be noted that these themes identified by the qualitative nature of this study informed participants process of figuring out motherhood in terms of making a healthy transition adjustment.

Influential Systems Relating to the Transition Experience

Results from this study indicate that interactions with nested ecological systems are an essential part of external influences to the transition to motherhood. Specifically, individual encounters, relationships with others, prevalent environments, and greater cultural influences, informed participants experiences of new motherhood. As such, findings from each ecological level are discussed.

Individual Factors Specific to Motherhood

Results from this study suggest that ecological systems influence the transition-to first time motherhood experience. Specifically, at an individual level, one’s pregnancy, birth,
breastfeeding and miscarriage experiences all play an essential part in laying the framework for the transition to motherhood.

*Pregnancy and Birth.* Many participants provided experiences of their pregnancy that informed becoming a mother. In particular, a few mothers related the unplanned nature of their pregnancy leading to immediate stressful emotions that needed to be resolved. Outcomes showed that these mothers ultimately adjusted well to healthy transitions as outcomes demonstrate that timing of pregnancy worked out better than expected. This finding aligns with Bouchard et al.’s (2006) study that examined intendedness of pregnancy, which revealed that unplanned pregnancies are characterized by initial lower expectations, allowing for more optimal transitions when reality exceeded expectations. Similarly, Hoffnung (2011) differentiates between “unplanned” and “unwanted” pregnancies. Presently, all mothers’ stories reflected the pregnancy as a surprise that provoked stressful emotions, but the nature of participants discourse informed the “wantedness” of all pregnancies. Importantly, the majority of mothers talked about a planned pregnancy and described an equally healthy adjustment.

The findings revealed the influence of various birth experiences. As stated previously in chapter four, many pregnancy and birth experiences were reflected on positively and therefore mothers expected to experience a natural progression into motherhood. This corresponds with findings that suggest that given the biological component of women being designed to give birth, that motherhood is misperceived as a natural fitting transition experience (Hoffnung, 2011). As such, narratives indicate pregnancy and birth experiences as informing ideals of what motherhood will be like. Conversely, a handful of participants noted feelings of stress and disappointment regarding their pregnancy and birth experiences as influencing their transition. This finding is consistent with research concerning postpartum stress, which notes outcomes of
disappointment and trauma related to unsatisfying experiences leading to postpartum disorders (Creedy, Shochet & Horsfall, 2000). Importantly, current narratives did not indicate the development of any significant mental health issues; rather, results demonstrated that encountered stressors resulted in emotional experiences that participants proactively resolved. With one-third of births documented as “traumatic” experiences (Creedy et al., 2000), further research regarding the role of pregnancy and birth outcomes could make an important contribution.

Breastfeeding. In relating to breastfeeding, each new mother discussed breastfeeding experiences and the prominent role it played in her story. As such, results indicate that all mothers felt strongly about breastfeeding their babies. Further, some mothers described feeling so strongly, that even though their babies preferred to be fed by bottle, they continued to pump breast milk to feed to their baby. Only one mother immediately formula fed her baby due to an inability to produce breast milk altogether. Mothers did not reflect their rationale for wanting to breastfeed, however, much research indicates the benefits of breastfeeding and cultural perceptions of breastfeeding equating being a “good mother” (Marshall, Godfrey, & Renfraw, 2007). Moreover, narratives indicate mothers seeking support from other mothers and professionals to overcome breastfeeding challenges. Likewise, Marshall et al. (2007) highlights the importance of social support while breastfeeding.

Further, outcomes indicate that three mothers switched to formula after returning to work. This corresponds with literature indicating paid work as a source of interference with breastfeeding (Kosmala-Anderson & Wallace, 2006; Marshall et al., 2007). As such, first-time mothers encountered breastfeeding challenges that were typically overcome by implementing support or adjusting feeding methods.
On a related note, results provide that all participants were married at the time of the study. Participant’s eagerness to breastfeed aligns with Gibson-Davis and Brooks-Gunn’s (2007) study of postnatal health behaviors that indicate that married mothers are more likely to breastfeed, an indicator of relationship commitment. In sum, these findings are congruent with discussions relating the additional physical demands of becoming a mother, as examined by Cavanaugh (2006).

**Miscarriage.** Findings suggest that experiencing a miscarriage was another salient piece of becoming a mother. Participants described experiencing feelings of encountering a great loss and viewed the experience as traumatic. They also went on to share feelings of great excitement related to finally birthing a healthy baby. As such, the findings correlate to the discussion by Key (2010) and the difference of meaning of the experience for mothers who have encountered a pregnancy loss. Moreover, narratives revealed the short passage of time between pregnancy loss and subsequent pregnancy as facilitating emotional healing within participants. Present findings are consistent with research examining that meaning of miscarriage can only be interpreted through the unique life experiences of each individual woman (Swanson, 1999; Moulder, 1994).

**Identity and Roles.** One’s identity and role within the family equally informs the experience of the transition to motherhood. Specifically, many participants voiced a connection with the “mother” identity immediately. Some participants even voiced this identity providing a sense of belonging, while for others it was a time of personal growth and reflection, also a finding by Cowan and Cowan (1988). These mothers described figuring out how their new identity aligned with the dominant discourse (Mercer, 2004). This supports Nicholson’s (1999) discussion, as a few participants expressed struggling to align with their new identity. Mercer (2004) highlights the interpersonal process that mothers take on during pregnancy to facilitate
adjustment. As such, current outcomes suggest that some mothers may not have incorporated this psychosocial work during pregnancy. Therefore, these participants reflected doing “personal work,” the process of trying on new identities, described by Messias and DeJoseph (2007).

In terms of renegotiating roles, findings revealed first-time mothers as being in various places in adjusting their role to make motherhood fit. As such, some participants described relaxing into their roles and other described incorporating continued work to achieve better balance among their multiple roles leading to a healthier adjustment. This is consistent with other research that documents the process of adjustment that takes place across the transition to motherhood (Cavanaugh, 2006). Further, findings indicate that over time and practice first-time mothers gradually adjust to their new role as found by (Miller, 2007). Importantly, narratives suggested that first-time mothers were working to “figure it out.” Contrary to other research, findings did not reveal any indication of perceived fairness or unfairness of imbalanced roles within the family of creation (Claffey & Mickelson, 2008).

Microsystem

Within a larger ecological level, the microsystem, the present study revealed influential relationships with family of origin, one’s spouse, and friends, especially friends who were already mothers or currently pregnant, and healthcare providers. Other powerful influences of support include places of support, such as work, church/faith and the internet.

Family of Origin. Family members of participants were identified as particular elements of great support. As such, families of origin were not only noted for providing emotional and practical support, they were reported for serving as model parents. These results are congruent with Taubman, Shilomo, Sivan, and Dolizki (2009) who noted the ubiquitous role of family support. Further, results indicate families as providing positive upbringings that first-time
mothers wanted to carry forward into their motherhood practices. This finding is congruent with research studies that demonstrate childhood experiences within the family of origin as informing one’s transition experience (Hofferth & Goldscheider, 2010; Perrin et al., 2005). This is consistent with literature that new mothers with increased family contact are even better off during the transition to parenthood (Bost et al., 2002). On a related note, the only identified family stressor included relationships with in-laws.

Interestingly, the present study documented intense relationships between first-time mothers and families of origin when married to military personal. As such, outcomes indicate that giving birth and transitioning to parenthood during a deployment led participants to physically reconnect with their family of origin by way of moving back home or maternal grandparents moving in. Of the few studies that have examined the transition to motherhood during spousal deployment, literature demonstrates that first-time mothers adjust to healthier transitions by connecting with family or other strong support systems (Everson, Darling & Herzog, 2011). As such, narratives suggest family support enhancing the transition to parenthood while husbands were deployed. Importantly, further research could contribute to the body of literature related to adjustment processes identified by military wives.

*Mother - Maternal Grandmother Relationship.* Correspondingly, another important finding includes first-time mother’s developing a special relationship with her own mother as she became a mother. This outcome of female connection supports previous literature that indicates the supportive role of family members across the transition (Taubman et al., 2009). Moreover, Taubman et al. (2009) highlights that support from the maternal grandmother especially, may enhance the first-time mother transition compared to other family members. Similarly, other research indicates that mothers having experienced positive unconditional love as a child and
retain a positive image of their mother are also more likely to adjust well to the motherhood role (Blum, 2007; Cast, 2004). To date, few studies have looked specifically at the intergenerational mothering relationship, particularly related to the transition to motherhood. As such, additional investigations related to the maternal grandmother’s role across the transition could be an important area of study.

**Couple Relationship.** An equally important finding relates to the couple relationship. As such, many new mothers reflected positively about their couple relationship and routinely described their husbands as very supportive and highly influential. Congruently, previous studies have routinely investigated the ubiquitous role of relationship satisfaction across the transition (Dew & Wilcox, 2011; Shapiro et al., 2000). Further, all participants in this study were married, a relationship status consistent with previous literature that has been identified as committed, which have been correlated with positive outcome experiences (Lachance-Grzela & Bouchard, 2009). Importantly, narratives revealed specific behavioral and relational characteristics that allowed for positive reflections regarding the couple experience. Conversely, only two participants spoke of moments of relational stress. While this was not a prominent theme by many participants, this finding aligns with previous work relating the transition as correlating with reduced relationship satisfaction (Doss et al., 2009; Mitnek et al., 2009). Therefore, current research outcomes are consistent with the various relational experiences that have been exhaustively documented in the transition to parenthood body of literature (Cowan & Cowan, 1995; Lawrence, et al., 2008).

Moreover, new mothers spoke of their partner’s involvement and connection with the child as a positive reinforcing characteristic to the couple relationship. This finding is consistent with Lee and Dorghty (2007) who examined paternal involvement across the transition.
Likewise, new mothers described feeling like a team with their spouse in the transition to parenthood, aligning with Carneiro et al.’s (2006) findings that satisfying relationships reciprocally influence a co-parenting alliance and relationship satisfaction. Klewer and Johnson (2007) identified that both mothers and fathers who effectively communicate, create mutual expectations and experience less conflict, aligning with present findings, related to participant experiences of working together during the initial months of becoming parents.

The findings of partner support related the helpful role partners brought forth informing a warm transition experience. Kimbro’s (2008) examination of supportive relationships presented findings that are consistent wherein all participants reflected practicing prenatal health behaviors, no use of substances, and all were adamant about breastfeeding. As such, current outcomes are congruent with previous research that describes that mothers who are supported by their partner are more likely to invest into a healthy pregnancy (Kimbro, 2008). Gibson-Davis and Brooks-Gunn (2007) and Schmidt and Sigmund-Grant (2000) identified partner support to also increase breastfeeding practices, a practice that was extensively implemented by the majority of mothers within this study.

Becoming a Mother with Friends. In relating to friends, the resounding message was that friends played an integral role in the transition process. Specifically, friends who were currently pregnant or were already mothers were very instrumental. Many participants provided examples of reaching out and feeling supported by connecting socially with friends with similar positionalities. Findings support previous literature related to the highly influential and helpful role of social connection as a new mother (Pruett and Caputo, 2011). Equally, new mothers related reaching out for information regarding decision making, a congruent finding by Price and Hawkins (2007). Together, of this study indicate the various needs that social interaction fulfills.
As such, much research has revealed similar outcomes including the protective buffer friends provide during the transition (Bost et al., 2002; Morse et al., 2000; Hyan, 2002; O’Hara & Swain, 1996). In particular, findings support that new mothers who share thoughts and expectations, as well as communicate support needs within social relationships, are more likely to have easier transitions (Blum, 2007).

**Work.** In examining relationships with work, results indicate that almost half of new mothers reported returning to working outside the home. Other participants reflected their decision to leave paid work to stay home to care for their child. Present findings support the literature regarding mother’s decisions to follow through with work status preferences. In particular, feelings are congruent with the examination by Klein et al. (1998), who identified that new mothers only experienced distress related to work status when decisions were not in alignment with their work status preference. Moreover, Bailey (2000) examined the discourse related to work and the transition to parenthood. Further, Bailey (2000) findings are congruent with present results, indicating that for those who prefer to work outside the home, found their employment to positively influence their self-esteem and be a “welcomed break from mothering” (Bailey, 2000, p.66).

This research has findings that align with previous research wherein work prevented new mothers from being consumed by motherhood. As such, present mothers reflected feeling that they liked the work environment for providing structure and balance, allowing them to enjoy motherhood even more. This is also congruent with literature that has identified the positive nature of new mothers returning to paid work (Perry-Jenkins, Goldberg, Pierce, & Sayer, 2007). Specifically, previous research has shown mothers who are able to retain some previous roles or
have occupational status and income are significantly more likely to experience less distress (O’Hara and Swain, 1996; Perry-Jenkins et al., 2007).

Findings also reflect contrary results compared to research by Claffey & Mickelson (2008), who revealed working outside the home as placing additional workload stress. Present findings only demonstrate the work environment as creating a stressful atmosphere through unsupportive relationships with people. In particular, co-workers and employers induced stress through unsupportive commentary. Similarly, the work environment was found to interfere with breastfeeding as demonstrated by Kosmala et al. (2006) and Marshall et al. (2007).

*Faith and Beliefs.* With regard to the influence of faith and religious practices, present findings suggest that one’s beliefs have an important role. Although a few mothers, reported feeling no connection to a belief system, the majority of participants expressed feeling more connected to their faith and making church a larger priority since becoming a mother. Specifically, beliefs were described as a sense of support and comfort, and that creating a baby reinforced mothers beliefs in God. Interestingly, literature searches demonstrate a need for further research linking beliefs and faith based practices with the transition to motherhood. As such, further explorations could make an influential contribution to the field.

*Healthcare Providers.* Healthcare providers, another prevalent theme of the present study, were described as influential by participants for their warmth and caring demeanor during pregnancy, birth and postpartum. Further, findings revealed that healthcare providers were sources of information, and instrumental in bringing together first-time mothers preferences during the pregnancy and birth experience. Page and Percival (2000) identified that care providers within this specialty have the ability to facilitate a sense of safety and provide first-time mothers with reassurance to feel calm throughout the pregnancy and birth. Slade and Cree
(2010) offer that sensitive communication skills are just as necessary as medical training to provide a safe and empathetic environment to help mothers become mothers. As such, present findings not only support previous outcomes, but also exemplify how helpful mothers perceived their providers along their journey. Importantly, further research could contribute by exploring first-time mother’s awareness of their provider’s integral role.

*Internet.* With regard to the internet, findings suggest communication technologies having a prevalent influence on the experience of first-time motherhood. In particular, this study found that the internet was utilized as a source of information and a channel to connect with others for emotional support. These findings are congruent with O’Connor et al. (2004) who identified the internet as providing self-help for mother and child as well as a non-judgmental forum for support groups. Moreover, findings revealed social networks such as Facebook provided a prominent usage of the internet. Present findings are consistent with others indicating the importance of social interaction (Bartholomew, Shoppe-Sullivan, Glassman, & Kamp Dush, 2012; Milkie, 2011). Importantly, O’Connor et al. (2004) addresses that the internet acts as supplemental support system and does not replace essential face-to-face relationships.

Using online tools to connect with distant family members included using the internet to post pictures, as well as using Skype, most notably by military mothers during the birth of their child. As such, using the internet to reach out to family living afar supports previous findings by Drentea and Moren-Cross (2005). Presently, the internet was used as a productive tool to help new mothers facilitate adjustments across the transition.

*Mesosystem*

In terms of interactions within the mesosystem, results suggest that very few conflicts arose. However, of the two reported cases, friction was identified between work and home life,
and the interaction of the two families of origin coming together around the family of creation. As such, findings support the complex nature of renegotiating roles and responsibilities (Gjerdigner & Center, 2005) and reorganization within the greater family system (Curran et al., 2005). Overall, this study revealed participants experience of mutually supportive environments comprising the mesosystem. Consequently, this finding is congruent with previous research that explains that intertwined roles are in agreement; new mothers are more likely to feel content with the adjustment process (Baliey, 2000).

Exosystem

In examining the exosystem, findings reveal that one’s spouse’s place of employment was the primary factor. The resounding message was that this example was largely supportive of the participant’s transition experience. Although findings did not support previous literature in terms of fathers increasing paid work hours after the birth of a child (Bianchi et al, 2000), participants did report scheduled hours of work, in terms of having partner support available as a contributing factor. As such, outcomes are consistent with previous research that spouses work hours influence the availability partner support (Perry-Jenkins and Claxton, 2011). Further, one participant’s experience of being on opposite shifts brought about distress, a finding in congruence with Perry-Jenkins et al. (2007) who examined the conflictual role of working non-day shifts.

Moreover, military influences, while only described by two mothers, related substantial influences within the exosystem. As such, outcomes indicate new mothers as experiencing deployment stressors, having to develop internal coping mechanisms and having to function as a single parent for weeks/months at a time. Present findings are consistent with previous literature that examined the role of active duty on the transition to motherhood (Everson et al., 2012;
Schachman, Lee, & Lederman, 2004). As such, new mothers described establishing support with their families of origin, faith, and internal coping strategies to adjust to deployment and the transition to motherhood. It is also important to note that military mothers employed optimistic perspectives and implemented emotion focused and problem solving coping, strategies that were likewise identified by Grote (2007) and Taubman et al. (2009). Results showed that a spouse’s place of employment does indeed inform the transition to motherhood experience.

**Macrosystem**

From a larger societal level, results highlight cultural expectations of motherhood as the most prominent finding of the macrosystem. In particular, expectations regarding breastfeeding, pressures of returning to work (by mothers who decided to stay home), and unrealistic expectations of motherhood were extensively noted.

As such, current outcomes indicate that new mothers felt strongly about breastfeeding their baby, and that mothers who were unable to breastfeed naturally, struggled with the societal expectations in terms of the importance of breastfeeding. Further, present participants described the importance of mastering breastfeeding. These findings align with numerous studies that have examined societal expectations of being a “good mother” as linked to breastfeeding (Marshall et al., 2007). In particular, the health benefits of breastfeeding are deeply rooted in research and placed on mothers (World Health Organization, 2003). Therefore, social constructions of mothering choices lead to the placement of value on mothering practices (Marshall et al., 2007).

Moreover outcomes suggested that mothers who stayed home to care for their child experienced struggles with perceived societal expectation of going back to work. This was especially true for mothers who were college educated. As such, these mothers identified a struggle to meet societal expectations of fulfilling productive roles as examined by (Bailey,
Likewise, these mothers identified that the successful balancing of these roles is what made someone a “good mother,” leading the perception of a good mother equaling a working mother. Importantly, previous literature has also identified mothers experiencing the opposite conflict, that is, the pressure of a good mother staying home with her child (Lewis, 1991). Present participants represent a largely college educated sample. Consequently, educational influences may have contributed to emphasizing the importance of having a career.

Findings also noted more general unrealistic expectations placed mothers at the macro-level. Participants described perceptions of parenthood as largely the responsibility of mothers. Moreover, they described mothers as the one to master renegotiating individual and family life and make it all work successfully (Twenge et al., 2003). Therefore, the present findings are consistent with previous literature indicating that mothers buy into the notion of “supermom” and that motherhood should be an easy transition (Bobel, 2002; Miller, 2007). Therefore, new mothers often begin the adjustment process based on unrealistic expectations that are falsely reinforced through dominant discourse (Miller, 2007). Thus, new mothers continue facing a double-edged sword by striving to live up to the unrealistic definition of being a “good mother,” which further reinforces false assumptions (Miller, 2007).

*Chronosystem*

In terms of the Chronosystem, findings suggest that time encompasses a reciprocal relationship with the transition to motherhood. Further, time was experienced in varying capacities. As such, participants experienced the process of growing as a mother across time, allowing for adjustment to motherhood, and ultimately reporting a better experience of motherhood. Taubman et al., (2009) and Miller (2007) identified adjustment and growth as facilitating the transition across time. Additionally, findings indicate that time experienced
throughout the day is different; for some, time was described as a blur and for others time was altogether absent. Given the complex life changes that take place in becoming a mother, it is reasonable that the passing of time is experienced differently. Previous literature indicates that time is influential across many aspects including age, historical time, normative and non-normative events (Carlson, 2011). Equally, Bouchard et al. (2008) examined age at first birth and relationship length in terms of adjustment experiences. Present findings indicate similar outcomes related to these characteristics. Although narratives do not imply causal results, these factors support Bouchard et al.’s (2008) results wherein emotional maturity, financial stability, and union durability facilitated healthier adjustments. Additionally, a few mothers reflected about the difference of time across pregnancy, a long 40 weeks, compared to the fast pacing of time after the baby is born.

To bring these ecological factors together, first-time mothers reported various systemic elements that reciprocally influenced daily lived experiences of motherhood and how one’s ecological background aided mothers in negotiating necessary adjustments to facilitate a healthy transition. That said, first-time mothers navigated their daily lives as mothers based on the past and present systemic resources.

Experiences of First-time Motherhood

Primary to the transition, mothers discussed various experiences of first-time motherhood as a theme. In particular, new mothers recognized the individuality of motherhood, challenges, expectations and emotional awareness as the fundamental experiences of first-time motherhood. Therefore, these experiences were articulated as informing how mothers came to describe their daily lived experiences.
In relation to the individuality of motherhood, findings suggested that mothers conceptualized their experiences as unique compared to other mothers. Specifically, participants expressed recognition of diverse characteristics leading to differing experiences of transitioning to motherhood. This aligns with decades of findings that indicate demographic characteristics and diverse experiences lead to different outcomes (Arendell, 2000; Chase & Rogers, 2001; Miller, 2007). Participants described recognizing the individuality of motherhood as mothers giving themselves permission to experience their own transition. Thus, this concept was utilized by first-time mothers to reduce their desire to conform to prescribed expectations of motherhood as previously explored by Blum and Strauss (2004).

Findings also indicate mothers were experiencing various challenges across the transition. In particular, new mothers were met with drastic life changes, a dominant discourse of the transition (Pacey, 2004). Further, challenges were informed by perceived expectations of what motherhood would be like (Hoffnung, 2011). Increasingly, mothers were met with unfulfilled expectations of their natural perception of motherhood. This experience is consistent with previous literature exploring false expectations of life as a new parent (Miller, 2007). In turn, participants expressed multiple pathways to navigate challenging expectations. Some mothers took on challenges as something they believed they needed to master, while other mothers directed through giving themselves permission to do things differently and figure out what works best for their individual needs.

Together, these experiences brought forth an emotional experience related to becoming a mother. As such, previous research has identified an internal emotional conflict among mothers by way of experiencing anxiety, sadness, guilt, and loss, all while feeling a new sensation of love for the new baby. These particular ambivalent feelings have been identified as a factor congruent
with postpartum spectrum disorders (Stanton et al., 2005) as many mothers struggle to emotionally make sense of confusing thoughts and feelings. Related to present findings, findings suggest that the majority of mothers became aware of their diverse emotions and had the emotional skillset and capacity to regulate and make sense of their experience without developing a postpartum disorder.

On the contrary, a few participants indicated difficulty navigating emotions immediately postpartum. Therefore, these mothers may have worked through the baby blues as experience by 80 percent of new mothers (National Institute of Health, 2005). Importantly, findings revealed that new mothers nested within support systems, a protective barrier for processing emotional turbulence as examined by Taubman et al. (2009) did not experience mental health issues.

Combined, first-time mothers described these general experiences of motherhood as daily encounters that were repeatedly processed. To add to the understanding of the grounded theory, mothers described these regular occurrences of motherhood as informed by ecological influences wherein individuality, challenges, expectations, and emotional awareness were reciprocally related to their nested environments.

*Influential Feedback Experiences & Processes*

Another important theme identified includes the internal and external feedback process of transitioning to motherhood. Feedback through social interaction responses, from baby, and internally as a self-awareness and evaluation brought forth the meaning making process by creating an understanding of the transition experience. Previous research demonstrates the importance of social construction of meaning (Blumer, 1969). As such, mothers made sense of their lived experience in relation to others. In particular, social interaction informed expectations and allowed mothers to comprehend their actual experience.
Additionally, findings demonstrate the importance of feedback from baby. In particular, new mothers report gauging their performance as a mother based on baby’s reaction. Mothers who received positive feedback from a happy baby described a sense of mastery and accomplishment from being a “good mother.” Consequently, these mothers were able to do more of the same to achieve a healthy adjustment to motherhood. Conversely, mothers met with unhappy responses from baby used the feedback to try to figure out what was not working well. In turn, baby’s feedback was conceptualized as doing something wrong and mothers adjusted practices used to allow for a better feedback. Further these mothers typically worked through various processes to facilitate mothering practices that better aligned to meet baby’s needs as examined by Feeney et al. (2001). Importantly, present findings are consistent with Lashley, Hans and Henson (2009) who examined mothers changing perceptions of baby. In particular, present findings revealed that through increasing interaction with baby, mothers identify a positive perception of motherhood. That is, the more feedback that present participants experienced from baby, the more they felt they were mastering motherhood and felt more competent across the adjustment.

In examining self-awareness and evaluation, this internal process was identified as taking place as a result of social interactions and receiving feedback from others and baby. New mothers described making sense of these interactions by recognizing their performance as a mother, using feedback as a rubric. Presently, mothers indicated a desire to reevaluate various situations to “figure out what works best” for them to achieve a sense of mastery.

Collectively, social interaction added to the grounded theory wherein mothers described utilizing feedback messages to create and revise their understanding of motherhood. In particular, mothers added current feedback to previous ecologically informed experiences and
daily lived experiences to construct their desired identity, roles, and behaviors as a first-time mother.

Interpersonal Process of Figuring out First-time Motherhood

Previous research indicates that the ability to make adjustments and recognize the interpersonal process of figuring out motherhood is a protective factor for healthy adjustments (Lachance et al, 2009). Specifically related to this study, mothers revealed their desire to be flexible to reduce rigid expectations regarding motherhood. As such, specific adjustment strategies were employed to facilitate figuring out motherhood.

In particular, findings revealed mothers implemented adjustment strategies including everything from internal coping to external interventions. Further, new mothers identified a desire to achieve balance in their lives, and most often, mothers described the need to be flexible and figure things out one moment at a time. Moreover, relinquishing control allowed mothers to relax into the process of figuring out their new life experience. Learning was described as the final strategy implemented by participants. Collectively, these four mechanisms facilitated first-time mothers’ transition experience. Importantly, each element was employed to various degrees in figuring out motherhood, allowing for a unique adjustment recipe for each mother. Previous literature has largely explored flexibility as a protective factor against postpartum disorders (Ambrozini et al., 2011). As such, further examinations of these remaining variables could contribute to healthier adjustments.

In sum, the interpersonal process of figuring out motherhood was characterized by mothers as the final element that informed their greater understanding and meaning assigned to first-time motherhood. In terms of the grounded theory, mothers described the ecological
presence combined with social interaction as reciprocally influencing daily experiences and interpersonal processes used to facilitate healthy adjustment across lived experiences.

Understanding & Meaning-making of First-time Motherhood

In examining new mothers understanding and meaning-making, findings suggest that first-time mothers understand and make-meaning of the transition to first-time motherhood by creating their own discourse. Specifically, first-time mothers evaluate meaning based on their experience of what it means to be a mother, recognition of the everlasting transition, and conceptualizing a new meaning of life. Previous literature reveals that along with the physical transition of having a child, new mothers develop their own definition of what is means to be a mother and take on congruent goals to implement as a mother (Miller, 2007). However, the present study expands current literature by identifying participants perceiving the transition as an everlasting transition and bringing a new meaning to their life. In particular, the present study indicates the reciprocal process between external experiences and internal adjustments as facilitating the transition experience as lived by first-time mothers. Presently, this conceptualization has allowed for healthy transitions as experienced by participants within this study.

In terms of the emerging grounded theory, first-time mothers explained the influence of previous themes working in tandem to generate their understanding and meaning-making of the greater transition to first-time motherhood experience.

Experience, Process, & Meaning-making of Transitioning to First-time Motherhood

Collectively, these themes represent the present experience of the transition to motherhood by these 18 participants. Importantly, these experiences led participants to make
healthy adjustments in becoming a mother. While many of these factors have previously been identified as part of the transition, these mothers’ narratives brought forth the lived experiences of making adjustments to “figure out” motherhood. Collectively, mothers described daily life as informed by ecological factors, experiences of being a mother, social interaction and a process of interpersonal adjustment. Ultimately, these four themes informed the final theme, construction of first-time mother’s understanding and meaning making. Together, each theme represents an integral part of mothers experience, process, and meaning-making of the transitioning to. In the end, these participants described a reciprocal path of motherhood experiences and demonstrated that there is not one linear way to achieve mastery of first-time motherhood.

Clinical Implications

Previous explorations related to the transition to parenthood have largely centered on the couple experience, specifically relationship dissatisfaction. Consequently, evidence documenting relational distress has fueled new parenthood intervention programming to buffer satisfaction declines as partners become parents (Shapiro et al., 2000). As such, the present study has identified a need to work specifically with first-time mothers, to navigate challenges of becoming a mother.

First, the present study has continued to highlight the vital role of social support while transitioning to motherhood. Each first-time mother related experiences of support from family and friends that were imperative to their process of becoming a mother. Further, previous literature offers that social support, above all else, is the greatest indicator of a healthy adjustment to motherhood (Pruett et al. 2011). Moreover, the World Health Organization (2003) states that breastfeeding should be practiced with a support system present because it can be so challenging. Collectively, the importance of a support system has been well documented.
Therefore, clinical intervention can further aid in the process of helping expectant mothers identify and implement a support plan prior to the birth of the baby. Network therapy offers clients available resources and connections to manage stressful situations before they become overwhelming.

As previously stated, the couple relationship often becomes less satisfying as attention is focused away from the couple to the new baby. Less quality time, and less time for productive communication, combined with less sleep can lead to some rough relational waters (Guttmann et al., 2004; Shapiro et al., 2000). In this study, first-time mothers did not commonly report distress within their relationships. However, it is noteworthy that should conflict arise as couples renegotiate their lives, therapists can offer clinical expertise to facilitate healthy adjustments. Further, couples can even seek out transition to parenthood programs that offer more intensive care.

Additionally, the present study has reinforced the essential role of healthcare professionals in new motherhood. In particular, participants related that everything from warmth provided to information offered facilitated first-time mother’s positive reflections of their pregnancy and birth. However, a few mothers related narratives of disappointment in terms of the pregnancy stressors leading into unsatisfying births. As such, research has also indicated such experiences as informing birth related trauma (Slade et al., 2010). Consequently, clinicians can offer various modalities of therapy to assist new mothers in processing and reframing their story to create a new meaning to the event that unfolded. Further, aligned with network therapy, clinicians can also work with expectant mothers to help them find professionals that will respect the mother’s desires to facilitate a satisfying experience.
In congruence with previous examinations, first-time mother’s expectations were identified as informing the transition (Bouchard et al., 2006). Specifically, participants related that expectations were largely unmet, resulting in disappointment and emotional internal conflicts. Additionally, participants described the notion that motherhood is something that simply cannot be prepared for because of the individual nature of the experience. Thus, therapists have the ability to work closely with expectant and new mothers to outline desired expectations, as well as provide feedback to resolve unrealistic and unmet expectations. As such, clinicians may provide new mothers with helpful skills that empower them to overcome challenges and realign expectations before overwhelming emotions set in.

Likewise, the process of realigning expectations is possible through emotion regulation. As such, the ability to become aware and regulate emotions can be utilized by new mothers under all challenging circumstances. Presently, new mothers described various coping strategies including having an emotional awareness to make adjustments as necessary. That said, therapists can offer emotionally focused therapy to assist first-time mothers in regulating their internal process. As a result, new mothers can reassess all new challenges including being flexible, relinquishing control and process feelings about going back to work as related within the present study. Moreover, these issues can also be directly processed with therapists to resolve various issues.

Overall, the grounded theory reflects various approaches for clinicians to help new mothers, new parents and family systems adjust to the birth of the new baby. Importantly, the model reflects more privileged and educated voices wherein mothers were able to reflect on their experience and make adjustments dependent on available resources. Therefore, clinically, it is
essential to explore whether a more demographically diverse sample could benefit from the grounded theory.

Future Directions

Throughout this discussion, suggestions have been made in terms of future research that could make a contribution to the transition to parenthood literature. As such, recommendations for further inquiry will be addressed in this section.

First and foremost future research would do well to further examine the present grounded theory with a more demographically diverse sample. The present study reflects the experience of educated, Caucasian, first-time mothers with accessibility to varied resources. As such, further work may highlight areas where the model could evolve to better assist and represent a more global experience of transitioning to motherhood. Similarly, further research could address the father’s experience in a similar fashion.

In terms of important variables highlighted, pregnancy and birth experiences have been identified as informing the process of becoming a mother by setting the emotional tone for the upcoming transition. As previously noted in this chapter, one-third of all births have been characterized as traumatic and some even lead to postpartum mental health issues (Creedy et al., 2000). Consequently, further research would be useful to explore first-time expectant mother’s pregnancy and birth expectations and mother’s strategies to process unsatisfying experiences prior to experiencing significant impairment.

Likewise, further explorations would be useful in terms of the role of healthcare providers. Specifically, professionals within this specialty are unique in the sense that care is still
essential without the presence of any health pathology; pregnancy, birth and breastfeeding are normative events. As such, explorations of mother’s hopeful outcomes of a patient/provider relationship would be useful. Previous literature has demonstrated that healthcare providers are on the frontlines for identifying postpartum issues, yet little research has examined the role of providers as inducing postpartum stress as perceived by new mothers.

Moreover, research regarding the mother and maternal grandmother relationship across the transition would add to the literature in terms of better understanding this unique relationship. Presently, new mothers related, “there are just things your mom can do.” Given this important role, researcher would do well to further explore new mother’s desire to include and receive help from their mother. Rather, do mothers fair better in the adjustment process when being guided by their own mother?

Additionally, military families should be further explored specifically related to the transition to parenthood. Previous literature has identified the helpfulness of coping mechanisms, optimistic personalities, and implementing support. However, little research has explored the double layered adjustment encounter by wives becoming mothers during the deployment. Specifically, present military mothers described the complexities of being away from home, taking on the pregnancy without a partner present, birthing a child, becoming a temporary single mother, and then transitioning into family roles upon the return of one’s partner. Consequently, transitioning to motherhood during a military deployment is deserving of further research.

One’s church and faith also influenced the transition by providing comfort and support. As such, research initiatives centering on faith based practices and perspectives while transitioning to motherhood could add to the current literature. Further research could explore the adjustment process from a faith based perspective.
A final direction in research could be around the issues of coping strategies. Present new mothers in this study expressed four themes of making adjustments including internal adjustments, being flexible, relinquishing control and learning. While previous literature has also identified that control related to perfectionism is correlated with postpartum depression (Ambrosini et al., 2011), little research has been conducted to explore various adjustment strategies that lead to healthy adjustments. Consequently, focusing on what works well for mothers experiencing healthy adjustments could facilitate an understanding of healthy experiences.

Limitations

The most prevalent limitation of this study is that it relates only the experience of these selected participants. While the small sample size and descriptive accounts reflect the goal of qualitative research, the findings are not generalizable beyond the present sample. In particular, little ethnic diversity existed among the participants; they were almost exclusively a Caucasian sample. Additionally, geographic diversity was also primarily limited to the mid-west. Snowball sampling led to the inclusion of two military families, the only diverse characteristic present. That said, snowball sampling led to present sampling biases.

Furthermore, it must be noted that the present participants reflected an educated sample of participants who shared having multiple resources available to help with the transition experience. As such, the present study did not reflect adversity issues and did not represent the experience of underserved populations. Importantly, the present study brought forth a healthy adjustment experience of becoming a mother wherein each mother was able to navigate challenges and maintain an adequate state of mental and physical health. In particular, participants described very challenging encounters across the transition. However, these
challenges were limited to becoming a first-time mother compared to multi-stressed mothers who may be struggling with food, shelter, transportation and basic need type issues. Therefore, it is important to expand this research to include broader participant characteristics. As such, increased diversity would enhance the current state of the literature to determine whether the current conceptual model could be applied to a more diverse set of life circumstances.

Additionally, new mothers at any point within the first year of transitioning to parenthood were grouped together in this study due to a small sample size. Importantly, the varying lengths of time mothers have been in the transition process may create differences within the sample. Therefore, a larger sample would better represent varying perspectives that may change across the transition as mothers begin to adjust to life changes.

Finally, the human element contributing to research must be recognized. In particular, participants were reflecting based on selective memories of encounters taking place across the last weeks or months. Therefore, the researcher must acknowledge that findings may be compromised due to intentional or unintentional alterations of actual experiences. In particular, two important variables, financial resources and couple relationship stressors brought forth interesting findings. Specifically, new mothers did not reflect any link between their experience and financial stressors or opportunities. Further, new mothers reflected overwhelmingly positive reflections about their relational adjustment experience. Consequently, it is important to acknowledge that this one time interview may have allowed for participants to share what they believed was appropriate provided the context of the interview and relationship with the researcher. Moreover, the presence of the researcher, who was at the time of data collection 20-30 weeks pregnant, could have compromised participants’ contributions by not wanting to provide worrisome experiences to an expectant mother. Consequently, it is impossible to know
whether participant’s reflections completely align with lived experiences and what alterations may exist in the identified discourse of this study.

Correspondingly, the role of the researcher must be acknowledged. To help reduce bias, the researcher engaged in several tasks, including maintaining a precise audit trail, and utilized multiple sources of data as outlined in chapter three. Importantly, the faculty advisor provided essential feedback throughout the extensive coding and analysis procedure. As stated previously, it is noteworthy that the present researcher was 20-30 weeks pregnant while conducting the interviews. As such, the researcher’s status as being an expectant mother may have enabled participants to develop a stronger connection with the researcher or may have influenced participants to withhold experiences that would have otherwise been discussed.

Final Reflexivity

Most importantly, I would like to reflect my upmost appreciation for the 18 mothers that participated in the study. I am very grateful for these mothers, as they gave up precious moments of undivided attention with their new babies to share their journey of becoming a mother. I would like also recognize that every baby was present for the interview process. Only a few were napping, and most were animated participants from start to finish. As such, participants stories of their transition as well the in the moment interview experience with an infant opened my eyes to the reality of motherhood. Additionally, it must be mentioned that participant’s expressions were an important element in my transition to motherhood. As such, I gave birth to my first child upon completion of the interviews and prior to data analysis. Therefore, the analysis and coding procedures of data submersion, acted as an additional support outlet for making meaning of my experience. While I did not get to interact with the mothers directly during the analysis, their stories were an integral part of my feedback process and informed my experience.
Finally, it is notable that writing about first-time motherhood while attempting to write a dissertation as a first-time mother, brought humor and a sound frame of mind to the insurmountable task that I had taken on. Without having become a mother myself, I would not have had the ability to appropriately convey the meaning in my participants message of their experiences, and without these 18 very special mothers, I would not be the mother than I am today through this reflexivity process; and for that I will be forever grateful.

Conclusions

It is anticipated that this research has brought new insight to the experience, process and meaning-making of transitioning to first time motherhood. Specific experiences informing first-time motherhood transitions were brought forth through ecological systems and feedback process of social-interaction. As such, first time mothers encountered both internal and external processes that unfolded across the transition experiences, leading mothers to make sense of first-time motherhood. This investigation highlighted the process of becoming a mother for this group of 18 first-time mothers. Ultimately, this study has contributed to the transition to parenthood body of literature by way of giving voice to first-time mother’s experiences.
APPENDICES
APPENDIX A:

Consent Form
New Mothers Experiences of the Transition to Parenthood: A Qualitative Study Grounded in the Experiences of First-Time Mothers

A Dissertation

RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM

RESEARCH STUDY:
New Mothers Experiences of the Transition to Parenthood: A Qualitative Study Grounded in the Experiences of First-Time Mothers

Thank you for thinking of participating in this study. The purpose of this study is to explore how first time mothers understand and describe the lived experience of first time motherhood during the first 12 months of the transition to parenthood.

WHAT YOUR PARTICIPATION WILL INVOLVE:
By signing this consent form you are giving permission to take part in an individual interview and complete a questionnaire and eco-map. The interview will focus on how first time mothers understand and describe the lived experience of first time motherhood during the first 12 months of the transition to parenthood.

Your participation will involve:
- An explanation of the research study and the informed consent form.
- One meeting with the researcher to complete a demographic questionnaire, eco-map and a one-on-one interview. The meeting will only take one to two hours of your time.
- With your permission, the researcher will contact you at the end of the study to share the study findings. You do not have to agree to be contacted to participate in this study.
- At the end of this process you will receive a $35.00 gift card in thanks of your participation in this study.

Today, I will explain this research study and the informed consent form with you and then you will be asked to participate in the study.

The goal of the research study is to contribute to our understanding of how first time mothers understand and describe the lived experience of first time motherhood during the first 12 months of the transition to parenthood. Your participation in this research project is completely voluntary. You can refuse to answer any questions that you do not wish to answer. Each interview will be audio-taped and you may request at any time that the audio-taping be stopped. Should you choose to stop the recording, the interview will conclude at that time. You may also withdraw your participation at any time without penalty or loss of benefits to which the subjects is otherwise entitled.
POTENTIAL RISKS & BENEFITS:
There is the potential for minimal risk involved with participating in this project. Some psychological discomfort may be experienced from revealing personal information or thinking about things that are related to your past. You are able to take a break at any point during the interview process, and you are able to refuse to answer any questions that make you uncomfortable. After the interview, should you feel overwhelmed or stressed please contact the researcher and she will provide a referral for Perspectives Therapy Services clinic or resources in your local community.

You may receive indirect benefits from your participation in this study by sharing your experience in pregnancy with researchers. A goal of this project is to contribute our understanding of how first time mothers understand and describe the lived experience of first time motherhood during the first 12 months of the transition to parenthood.

RECORDING:
With your consent, your interview will be audio-taped. You will not be permitted to participate in the study without being taped. Only the researcher will have access to the recordings. The recordings will be transcribed (typed word for word) and deleted once the typed transcripts are checked for accuracy. Neither your name nor any other identifying information will be associated with the recording or the transcript. Transcripts of your interview may be reproduced in whole or in part for use in presentations or written products related to the study. Neither your name nor any other identifying information (such as your voice) will be used in presentations or in written products resulting from this study. Immediately following the interview you will be given the opportunity to have the recording deleted if you wish to withdraw your consent to participate in this study. By consenting to record you are agreeing to have your interview recorded, to having the recording transcribed and to the use of the written transcripts in presentations and written products.

CONFIDENTIALITY:
The data for this project will be kept confidential and all information that refers to you, or can be identified with you will be kept confidential to the maximum extent allowable by law. If you choose to sign this consent form, you are also giving consent to have the interview audio-taped, so that the researchers have complete and correct information from the interview. You may request at any time to have the taping stopped and you can refuse to be taped at all. The audio-recordings are transcribed (written word for word), all identifying information will be deleted (i.e., names of people or places) so that your information cannot be identified. Typed transcripts of your interview will be kept as password protected files, and access to the information will be limited to the researcher, the doctoral committee chair and the Michigan State University Institutional Review Board (IRB). Michigan State University may review your research records. All research data for this study will be kept in password protected files on a personal computer only accessed by the researcher for a minimum of 3 years after the conclusion of the project. Transcripts of your interview may be reproduced in whole or in part for use in presentations or
written products related to the study. Neither your name nor any other identifying information (such as your voice) will be used in presentations or in written products resulting from this study. Immediately following the interview, you will be given the opportunity to have the recording deleted if you wish to withdraw your consent to participate in this study.

Other than this form, all data will be identified with a code number. A list linking your name to the code number will be kept in a locked file for the duration of the study. Once all the data are collected and analyzed, the list linking the names to the code number will be destroyed.

**YOUR RIGHTS TO PARTICIPATE, SAY NO, OR WITHDRAW:**
Participation in this research project is completely voluntary. You have the right to say no. You may change your mind at any time and withdraw. You may choose not to answer any specific questions in the study. You can stop participating at any time by telling the interviewer that you no longer want to participate. Refusal to participate will involve no penalty or loss of benefits to which the subjects is otherwise entitled.

**CONTACT INFORMATION FOR QUESTIONS AND CONCERNS:**
If you have concerns or questions about this study, such as scientific issues, how to do any part of it, or to report an injury, please contact the researchers:

Marsha Carolan, PhD., LMFT  
Kayla Katterman, MA, LMFT  
13B Human Ecology Building  
Michigan State University  
East Lansing, MI 48824  
carolan@msu.edu or runyanka@msu.edu  
(989) 980-9657

If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Michigan State University’s Human Research Protection Program at 517-355-2180, Fax 517-432-4503, or e-mail irb@msu.edu or regular mail at 207 Olds Hall, MSU, East Lansing, MI 48824.

*Please read and sign on the following page*

**YOU HAVE READ THE CONSENT FORM. YOUR QUESTIONS HAVE BEEN ANSWERED. YOUR SIGNATURE ON THIS FORM MEANS THAT YOU CONSENT TO**
PARTICIPATE IN THIS STUDY. YOU ALSO CERTIFY THAT YOU ARE 18 YEARS OF AGE OR OLDER.

DOCUMENTATION OF INFORMED CONSENT:

☐ I voluntarily agree to participate in an interview.
☐ I voluntarily agree to having my interview audio-recorded and transcribed and to the use of the written transcript in presentations and written products as explained to me.

________________________
Initials

☐ I voluntarily agree to allow the researcher to contact me at the end of research project to share the findings of the study.

________________________
Initials

Your signature below means that you voluntarily agree to participate in this research study.

__________________________________________  _______________________________________
Signature of Participant                  Signature of Researcher

__________________________________________  _______________________________________
Typed/Printed Name of Participant          Typed/Printed Name of Researcher

__________________________________________  ___________________________  ___________________________
Date                                      Date

You will be given a copy of this form to keep.
APPENDIX B:

Semi-Structured Interview Guide
Semi-Structured Interview Guide

Introduction:
I would like to thank you for agreeing to talk to me today. I really appreciate you taking the time to participate in this interview. I am here because I would like to learn more about how first-time mothers experience the transition to motherhood. During this interview, there are no right or wrong answers to any of the following questions and you are free to decline answering any of the questions as well. Therefore, speaking from your personal experiences are truly the best answers. I would also like to remind you that at any time you may choose to not answer a question, take a break during the interview, end the interview, withdraw participation, ask questions, or provide feedback about the questions at any point during our time together.

Demographic Questionnaire:
Please take a few minutes to complete the demographic questionnaire.

Interview and Eco-Map:
Next, we will begin working on the eco-map activity and will continue working on it throughout the interview process. (The following questions will be discussed initially to introduce the concept of an eco-map and will be discussed in more detail with participant’s unique responses).

Question #1: General
Will you please begin by talking about what the transition to motherhood experience has been like for you?
Probes:
  • What experiences shaped expectations of the transition to parenthood experience?
  • What are some positive aspects of being a new mother?
  • What are some challenges of being a new mother?

Question #2: Prenatal Experiences
Please describe experiences of any prenatal supports or stressors that have influenced your transition to motherhood?
Probes:
  • What prenatal experiences shaped postnatal transition to motherhood?
What strategies were employed prenatally to help with transitioning to motherhood?

Question #4: Environmental Factors

What environmental characteristics (family, friends, financial support etc.) have influenced the transition to motherhood experience?

Probes:

- Microsystem (individual characteristic, relational characteristics)
  1. Which individuals played/plays a significant role in your life throughout your transition to motherhood?
  2. How do these individuals influence your experience of motherhood?
  3. What type of a relationship do you have with these individuals?

- Mesosystem: How have multiple environments interacted to influence your transition to motherhood experience?
  1. What are factors/environments/experiences that have helped with transitioning to motherhood?
  2. What are factors/environments/experiences that have challenged/stress your transition to motherhood?

- Exosystem: How have indirect environments influenced?

- Macrosystem: how have cultural values, beliefs etc., influenced?

- Chronosystem: How has time influenced your transition to motherhood?

Question #5: Meaning:

Please describe how you understand this transition to motherhood?

Probes:

- What does motherhood mean to you?

- How do you understand where you are at in the process of transitioning to motherhood?
• Did you think that motherhood would feel similar to your lived experience? Different? Describe.
APPENDIX C:

Demographic Questionnaire
Demographic Questionnaire

1) What is your age? __________

2) What is your current relationship status?
   - Married: How long__________________________
   - Engaged: How long__________________________
   - Living together: How long_____________________
   - Dating: How long____________________________

3) What is the highest grade or level of school completed?
   - Have not graduated from high school
   - High School Diploma/GED
   - Some college
   - College degree
   - Graduate degree

4) What is the total household annual income?
   - Less than 5,000
   - 5,000 – 19,000
   - 20,000 - 29,000
   - 30,000 – 39,000
   - 40,000 – 49,000
5) What is your ethnicity (Check all that apply)?

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Not Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Other______________________

6) What is your work status?

- Full time
- Part-time
- Not employed outside of the home
7) Have you ever experienced a miscarriage?

8) Have you experienced any complications with your pregnancy(ies) like morning sickness, diabetes, high blood pressure etc.?
APPENDIX D:

Eco-Map
Eco-Map Instructions
(Guide for researcher while explaining the process of completing an eco-map)

What is an Eco-Map?

An eco-map is used to learn about a person’s connections with others and with systems. Some examples are family, friends, service providers, schools, neighbors, and church communities. The eco-map will reflect each participant’s unique experiences of connections of influences of nutrition knowledge.

What does an Eco-Map look like?
The central circle represents the person participating in the study. The surrounding circles represent systems that the participant determined to influence her transition to motherhood experience. Each surrounding circle is connected to the central circle by a line that will indicate the direction of influence.

Instructions
1. Identify people and/or systems/resources that the participant believed to influence her transition to motherhood. Indicate these in the circles surrounding the central circle representing the participant.

2. For each person/resource/system indicate, on the line connecting the circles, the strength of the relationship and flow (resource helping the participant vs. participant helping the resource).
   - **Strength of relationship**
     - Strong relationship (red colored pencil)
     - Weak relationship (green colored pencil)
   - **Flow – directional arrow**:
     - Pointing to the central circle = system helping participant
     - Pointing to the outer circle = participant helping the system
     - Bidirectional arrow = mutual helping between system & participant.
Figure 6.1. Eco-Map

Eco-Map

Notes:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

157
APPENDIX E:

Phone Interview Consent Form and Procedures
Phone Interview
Semi-Structured Interview Guide

Introduction:
I would like to thank you for agreeing to talk to me today. I really appreciate you taking the time to participate in this interview. I am here because I would like to learn more about how first-time mothers experience the transition to motherhood. During this interview, there are no right or wrong answers to any of the following questions and you are free to decline answering any of the questions as well. Therefore, speaking from your personal experiences are truly the best answers. I would also like to remind you that at any time you may choose to not answer a question, take a break during the interview, end the interview, withdraw participation, ask questions, or provide feedback about the questions at any point during our time together.

Do you have any questions at this point in time?

Consent Procedures:
Before we begin the formal part of the interview, I need to read you the following document and ask your consent for participating in the study and to be audio recorded for the duration of the interview. The following information provides a detailed explanation of the study.

RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM
RESEARCH STUDY:
New Mothers Experiences of the Transition to Parenthood: A Qualitative Study Grounded in the Experiences of First-Time Mothers

Thank you for thinking of participating in this study. The purpose of this study is to explore how first time mothers understand and describe the lived experience of first time motherhood during the first 12 months of the transition to parenthood.

WHAT YOUR PARTICIPATION WILL INVOLVE:
By agreeing with this consent form you are giving permission to take part in an individual interview and complete a questionnaire and eco-map. The interview will focus on how first time mothers understand and describe the lived experience of first time motherhood during the first 12 months of the transition to parenthood.

Your participation will involve:
• An explanation of the research study and the informed consent form.
• One phone meeting with the researcher to complete a demographic questionnaire, eco-map and a one-on-one interview. The meeting will only take one to two hours of your time.
• With your permission, the researcher will contact you at the end of the study to share the study findings. You do not have to agree to be contacted to participate in this study.
• At the end of this process you will receive a $35.00 gift card in thanks of your participation in this study.

Today, I will explain this research study and the informed consent form with you and then you will be asked to participate in the study.

The goal of the research study is to contribute to our understanding of how first time mothers understand and describe the lived experience of first time motherhood during the first 12 months of the transition to parenthood. Your participation in this research project is completely voluntary. You can refuse to answer any questions that you do not wish to answer. Each interview will be audio-taped and you may request at any time that the audio-taping be stopped. Should you choose to stop the recording, the interview will conclude at that time. You may also withdraw your participation at any time without penalty or loss of benefits to which the subjects is otherwise entitled.

**POTENTIAL RISKS & BENEFITS:** There is the potential for minimal risk involved with participating in this project. Some psychological discomfort may be experienced from revealing personal information or thinking about things that are related to your past. You are able to take a break at any point during the interview process, and you are able to refuse to answer any questions that make you uncomfortable. After the interview, should you feel overwhelmed or stressed please contact the researcher and she will provide a referral for Perspectives Therapy Services clinic or resources in your local community.

You may receive indirect benefits from your participation in this study by sharing your experience in pregnancy with researchers. A goal of this project is to contribute our understanding of how first time mothers understand and describe the lived experience of first time motherhood during the first 12 months of the transition to parenthood.

**RECORDING:**
With your consent, your interview will be audio-taped. You will not be permitted to participate in the study without being taped. Only the researcher will have access to the recordings. The recordings will be transcribed (typed word for word) and deleted once the typed transcripts are checked for accuracy. Neither your name nor any other identifying information will be associated with the recording or the transcript. Transcripts of your interview may be reproduced in whole or in part for use in presentations or written products related to the study. Neither your name nor any other identifying information (such as your voice) will be used in presentations or in written products resulting from this study. Immediately following the interview you will be given the opportunity to have the recording deleted if you wish to withdraw your consent to participate in this study. By consenting to record you are agreeing to have your interview recorded, to having the recording transcribed and to the use of the written transcripts in presentations and written products.

**CONFIDENTIALITY:**
The data for this project will be kept confidential and all information that refers to you, or can be identified with you will be kept confidential to the maximum extent allowable by law. If you
choose to agree to this consent form, you are also giving consent to have the interview audio-taped, so that the researchers have complete and correct information from the interview. You may request at any time to have the taping stopped and you can refuse to be taped at all. The audio-recordings are transcribed (written word for word), all identifying information will be deleted (i.e., names of people or places) so that your information cannot be identified. Typed transcripts of your interview will be kept as password protected files, and access to the information will be limited to the researcher, the doctoral committee chair and the Michigan State University Institutional Review Board (IRB). Michigan State University may review your research records. All research data for this study will be kept in password protected files on a personal computer only accessed by the researcher for a minimum of 3 years after the conclusion of the project.

Transcripts of your interview may be reproduced in whole or in part for use in presentations or written products related to the study. Neither your name nor any other identifying information (such as your voice) will be used in presentations or in written products resulting from this study. Immediately following the interview, you will be given the opportunity to have the recording deleted if you wish to withdraw your consent to participate in this study.

YOUR RIGHTS TO PARTICIPATE, SAY NO, OR WITHDRAW:
Participation in this research project is completely voluntary. You have the right to say no. You may change your mind at any time and withdraw. You may choose not to answer any specific questions in the study. You can stop participating at any time by telling the interviewer that you no longer want to participate. Refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled.

CONTACT INFORMATION FOR QUESTIONS AND CONCERNS:
If you have concerns or questions about this study, such as scientific issues, how to do any part of it, or to report an injury, please contact the researchers:
Marsha Carolan, PhD., LMFT Kayla Katterman, MA, LMFT
13B Human Ecology Building
Michigan State University East Lansing, MI 48824 carolan@msu.edu or runyanka@msu.edu
(989) 980-9657

If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Michigan State University’s Human Research Protection Program at 517-355-2180, Fax 517-432-4503, or e-mail irb@msu.edu or regular mail at Michigan State University, 408 W. Circle Dr., 207 Olds Hall, MSU, East Lansing, MI 48824.

*Please read and sign on the following page

THE CONSENT FORM HAS BEEN READ TO YOU. YOUR QUESTIONS HAVE BEEN ANSWERED. YOUR VERBAL AGREEMENT TO THIS FORM MEANS THAT YOU CONSENT TO PARTICIPATE IN THIS STUDY. YOU ALSO CERTIFY THAT YOU ARE 18 YEARS OF AGE OR OLDER.
**DOCUMENTATION OF INFORMED CONSENT:**
- Do you voluntarily agree to participate in an interview?
- Do you voluntarily agree to having your interview audio-recorded and transcribed and to the use of the written transcript in presentations and written products as explained.
- Do you voluntarily agree to allow the researcher to contact you at the end of research project to share the findings of the study?

Upon completion of the interview or at any time point you should choose to end the interview, the audio recording device will be turned off to gather your full name and address to mail the gift card to you.

Do you have any question before we begin?

**Demographic Questionnaire:**
I would like to begin by asking you to answer a few demographic questions. Again, please keep in mind that you do not have to provide answers to any question that you choose not to.

5) What is your age? __________

6) What is your current relationship status?
   - Married: How long__________________________
   - Engaged: How long__________________________
   - Living together: How long__________________
   - Dating: How long__________________________

7) What is the highest grade or level of school completed?
   - Have not graduated from high school
   - High School Diploma/GED
   - Some college
   - College degree
   - Graduate degree
8) What is the total household annual income?

- Less than 5,000
- 5,000 – 19,000
- 20,000 – 29,000
- 30,000 – 39,000
- 40,000 – 49,000
- 50,000 – 59,000
- 60,000 – 69,000
- 70,000 – 100,000
- Over 100,000

5) What is your ethnicity (Check all that apply)?

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Not Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Other______________________
6) What is your work status?
   - Full time
   - Part-time
   - Not employed outside of the home

7) Have you ever experienced a miscarriage?

8) Have you experienced any complications with your pregnancy(ies) like morning sickness, diabetes, high blood pressure etc.?

**Interview and Eco-Map:**
Next, we will begin working on the eco-map activity and will continue working on it throughout the interview process. (The following questions will be discussed initially to introduce the concept of an eco-map and will be discussed in more detail with participant’s unique responses).

**Question #1: General**
**Will you please begin by talking about what the transition to motherhood experience has been like for you?**
   **Probes:**
   - What experiences shaped expectations of the transition to parenthood experience?
   - What are some positive aspects of being a new mother?
   - What are some challenges of being a new mother?

**Question #2: Prenatal Experiences**
**Please describe experiences of any prenatal supports or stressors that have influenced your transition to motherhood?**
   **Probes:**
   - What prenatal experiences shaped postnatal transition to motherhood?
- What strategies were employed prenatally to help with transitioning to motherhood?

**Question #4: Environmental Factors**

*What environmental characteristics (family, friends, financial support etc.) have influenced the transition to motherhood experience?*

**Probes:**

- Microsystem (individual characteristic, relational characteristics)
  1. Which individuals played/plays a significant role in your life throughout your transition to motherhood?
  2. How do these individuals influence your experience of motherhood?
  3. What type of a relationship do you have with these individuals?

- Mesosystem: How have multiple environments interacted to influence your transition to motherhood experience?
  1. What are factors/environments/experiences that have helped with transitioning to motherhood?
  2. What are factors/environments/experiences that have challenged/stress your transition to motherhood?

- Exosystem: How have indirect environments influenced?

- Macrosystem: how have cultural values, beliefs etc., influenced?

- Chronosystem: How has time influenced your transition to motherhood?

**Question #5: Meaning:**

*Please describe how you understand this transition to motherhood?*

**Probes:**

- What does motherhood mean to you?

- How do you understand where you are at in the process of transitioning to motherhood?
• Did you think that motherhood would feel similar? Different? Describe.
References


179


