The needs and experiences of new parents with a well, full-term baby in the first eight weeks post partum.

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Abstract

The birth of a first child is a momentous occasion in the lives of the couple who are the parents. The event of birth heralds a period of enjoyment, wonder, emotional highs and lows, turmoil and change for the developing family. This treatise presents an exploration of the experience of parenting for the first time. An extensive literature review of qualitative research revealed that parents adjust to their role experiencing a variety of losses and gains during this process. Support, both formal and informal, were identified to be crucial to parents adjusting to their new role in a satisfying way. In addition to this, it was identified that expectant parents had unrealistic expectations of how the birth of a child would affect them, and they lacked practical knowledge of how to meet the needs of this child. In respect to these findings, many researchers recommended a review of the structure and content of antenatal classes and the education of midwives and early childhood nurses. The information has been presented using the conceptual framework of Orem's Self-Care Deficit Theory of Nursing to enable identification of the needs of new parents and how nurses may appropriately care for the developing family to encourage a satisfactory transition to parenthood. Recommendations have been made by the author regarding the education of midwives and early childhood nurses and for an alternative approach to preparation for parenthood classes.

Chapter One:

1.1 Introduction

The birth of a couple's first child is often an event, which is anticipated with a mixture of emotions and expectations. The initial excitement of new parenthood can be tempered by disappointment resulting from unrealistic expectations of the parenting experience. The availability of a vast array of parenting publications is testimony to the difficulties and knowledge deficit that face many couples in the adjustment to their new role. The way that these new parents are able to make the role adjustment will affect their marital relationship and family function. The health and wellbeing of the children are a result of the degree to which the couple makes the transition to parenthood. Evidence of the experience of new parents in adjusting to this role is widely available in research literature. However, a model of care to assist the nurse in supporting the new family is not easily identifiable upon examination of the research.

The problem explored for this treatise is *the experiences and needs of new parents in the first eight weeks postpartum.* An extensive literature review has been conducted to elicit the experiences and needs of new parents. This review identified a widespread parental knowledge deficit, unrealistic expectations of the role and lack of perceived support infrastructure. In addition, several researchers made recommendations that were designed to assist parents in adjusting to their new role. This research so far has not been able to be included in evidence-based practice due to the lack of empirical investigation.

It is proposed that the conceptual framework of Orem's Self-Care Deficit Theory of Nursing will be used in the study, as a structure for arrangement of information identifying the new mothers and fathers parenting needs and related midwifery and early childhood nursing intervention.

The use of material from qualitative research papers was the main focus of this study. Examination of the research papers revealed a wealth of information of how new mothers and fathers feel about parenthood both before and after the birth of their first child. The literature also reported significant aspects that have been found to assist adjustment to parenthood, many researchers indicating the process begins during pregnancy.

1.2 The Purpose of the Study

The study of the literature has revealed that for some couples, adjustment to parenthood has been shown to be less than optimal, putting the children at risk of abuse and neglect, and their sequelae. James (1999, p30) proposed a reason for this situation by stating "the early weeks and months after birth can be shattering when the reality of early parenting does not live up to parental expectation."

The challenge facing the nurse caring for and supporting these families is to identify and intervene where there is greatest need. The aim of this investigation was to enhance the understanding that early childhood nurses and midwives have of developing families, enabling these health workers to clearly identify new parents in need of extra support. It was also anticipated that through increased knowledge of identifying risks and those new

parents in need, that early childhood nurses and midwives will develop effective intervention skills and thus help to improve the health and well being of the new families they care for.

Adjustment to parenting has far-reaching consequences for the future of the child. Moon, Rahman & Bhatia (1998, p185) observed that the ability of a family to function well affected the health and well being of the children of that family. Concurring with this notion was New South Wales (NSW) Health (1999, p2), who reported that many of the health problems children experience are a reflection of the interaction between themselves and their family.

The policy document, *The Start of Good Health* (NSW Health 1999, p4) identified goals, number one being to improve the health and wellbeing of children through the enhancement of family and social functioning. The critical importance of early life experiences on the growth and development of children was reported by NSW Health (1999, p2). Also, Trewin (1999, p35) reported that the family environment may be harmful for some children because they are at risk of being abused or neglected, the age group under one year being most affected. Thus it was seen to be crucial for the midwife or early childhood nurse to have the knowledge and resources to adequately support these parents in need. NSW Health (1999, p5) further reported that parents and children would benefit through the implementation of appropriate programs and services to meet the needs of these families, and education of the health workers in relation to provision of support.

The purpose of this study was to explore the experiences and needs of first-time parents in the eight weeks following the birth of their normal, full-term baby. The reason for investigating the needs and concerns of new parents was supported by Ball (1994, p116) who advocated the purpose of maternity care.

> *"The purpose of maternity care is to enable a woman to be successful in becoming a mother, giving birth to a healthy infant and embarking in strength and confidence upon her lifelong commitment of motherhood. The objectives of maternity care must, therefore, be as concerned with the psychological processes as they are with the physical."*

Most babies live with two parents; it is therefore more appropriate to consider both the mother and the father for the purposes of care during pregnancy and the subsequent transition to parenthood. It was anticipated that this study would help determine the timing and type of intervention helpful to a couple's adjustment to parenthood, and how the nurse may recognise those needing assistance.

Current literature and research has identified favourable and negative experiences of new parents, particularly those of mothers. Researchers (Mercer 1985; Imle 1990; Barclay, Everitt, Rogan, Schmeid & Wyllie 1997) have attempted to develop models to explain the maternal transition to motherhood. However, although the problems and feelings experienced by mothers and, to some extent, fathers have been researched and reported (Barclay and Lupton 1999; Sawyer 1999; Gottesman 1999; Kerslake Hendricks 1998), few nursing and midwifery theorists have incorporated these feelings and experiences

within models of care for new parents. A literature search however, identified that Methven (1985) did attempt to apply nursing theory to antenatal care with some success.

Chapter Two:

2.1 Conceptual Framework

The purpose of applying a model of nursing and midwifery care to the experience of the new parent was described by Westphal (1989, p23) as a diagrammatic way of reflecting on a combination of ideas needed to explain the particular process or phenomenon (adjustment to parenting) through understanding how the parts combine to make the whole. Thus providing the nurse with a framework within which to facilitate a logical course of action when presented with a particular problem.

Orem (1995) identified that nursing is a helping service. The nurse is the provider of this 'helping service' and an individual with a self-care deficit is the recipient (Orem 1995, cited in Ulbrich 1999, p2). In the case of new parents, the self-care deficit is related to lack of knowledge of their changing role which may affect the life, health and wellbeing of themselves and their child (Orem 1995, p435). Her theory supports three major concepts within what she described as the 'basic nursing systems', *wholly compensatory, partly compensatory* and *supportive educative.* Assessment of the self-care deficit and dependent self-care deficit enables the nurse to determine how much care his/her patient requires to meet their own self-care needs (Orem 1995, p172). The assessment enables the nurse to determine the nursing system most appropriate to use when beginning care for the patient.

The central aspect of the Orem model (Johnson 1989, cited in Bryar 1995, p182), is that for most of the time, people are self-caring, but when their situation changes, as it does when they become parents, help is required. Roy and Andrews (1999, p17) concurred

with this notion in stating that the eventual optimal outcome is for a person to be independent and able to manage universal, developmental and therapeutic self-care requisites. Orem (1995, p97) extended the meaning of health to include psychological, interpersonal, and social aspects of living. Thus the nurses' role is not only to care for the patient in a state of sickness, but also to assist individuals meet their needs, contributing to adjustment to change and wellbeing.

In a practical situation Orem (1995, p155) recommended that nurses must have accurate information and knowledge of the current condition and circumstance of those in their care, and also possible changes that may occur. She went on to suggest that this knowledge will help to guide the nurse in planning management and care required in meeting the individuals' needs. Thus, the nurse would develop a plan of care following careful history taking and the application of his/her specialist knowledge to the presenting problem.

The need for application of a model of care for patients was outlined in the statement made by Orem (1995, p107), that self-care directed to the maintenance and promotion of health requires scientific knowledge about self-care goals and practices as well as related skills and habits. Thus, care must be evidence based in order to help achieve the goals of both the patient and the nurse. Orem (1995) subsequently supported a theory and conceptual model of 'self-care'.

The *self-care deficit theory of nursing*, supported by Orem (1995, p177) was adopted to identify the care a patient is capable of performing for themselves or their dependents (dependent self-care), including the knowledge, skill and support needed to be fully functional in their area of deficit, self-care or dependent self-care demands. This theory subsequently relates to practical nursing, development and validation of nursing knowledge, and nursing education. The conceptual model of self-care includes nursing systems which are planned and enacted by nurses for people who have health related action deficits for knowing and continually meeting their own or their dependents' therapeutic self-care demands (Orem 1995, p162).

The term 'self-care' was defined by Orem (1995, p104) as "...the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health, and wellbeing." Orem (1995, p104) argued that adults were usually able to care for themselves, however infants required complete assistance, or dependent-care. Within the realm of self-care Orem (1995, p173) included emotional, interpersonal, and social developments and functioning of individuals in their life situations. Further, Orem (1995, p172) noted that self-care and care of dependents requires the availability and use of resources (including the communication of scientific knowledge by nurses) to determine what care is needed, and for its provision. The nurse is required to meet the needs of those in his/her care by providing support and information that will enable self-care and dependent care as a result of nursing action.

The fundamental idea of the self-care deficit, as described by Orem (1995, p175), was that mature persons may experience health-derived or health-care-related circumstances, decreasing their ability to fully care for themselves or their dependents, such as a change in their living situation or family structure. According to the Orem (1995, p177) theory, the self-care deficit is determined by the relationship between the action that individuals should take (the action demanded) and the action capabilities of individuals for self-care or dependent-care. Or, what the patient needs to do to reach optimal health, what the patient is able to do, and what nursing assistance is needed to achieve this.

For some patients, the health requirement may be new knowledge and skills to adjust to a life change, this self-care deficit is met by the nursing system (Orem 1995, p176), the nursing care, instruction and support given to enhance the knowledge and skill deficit of the patient. The self-care deficit theory links the nursing actions, or care, with the patient properties of therapeutic self-care demand, the needs of the patient, and self-care agency (or dependent-care agency), or the ability of the patient to meet their own health needs.

Self-care agency was defined by Orem (1995, p212) as the ability to meet one's own health needs, including wellbeing – which Orem (1995, p101) noted were success in personal endeavours, including adjusting to a life change. The self-care agency was seen to develop through daily living and learning how to adjust to role changes, it was also observed to be aided by curiosity of the patient, by instruction and supervision from others, and by experience (Orem 1995, p214). The self-care agency of the patient was recognised to give them the power to meet the health and wellbeing need of themselves

and their dependents (Orem 1995, p213). The nursing system was seen to assist in the development of the self-care agency. Nursing care, enabling patients to develop the skills necessary to meet their own needs.

In the design and care delivery of the nursing system Orem (1995, p176) suggested that nurses must take an extensive history and communicate with any other relevant health-care personnel, in order to determine therapeutic self-care demands, the needs, and abilities of the self-care agency or dependent-care agency of persons under their care. The result of this investigation would be the formulation of the therapeutic self-care demand (Orem 1995, p111).

Therapeutic self-care demand was described by Orem (1995, p187) as the kind and level of care individuals require to become self-caring, what people need to do when they have a deficit. Orem (1995, p119) noted that every person has a therapeutic self-care demand and nursing care assists people in meeting these demands. The necessary steps in calculating an individual's therapeutic self-care demand were outlined by Orem (1995, p205). The steps included; identification of the self-care requisite related to function and development, including the frequency that the need should be met; identification of any problems the individual may have in meeting the requisite; determination of how the need will be met; and the formation of an action plan. Orem (1995, p 306) proposed that plans for nursing care to meet self-care demands could be devised using basic nursing systems.

Orem (1995, p306) recognised three basic variations of nursing systems, *wholly compensatory, partly compensatory,* and *supportive-educative.* The *wholly compensatory*

system is used if the patient requires complete care, unable to perform any self-care actions. The *partly compensatory system* is used when the patient can perform some, but not all self-care actions. The *supportive-educative system* is used if the patient can and should be performing self-care actions. The nurse must take care when classifying his/her patients into nursing systems. According to Orem (1995, p312), the nurse needs to appraise the self-care and dependent self-care capabilities and health states of his/her patients.

Orem (1995, p307) illustrated a diagrammatic representation of basic nursing systems.

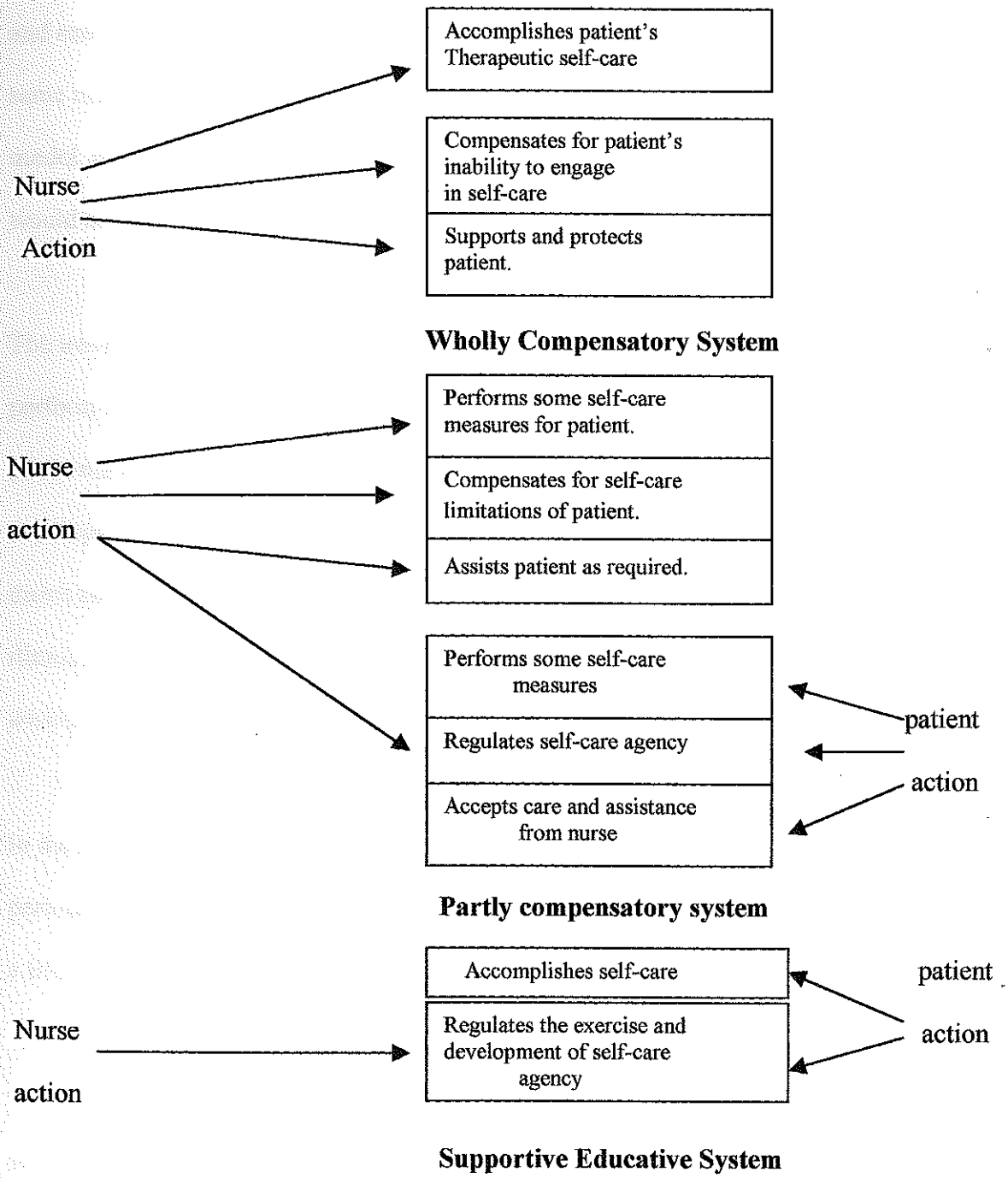


Fig. 10.2 Basic nursing systems Orem (1995, p307).

The person suffering a severe mental illness, disability, or drug dependency, may be classified in the *wholly compensatory system* due to an inability to attend to themselves and make reasoned judgements and decisions about self-care (Orem 1995, p308). The same may also be said for new parents who suffer these conditions. To apply the Orem model, parents suffering mental illness, disability, drug dependence or severe illness would not be able to perform self-care, or dependant-care.

The *wholly compensatory system* includes individuals who may be physically able to perform some measures of self-care with continuous guidance and supervision. The role of the nurse in this system would be to assist the patients in providing and maintaining a developmental environment for themselves and their dependants, the nurse would guide, direct and provide support (Orem 1995, p309). A person with a physical disability or illness such as severe hypertension or deep vein thrombosis may also be included in the *wholly compensatory system* due to their inability to move.

In the *partly compensatory system* the nurse or patient may have a major role in the performance of care measures (Orem 1995, p310). Most people, when first experiencing a life change, would be included in this system due to their knowledge and skill deficit. The major tasks would be achieved with nursing support. People included in this nursing system would be those in the process of adjusting to a major life change, as becoming a parent. The individuals may lack confidence in performing the new skills necessary to meet self-care demands and they may be experiencing adjustment difficulties. Lack of support systems would also be a factor for individuals at this level. All of which are

common experiences of new parents. The nursing aim for patients at this level would be to provide the support needed to enhance knowledge, confidence and skills that will enable movement to the *supportive educative system.*

As confidence and skill levels of patients improve, they move to the *supportive educative system,* where their requirements for help are confined to decision-making, behaviour control, and acquiring knowledge and skills (Orem 1995, p310). The patients continue to require guidance and support in the performance of dependent-care measures, teaching of skills, periodic guidance in self-care, and the nurses role in this variation is primarily consultative (Orem 1995, p311). Examples of individuals at this level of care would be those beginning to adjust to their life change, but continue to voice needs and concerns, as parents who are learning the skills and making the adjustments required of their new role. At this level of nursing, patients will be effectively achieving self-care and dependent self-care, as described by Orem. Self-care and dependent self-care is achieved through provision of conditions that: support life processes, maintain human structure and functioning within the normal range, support development in accordance with human potential, prevent illness and injury and promote general wellbeing (Orem 1995, p109). The person achieving self-care and dependent self-care has the required knowledge and skills to adjust to their role or condition. Adequate support is available for the individual and optimal health is being maintained.

The creation of nursing systems to enhance the nurses ability to understand and act to improve the health of their patients was a goal of Orem's described by Ulbrich (1999, p

2). Thus application of the basic nursing systems of *wholly compensatory, partly compensatory* and *supportive-educative* as described by Orem would enhance the nurses ability to provide appropriate care and support to those adjusting to parenthood. Indeed, The Orem model has been applied to midwifery care in the antenatal period with some success.

Rosemary Methven, British midwife and midwifery lecturer developed an assessment tool for antenatal women based on Orem's Self-Care Deficit Theory of Nursing (Bryar 1995, p180). This tool, however, was used at the booking interview to assist in identification of the woman's social, psychological and physical needs (Methven 1985, p39). It is appropriate to extend the use of Orem's theory to the period of adjustment to parenthood, as the needs and concerns of these women (and their partners) continue throughout this time.

The development of a nursing model to address the needs and concerns of the new family may be achieved through investigation of the relevant literature.

Chapter Three

Literature Review

It is evident, on reviewing the literature, that many themes of adjustment to parenting have been investigated. Research has tended to focus on various aspects of adjustment to parenting, including the process and time taken to adjust to the role; effect of the infant's behaviour on the couple's adjustment; difficulties and changes experienced by new parents; and what influences the process of becoming a parent. A model has been developed by researchers to explain the woman's transition to motherhood (Rogan, Schmied Barclay, Everitt & Wyllie 1997, p881) and a proposed intervention model for expectant parents to ease this adjustment has also been identified (Imle 1990, p33).

Researchers (Mercer 1985, p202; Rogan et.al. 1997, p883) have identified that women move through stages whilst adjusting to parenthood. The adjustment of fathers has been investigated to a lesser extent, and experiences of their adjustment to parenthood have been identified (Henderson & Brouse 1991, p297; Barclay & Lupton 1999, p1019).

The difficulties facing 'at risk' and 'vulnerable' families have been investigated (Rusk Keltner & Tymchuk 1992, p137; Tymchuk, 1994, p114; & Kaatz 1992, p211), resulting in some recommendations for support being made.

The development of realistic expectations of their forthcoming role transition by couples (Henderson & Brouse1991, p298; Barclay & Lupton 1999, p1018) and the importance of maintaining the health of their relationship has been highlighted by researchers (Short

Tomlinson 1987, p242; Cox, Paley, Burchinal & Payne 1999, p662; Tiedje & Darling-Fisher 1993, p106). Feelings of 'unreadiness' for and being overwhelmed by the parenting role are further themes identified in the literature (Rogan et. al. 1997, p881; McKay, Gibbons, Kennedy-Clarke & Evans 1999, p24).

In this study the literature review focuses on parents who have had their first (single) healthy, full-term child who is born into a two-parent family. The review of the literature has been discussed within the framework of Orem's Self-Care Model, around her major concepts of *wholly compensatory system, partly compensatory system* and *supportive educative system.*

3.1 Wholly Compensatory System

Parents included in the *wholly compensatory system* would include those requiring continuous guidance and supervision of the nurse.

The group of parents who are most sick, needy or vulnerable would be included in this classification. This area, in relation to adjustment to parenting, has been largely under reported in nursing literature, although these would be the type of parents to require much of the nurses problem-solving skills and support. An alarming statistic reported by Moon et.al. (1998, p77) that infants under one year old had the highest rate of death from homicide in 1996 is a significant reason why new parents should be provided with adequate support and guidance through their period of adjustment.

Illness

The new mothers classified in need of *wholly compensatory* nursing would include those with an illness causing immobility, as described by Humphrey (1999). The new mother suffering hypertension and eclampsia, maternal HELLP syndrome, thrombo-embolytic or cardiac disease (Humphrey 1999, p 58, 61, 83 & 86), would be classified within the *wholly compensatory system*, as strict bed rest and intensive nursing care if often required for the mother.

Intellectual disability

Some researchers have investigated issues related to new parents with an intellectual disability (Llewllyn 1990, p374; Kaatz 1992, p211; Rusk Keltner & Tymchuk 1992, p137; Tymchuk 1994, p117; Booth & Booth 1995, p31). These researchers noted that this group of parents needed intensive and ongoing support (Rusk Keltner & Tymchuk 1992, p138; Kaatz 1992, p218; Booth & Booth1995, p31). Indeed, Kaatz (1992, p211) observed that parents with an intellectual disability often have difficulty remembering to provide appropriate nutrition for their infants.

Intellectually disabled mothers are more likely than any other at risk group to have their parenting skill scrutinized (Rusk Keltner & Tymchuk 1992, p137). This scrutiny, observed Llewellyn (1990, p377) and Tymchuk (1994, p116) may be due to a lack of research in the area of intellectually disabled parents.

Parenting behaviour of those previously institutionalized has been observed by

Llewellyn (1990, p374) to be variable, ranging from satisfactory to poor, possibly due to several factors. Postnatal depression in this group was implicated as a reason for poor parenting skills by Tymchuk (1994, p117), on finding that almost 40% of participants of the study were suffering from the condition. Tymchuk (1994, p118) postulated that depression in this group of parents may hinder their acquisition, application and maintenance of effective parenting skills.

A further concern regarding the acquisition of parenting skills was noted by Kaatz (1992, p215) who observed that child safety may be at risk with intellectually disabled parents, as they often show inadequate judgement and do not possess the skills to predict outcomes. Support for these parents is further complicated by the observation by Rusk Keltner and Tymchuk (1992, p137) that nurses lack appropriate training to assist parents with an intellectual disability.

In relation to support, Booth and Booth (1995, p31) make the observation that intellectually disabled parents frequently perceive help as intrusive and experience it as a loss of competence. The feelings of these mothers may be associated with the observation by Tymchuk (1994, p 117) that mothers with intellectual disability suffered low self-esteem and were critical of themselves. The view expressed by Booth and Booth (1995, p310) is that social support is often inadequate and parents are often left to cope until their situation is at crisis point.

It was observed by Kaatz (1992, p218) that with intensive and ongoing support, most

parents with an intellectual disability will acquire a skill level that will enable them to function adequately in their role. In addition Rusk Keltner and Tymchuk (1992, p139) recommend health teaching in simple steps, with frequent repetition for this group of parents.

Mental Illness

New South Wales (NSW) Health recognised the long-term effects of parental mental illness and postnatal depression. Mental health outcomes of children may be affected by the quality of parent-infant attachment (NSW Health 1999, p29). Thus NSW Health have developed a strategy to improve the mental health outcomes for children and adolescents, the aim being to help parents develop skills to improve the mental health and wellbeing of themselves as well as their children (NSW Health 2000, p2). Currently, there are some programs being conducted in New South Wales for example, the *Families Together Program* in the Bondi area where the specific focus is support for parents with a long-term mental illness (AusEinet September 2000).

An observation made by Oates (1997, p8) was that serious mental illness effects the children as a result of marital discord. The children of these families are vulnerable to abuse, neglect and impairments to their emotional responsiveness. Oates (1997, p9) reported that the safety and well-being of children in these families should be a part of any risk assessment, and intensive support from health workers and respite care is of benefit to these parents.

Intensive home visitor support has been related to modest improvements in both self-esteem and depression levels in mothers (Navaie-Waliser, Martin, Tessaro, Campbell & Cross 2000, p11). In recognition of this, the Commonwealth Department of Family and Community Services (2000, p2) has recently granted funds, the *Stronger Families Fund,* to enable the provision of extra assistance from professionals for 'at risk' families and to enhance the development of community and relationship support.

Postnatal Depression

Postnatal depression has been noted as a particular area of need by many researchers, linked to social and marital conflict (Oates 1997, p6 Ballard & Davies 1996, p68). Parental depression has been identified by some researchers (Beck 1996, p98; Horowitz & Damato 1999, p604; Ballard & Davies 1996, p68) as having a negative impact on the parent-infant relationship, possibly increasing the risk of child abuse and neglect, and negatively affecting the child's growth and development.

A link between reduced social support in the first three months and postnatal depression in women was observed by Areias, Kumar, Barros and Figueiredo (1996, p5) and McIntosh (1993, p180). Extending this observation were Webster, Linnane, Dibley, Hinson, Starrenburg and Roberts (2000, p6) who reported a strong association between low support antenatally and the development of postnatal depression.

It was reported by Buist (1995, p72) that postnatal depression either develops antenatally or within the first three months post partum. McIntosh (1993, p180) observed that the

majority of depressive episodes began during the first four weeks postpartum. Sadly, less than half the mothers in this study (McIntosh 1993, p181) reported having sought help from anyone. McIntosh (1993, p184) subsequently suggested that the nurse should take a more proactive role in identification of parents who suffer depression. A link between traumatic childbirth and development of postnatal depression was postulated by Gonda (1998, p40), who recommended that families be debriefed following such a birth in order to determine the type of postnatal care to be offered.

Ballard and Davies (1996, p68) and Meighan, Davis, Thomas and Droppleman (1999, p207) observed the strong association between depression in mothers and depression in fathers. Areias et. al. (1996, p7) observed that fathers were more likely to develop depression if their partners suffered the condition in the first three months following childbirth. In relation to the adverse impact of parental depression on the cognitive and social development of children, Areias et. al. (1996, p7), note that the psychological needs of both parents must be recognised and met if these effects are to be prevented.

An association between early postnatal discharge and an increased incidence of postnatal depression was reported following an investigation by Hickey, Boyce, Ellwood and Morris-Yates (1997, p244), however, these findings were not repeated in a similar study conducted by Thompson, Roberts, Currie and Ellwood (2000, p1). An increased risk of developing postnatal depression in women who were discharged within 3 days of childbirth was reported by Hickey et.al. (1997, p247), however, these authors advised that further research should be conducted to identify any causal link between the two

phenomena.

A prospective cohort study conducted by Thompson et. al. (2000, p7) reported that the majority of their participants were satisfied with the help they received in the first weeks at home postnatally, and that they had adequate assistance from their partner. The receipt of midwifery support at home was also observed to be a contributing factor promoting the mother's level of satisfaction and her feeling of wellbeing.

Hickey et. al. (1997, p247) recommend that women entering an early discharge program need careful assessment for risk factors of postnatal depression. Thompson et.al. (2000, p7) agreed with this idea in highlighting the importance of providing of additional support from health care personnel for those women who lack other sources of support and elect early postnatal discharge.

The importance of identifying families at risk of developing postnatal depression is highlighted by Ballard and Davies (1996, p70). Webster, Linnane, Dibley, Starrenburg, Roberts and Hinson (1997, p69) agreed with the early identification of those at risk of developing postnatal depression and recommended that women be screened, and support offered, at the first antenatal interview. NSW Health (2000, p3), on the basis of this problem, have adopted a strategy for screening and early treatment of postnatal depression.

Child Abuse and Neglect

It was postulated by Browne (1989, p77) that child abuse may be related to unrealistic parental expectations, in addition to psychological stress factors. Brown recommended screening for risk factors in the perinatal period and a further screening at the three to six month stage to asses parental perceptions of the child and aspects of parenting and family life that the couple consider stressful. In agreement with this suggestion are Murry, Baker and Lewin (2000, p51) who recommended that in families where risk factors for child abuse and neglect have been identified, guidance in child care issues should be received, six monthly screening and appropriate referral should occur.

The importance of support for 'at risk' families and the future of their children is outlined by NSW Health (1999, p31) in the statement that child abuse and neglect may affect the long-term health and wellbeing of children, and can result in physical, developmental, emotional, psychosocial and social difficulties. Recognition and early intervention is proposed by NSW Health (1999, p32) as a means of providing support for these families. The result of this recognition is the planned establishment and implementation of current government early intervention programs, such as *Families First* in NSW (NSW Health 1999, p10).

Home visiting of parents, asserts NSW Health (1999, p36), is an means of supporting the parents in their role adjustment, increasing breastfeeding rates, and decreasing parental behaviour associated with child abuse and neglect. Vimpani (1996, p5) also reported the need for practical and emotional support for needy families and proposed that this could

be achieved through home visiting and linking with educational and supportive parenting groups.

From the literature review it is evident that some new parents may remain in the *wholly compensatory system* for an extended period of time. The parent in this system requires continuous guidance and supervision, as those with an intellectual disability or mental illness. The role of the nurse in these cases is to guide, direct and support the new family, and progress to the *partly compensatory system* may be achieved. The mother classified as *wholly compensatory* due to illness is likely to progress through this stage quickly with appropriate nursing support.

3.2 Partly Compensatory System

The nurse continues to play a major role in care for parents classified in this nursing system. Self-care and dependent self-care deficits included in this system include knowledge and skills, adjustment difficulties, lack of support systems and lack of confidence. Parents classified within the *partly compensatory system* would be reliant on the nurse playing a major role in care. Most new parents, in the first days of their baby's life, would be classified in this nursing system.

Feelings and adjustment difficulties

Researchers (McKay et.al. 2000, p25; Scattergood, 1998, p8; Rogan et. al. 1997,p881; Beck 1996,p101) described the overwhelming nature of adjustment to parenthood. Likewise, participants in a study conducted by Rogan et. al. (1997, p883) reported that

they encountered 'monumental hurdles' in the process of adjusting to their role, leaving them feeling 'drained'. Participants of a research study conducted by Truby King (1986, p23) described that they were 'shocked' at the amount of time a 'baby takes up', as were those interviewed by Barclay et. al. (1997, p725).

The theme of 'loss of a previous life' was described in the results of a study conducted by Majewski (1986, p13) who established that mothers experienced greater adjustment difficulties with the new role when they had previously pursued a career. Also alluding to the impact of the woman's previous occupation and adjustment difficulties was Ball (1994, p78), who related that several mothers who had an interesting job or working environment prior to parenthood, experienced a change in lifestyle which they believed affected the relationship with their babies. Lupton (2000, p56) reported similar findings. The theme, 'loss of a previous life', was described by Rogan et. al. (1997, p881) as the initial phase of learning and adjusting to motherhood.

A relationship has been observed between the feelings of the mother immediately postpartum and the ease of adjustment to the maternal role. Beck, Reynolds and Rutowski (1992, p292) reported a significant relationship between postpartum 'blues' and postnatal depression. Similar was the observation made by Ball (1994, p89) in the link between satisfaction with motherhood immediately following birth, and at six weeks' postpartum. Whereas Mercer and Ferketich (1994, p350) noted a link between adjustment to parenthood and attachment to the fetus at four months gestation.

Need for support

Ball (1994, p65) investigated the effect of postnatal support and its relationship to maternal emotional wellbeing, and found that personality, presence of life-stress events, feelings at the time of birth, self-image in feeding the baby while in hospital, conflicting advice, and family support were all factors in role adjustment. The increasing focus on the child after birth was also suggested by Tarkka, Paunonen and Laippala (1999, p7) to be at the expense of the health and well being of the mother. Sawyer, (1999, p 19 & 20) also questions the focus on the mother and infant dyad, and emphasised the importance of support from the family and community in a successful transition to parenthood.

The crucial nature of support, both from health professionals and socially, for women as they adjust to the role of mother is described by several researchers (Barclay et. al. 1997, p726; Pridham 1997, p5; Vimpani 1996, p5; Kerslake Hendricks 1998, p85; Pridham & Chang 1992, p214). Screening of women for their sources of support in the antenatal period was a recommendation made by Webster et. al. (2000, p6). This notion is in agreement with earlier recommendations that health workers are advised to develop an awareness of the support, or lack of support, the mother receives from her social network (Tarkka et. al. 1999, p9). A reason for highlighting the need to screen for levels of support was identified by Ramsey (1989, p350), who reported that stress and support in a parent's environment interact, and the relative strengths and weaknesses in these areas have a significant impact on overall parenting effectiveness. Ramsey (1989, p350) suggested that support function in three ways: provision of emotional support; physical assistance; and meeting social expectations, including advice.

The provision of skilled support in the family home is a way to address the parents needs, enhance skill acquisition (Vimpani 1996, p5). A tendency for informal support to diminish over time, although not in relationship to the needs of the mother has been reported (Kerslake Hendricks 1998, p83) and decreasing satisfaction with social support as the baby grows has been observed (McVeigh 2000, p30).

Further evidence of the need for support by new parents may be found in the work of Barclay et. al. (1997, p727), who reported that most of the women participating in the study revealed that the adjustment to motherhood made them feel "isolated, alone and depleted rather than nurtured and supported". Concurring with this notion was Kerslake Hendricks (1998, p82) who reported that most of the research subjects felt "alone in their struggles". Barclay et. al. (1997, p727) highlighted the need for practical and emotional support of women with babies who are difficult to manage, and suggested a strengthening of community sources of learning and the provision of support networks.

Kerslake Hendricks (1998, p84) described the need for new mothers to be in contact with others in similar situations. The participants emphasised the benefits of developing friendships with their peers, reporting that confidence increased and feelings of isolation diminished. The helpful nature of 'lay' support in relation to the adjustment process of the new mother was also reported by Pridham and Chang (1992, p214). In addition to this, self-esteem and perceived social support are factors in parental role transition (Mercer & Ferketich 1990, p277). New parenthood alters the nature of the social network reported Cronenwett (1985, p351), who advised that expectant couples be prepared for

this by nurses.

Anxiety

Parental anxiety has been observed to have a negative effect on role adjustment. This was seen to be relieved somewhat, by the nurse explaining to the parents an infant's communication abilities and appropriate responses (Mercer & Ferketich 1994, p350). Also, Browne (1989, p77) observed that in child abuse and neglect, parents who are under stress and hold negative perceptions about the child's behaviour, need help with parenting. Hakulinen, Laippala and Paunonen (1998, p9) recommended that the strengths of parents should be assessed during regular nursing contact, either in the home or health centre.

Tiredness

Maternal tiredness has been reported to relate to the woman's ability to adjust to the new role (Barclay et.al. 1997, p726; Troy & Dalgas-Pelish 1997 p133; Herbert 1994, p37; Rogan et. al. 1997, p881; Sawyer 1999, p18). The problem of postpartum fatigue lasting for the six weeks of the study was reported by Troy and Dalgas-Pelish (1997, p137). Similarly, Herbert (1994, p37) observed that the problem of being tired lasted for three months.

Role confidence was related to improved sleeping patterns reported Herbert (1994, p37). Expanding this view were Barclay et. al. (1997, p722), who reported that physical tiredness appeared to be related to recovery from birth and that sleep deprivation was

exacerbated by the emotional strain of adjusting to the role of mother. Lack of support was also seen to accentuate the fatigue felt by these women reported Barclay et. al. (1997, p723). Troy and Dalgas-Pelish (1997, p136) in discussing this issue recommended that self-care interventions be introduced during the antenatal period in order to help the woman manage her fatigue following the baby's birth.

Pre existing relationship of the couple

Factors seen as important in promoting family and child health included adjustment to parenthood and mental health problems together with a satisfactory marital relationship and participation by the father in the care of the child (Tiedje & Darling-Fisher 1993, p106).

Researchers (Short Tomlinson 1986, p242; Lavee, Sharlin & Katz 1996, p130; Cox et. al. 1999, p621) have reported the strong influence of the parental relationship on adjustment to parenthood. The couple's support for each other was observed to relate to their adjustment to the role (Pridham 1997, p6). Better parental relationships were also seen as a factor in improved role adjustment (Majewski 1986,p13).

Recognition of adjustment to parenthood as a period when couples may experience emotional distress or dysfunction was an observation made by Imle (1990, p25). This view was supported by Wallerstein and Blakeslee (1996, p74), who asserted that the birth of the baby changes the dynamic between husband and wife, with their emotional lives changing forever. Changes in the couple's relationship have also reported by Brown,

Lumley, Small and Astbury (1994, p162) and Scattergood (1998, p159). However, Horowitz and Damato (1999, p600) reported an alternative response, that participants of their study identified relationships, both with the baby and partner, as a source of postnatal satisfaction.

Fathers in the Meighan et. al.(1999, p207) study reported that their marital relationship never fully recovered the losses resulting from postnatal depression, and the couple's vision for the future, including plans for more children, changed. Timely referral and treatment of postnatal depression, stated Meighan et.al. (1999, p208), can prevent parenting problems and may save a marriage. Thus, reported Tomlinson, White and Wilson (1990, p687), if the family is to achieve a healthy relationship outcome, the nurse must take a proactive role and make appropriate referrals when necessary.

Cox et.al. (1999, p622) suggested adjustment to the parenting role may benefit from antenatal intervention for couples with communication and problem-solving difficulty, and/or either partner suffering depressive symptoms. Lavee et. al. (1996, p130) also observed that 'parenting role stress' is associated with the psychological wellbeing of the couple, which may have a significant negative effect on the marriage. A further relevant concern was the financial status of the family and its subsequent stress-related effects (Lavee et. al. 1996, p131; Horowitz & Damato 1999, p599; Barclay et. al. 1996, p16).

Fathers

Studies of fathers (Barclay & Lupton 1999, p1016; Barclay, Donovan & Genovese 1996,

p16) reported similar findings in the participant's expressed confusion, constraints to developing the parenting skills required and feeling excluded. Fathers participating in the Henderson and Brouse (1991, p295) study reported feelings of frustration and confusion related to the conflicting information they received about parenting. Other concerns and feelings reported by fathers include; the parenting role changes in relationship with their partner, and their new male identity (Barclay et.al. 1996, p16).

Barclay and Lupton (1999, p1019) concluded that most of their participants found fatherhood disappointing, frustrating and more distressing than they expected before the birth of their child. Most of the group expected to be more involved than they actually were. The men underestimated the disruption that the infant would bring to their lives. Participants of the Henderson and Brouse (1991, p297) study reported making a 'lonely decision' to become more involved with their infants, indicating that support is most often directed toward the mother.

Fathers were reported to have experienced a loss of involvement in their role in recent times resulting in the fathers of today having few role models (Jordan 1990, p15; Pudney & Cottrell 1998, p12; Barclay & Lupton 1999, p1016). Few men had the opportunity to develop infant care skills reported Jordan (1990, p15) resulting in a lack of confidence in new fathers to become as involved as they desired. Development of infant care skills was found to be a crucial step in becoming closer to the child by participants in the Barclay and Lupton study (1999, p1017), although it was reported that some fathers were not permitted to do this by their partners. Fathers who have the desire and ability to be

involved with their children may feel uncomfortable asking advice from health workers, report Taylor and Daniel (2000, p10), who advise sensitivity to this issue.

An unexpected feeling described by fathers is the frustration and perception of exclusion related to breastfeeding, as they cannot participate (Henderson & Brouse1991, p296; Barclay & Lupton 1999, p1019). According to Tarkka et. al. (1999, p5&6), a father's positive attitude toward breastfeeding helped a mother cope with her role, and that successful breastfeeding was important to the role adjustment of the mother.

In relation to fathering and postnatal depression, the participants of the Meighan et.al. (1999, p208) study reported a lack of support from both health care personnel and their partner. This lack of support, they stated, greatly impacted on the adjustment to parenthood and reestablishment of the marital relationship. The frustration that accompanies learning the skills of parenthood was pointed out by Barclay and Lupton (1999, p1019) as a situation that could lead to a tense and strained relationship between the couple.

Results of these studies indicate a need for fathers to be assisted to develop more realistic expectations of their newborns, and the change parenthood brings. Supporting this, Jordan (1990, p13) reported that the infant was not a reality to the father until sometime after the birth, and these men envisioned a child who was mobile and interactive, not a newborn. In many cases fathers became aware that their expectations had not prepared them for reality (Henderson & Brouse, 1991, p296).

Migration

Barclay and Kent (1998) investigated the plight of the new mother who is also a new migrant. It was noted by Barclay and Kent (1998, p6) that transition from 'woman' to 'mother' may be very stressful when combined with immigration, and the need for fostering both informal and formal social support for these women was highlighted. Formal sources of support, in the absence of the extended family, were observed to be sought by most of the Vietnamese participants of the Kolar and McGurk (1998, p45) study.

The needs, experiences and concerns of new parents evident from the literature review relating to the *partly compensatory system* include accurate knowledge of the extent to which adjustment to the role of parent requires. Parents participating in studies have described the role change as 'overwhelming' and their experiences did not meet their expectations. Adjustment issues as 'loss of a previous life' and health and social support needs have been reported. Parental tiredness and anxiety have been reported as reasons for delayed role adjustment and the importance of addressing these needs have been highlighted. Specific needs for fathers include acquisition of parenting skills and the permission to use these in order to feel more involved. Migrant parents are reported to need both health and social support.

The nurse's awareness of the needs and concerns of families in his/her care and application of evidenced based methods of support would assist these couples in their progression toward the *supportive educative system* and their transition to parenthood.

3.3 Supportive Educative system

Parents classified in this nursing system would require help with decision-making and acquiring skills and knowledge. The nurses' role being mainly consultative in this system, providing guidance and support when necessary.

Concerns

Aspects of maternal stress were researched by Horowitz and Damato (1999, p599), who identified that adjustment and unmet personal needs were areas of concern, as were financial issues. Fathers in other studies have also reported concern related to their ability to provide for the material needs of their new families (Truby King 1986 p30; Scattergood 1998, p160: Niska, Lia-Hoagberg & Snyder 1997, p113). Other sources of parental stress were identified as infant health, nutrition and safety; lack of parenting support and the child's future (Niska et. al. 1997, p113).

The study of the experience of fatherhood revealed that new parents began to experience problems during the second or third week after birth. This was the time that most participants returned to paid employment following the birth of their child (Barclay & Lupton 1999, p1018). This is significant as Tarkka, Paunonen and Laipalla (2000, p7) observed that the baby's father was reported to be the person who is greatest support to the mother.

A link between attachment, self-esteem and parental competence was also observed by Mercer and Ferketich (1990, p274). These researchers recommended that nurses could

help parent-infant attachment by enhancing parenting skills and role modelling (Mercer & Ferketich 1990, p278; Horowitz & Damato 1999, p604).

The new parent was aware of their lack of knowledge observed researchers (Niska et. al. 1997,p 115; & Lupton 2000, p55; McKay et. al. p25). Varying amounts of concern were reported by parents participating in the Imle (1990, p29) study, this was reported to relate to lack of knowledge and experiences differing from expectations. Lupton (2000, p55) advised that most of the study participants became highly aware of their lack of knowledge of practical infant care following their child's birth.

The literature reveals that new parents have educational needs in several differing areas. Needs are related to acquisition of knowledge and skills to feed and care for their infant. Parents are reported to be conscious of their lack of knowledge of breastfeeding, infant behaviour and parenting skills.

Educational needs

The educational needs of new and expectant parents have been studied by Vehvilainen-Julkunen (1995, p7), Bondas-Salonen (1998, p8) and Smedley (1999, p21). Results of all three studies were similar in that care of the newborn, breastfeeding, parenting and coping at home were reported as needs. Most men "endured" antenatal education and their needs were not met reported Barclay et. al. (1996, p23). Concurring with this notion is Vehvilainen-Julkunen (1995, p8) who recommended that further research into the needs of men during pregnancy should occur.

Educational and emotional support is needed (Pease & Beigel 1996, p41) to enable new parents to develop their skills. Use of active listening skills by the nurse (Whall and Fawcett 1991, p140) was suggested to encourage the parents in development of skills and confidence in their role. Pridham and Chang (1992, p213) noted that practical support from family members, friends and neighbours were especially helpful in the transition to parenthood in the first month. Similarly, parents were found to express confusion in the postnatal period, nursing support was reported to be beneficial at this time (Whall and Fawcett 1991, p140).

Fettling (1998, p9) stated that it is important to give couples realistic expectations of how life will be as parents, they should be given permission to find parenthood initially difficult and to ask for help. The unrealistic expectations of pregnant women are highlighted by the quote relating to the qualities a 'good mother' should posses, "a good mother can and should be able to cope with everything and do everything herself" (Hartman & Ryan 1999, p13). Experience of motherhood not matching expectations was also reported by Wilson, White, Cobb, Greene and Popovich (2000, p8).

The early postpartum period was identified by Sawyer (1999, p20) as a critical point for nursing intervention when the mother sought advice and needed reassurance. A conflicting view was that of Barnard, Snyder and Spietz (cited in Whall & Fawcett 1991, p160) who earlier reported that the first three months of life is a time of crisis and disorganisation and they concluded that the postpartum period is not the ideal time to begin nursing intervention. Further to this, McKay et. al. (2000, p26) reported that first-

time mothers seek knowledge and emotional support in the postnatal period, however, it was suggested that the antenatal period is a more appropriate stage for this intervention to occur.

Fettling (1998, p9) suggested that antenatal classes should be known as 'parenting classes' and be conducted from the seventh month of pregnancy until three months postpartum. It is of concern, however, that Kolar and McGurk (1998, p47) made the observation that none of the participants of their study reported having accessed parent education or a parent support service in the previous year. The babies in this study were aged between six and eight months. Kolar and McGurk (1998, p47) postulated that parent support programs are not reaching those who would benefit from them.

Assessment during pregnancy of the specific types of support that may be needed is recommended by Horowitz and Damato (1999, p604), who also stated that adjustment in the postpartum period should be evaluated to allow for early intervention when necessary. The importance of showing an interest in the mother's needs and offering support in the appropriate form is highlighted by Kerslake Hendricks (1998, p85).

Learning how to understand their infants' cries, comfort, feed, bathe and change their babies were more difficult tasks than participants of the Lupton (2000, p55) study anticipated, leading to a 'nightmarish' first few weeks, she reported. Perhaps indicating a reason first-time parents identified professional help and information as important to obtain (Pridham & Chang 1992, p 214; Pridham 1997, p8; Tarkka et.al. 2000, p7).

Further, Tarkka et. al. (1999, p6) reported that new mothers need information about breastfeeding, and support to achieve this skill successfully.

Infant characteristics

Gottesman (1999, p150) observed that parents need to be taught the communication characteristics of the newborn to enable the development of competence in their new role. Maternal anxiety was seen be relieved if mothers were made aware of infant characteristics (Mercer & Ferketich 1994, p350), and would also contribute to the development of self-confidence in new parents (Roberts 1985, p217). Inclusion of the baby's father in explanations of infant characteristics and abilities was reported to be important (Vehvilainen-Julkunen 1995,p6; Bondas-Salonen 1998, p8).

Brouse (1988, p168) conducted a trial to determine if an education program for primipara's explaining infant behaviour and abilities would ease role transition. It was noted by Brouse (1988, p170) that the majority of the mothers had assistance at home for the first few weeks, and two thirds of the mothers reported that caring for the infant was easier than they had anticipated (Brouse 1988, p171). This study was conducted over the first three weeks postpartum.

An 'easy' infant temperament was related to improved family functioning, reported Hakulinen, Laippala and Paunonen (1998, p9), however, they stated that parents cared for their infants regardless of temperament. This supports the statement by Foss (1996, p5), that more 'difficult' infants receive less positive stimulation from their mothers as the

focus is on trying to calm the child.

Breastfeeding

The importance of successful breastfeeding and its link to a successful adjustment to motherhood was discussed by a number of authors (Tarkka et. al. 1999, p6; Papinczak & Turner 2000, p31; Lupton 2000, p54).

An association with other mothers successful in breastfeeding outcomes and coping capacity, self-esteem, self-confidence, and reduced anxiety and depression, was established to be facilitating to the mother advised Papinczak and Turner (2000, p28). Respondents of the Tarkka et. al. study (1999, p4) further reported that breastfeeding was seen by the mother to be very important or fairly important for motherhood.

Many couples, stated James (1999, p30), seem well prepared for the birth of their child, but not for the realities of infant-care, particularly the knowledge and process of breastfeeding. Lupton (2000, p54) also concurred that breastfeeding was viewed by many as a necessary component of being a 'good mother'. James (1999, p32) concluded that it was essential to prepare antenatal couples for the realities of early parenting and breastfeeding to enhance their adjustment to parenthood.

The process of adjustment

Reports of the time taken to adjust to the parenting role varied, with Brouse (1988, p170) observing that the transition began at around two weeks postpartum. Other researchers

reported considerably longer periods of adjustment, ranging from one to ten months-postpartum (Troy & Dalgas-Pelish 1997, p132; Herbert 1994, p36; Mercer 1986, p201; Sawyer 1999, p18). Adjustment to parenthood was reportedly enhanced by the observance of a traditional 40-day ritual, *la cuarentena,* by Mexican American couples (Niska, Snyder & Lia-Hoagberg 1998, p336). Extending the adjustment process was Sawyer (1999, p17) who reported that transition to motherhood began during pregnancy, beginning with the stage of acceptance (Sawyer 1999, p18). Fathers also were found to be attached to the fetus, during the third trimester of pregnancy, and thus beginning to adjust to the role (Wilson et. al. 2000, p8).

The mother adjusts to her new role through a process of lessening anxiety and improved confidence (Barclay et.al. 1997, p727). Positive role adjustment for the mother was also related to increased sleep, reported Mercer (1986, p202), who observed that as maternal sleep increased, mothers reported feeling more competent and expressed more positive feelings about the baby. Kerslake Hendricks (1998, p84) described major 'turning points' of the mother's lives as they began to feel competent in their new role, some of these 'turning points' included; the successful establishment of feeding, making friends with other new mothers and 'developing faith in their own intuition'. This process may be enhanced by the recognition that parents need to know that what they are doing is right, and validation helps them in becoming more confident and skillful (Whall and Fawcett 1991, p140). The notion that successful transition to the maternal role is measurable by the development of a happy, healthy child, was reported by participants of the Brown, et.al. (1994, p162) research.

Women progress from the stage of feeling the loss of their previous life to being 'in tune' with their role as mother concluded Rogan et. al. (1997, p882). Influences on this process were found to be the baby's behaviour, social support and previous experience (Rogan et. al . 1997, p882). Whilst adjusting to parenthood (Rogan et. al. 1997, p883), women draw heavily upon their own resources, and during this time they often feel isolated, depleted and lacking support. It was concluded by Pridham and Chang (1992, p215) that the meaning a mother makes of her situation, how she solves problems and utilizes support may be critical to how she adjusts to her role and learns from personal experience. As the mother adjusts to her role, observed Sawyer (1999, p16), many different processes tend to occur, such as their relationship with the baby, partner, friends and family; developing the ability to deal with information and advice and choosing role models.

It has been proposed by NSW Health (1999, p43) that the *Families First* program will enhance role adjustment for parents. The program includes support for expectant parents and those with a young baby, and building of community links for these families in order to promote development of knowledge through sharing of experiences.

Need to share experiences and form support networks

The mothers in the Bondas-Salonen (1998, p8) study reported a need to share their experiences with other new mothers, have someone who could listen to them, and ask questions of. Herbert (1994, p37) also reported that new mothers had a strong desire to talk about their experiences. The facilitation of support groups as an alternative to traditional antenatal classes was a recommendation of Sawyer (1999, p19). Small groups

as an appropriate way for a new mother to learn, clarify and develop confidence in her role is suggested by Bondas-Salonen (1998, p12). This supports the result of an earlier study (Lawson & Callaghan 1991, p65) of almost all participants reported feeling more confident and reassured following parenting group activities. Women in the Kerslake Hendricks (1998, p84) study reported that the development of friendships with other new mothers with the resultant learning and support that followed, was a major turning point in role adjustment.

Cronenwett (1985, p351) concluded that the birth of a first child affects both the social network structure and the content of the social relationships themselves. Further, Cronenwett reported postpartum women as perceiving an increased need for support. A link between social relationships and health was observed by Lawson and Callaghan (1991, p64). The opportunity for companionship whilst attending a 'new parents group' was almost universally appreciated (Lawson & Callaghan 1991, p65). The women in the Kerslake Hendricks (1998, p84 & 85) study emphasised the benefits of developing friendships with other new mothers, providing social and emotional support, which increased confidence and reduced in feelings of isolation, and concluded that women must be made aware that seeking and accepting support is not an admission of inadequacy.

Fettling (1998, p8) discusses the importance of a support network for new parents and suggests that couples should consider the components of this antenatally, this is also suggested by McVeigh (2000, p30) and Cronenwett (1985, p351). The impact of social

network changes and relationship issues on adjustment to parenting is also supported by Rogan et.al. (1997, p884), who found that mothers suffered significant losses in this area, and adequate assistance can only be provided if the mother's social context is considered as an educational environment when planning care.

Support from the mother's partner positively influenced adjustment to the parenting role reported McVeigh (2000, p30). Feelings of social isolation, observed Tarkka et.al. (1999, p5 & 7) made it more difficult for a mother to cope with breastfeeding, and the greater affirmation the mother received from her social network, the more successful breastfeeding was.

Expectant parents were interviewed by Imle (1990, p29) about their experience of pregnancy and becoming a parent for the first time. Imle (1990, p31) reported that parents were concerned about the emotional and developmental aspects of becoming a parent as well as the experience. The adjustment to parenthood of expectant parents, reported Imle (1990, p32) was influenced by their intrapersonal resources and support.

Factors facilitating a successful adjustment to parenthood were outlined by Sawyer (1999, p18), included were support, relevant information, choosing and observing role models and asking questions. Sawyer (1999, p18) also noted some inhibitory factors, including inadequate support, unsolicited advice and contradictory information. A view expressed by Cronenwett (1985, p352) was that nurses should assess the impact of changes to the new parents' social network had, and adjustment to their role would be

assisted if parents were prepared to expect these after their baby was born.

Tarkka et. al. (2000, p7) found that the mother's partner proved to be the most significant support for the mother, thus it was suggested that nurses should encourage fathers to be more involved in the care of their children and heighten their awareness of the importance of supporting their partner. A number of researchers have also made recommendations related to the nurses' role in caring for the new family.

3.4 Implications for Nursing and Midwifery Practice

Nurses caring for the new and expectant family (Imle 1990, p34) require knowledge of transition and coping with parenthood, and effective assessment and communication skills. Imle (1990, p34) suggested that a heightened sensitivity by the nurse will enable improved assessment of the concerns of expectant parents. Intervention during pregnancy was proposed by Imle (1990, p33) following a nursing assessment of the supports, expectations and experiences of the pregnant couple. Imle suggested that appropriate nursing enhanced transition to first time parenthood.

Pregnancy as the time for intervention is also the view of Mercer (1985, p203), who stated that the challenge for those who work with first-time mothers is to actively socialize and guide this group to prepare and educate them for the realities of the maternal role. The credibility of these groups, argued Mercer (1985, p203), would be enhanced if mothers with children less than one year shared their experience of the need for increased help and knowledge in the postpartum period. Further, Mercer (1985, p203)

asserted that those working with first-time mothers should assume an active role in anticipatory socialization and guidance to prepare for the realities of parenthood. Thus, the nurse's role is to co-ordinate and facilitate parenting groups.

The lack of application of 'help-seeking' issues and expectations related to adjustment to parenthood, to a theoretical framework was noted by Pridham (1997, p9). The consideration of help-seeking as caregiving was suggested by Pridham (1997, p9), and this permits "access to the theoretical underpinnings of working models and guided participation, and enables thinking about help seeking in a developmental context". In the case of the new parent, the developmental context would be that of movement of the couple toward achievement of self-care and dependent self-care in their new role.

The need for application of a model of care from the perspective of the new parent was highlighted by Bondas-Salonen (1998, p12), who stated that research-based knowledge must be continually applied and evaluated in order to provide appropriate care for new parents. Extending this notion was Barclay et.al. (1997, p727) who stated that education for midwives and early childhood nurses should be changed so they have the skills and understanding to assist women in adjusting to their role as a mother. In agreement also were McKay et. al (2000, p26 & 27) who report that midwives lacked insight in to the feelings and expressions of new mothers and this has implications for midwifery education.

The importance of recognising the social context of the mothers that midwives and early childhood nurses care for was emphasised (Barclay et. al.1997, p727; McVeigh 2000, p30; Rogan et. al. 1997, p884) as a consideration when planning care. Also, it was recommended by NSW Health (1999, p29) that strategies should focus on the family to enhance parenting skills and family support. Likewise, the importance of social assessment intervention during the antenatal and postnatal periods to address sources of parental stress was emphasised by Horowitz and Damato (1999, p604), along with relationship issues being addressed during parenting classes. It was observed by Imle (1990, p34) that the nurse requires knowledge of transition and human coping, assessment and communication skills to be helpful to new parents.

Barclay et. al. (1996, p 23) reported that midwives need to relate to couples with more empathy if they are to enable to expectant parents to support each other. Further, Barclay and Lupton (1999, p1019) assert that for 'new fatherhood' to be achieved, a socio-cultural change is required. This change would enable the development of "mutually supportive and enriched early parenting" (Barclay & Lupton 1999, p1019).

Chapter Four:

4.1 Summary

The literature review has identified that many aspects of adjustment to parenting have been investigated. Aspects included were the feelings and experiences of both mothers and fathers and the stages they move through in the process of adjusting to their role. Also, the needs and concerns of new parents both antenatally and postnatally have been reported by some researchers, along with partial identification of those couples who may be at risk of not being able to adjust to parenthood in a satisfactory manner. However, there is little evidence that an appropriate theoretical framework has been applied that will assist nurses in the conceptualisation of the families in their changing role and the particular stresses that accompany this transition.

Limitations of many of the studies were noted to be that only normal healthy term infants delivered vaginally to a well mother, and the family consisting of both mother and father are included. Also, other than describing the need for postnatal support and recognising that groups performing this function do exist, little guidance for the nurse caring for the new family was established. However, a wealth of knowledge of the feelings and experiences of new parents is gained from examining the relevant research.

Orem's model of *basic nursing systems* was found to useful in determining the amount and type of assistance new parents needed, and the 'help' that nursing should provide to encourage the new parent to move toward a state of self-care and dependent self-care in their new role. Health was seen to include the psychological, interpersonal, and social

aspects of living (Orem 1995, p97). Thus the application of the Orem model of care was seen to be pertinent to the nurse in caring for the new family, as these areas of health change dramatically for a couple when their child is born.

The Orem (1995, p172) model was observed to be applicable in this area as it was noted that self-care and care of dependents required availability and use of resources (including the communication of scientific knowledge by nurses), for determining needed care. The midwife or early childhood nurses' role has been established to be the provider of support and information that will enable self-care and dependent care of the new parent as a result of nursing action.

The nurse responsible for planning the care of the new family has been cited to have a number of factors to consider when formulating the nursing system, as a knowledge of normal and abnormal adjustment to parenthood. The nurse was seen to be required to develop the skills of recognition and have the knowledge to plan care and support new parents (Orem 1995, p304).

Commonly, in the case of the new family, the *supportive educative system* would be the usual approach the nurse would take when planning care. The self-care limitations of the new parent would arise from lack of knowledge, skills, and possibly, essential resources (Orem 1995, p136). Orem (1995, p312) suggested that nurses caring for the new family need to appraise the dependent-care capabilities and the health status of the parents. This was seen to be achieved through careful history taking and communication with those

responsible for antenatal care. Following this appraisal, care of the new family may then be planned and implemented through use of the nursing system. Classification of the new family into a nursing system using Orem's theory was seen to help in the guidance of nursing care.

Wholly compensatory

Illness

A parent with an illness such as severe hypertension or deep vein thrombosis would be included in the *wholly compensatory system* due to their inability to move. It was observed that new parents classified as needing *wholly compensatory* nursing care during the perinatal period recover to their former state of health and progress the *partly compensatory system.*

Intellectual disability and mental illness

The new family with either parent having a severe mental illness or intellectual disability, would be classified in the *wholly compensatory system* due to an inability to attend to themselves and make reasoned judgements and decisions about self-care (Orem 1995, p308). The parent concerned would be physically able to perform some measures of self-care with continuous guidance and supervision, but the family would be considered at risk of not providing adequate care for the infant. The nurse helping this family would assist the parents in providing and maintaining a developmental environment for the infant; s/he would also guide direct and provide support (Orem 1995, p309).

Postnatal Depression

The needs of postnatally depressed parents and their children have been extensively reported in the literature. Evidence of the negative long-term effects upon the children and relationships have also been highlighted (Areias et. al.1996, p7; McIntosh (1993, pp184) emphasizing the importance of early recognition and treatment of parents who suffer depression. In response, NSW Health (2000, p3) have adopted a strategy that promotes early screening and treatment of the illness.

Child Abuse and Neglect

Unrealistic parental expectations and stress have been implicated as contributory factors in child abuse and neglect (Browne 1989, p77). Support for the parents and screening for risk factors in the perinatal period and at regular intervals postnatally was recommended (Murry et. al. 2000, p51).

The challenge for the nurse caring for the new family was viewed as the ability to recognise those parents in need of extra guidance and support, and how to plan the care for this group of parents. It was evident that NSW Health recognised that families 'at risk' of unsatisfactory adjustment to parenthood are in need of extra assistance through *The Start of Good Health* (1999) document and the planned implementation of the *Families First* (1999, p10) program. In addition to this, the establishment of the *Stronger Families Fund* by the Commonwealth Department of Family and Community Services (2000, p2), further recognised the need to provide extra support for 'families at risk'. Such is the need for support of some families within the *wholly compensatory system* that

progression to self-care and in some instances dependent self-care may not occur.

Partly Compensatory

In the *partly compensatory system* the nurse has a major role in the performance of multiple care measures (Orem 1995, p310), with the parent experiencing adjustment difficulties and lacking knowledge, confidence and support systems. New parents are faced with a knowledge and skill deficit where caring for the newborn is concerned, which relates to what Orem (1995, p303) described as the deficit between the self-care agency and the self-care demand. The parents need to learn the skills required for a successful adjustment to their new role.

Feelings and adjustment difficulties

The 'overwhelming nature' of learning to be a parent is described by many researchers, which has been related to lack of knowledge and unrealistic expectations of parenthood. The theme 'loss of a previous life', particularly amongst women who had previously pursued a career was identified by several researchers.

Support

The changing needs of social support for new parents are also identified as critical to the adjustment process by many researchers. Ideally, support should provided both formally and informally to help ease feelings of isolation that many study participants revealed. Women feel "isolated, alone and depleted rather than nurtured and supported" when adjusting to motherhood (Barclay et. al. 1997, p727). A need for practical and emotional

support for the new parents to increase over time was identified; however, a tendency for this support to diminish was reported. Screening levels of support antenatally are suggested as well as the formation of support groups.

Anxiety

Parental anxiety, reported by many researchers, negatively affected transition to parenthood. Contributory factors to parental anxiety were identified as lack of support, conflicting advice and tiredness. Increasing role confidence was related to decreasing levels of parental anxiety, and thus adjustment to parenthood.

Relationships

The existing relationship of the couple has been identified a factor in their adjustment to parenthood. New parenthood is recognised as a period when relationships become strained and suggestions to improve communication and problem-solving skills in the antenatal period have been made. Ideally, the couple should be mutually supportive to enable their successful transition to parenthood. Highlighting the importance of this is the identification of the father, by the mother, as her main support person, as reported by many researchers. The financial status of the new family has also been identified as a source of strain on the relationship.

Fathers

The feeling and needs of fathers as they adjust to their role have been explored. Feelings of exclusion and confusion were reported by a number of researchers. Unexpectedly, it

was reported, men felt excluded when their partners breastfed the baby, as they were unable to participate. The research revealed that men had unrealistic expectations of parenthood and lacked knowledge of the characteristics and needs of the newborn. Many researchers reported that men had few role models, or opportunities to develop and practice child-care skills. Men also reported feeling unsupported in their new role.

Migration

New parents who are also migrants have not been investigated by many researchers. It has been reported that these new parents lack formal and social support. A tendency for new parents who are migrants to seek formal sources of support was reported, this may be due to feelings of isolation and knowledge how to access health workers.

Most new parents, in the first few days of their baby's life would be included in the *partly compensatory system* due to their knowledge and skill deficit. The major tasks for new parents in the first few days are learning to feed, comfort and attend to their baby's hygiene needs. This occurs with support, instruction and modelling by the midwife. On discharge from hospital, many new parents are familiar with these basic skills, but have only begun to adjust to their new identity as a family. Families requiring this level of care may lack some confidence in meeting the needs of their child; they may be experiencing feeding or settling difficulties, or symptoms of depression. The nursing aim for parents at this level would be to provide the support needed to enhance knowledge, confidence and skills of the parents that will enable movement to the *supportive educative system.*

Supportive Educative

As the new family evolves they move to the *supportive educative system,* where their requirements for help are confined to decision-making, behaviour control, and acquiring knowledge and skills (Orem 1995, p310). The parents continue to require guidance and support in the performance of dependent-care measures, teaching of skills, periodic guidance in self-care, and the nurses role in this variation is primarily consultative (Orem 1995, p311). Examples of families in this level of care would be those beginning to adjust to their role, but continue to voice needs and concerns.

Concerns

New parents who have progressed to the *supportive educative system* continue to voice some concerns related to their role. Lack of knowledge of practical infant care has been reported to concern new parents, along with infant health and safety.

Educational needs

Most educational needs identified by new parents in this system relate to care of the child, breastfeeding and how to cope at home. Researchers identified that the educational needs of fathers were not met, this being highlighted as a reason for midwives to consider the way antenatal education is presented.

Infant Characteristics

Researchers reported evidence that knowledge of infant characteristics and abilities enhanced the confidence levels of new parents. Researchers stressed the importance of

including both parents in this education. Adjustment of the family was also affected by infant temperament.

Breastfeeding

The ability to breastfeed was viewed by many women as integral to being a 'good mother'. The need for adequate support and antenatal and postnatal education to enhance the mother's ability to breastfeed was highlighted.

Process of adjustment

The period of adjustment to parenthood has been reported as variable, ranging from during pregnancy, at the stage of acceptance, to ten months postpartum. It was reported by Rogan et. al. (1997, p883), that women progress from the stage of feeling the 'loss' of their previous life to being 'in tune' with their role as a mother. The provision and utilization of support enhance the process of adjustment, knowledge deficits being met, and development of support networks.

Need to share experiences and form support networks

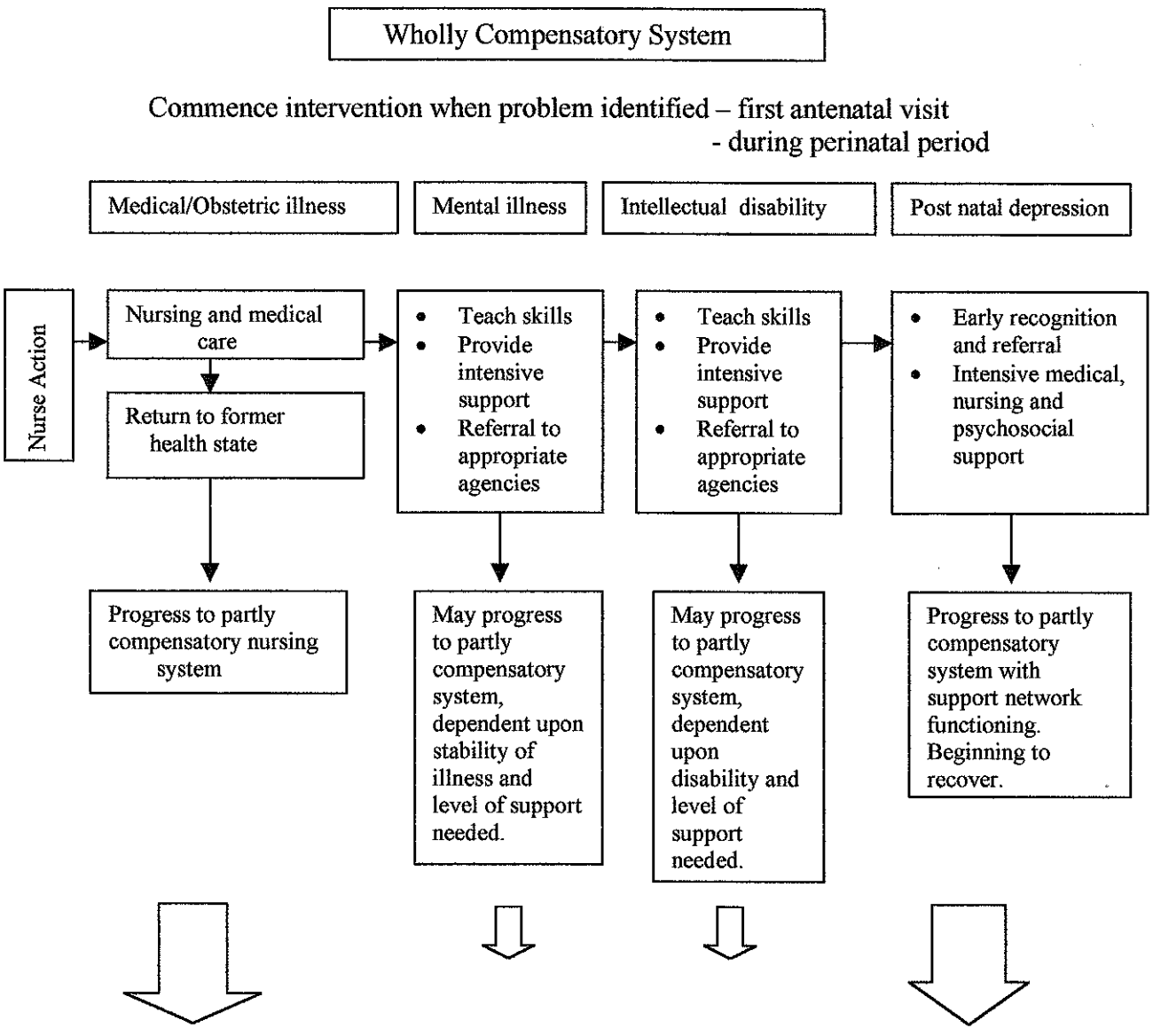
A mother's strong desire to share her experiences with peers was reported by many researchers. The formation of peer support networks for new mothers was associated with increased confidence and feeling more reassured, thus enhancing the process of adjustment. New friendships, learning and support gained from parents groups was reported to be a major 'turning point' on the process of becoming a mother reported Kerslake Hendricks (1998, p84). To apply the Orem model at this level, the new parents

were seen to effective in achieving self-care and dependent self-care. The new parents were viewed to have the knowledge and confidence to provide conditions that support normal growth and development of themselves (as parents) and their infant (Orem 1995, p109). The families were seen to appreciate the development of support networks consistent with their new role, and expressing that they are beginning to 'know' their baby.

The Orem model was observed to be applicable to this aspect of nursing as a successful transition to parenthood requires the achievement of self-care and dependent self-care and is therefore a part of the health of the family. The self-care and dependent self-care agency, which parents develop as they adjust to the role, is achieved through their developing the ability to identify factors that must be controlled to meet self-care demands (Orem 1995, cited Ulbrich 1999, p2), thus increasing their skills and confidence in parenthood. The ultimate nursing aim when applying the Orem model is that new parents are able to integrate their changing role successfully and with enjoyment. The application of Orem's theoretical framework will be effective in assisting nurses in guiding new parents through their transition to parenthood.

4.2 Model of Care for New Parents

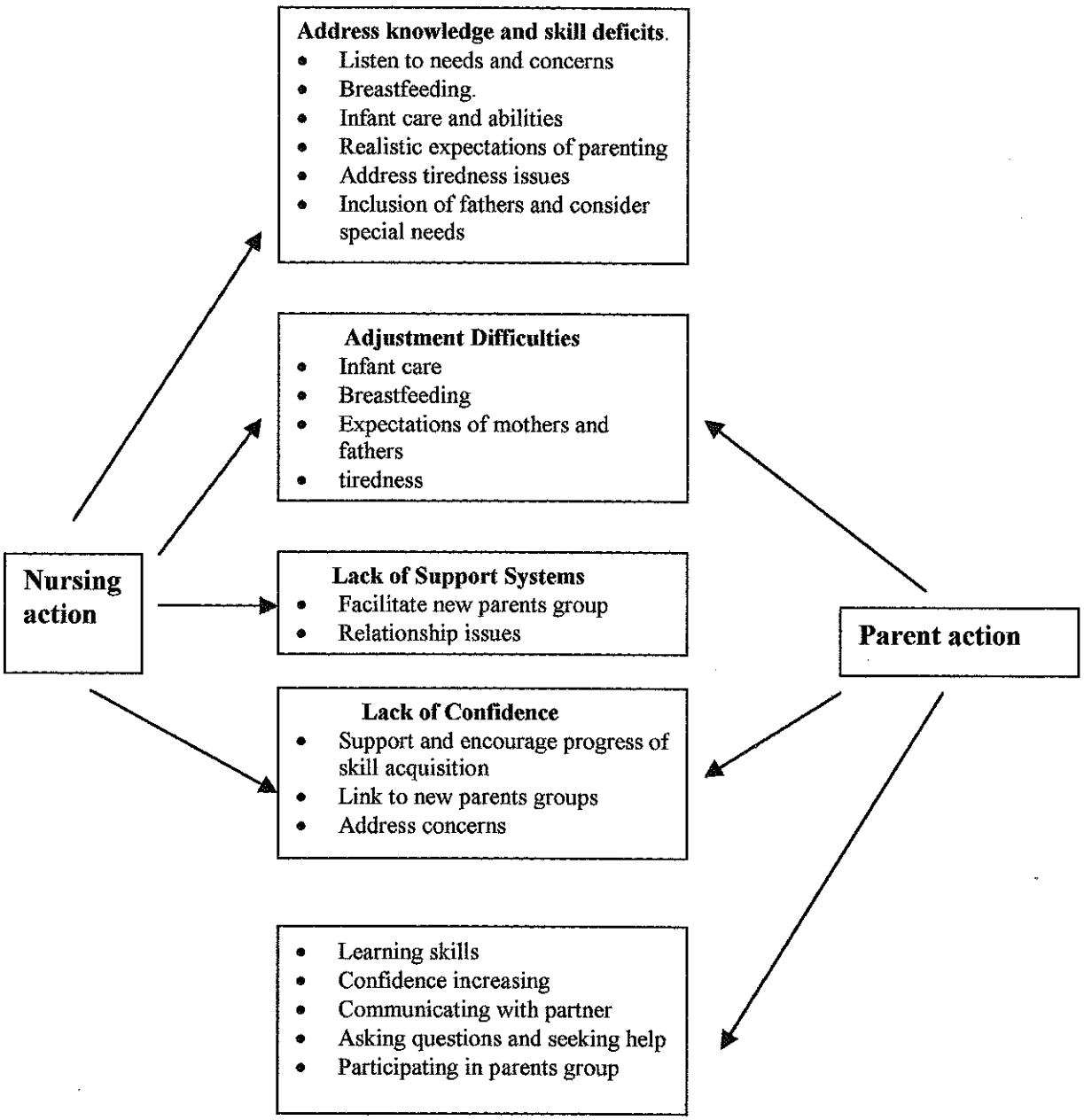
A model of midwifery care for couples adjusting to parenthood has been developed by the author, adapted from Orem's *basic nursing systems* (Fig.10-2, 1995, p307). The model is divided into two parts, as the experiences and concerns of those parents classified in the *wholly compensatory system* are complex.



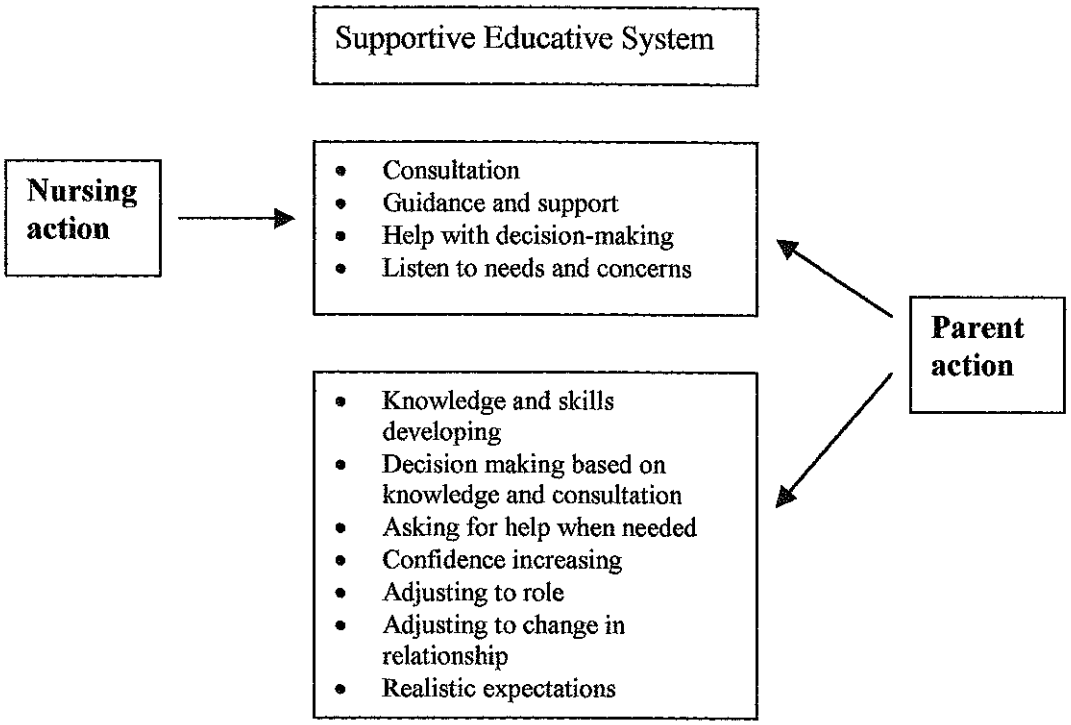
Partly Compensatory System

Care to commence in the antenatal period or progressing from

wholly compensatory system.



When these issues are addressed the parent moves to the *supportive educative system.*


Supportive Educative System
Nursing action
Consultation
Guidance and support
Help with decision-making
Listen to needs and concerns
Parent action
Knowledge and skills developing
Decision making based on knowledge and consultation
Asking for help when needed
Confidence increasing
Adjusting to role
Adjusting to change in relationship
Realistic expectations

4.3 Implications for practice

The literature has identified a need for the application of a theoretical model that will enable nurses to recognise families in need, plan and provide appropriate forms of intervention. Both Pridham (1997, p9) and Bondas-Salonen (1998, p12) recommended the application of a theoretical model to plan nursing care, as a result of their research. In addition to this, a recommendation was made by Vehvilainen-Julkunen (1995, p8) that family-centred models of care be developed following further investigation into the needs of men, and women's ways of preparing for parenthood. Barclay et. al. (1997, p727) asserted that education for midwives and early childhood nurses should equip them with the skills to assist new parents in their role adjustment.

It has been identified that midwives and early childhood nurses require effective assessment and communication skills in order to plan appropriate care for the new family. This assessment ideally occurs during pregnancy, and appropriate intervention commenced. Appropriate intervention was seen to include the establishment of support groups of expectant parents and education of the realities of the new role. In addition to this the midwife or early childhood nurse must have an extensive knowledge of the process and transition to parenthood, and the needs of new and expectant fathers.

To apply a notion of Orem (1995, p107), that scientifically derived knowledge is required when planning self-care goals in order to maintain and promote health of the new family. Thus the care of the new family must be evidence based in order to help achieve an untroubled adjustment to parenthood. The nurse must acquire this knowledge and skill

base in order to have the potential to offer the amount of assistance required by the variety of needs families s/he cares for. Nursing knowledge can only be gained through investigation of the needs and experiences of new parents. Qualitative and quantitative research into the outcome for new families, when theoretical frameworks are used to plan and implement care, must occur to allow validation of the use of these concepts when caring for developing families. Midwifery and early childhood nursing education needs to incorporate the findings of these studies, and their implications for care in the management of new families.

4.4 Conclusion

Evidence from the literature indicates that new parents require their needs to be met from prior to the baby's birth, and the first few weeks are a crucial period. Given that there are many skills for the new parents to learn it is evident that their needs should be met frequently, although not necessarily on each occasion by a nurse, an experienced member of the parent's support network has been observed to be crucial to their adjustment. Parental relationship and self-esteem are important aspects to consider when determining the frequency of visits by the nurse in the early post partum period.

Many of the parental 'needs' revealed in the literature related to educational needs and the unrealistic expectations of new parents. Much of the literature suggested that the prenatal and early postpartum periods are the time when parenting education should prepare these couples for 'parenthood' and not so much for birth.

A greater understanding of the new parents needs and experiences, and their insight into planning care, has been achieved through an examination of the evidence available and through the midwives and early childhood nurses use of 'nursing care systems', parents will be assisted in their role transition.

4.5 Recommendations

This investigation has explored " the needs and experiences of new parents in the first eight weeks post partum". The literature reviewed focussed on healthy couples who gave birth to well babies. However, research identified that a health deficit problem experienced by parents can have a major impact on their ability to adjust to the new role.

In response to the findings of this study of an exploration of the needs and experiences of first-time parents in the eight weeks following the birth of their normal full-term baby, it is recommended that:

Further research be conducted in order to validate the use of Orem's model in relation to adjustment to parenthood, and:

Education of midwives and early childhood nurses be reviewed in order to expand their knowledge, attitudes and skills in assessment of needs, support and education of first-time parents.

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