

*Original Article***Mothers' experiences of postpartum period: a phenomenological study***Parvin Bahadoran**, *Maryam Mohseni***, *Heidarali Abedi******Abstract**

Background: All women experience similar changes in the postpartum period, but some special factors make these experiences unique and sometimes cause stress and anxiety. Understanding these experiences is essential for providing appropriate postpartum care. This study investigated the meaning and nature of mothers' experiences and their daily life in this period.

Methods: This is a qualitative study employing a phenomenological approach. Data were collected by deep interviews. 14 mothers who referred to the hospitals or health care centers of Isfahan city in 2005 were interviewed. Sampling was purposive and data were analyzed by Colaizzi's method.

Results: The total findings of the study were collected in 90 codes, 15 categories and 4 main concepts were extracted: positive mood reactions, negative mood reactions, feeling unprepared, and body image change.

Conclusion: Mothers' experiences lead to psychological and emotional reactions in postpartum period based on the care and support they receive. If these services are not enough and appropriate, they face various tensions which have adverse effects on the newborns and families as well. Therefore, to help mothers and their families to achieve their evolutionary role with minimum stress in this susceptible period, it is necessary to determine the effective factors and plan strategies for postpartum care services based on mothers' need.

Key words: Postpartum experiences, mothers' experiences, postpartum care

IJNMR 2008; 13(3): 110-115

Pregnancy and delivery is a journey to unknown world.¹ Birth is a social event, women became mothers and couples turn to families.² It can be the happiest event of life, but may also be a stressful change, because parents face new responsibilities, roles and attachments for which they might not be ready.³ Although all women experience same changes during this period, some special factors make these experiences unique to them.⁴ The memories of what happen to women's body and soul during delivery remains in their mind vividly forever.⁵ During this period, while still in the physical stresses of pregnancy and delivery, mothers should take care of their newborn.⁶ In general, postpartum period is a transitional pe-

riod and potentially stressful when women have to face their new duties and role as mothers while dealing with various changes in their bodies. They need new kinds of support to help them to function effectively as mothers in their new position.⁷ Thus, regardless of how independent, self-reliant, or successful women they have previously been, they need help and emotional support.⁸ Murray et al reported that lack of psychological and mental health during this time can have long term effects on the mothers' quality of life as well as their newborn cognitive evolution.¹

Mothers' feelings towards their newborn are significant, but complicated and contradictory. In one side, there are good feelings of love and

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Research Article of Isfahan University of Medical Sciences, No:384079

affection for the newborn and feeling blessed with delivery experience, and in the other side, there is a mother who feels harmed by pregnancy and delivery.¹ Moreover, mothers are worried about their body shape while their image of their body has changed and they have problems of tiredness, weakness, crying, sleeping, the baby's growth and development and also the baby's care such as feeding, bathing, baby's umbilical cord and circumcision if the baby is a boy.³ Since labor time and postpartum period are critical for women and have deep and permanent affects on their lives, nowadays special attention is paid to the mothers' satisfactory of postpartum care services.² Fredrickson et al study showed, the kind of care that parents find satisfactory are different based on mothers' evaluation of themselves and their newborn.⁹ Therefore, this study aimed to use the mothers' experiences with open questions and look at the world from their eyes instead of putting them in a defined frame of thinking.

Methods

This was a qualitative study with a phenomenological method. The study population included women in the postpartum period (6 weeks after delivery). We had deep interviews with 14 women in 3 health care centers and 2 hospitals in the city of Isfahan and we used one mother's daily notes. The inclusion criteria included having a live birth, being in postpartum period (first 6 weeks after delivery), willing to participate in the study and being able to express their experiences (having no talking or hearing problems or psychological disorders). The time from delivery was ranged from a few hours to 42 days and the participants' age range was 21 to 35 years (mean age: 28 years).

Data were collected after having the permission and introduction letters from authorities. Sampling was purposive and was done according to inclusion criteria. The research purposes were explained to the participants and the confidentiality of interviews were assured. Then with the permission of participants, the interviews were recorded on cassette tapes. The interviews were done in a quiet place in the hos-

pital or health care center or in the participant's house according to their preference and with a previous appointment. The duration of interviews was between 20 to 90 minutes (in one case in two 90-minute sessions). The questions were open and generally focused on their experiences in postpartum period, motherhood and after delivery changes. If the answers were not complete, detailed questions would be asked to guide them to a complete answer. For example, a participant was asked about how she thought about her delivery and how she felt about becoming a mother. To assure the validity and reliability of data, the extracted coded were returned to the participant to check if they were agree with the researcher's understanding. In this process, the possible ambiguities were discussed and the data were clarified. To analyze data, Colaizzi's seven stages of data analysis were used.

Results

Findings extracted from interviews were categorized in several groups based on their subjects: positive mood reactions, negative mood reactions, feeling unprepared, and body image change.

Positive mood reactions: sub-themes of this main concept included happiness, comfort, satisfaction, which are one dimension of the experiences of some participants. These mothers expressed their experiences of the first hours after delivery as good feelings like love for their newborn and being happy of a successful end to their pregnancy. For example a participant said: *"I felt I was out of a big challenge, a problem that looked too big and difficult for me. Well, I was really happy, thanking God very much, then I was really proud of myself ...; I mean I was so happy that I was feeling proud."* Or another participant said: *"It felt comfort when they gave me the baby, I felt relief ..."* These reactions are the usual signs of mothers' satisfaction.

Negative mood reactions: various psychological and mood changes such as anxiety and stress fear and sadness, distrust, loneliness and regret are also experienced by the participants, which are sub-themes of the negative mood

reactions. These mothers experienced a lot of stress and anxiety for their newborn health, delay in delivery, taking care of their newborn in future, and also worried about their other children. For example a participant said: *"when I was transferred to the ward, they had brought everybody else's babies, but not mine yet. I was so frightened, thought that they lied me about my baby's health and that is why they didn't bring my baby after 2-3 hours."* Or another participant said: *"when I came out of anesthesia I thought my baby should be with me at the time, when I saw that it was not there and it was in the machine, I became so sad ... I thought why my baby was in the machine ... I didn't see my baby and I couldn't think of my husband or even myself, everything else has been forgotten ..."* Feeling lonely and bored are other negative reactions, mothers faced during this time. A mother said: *"most of my families live in countryside, I didn't see them, my father hasn't not come yet, I didn't see my brothers and sisters; most of my husband's family said that they would come to see me after 10 days. That time I felt nobody would come to see me, I felt lonely."* Also, after delivery sadness is another experience of mothers: *"I felt sick and depressed and I didn't know the reason. For example, people around me were happy, but I was in a depressed mood, I think it was after delivery depression. It lasted for 3-4 days; then I felt better."* One of the participant said: *"I felt depressed after it (delivery) ... I don't know, I mean I was just crying, I couldn't help it, with no reason ..."*

Feeling unprepared: need to cope with the new situation and having a busy mind are the sub-themes of this category. Difficulties of situation and heavy new responsibilities in this period of life lead to such reactions. For example a participant said: *"breastfeeding the baby is very problematic ... the breasts are painful, problem with stitches, bleeding, I mean especially in these 10 days of bleeding it is very difficult. For example the baby, well the mother can ignore herself, but the responsibility is so heavy, too much ... well, if the family were not around, it could be really very difficult, because you want to take care of baby and with this condition you would be exhausted. It is very difficult. I mean, you don't know take care of yourself or the baby."* These thoughts sometimes lead to the feeling of

disability and lack of self-confidence in mothers.

Body image change: this is another category found in the study. Mothers have already passed the body changes of pregnancy, but in some cases, the bad image of body is still with them and can be seen most of the time in the first few days after delivery: *"I always think I am changed a lot, I look pale, my tummy is still big ... after delivery it seems as if your body shape totally changes"*. However, some mothers have a good image of their body, even though they complain the slow change of body to non-pregnancy state and the stretch marks on their stomach. Some mothers expressed: *"I liked to be back to the way I was (before pregnancy), I didn't want a big tummy. Thanks God all these went well, but I have stretch marks on my tummy ... but well, my body is back to the way it was ..."*

Some experiences of mother after delivery include: Positive mood reactions: happiness, comfort, satisfaction; Negative mood reactions: anxiety and stress, grief and depression, lack of self-confidence, being bored and emotionally tired, fear and sadness, distrust, loneliness and regret; Feeling unprepared: need to cope with new situation, having a busy mind, body image change.

Discussion

As the results show, positive mood reactions are significant and important experiences during postpartum period and this period of life is an important period for women or mothers. In the researcher's opinion, based on these findings, health care personnel and all those who are involved in caring services can strengthen and encourage these positive outcomes and prevent the problems of this period which were introduced under the title negative mood reactions. Educating mothers how to care of their newborn and themselves, how to have a useful and better relation with their newborn and other members of the family and relatives, will certainly provide a better postpartum condition and prevent sorrow and depression in this period. Nystrom et al (2003) in this regards says that after delivery the feelings of love and hap-

piness, baby's presence and having a new situation as a family, overcome most parents.¹¹ During this time mothers usually don't have stable mood and their moods changes frequently. Most often mothers feel proud, excited and relief.¹² Torkan et al showed (2004), the way of delivery contributes to the emergence of this situation and she writes that in the first 24 hours after delivery the positive psychological aspects such as love, activity, proud, authority, excitement and strength, are higher in normal delivery compared with C-section and the regret, anxiety and fear after C-section is significantly higher than normal delivery.¹³ Frasier et al (2003) writes that tiredness, pain and discomfort are common problems that destroy the happiness of giving birth to a healthy baby.¹ As it is implied from participants' expressions, these emotions and feelings along with satisfaction emerge often in the first contact with the newborn. Since the researches show that the relation between mother and newborn in the first few hours is very important and an effective and basic factor in the future emotional relationships between the two,¹⁴ caring personnel should pay attention to their significant and effective role in making this relationship as soon as possible. Unfortunately, in this study even though most cases had normal delivery without any side-effect, this relationship was not built, which may be related to the neglect of hospital personnel and needs to be prevented. Negative reactions, show the importance of this period even more. In spite of the positive reactions, the results show that mothers experienced negative reactions as well. This issue can be a warning for those who plan and manage postpartum health care for mothers. Because these experiences remain and have unfavorable effects on mother who has obviously the main role in the family/baby care, educating mothers to reduce their anxiety and stresses and supporting them during this time can reduce negative outcomes and make a positive feeling about the delivery and the postpartum period. However, there are just a few researchers studying this issue.¹⁵ Hung et al (2001) analyzed various factors and identified 3 important factors related to postpar-

tum stress: achieving motherhood role, lack of social support, and body changes. They also found that the level of stress in the third and fifth weeks after delivery is higher than the first week. Their study also showed that these factors are important predicting factors of women's postpartum health situation.¹⁶ Therefore, by identifying the stress factors of this period, we can plan to reduce mothers' anxiety.

Mothers' education and preparing them for these problems during pregnancy and postpartum, can prevent stress factors which lead to negative reactions. Lack of a complete postpartum care is one of these problems. Providing postpartum care and following its principals can reduce most of these problems.

One of the negative reactions is the mothers' experience of sadness after delivery. Prevalence of Postpartum sadness is between 30% and 70% and it is the most common postpartum psychological disorder which needs more studies. As Sharma et al (2003) say, mood disorder is very common in this period and its symptoms can be light and temporary as it is seen in the postpartum sadness and even restlessness and crying without anxiety, irritability and being worried about health are added to them.¹⁷ Regarding to feeling unprepared, all mothers participated in the study, said that they were not ready to accept all the postpartum responsibilities at the same time. The results of a study by George et al (2005) agree with these experiences. In a research he did by ground theory method, the extracted concepts included change in priorities, difficult responsibility, unclear expectations and duties, lack of information and being unprepared.¹⁸ Also, Olsson et al (1998) reported that most women didn't ready for being a mother as they like and the feelings of disappointment, isolation and loneliness were observed in them.¹⁹ In our study, these feelings seemed more balanced and didn't create challenges for mothers due to cultural factors and the role of the family in helping and accompanying mothers during delivery and postpartum. One of the issues that keep mothers' mind busy after delivery, when the pregnancy changes are

ended, is their body and physical appearance. The author believes that to solve this problem, postpartum care should be established in all health care centers and it is recommended that health care personnel emphasize on exercises which strengthen the stomach muscles. Morin et al reported (2003) that African-American women participated in his study had an almost positive attitude towards their bodies and he believed that the families and friends had an important role in the image which these women had of their bodies. He also claimed that since African-American women had a positive attitude towards their bodies, the nurses who taught them would better to introduce exercise and diet interventions and emphasize on healthier lifestyle behaviors rather than weight lose.²⁰ Price et al (1998) also reported that until 3 months after delivery, women were still worried if their body shape would be back to the way it was before pregnancy. They thought that they needed exercise and this need was related to their husbands' interests in them to gain their previous attraction.²¹ In the present study, it looked that mothers accepted their physical

changes and were eager to learn exercises and other activities to speed up the process. But the participants of this study had just passed 40 days after delivery and were still hopeful that their body shape would be back to the way it was before pregnancy, and it may be the cause of their partial satisfaction.

Finally, the results of the study suggest that mothers after delivery experience different emotional and psychological reactions based on the care and supports they receive. It is obvious that for providing appropriate health care services for mothers and families and to support them and their families until they achieve the level of perfection in their role, effective factors should be considered. The results of the study show that the health care services and caring behaviors for mothers and the amount of support they receive from their families and the society are very significant in their way of adjusting with the situation in this special period of life.

Also, the authors declare that have no conflict of interest in this study and they have surveyed under the research ethics.

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