Expectations during pregnancy: The Influence of Antenatal Education and Social Support on the First Weeks of Motherhood

By Francesca Tondi and Dr Ann Moir-Bussy

Abstract

The transition into motherhood is a major, life-changing time in the life of a woman. In particular, expectations can help to prepare the childbearing and the postpartum period, but they can also be a source of concern when they are not met. This study focuses on some of the social processes involving the first month of motherhood, by looking at mothers’ expectations, how they are formed, as well as the role of social support and antenatal education. While attention is usually focused on the consequences of distress symptoms during the postpartum period, not much is known about the causes of these symptoms. A qualitative study addressing this gap using a small pilot study was carried out. Semi-structured in-depth interviews were transcribed and analyzed. Themes were identified in order to expand the knowledge and to assist health care professionals in designing or improving antenatal education programs, as well as providing support for pregnant women and new mothers.
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Introduction

The substantive area of this study focuses on a few social processes concerning the first months of motherhood. The research concentrates on women's expectations, and on how they may impact positively or negatively on the actual experience of becoming mothers for the first time. The study looks at how expectations are shaped and influenced by external sources, such as media, social support, and antenatal education. In particular, the research looks at the way social support during pregnancy and antenatal education influence expectations of first-time mothers. The study considers antenatal education, social support, and expectations as social structures that interact with each other and influence the overall experience of the first months of parenthood. This study aims to expand knowledge about the role of mothers' expectations, how these expectations are formed, and their impact on motherhood.

The central questions will examine:

- How social support during pregnancy and immediately after birth impact on the experience of motherhood
- How information from antenatal education, advice, and media impact on the creation of expectations and on the experience of motherhood
- What happens when expectations are met or when, contrarily, they are not met.

Background

Pregnancy and the transition to motherhood have a huge impact on women's health, social roles, and psychological wellbeing (Hendrick, Altshuler, Strous, & Grosser, 2000). While this transition is generally a time of great joy, it can also be a great source of stress, as in addition to labour and delivery, new mothers deal with unfamiliar demands and expectations (Britton, 2005). The passage to motherhood is a gradual and complicated transition that lasts far beyond childbirth (Woollett & Parr, 1997). First-time mothers, in particular, seem to be mostly affected by distress symptoms such as anxiety, depression, and stress during the first 24 months postpartum. Compared to multiparous women, first time mother tend to score significantly higher in symptoms of distress, suggesting that socio-cultural and contextual factors have a stronger influence than biological ones on the appearance of negative symptomatology linked to the first months of motherhood (Dipietro, Costigan, & Sipsma, 2008).

Expectations about becoming a mother for the first time play an important role on the actual experience of motherhood (Wardrop & Popadiuk, 2013), and depending on whether they are optimistic or pessimistic, realistic or not, they are predictive of postnatal outcomes for both mother and child (Bravo & Noya, 2014). Forming expectations helps one prepare physically or mentally for the experience (Martin, Bulmer, & Pettker, 2013), but when the experience does not match the expectations, the discord can leave a mother feeling confused, angry, upset, or even traumatized (Baker, Choi, Henshaw, & Tree, 2005). For this reason it is important for women to base their anticipation on accurate information (Martin, Bulmer, & Pettker, 2013).

Nowadays, a large number of sources of information is available to women, such as societal beliefs, media, support people, and antenatal education (Wardrop & Popadiuk, 2013), so it may be hard for women to discern what could be useful advice from potentially harmful tips (Martin, Bulmer, & Pettker, 2013). Antenatal classes provide information and techniques for managing labour and delivery, and attendance to childbirth preparation is usually linked to positive effects and feelings of satisfaction about the childbirth (Quine, Rutter, & Gown, 1993). Some antenatal classes provide women with information about the first weeks after giving birth (Gray, 2013), otherwise women generally tend to be informed and base their expectations on the basis of what their support people suggest or refer to them (Wardrop & Popadiuk, 2013). For these reason it seems that attending antenatal education as well as having the opportunity to discuss any concerns and doubts with someone trusted, are important factors for women when creating expectations. However, many women do not attend antenatal classes due to a variety of reasons; in remote areas of Australia, for example, only limited resources are available to pregnant women, and they all seem to target practical aspects of pregnancy and immediate after-birth, rather than focusing on psychological factors (Glover, 1986). In addition, some women lack of social support both during pregnancy and once the baby is born; it is the case of women who have recently migrated to Australia, and/or asylum seekers who do not speak the language (McCarthy & Hatib-Cooper, 2013). Unfortunately, even if women who do not have a strong support system are probably the ones who would most benefit from attending antenatal classes, researchers have pointed out how they are most likely not to enrol in prenatal education (Bravo & Noya, 2014).

Literature Review

Becoming mothers for the first time: Expectations

Becoming parents for the first time can be a magical time, as well as a challenging period for both mothers and fathers. A Canadian study investigating the transition into parenthood characterized the responses of mothers and fathers to be as fearful, prepared, and competent; while men focused on distal goals, women were significantly more fearful than their partners, voicing concerns about delivery, postpartum stress, and being adequate parents (Delmore-Ko, Pancer, Hunsberger, & Pratt, 2000). Creating expectations can help prepare mentally for the experience (Martin, Bulmer, & Pettker, 2013) but as pointed out by many studies, while having positive expectations during pregnancy predicts better outcomes of delivery and after-childbirth, negative expectations tend to result into maternal symptoms of depression and child behavioural problems (Christiansen, Verhaeghe, & Brake, 2008; Dipietro, Costigan, & Sipsma, 2008; Luoma, et al., 2004). On the basis of these results it seems appropriate to assume that while forming expectation is inevitable as it is a natural human process, it is preferable for women to hold positive expectations. Another factor that needs to be clarified is the importance of holding realistic expectations during pregnancy; the dissonance between anticipation and actual experience can in fact be source of distress, shame, and anger for women (Baker, Choi, Henshaw, & Tree, 2005; Martin, Bulmer, & Pettker,
2013; Mozingo, Davis, Thomas, & Droppelman, 2002). In addition, clinically normal experiences could be perceived as traumatic to the new mother who does not have a realistic idea of what will happen (Baker, Choi, Henshaw, & Tree, 2005). Pessimistic, unrealistic expectations seem to be cause of negative symptoms among mothers, but even if a huge amount of research has studied the impact of stress, anxiety, and depression on the postpartum period (Shwn-Ru, Panchali, & Ching-Yu, 2013; Guardino, Dunkel Schetter, Bower, Lu, & Smalley, 2014; Vieten & Astin, 2008), not much is known about the causes of these symptoms. However, a study by Dipietro, Costigan, and Sipsana (2008), has underlined a major incidence of distress symptoms among first time mothers, suggesting that stress, anxiety, and depression have a strong socio-cultural and contextual influence. It seems realistic to assume that first time mothers’ expectations are based on external influences, such as media, family, friends, books, and childbirth classes (Ayers & Pickering, 2001), while multiparous women know what to expect on the basis of their personal experience. First time mothers appear to be more likely to be influenced by external sources, with the risk of forming uninformed childbirth and postpartum expectations that may lead to harmful symptoms and/or experiences (Martin, Bulmer, & Pettker, 2013). On the basis of these findings it is essential to underline the importance, especially for first time mothers, of forming positive, realistic expectations in order to prevent negative psychological symptoms. While much is known about the undesirability of postpartum distress symptoms, there is still a lot to investigate in regards to what causes these negative manifestations. It seems realistic to believe that having positive, realistic expectations can prepare to childbirth and to the subsequent period of time, and can represent a protective factor against distress, in order to fully enjoy the experience of motherhood. Resources should be implicated in order to understand and prevent postpartum distress, rather than just trying to cure it. The audience for this study may include clinicians, professionals, and researchers who may be interested in planning interventions in order to support individuals involved in the social processes illustrated by the theory. Also some researchers may be interested in testing some information into practice (Starks & Brown Trinidad, 2007). The study aims to add to the existent knowledge in order to help build and/or improve antenatal education programs, and assist health care professionals, including counsellors, and parents-to-be by providing a focus lens on some of the common expectations among women. In addition it aims to shed light on the processes preceding the formation of these beliefs. Professionals could target common expectations that women hold during pregnancy and focus on what happens when they are met or not. First time parents or expecting mothers could also benefit from this study by reading the experiences of others in similar situations. Finally, this study could enlighten the importance of support and prenatal information for first time mothers.
and parents in general, that could lead to the creation of more specific and more accessible antenatal classes.

Moral Support

Moral support has often been linked to favourable pregnancy and postpartum outcomes. On the contrary, social deprivation is considered a crucial element in undesirable perinatal outcomes (Poeran, et al., 2013). Women who lack social support are more likely to experience mental health issues and poor wellbeing during their pregnancy (Poeran, et al., 2013). It is often the case of immigrants or women that have recently moved away from their families and friends. Pregnant asylum seekers and refugee women are also part of this “at-risk” category of people who lack social and moral support (McCarthy & Haith-Cooper, 2013). However, even women having sufficient amount of support, often find that the type of support received is inadequate or inappropriate; new mothers, in fact, may feel burdened, judged and “bombarded” with advice and opinions, rather than supported (Wardrop & Popadiuk, 2013). In terms of forming expectations, having no support people to share concerns and doubts with, or being given inaccurate information, seem to lead to the same negative consequences (Bravo & Noya, 2014; Martin, Buler, & Pettker, 2013). Many mothers, when discussing their own experiences, pointed out how having the chance to meet other women in a similar situation and to share experiences, feelings, and worries related to pregnancy was a great way to alleviate symptoms of inadequacy, distress, and apprehension that troubled them (McCarthy & Haith-Cooper, 2013). Having the opportunity to meet other women in the same position can be a source of relief (Gray, 2013) both for women who have no social support and for those that believe they are not satisfied with the quality of the support they are getting.

Antenatal Education

Although the overall objective of antenatal classes is well meaning, research suggests that often, the information they offer can be unrealistic and contrasting in nature, which may depend on the way the information is presented (Lavandre, Moffat, & Rixon, 2000). A Scottish study found that there was a huge variation in the quality of antenatal education across the nation (Hardie, Horsburg, & Key, 2014). In a review of qualitative studies it was noted that generally midwives receive limited training in leading groups; because of their training as clinicians rather than as teachers, they may encounter difficulties when they are asked to assume the role of educators (Nolan, 2009). Furthermore, the same study, pointed out how women tend to adapt their manner in an effort to please their midwife, indicating the influence of midwives who provide antenatal classes (Nolan, 2009). In general it appears that, similarly to social support, antenatal education can be very useful as it provides women with helpful information, but it can also be source of inaccurate information; it appears that the teacher’s point of view may have a strong impact on the creation of expectations among women who attend classes (Hardie, Horsburg, & Key, 2014). An Australian study on breastfeeding pointed out that a common social problem emerged for women with their breastfeeding when personal expectations were found to contrast the expectations of midwives, family, and friends, which led to confusion, self-doubt and sense of guilt (Hauck & Irurita, 2002). Another concern regarding antenatal education classes is their accessibility; women living in remote areas of Australia have very limited options in regards to antenatal education (Glover, 1986). An American study pointed out that immigrants who had recently relocated to the USA were less likely to attend prenatal education due to a number of reasons such as difficulty with the language, and lack of information about the new health system (Bravo & Noya, 2014). It seems plausible that these results could be generalized also to the Australian setting; pregnant asylum seekers and refugee women, for example, are less likely to seek timely maternity care (McCarthy & Haith-Cooper, 2013).

In conclusion, while antenatal education provides women with useful, “monitored” information, this information could be inconsistent and/or biased by the educator’s personal views. Another issue is the availability of antenatal classes for some vulnerable groups in society. Once again, while resourceful are utilized to cure negative symptoms during the postpartum period, it would be essential to increase the attention on prevention and on those periods preceding birth.

Method

Research Design

The research was a small scale pilot study. The qualitative approach aimed to give some explanation for partially unexplained phenomena through in-depth semi-structured interviews. An outcome of this study has been to expose a set of processes experienced by the participants involved, in order to deepen the understanding around some factors such as the impact of moral support, antenatal education, and the forming of expectations among first time mums.

Participants

Participants of this study were mothers who had their first child in the previous twelve months. Because this was a small pilot study, the sample size consisted of five women. The participants were personally contacted by the researcher, who invited them to share their story. The researcher had met the participants during the previous months and was introduced to one of them by a friend. The research recruited women aged from 23 to 30 years old who had attended various types of antenatal education; some of them attended the Expecting and Connecting antenatal care group at the University of the Sunshine Coast (Gray, 2013) during different times of the year. This program consisted of monthly two hours sessions incorporating antenatal assessment, education, as well as socialization with other mothers-to-be. One participant of this study attended one-day course with her partner in preparation of labour, and one of them did not attend any specific antenatal courses but was followed through her pregnancies by her GP. Every participant attended a two-hours breastfeeding class. Participants also had different levels and types of social support during their pregnancies; some of them had only just moved to the Sunshine Coast and had restricted or “distant” support, while others had the complete support of family and friends. The role of partners’ moral support was also partially investigated in this study.

Qualitative research frequently utilises interviews as the primary data collection strategy (Starks & Brown Trinidad, 2007). In this research a semi-structured interview format was utilised. Conversation is an important tool in qualitative research as it
promotes the participation of all parties to look at their understanding of the subject through discourse, guiding to a mutual increase in knowledge (Thomas, 1999).

The researcher began with a list of set questions about the type of antenatal education attended during pregnancy, and the level of social support available during their pregnancies. Participants were then invited to freely talk about their expectations and whether these expectations had been met or not. The researcher asked for particulars in order to gain clarity and to stay close to their life experience. It was implicit for both the participants and the researcher that their words would be understood and would speak for themselves (Starks & Brown Trinidad, 2007). Most interviews lasted for around forty minutes. The researcher recorded the conversations, transcribed them, and provided a copy of the transcriptions to the participants.

Data Analysis

In this research, the method of interpretation consisted of a constant, inductive process of decontextualization and recontextualization (Starks & Brown Trinidad, 2007). During the phase of decontextualization, the researcher divided the data from the original framework of singular cases and allocated codes to parts of meanings in the text. During the phase of recontextualization, the codes were considered for configurations. Finally, the data was reordered around core subjects and relations, drawn across all the narrations.

It is important to specify that qualitative analysis is subjective. The researcher was conscious of the influence of her own perspective, and pre-existent beliefs, and tried to be as open and considerate as possible while dealing with the data and attending to the participants. The development of new ideas should stem from the data only, and not from preconceived theoretical concepts (Urquhart, Lehmann, & Myers, 2010).

Outcomes

Following the analysis central categories emerged from the data. Secondary analysis of the categories revealed key processes and themes.

Moral Support

Moral support was one of the most important themes that emerged from the conversations with the participants. Each participant discussed and underlined the importance of having support people around during pregnancy, labour and the weeks after birth. In particular, it appeared that it was the quality of moral support, not the number of support persons, that impacted positively or negatively on participants’ experiences.

Partner support

Participants who felt supported during their pregnancy particularly appreciated their partners’ patience and empathy throughout, what they described as a ‘delicate time’.

“Well I have got my husband, who was absolutely amazing for the entire pregnancy... I have heard horror stories from other people because...you don’t look like there is anything wrong with you, and there is nothing wrong with you but everything about you feels different...you feel like you are in somebody else’s body. And especially toward the end, when I was starting to get a lot of back pain I just couldn’t do much at all, go to the shops or anything, and he really looked after me, he did lots for me” (Participant J).

Participants underlined how their partners had found it difficult to understand mood swings and strong emotions that characterize the first weeks of pregnancy. Women admitted it was hard for the fathers-to-be to understand their feelings as they had never experienced such important physical and hormonal changes. Looking back at their experiences, women expressed gratitude for their partners’ support.

Participants were generally happy with the amount of support they received from their partners during labour. On the other hand, they admitted that there was not much the fathers could do to help except for being kind and present.

“I tried to pass on all the information I learnt from the classes but I don’t think he comprehended that much because I think he didn’t feel like he needed to know that much. He was just there, he knew he couldn’t do much except staying there and be my support, saying kind words. He did really well actually.” (Participant K)

And A was very good too. At first he just sat there looking terrified. He wasn’t moving. But when it was time to push he was very encouraging and we hugged a lot. I definitely felt his presence. I thought I was going to yell at him for saying something wrong...—laughs—(Participant M)

When talking about after-birth, mothers listed as important factors their partner’s availability and their willingness to share responsibilities.

“He is great, he spends heaps of time with him. Being mainly just the two of us, no grandparents around, we pretty much share responsibilities fifty-fifty” (M)

Even though all participants had indicated their partner as main source of moral support, they also voiced some difficult times, especially at the beginning of their adventure as parents. Lack of sleep and management of free time was mentioned more than once as a cause of discord for the couple.

“There was also a hard time, when N was a few months old and you know...you are doing everything for the baby, you are at home with him all day, and then your husband comes home from work and you are still doing everything for the baby... you feel like you never get a break from it, it’s full on, it’s 24 hours, especially when they are up all night. And I felt I wasn’t getting enough support from him and I would still clean the house, cooking dinner, I felt like a single mum at times...
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But I then realised he didn’t really know what to do, either. It doesn’t really come natural for a man as it does for a mum and he does shift work so when he comes home he needs to relax before he goes back to work, which it’s hard when it feels like I am also working all day even if I am at home. So that was definitely challenging. (K)

We did have some really difficult times when B was a couple of months old. We did not like each other at all. We used to argue all the time...

... I think it was the lack of sleep. B had bad reflux and it used to take ages to get him back to sleep when he woke up at night. We were both very sleep-deprived. I expressed milk so J could do one feed, the one at 4 am and he always seemed very resentful about it. As if I was the one meant to do it. (C)

“I think he gets it now. He gets how exhausted I am because one night we both stayed up as he was sick and he said to me “so this is what you do every night?” he was shocked and since then he is the one who wakes up in the morning.

...And I am glad he got it because I was on the edge of a nervous breakdown. I felt really misunderstood. Then he eventually got what I meant. But he had to experience it first. I guess that is the key. It’s hard to understand things until they happen to you in first person. (M)

A common idea that participants shared was the fact that fathers took longer to adjust to their new role as parents. Participants suggested that mothers had the chance to familiarise to their new status all through pregnancy; therefore they had felt ready for it, while their partners had required more time to gain confidence around their babies and around their new position as carers. Also as babies become more independent and more interactive, fathers find it easier to look after them, leaving the mothers feeling more supported than during the first weeks.

Others’ moral support

While partner’s support was listed as the most important source of moral help, participants indicated family and friends as other significant influences in their life as new parents. What surfaced from the conversations was that women really valued the importance of knowing they had someone to turn to in order to obtain validation and advice. While practical help was appreciated, what participants had found really vital especially once the babies were born, it had been the opportunity to check with others if what they were doing was “right”.

Participants indicated their mums as the first person they would call to ask for information, followed by friends who had recently had babies. Women who lived far from their family of origin or had recently relocated, explained how at times it had been difficult to communicate and ask for support, due to time difference and distance.

Distance from family and close friends had been a small challenge for the participants who had recently moved to the Sunshine Coast, however, they still found different strategies to overcome the physical remoteness from important support people such as frequent phone calls or relying on new support people. Distance was generally not perceived as lack of support. Participants explained that their family attitude, their willingness to listen and their useful advice had been more important than physical closeness.

Lack of support was generally linked to other factors; even participants who lived close to their family and close friends had, at times, felt not supported enough. Some of the reasons why participants had not felt supported involved not feeling listened, not feeling validated, having their own feelings not understood or undermined, and receiving unhelpful advice. Advice from others was a key theme that emerged from conversation and will be further explored.

Finally, midwives were generally praised for their important role of support. Home visits had been indicated as particularly useful as they had helped participants feeling validated and on the “right track” within their own home environment.

And also with the midwives...it’s almost like a motherly advice. Someone that had gone through it as well and also knew what she was talking about on a professional level. (K)

And the midwives were all very nice and they came and visit us at home for a couple of weeks twice a week. It was helpful because they told me the baby was good so I was relieved. (I)

Information Received and the Forming of Expectations

Participants described how they had informed themselves during their pregnancy in order to feel prepared once they would have met their babies for the first time. Participants listed as main sources of information the Expecting and Connecting antenatal group organised at the University of The Sunshine Coast, one-day classes which prepared them for labour and/or breastfeeding, advice from family and friends, and information they found in books or on the internet. Gathering information in order to form expectation was an important process that started during pregnancy and continued after the babies were born.
Antenatal education

All three participants who attended the Expecting and Connecting group expressed satisfaction for the amount of information they received, as well as for the chance to meet and connect with other women going through the exact same stages of pregnancy as well as stages of their lives. In terms of outcomes they all underlined how they had felt prepared for each stage they had been informed about.

I think before I went to those classes I had no idea about what to expect, really. And it was good learning and then knowing what it was going to happen, especially when giving birth. It was important for me to know what to expect.(K)

The participant who attended the day course about labour with her partner explained how she had received enough information but, due to the short length of the course, she did not believe she had had the time to form realistic expectations.

The woman who was followed exclusively by her GP explained that while she was being reassured about her pregnancy being healthy, she wished she had more time to talk about general information around pregnancy. Every participant who attended one-day breastfeeding classes and were highly encouraged to breastfeed their babies, but they also stated that the class was only partially useful as the best way to learn is to actually practice with the baby once he or she is born.

Generally, at different degrees, participants indicated that the information they had received had been truthful and had helped them to form realistic expectations. A difference that emerged was that the three participants who attended the Expecting and Connecting group had the chance to exchange opinions with other mums in an environment perceived as safe, while the other participants expressed the desire to connect more with women in the same situation.

I think it would be just so nice if women were able to share what is it that they actual feel and what is going on for them, you know, being really honest about it. Because I think you end up finding out that a lot of people are having the same experience but when it doesn’t fit the idea of this magical time of life then sometimes it feels like something is wrong with you and yeah... accept as much help as you can.(J)

Books, the Internet, and general Media

In order to feel prepared, women also looked at information in books, websites, web forums, or mobile apps. While they were satisfied with the amount of information available to pregnant women or new-mums, they shared the common concern that at times they had to block some of the information in order not to feel overwhelmed or too scared. Also some common themes portrayed in the media around labour, or giving birth, had been indicated as the reason behind the creation of false expectations.

When you are home by yourself you read on the internet what people have chosen to share and you think “oh, my baby is not doing that, he should be sleeping three hours at the time in the middle of the day and that sort of things…” so I was getting really frustrated...and it impacts on other areas I guess. I think I stopped doing that so much now, and it’s getting a little bit easier.(J)

I think we both expected that I would hold my hand and breathe with me, the sort of thing you see in movies, but I didn’t want him to touch me and I couldn’t talk to him. I even got to a point where I asked for epidural but they said no because it was too late to do it.(C)

Advice from others

While it would be simplistic to subdivide advice as “good” or “bad”, participants indicated some of their feelings in relation to the quality of advice they received from people around them. The following table represent in short form some of the themes that emerged from the conversations.

Unobtrusive, positive, and correct advice was perceived as helpful. Midwives were the source of advice that was most appreciated by women. Also mothers’ advice had been mostly described as helpful, probably because perceived as completely benevolent. Women who felt encouraged, optimistic and prepared approached pregnancy, labour, and after birth with enthusiasm.

“Horror stories” was a term used by participants to describe obtrusive, negative advice, which was definitely indicated as the most frustrating type of recommendation. Many conversations touched upon the fact that negative, scary advice had either caused very pessimistic feelings and fears, or had prevented the participants to form expectations; they had blocked out some of the thoughts regarding certain subjects, leading them to feel unprepared once they had to face some of the stages involving those topics.

Expectations VS Reality

Participants widely discussed about their experiences, relating them to what they had expected and contemplating on the effects of having their expectations met or not. The tables represent in short some of the contents that emerged, and will be proposed to follow.

Participants who approached each stage feeling optimistic and found their expectations to be met, described their experiences as positive. They felt mostly satisfied and in control. Labour was a crucial stage discussed by the mothers interviewed in this study.

Women interviewed who had their negative expectations met, were probably the ones who described the most unfavourable experiences. They indicated feelings of depression and discouragement. Participants who held positive expectations but found them not to be met in reality, also described their feelings of guilt, disappointment and shock.

I really wasn’t expecting it to be the way that it was. I spent a lot of time last year, I was going to prenatal yoga and reading up on things, I was feeling really confident about the birth but I ended up being overdue, I went to 42 weeks and I had to be induced, I wasn’t really happy about that...it ended up being yeah...it was quite an unsettling experience (J)

Even if forming expectations is considered a natural process, some women indicated how, at times, they had not formed any at all for different reasons. The motives behind these choices were different: some participants just wanted to be flexible and relaxed and not to plan, while others involuntarily stopped thinking about certain subjects after hearing information which had made them feel fearful.

Discussion

The focus of this study was to uncover more about the role of expectations among expecting women and to understand some processes behind the creations of such expectations. It has also been the intention to uncover how advice from
support people as well as by antenatal educators impacted on the creation of expectations. It appeared that forming realistic expectations was a key factor for the well being of expecting mothers. For this reason attending antenatal programs or gathering information was indicated as necessary in order to feel prepared for pregnancy, birth, and after-birth. Unrealistic expectations were often the result of incorrect advice provided by other people as well as information read on the internet. Books, midwives, or mothers’ advice had been generally described as helpful in the process of forming realistic expectation.

Another interesting factor that emerged from the study was the tendency of women to block out negative information. Women who felt “bombarded” by obstructive, pessimistic advice indicated how, in order not to feel fearful, had blocked out thoughts regarding certain areas, resulting in no expectations around specific subjects. Having no expectations could result in women feeling relaxed and positive, or guilty and confused, depending on the outcome of their lived experience. For this reason, while having no expectations was certainly better than having negative expectations, looking back women who did not have expectations described themselves as “naive” and not prepared enough.

Partner support was investigated and widely discussed and a common theme that emerged was that, while partners had been perceived as supportive, they also had taken time to become familiar with their new role, leaving women feeling overwhelmed by responsibilities during the first weeks after birth. Participants admitted they believed it had to do with the fact that they had had time to familiarise in first person with their new conditions as parents during pregnancy, while for their partner it had not been the case. During the first few weeks after birth breastfed babies are particularly dependent on their mums, leaving them to feel like they are doing most of the work, and their partners unsure about how to help. The first few weeks were described as the most difficult in terms of adjustment for the couple. All women agreed that once babies were older partners had found it easy to interact and had been more collaborative. Sleep deprivation and tiredness was another factor discussed and was described as unexpected as well as one of the main reason of discord within the couple.

The implications of this study are mainly two. Firstly it appeared that being prepared and receiving truthful, encouraging advice had been perceived as essential in order to form realistic, positive expectations in order to approach each phase of the new adventure with a constructive attitude. The chance of sharing opinions and concerns with other women in the same situation had also been indicated as a good influence for expecting women.

Finally, when discussing the role of support people and their importance, conversations indicate that the “best” support a woman could ask for was a kind, patient, available and unobtrusive help. Feeling connected and validated was in fact underlined as more important than practical help.

Pregnancy support and antenatal support is an area where counsellors can bring positive encouragement to expecting mothers and their partners. Also psychoeducational groups for both partners could help them to prepare for their first child as a couple and enable them to achieve the outcomes that strengthen their relationship and their marriage.

Conclusion

A number of themes have emerged as a result of the research, in particular, what is perceived as most helpful by new mothers in need of moral support. It is also important to understand about what is perceived as “good” support and may apply that in real life with family or friends who are expecting or have recently become parents. Distance was not as important factor as had been expected. It could in fact be overcome by connecting with other people or with the use of technology. Connecting with others in similar situation, appeared crucial. The findings of this study seem to point out once again, the importance of antenatal education as well as forming connections, suggesting that women who live in remote areas or do not speak the language may miss out, leaving them feeling isolated and experience unpleasant feelings.

Because of the small scale of this study the main limitation involved the number of participants who took part in this study. A larger, more diverse sample may have shed light on other processes that were not analysed in this study.

Future research could investigate more deeply the experience of partners in order to help them feel prepared for the new chapter of their lives. Because partners were indicated as main support people, but were also described as not prepared for the first few weeks of their babies’ lives, it may be worthwhile to develop programs which exclusively target men in order to allow them to feel in control and prepared. Men and women live differently the experience of becoming parents. It would seem there is a lack of information around male perceptions and challenges of becoming fathers for the first time. In order for fathers to be adequate support they may need appropriate, tailored information, as they live their experience very differently from their partners.

Dr Ann Moir-Bussy is Senior Lecturer and Program Leader in Counselling at the University of the Sunshine Coast and worked closely with Trish as Supervisor of her research project.

Francesca Tondi has completed her research as part of her Masters of Counselling through University of the Sunshine Coast and she is looking forward 
to working in the Counselling field and furthering research.

References


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| TABLE 2: Quality of information received and consequent feelings |
|----------------------|-------------------------|
| **Advice Received**  | **Feelings**            |
| Positive             | Encouraged, optimistic   |
| Negative             | Fearful, pessimistic, upset |
| Sufficient           | Prepared, worried, excited |
| Insufficient         | Worried and confused     |
| Correct              | Satisfied, supported     |
| Incorrect            | Upset, bombarded         |
| Unobtrusive          | In control               |
| Obtrusive            | Not in control, annoyed  |

| TABLE 3: Interaction between type of expectations and whether they were met or not |
|-----------------------------------------------|-----------------------------------------------|
| **Positive Expectations-Feeling Optimistic**  | **Negative Expectations-Feeling Fearful**     |
| Expectations met                             | Positive experience: Feeling satisfied, positive, powerful, in control | Negative experience: Feeling depressed, discouraged |
| Expectations not met                         | Negative experience: Feeling guilty, feeling depressed | Feeling relieved, feeling confused |

<table>
<thead>
<tr>
<th>TABLE 4: The role of “no expectations”</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No expectations</strong></td>
</tr>
<tr>
<td>Positive experience</td>
</tr>
<tr>
<td>Negative experience</td>
</tr>
</tbody>
</table>


