



Facing a new life-The healthy transition to motherhood: What individual and environmental factors are needed? A phenomenological-hermeneutic study

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ABSTRACT

Objective: The aim of the study was to highlight first-time mothers' experiences of the transition to motherhood uncovering personal and environmental conditions facilitating or preventing the process of a healthy transition in a Swedish context.

Design: A qualitative study with interview data analyzed using a phenomenological hermeneutic method.

Setting and participants: Ten recent first-time mothers were selected from three primary healthcare centers in western Sweden.

Findings: Four themes emerged, and the transition could be divided into several phases, interpreted as facing a new life, while feeling unprepared for identity and existential issues. The experience of becoming a mother was described as oscillation between a loss of former identity from previous life, and on the other hand, the joy and expectations of forming a new family. The mothers had high demands of themselves, often influenced by social media and needed to value the flow of information and 'let go of control' to be able to make adequate decisions. The close family of origin was invaluable in this process being able to provide confirmation in the new role, facilitating the development of their own security and self-confidence.

Key conclusions: The vulnerability expressed by new mothers shows that support from the family of origin, partners and professionals are indispensable. The desired result after the transition to motherhood is a prosperous, maturity and confident mother. The main promoting factor in this process seems to be having a safe base that can provide required support.

Implications for practice: The level of wellbeing after the transition is crucial and the possibility of a warm, responsive and secure parenting needs to be strengthened. The challenge to preventive health care will be to identify a lack of support and ensure that these mothers gain sufficient support to meet today's demands and still feel that they are good enough mothers for their children.

Introduction

The relationship between child and parents is both the most significant risk to, and safety factor for, a child's well-being and development. This relationship is established from birth, and it is important for the child to feel secure and develop positive interaction with its parents. (Ong et al., 2018; Waylen and Stewart-Brown, 2010). The transition to

motherhood is a life-changing event resulting in heightened vulnerability and stress. This may change women's identities, and lack of support to new mothers has been identified as a factor negatively influencing individual adjustment and development of a feeling of satisfaction in motherhood (Cavanaugh, 2006; Choi et al., 2005). This is partly described in transition theory, the characteristics of life transitions, and the patterns that can lead to healthy transitions (Antonovsky,

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1987; Meleis, 2010; Selder, 1989).

Having a first child is an important transition in the lives of many young adults. However, expectations of motherhood are often characterized by unrealistic ideals (Choi et al., 2005). Previous research shows that lack of positive thoughts and repeated negative thinking impairs the bonding and relationship between mother and infant (Rusanen et al., 2021). In addition, the importance of involving and supporting fathers early in parenting is highlighted, while being aware of poor self-esteem among the fathers too (Premberg, 2011; Singley and Edwards, 2015).

Dynamic changes in society have altered family structures in the western world, and conditions for family life today differ in many ways from previous generations. Several factors contribute to this, such as increased mobility, technical development and greater stress (Gunnarsdottir et al., 2015). Never before has there been such a strong need for clear and conscious parenting as there is now. However, there is still uncertainty regarding the role of equal parenting and what is truly best for the child (Alsarve and Boye, 2012; Miller, 2011). Social networking sites have become a platform for the reflection of cultural norms in mother- and fatherhood (Bartholdsson, 2015). Furthermore, there is an association between the mother's need for external confirmation in motherhood via frequent activity on social media and increased depressive symptoms (Schoppe-Sullivan et al., 2017).

One of the Swedish government's target areas for good health and equal healthcare is "the conditions of early life" (Proposition, 2017/18:249). It emphasizes the urgency of a good start in life and safe conditions in order to grow and maintain good health as an adult. This is also reflected in "a national strategy for developing parental support", where the main focus is not only on the child's needs, but on the importance of strengthening the parents in their parenting role as well (Socialstyrelsen, 2013/14:87).

Even though motherhood has been previously studied for several decades, it is, as we know of, not been published in previous studies with the framework of transition, with a lifeworld research approach and phenomenological-hermeneutic qualitative method. The aim of the present study was, to gain increased knowledge about the current barriers and the facilitators of becoming a first-time mother, in what way the experience may differ from previous generations, and how health care professionals can contribute to strengthen a warm and secure parenting.

Methods

Design and setting

Individual in-depth interviews were conducted focusing on the lived subjective experience of being a first-time mother in order to gain understanding and knowledge (Dahlberg et al., 2008). The interviews were analyzed by means of a phenomenological hermeneutic method (Lindseth and Norberg, 2004) to clarify the essential meaning of the described experiences. Three primary healthcare centers in western Sweden participated in the study. One center is located in the second largest metropolitan area of Sweden and the other two are located in a smaller urban area. The study was approved by the Regional Ethical Review Board, Gothenburg, Sweden (No. 511-15).

Participants

Mothers who met the following inclusion criteria were invited to participate in this study: the mothers first child, able to speak and understand Swedish and the age of her child between two and eight months. The intention was to have variety in the selection of first-time mothers of various ages and backgrounds (Table 1). Ten recent first-time mothers were recruited by healthcare professionals at the child-care units. When they showed interest in participating in the study, they were contacted by the first author and informed both orally and in writing about the study, according to the ethical research principles in

Table 1
Characteristics of the participants.

| Mothers | Age | | |
|------------------------------------|-------------------------------|----------|-----|
| 1 | 25 | | |
| 2 | 29 | | |
| 3 | 39 | | |
| 4 | 29 | | |
| 5 | 22 | | |
| 6 | 32 | | |
| 7 | 32 | | |
| 8 | 26 | | |
| 9 | 31 | | |
| 10 | 33 | | |
| | | <i>n</i> | % |
| Number of children (n=10) | The mothers first child | 10 | 100 |
| Educational status (n=10) | Primary school | 0 | 0 |
| | Secondary school/high school | 2 | 20 |
| | University | 8 | 80 |
| Marital status (n=10) | Married/lives with a partner | 9 | 90 |
| | Single | 1 | 10 |
| Living area (n=10) | Large city/ Metropolitan area | 4 | 40 |
| | City/Smaller urban area | 3 | 30 |
| | Suburbs | 3 | 30 |
| Ethnicity/ Family of origin (n=10) | Foreign background | 2 | 20 |
| | Swedish background | 8 | 80 |

the declaration of Helsinki. The adequacy of the final sample size was evaluated and discussed continually in our group of researchers during the research process, such as if the material of the interviews was richly textured and if the information was sufficient to achieve the aim of the study.

Data collection

Individual interviews were conducted by the first author and lasted about one hour. The participants decided the time and location for the interviews. Some took place at the child health unit of the primary health care center, and some in the mothers' homes. They were recorded and printed verbatim by the first author. Interviews started with an open question: How have you experienced your first time as a mother? Follow-up questions: 'Can you tell me more...? or 'can you please describe...' were asked for clarification. A few targeted questions were asked during the interview such as: Can you explain how you get information? How do you experience the support from your partner and family? How do you experience everyday life with your child? How do you think about the future? Towards the end of the interview the interviewer ensured that all relevant topics in transition theory had been discussed: expectations, level of knowledge/skill, the importance of the environment, ability to plan, and emotional and physical well-being (Schumacher and Meleis, 1994). The interviewer also asked the participants if the answers were understood correctly to enhance trustworthiness.

Data analysis

Having the lived experience of being a first-time mother as the focus, a phenomenological hermeneutic method was applied to analyze the interview texts according to Lindseth & Norberg (2004). The intention with this method is to understand the meaning of a phenomenon and it is inspired by the theory of interpretation (Ricoeur, 1976). In the interpretation of the text there is a movement between understanding and explaining. The researcher shifts between the ‘natural attitude’ and the ‘phenomenological attitude’ and follows the text from ‘what it says’ to ‘what it talks about’. The interpretation follows a hermeneutic spiral and consists of three steps that are performed back and forth between the whole-parts-whole. The results are formulated in everyday language, as close to lived experience as possible.

In the first step, the *naive reading* the text was read through several times by the authors to get a sense of the whole of the text and an initial understanding. In the second step, the *structural analysis*, the text was divided into meaningful units, which were reflected on with the naive understanding as a base and condensed (Table 2). We entered the analytic process with self-reflection and every theme was questioned in relation to the pre-understanding of each researcher to ensure that the interpretations were valid and grounded in the data. Sub-themes and themes were discussed, refined and defined in collaboration until consensus was reached within the analysis team of authors (Table 3).

In the third phase of the analysis, *interpreted as whole* or *comprehensive understanding*, the entire text was read through again and different themes were reflected on in relation to the research question and the context of the study.

Findings

The informants’ ages ranged from 22 to 39 years, had both Swedish and foreign backgrounds, and different levels of education and income. They lived in an urban or more rural environment either with the father of the child or with their family of origin. The mothers had both planned

and unwanted pregnancies. The age of their children varied between two and eight months. There was no high-risk pregnancy, assisted pregnancy or premature birth.

Naive reading

The first impression of the text includes many emotions during the transition to motherhood. Expectations and the experienced reality differed. Joy and happiness were mixed with feelings of helplessness and anxiety. The new mothers experienced fear of their own emotions and felt guilty because they did not feel as happy as they believed they should have during the initial period. They placed high demands on themselves to be good mothers while at the same time wondered if they were bad mothers. The close family of origin felt invaluable as a safe base where they could be themselves and receive support and encouragement. Having a social network was described as important. Wanting to be with the child oscillated with wanting to ‘just be oneself’. It felt good to be two in parenthood, although they did not always understand each other and had to find new roles. After the initial chaos the mothers experienced greater self-confidence and learned to trust themselves. They began to be more joyful and anticipated forming their new families.

Structural analysis

The findings emerged from the thematic structural analysis aimed at capturing the experience of being a first-time mother resulted in four themes: *To have a safe base in one’s close family and surroundings, To value information and be able to plan while learning to be flexible, To oscillate between loss and anticipation when the new family is formed, and To grow and take pride in oneself as a mother*. Each theme has a number of sub-themes (Fig. 1). The findings are illuminated in the text by quotations from the mothers, each of whom is identified by a number. This is to increase transparency of the quotes and ensure representation of all mothers.

Table 2
Example of the structural analysis with condensed meaning units.

| | | |
|--|--|--|
| 1. Quotes that are identified as meaning units | <i>‘I have had a lot of help from my family, they mean a lot to me. It feels important to have them close, especially in the beginning I think, in the beginning it was extremely important. Maybe mom or sister or could just come for a little while, so maybe I could take a bath. There are new phases all the time and then it’s great to have someone you have that relationship with that you can ask.’ (2)</i> | <i>‘Dare to take help from others, to dare to open up if there is something that worries them, to turn to someone with whom you feel safe, to dare to ask for help. Internet in all its glory, but having someone with you, who can help, that means a lot.’ (8)</i> |
| 2. Condensed Meaning units | My family means a lot to me, it is important to have them close, maybe just to take a bath. It is great to have that relationship and be able to ask, | Dare to open up if something worries you, turn to someone with whom you feel safe and ask for help, having someone with you means a lot. |
| 3. Subtheme | Feeling secure and be able to talk about everything | |
| 4. Theme | To have a safe base in one’s close family and surroundings. | |

Table 3

Example of quotes that are identified as meaning units and formulated as subthemes, themes and main theme in the thematic structural analysis.

| Main theme | Themes | Subthemes | Example of quotes that are identified as meaning units. |
|-------------------|--|---|---|
| Facing a new life | To have a safe base in one's close family and surroundings | Feeling secure and be able to talk about everything | 'Having someone to exchange thoughts with so that you are not alone. It can be your partner or mother or sister or grandmother or whoever, but mainly that you have someone who understands you.' (8) |
| | | Mom- an important relationship | 'You're such a good mother she always said to me, you're wonderful. Then I came back to that positive, happy person.' (2) |
| | | Experiencing the need for a social network | 'I think it very important actually having a social network when at home, otherwise you go crazy when just sitting by yourself.' (7) |
| | To value information and be able to plan while learning to be flexible | Valuing the information received and make it your own | 'I asked my mother and sisters and they had their opinions, and then called the childcare center anyway and could piece it together somewhat, and then I came to the conclusion that I alone had to make the decision.' (3) |
| | | Be influenced by social media | 'I think you are strongly affected, you have your mobile phone and watch blogs and people do things all the time in this highly accessible world. You are quite aware of it, but when you sit there with milked breasts and a screaming child.' (4) |
| | | Learning 'to follow' | 'I wanted to be in control, but it's just to 'go with how he is', but I still wanted to take over, but I can't control it in any way, that was a bit difficult too, all of a sudden I couldn't decide...I am calmer now it will be fine.' (3) |

Theme 1. To have a safe base in one's close family and surroundings

This theme comprised three sub-themes: *Feeling secure and be able to talk about everything*, *Mom-an important relationship*, and *Experiencing the need for a social network*.

Feeling secure and be able to talk about everything. The close family of origin played an important role in making the mothers feel safe and secure. This stood for stability and a secure base. The confirmation they received from their families was perceived as important in developing self-esteem as mothers. Since they could 'be themselves' with people they knew well they felt free to talk about their feelings, question, discuss and receive practical help. They also described the importance of feeling secure with healthcare professionals who had genuinely seen and supported them when needed. After a while, they experienced greater self-confidence in their new role and could make their own decisions concerning their child.

'Having someone to exchange thoughts with so that you are not alone. It can be your partner or mother or sister or grandmother or whoever, but mainly that you have someone who understands you.' (8)

Mom- an important relationship. The new mothers' own mothers were highlighted as an important source of support. This support was in the form of practical help, contributing with their experience and being able to tell them what was normal. Furthermore, this support took problems to a logical and more manageable level. Moreover, they felt that the bond between generations was strengthened. The interviewees' own mothers drew closer during their daughters' transitions to motherhood, and their confirmation meant a great deal to how the new mothers' self-image of themselves as mothers was formed.

'You're such a good mother she always said to me, you're wonderful. Then I came back to that positive, happy person.' (2)

Experiencing the need for a social network. Having a social context, meeting friends, going for walks, sharing thoughts and exchanging experiences with other mothers was perceived as important. The internet was also frequently used as a contact point. Despite this, some of the new mothers experienced a lack of a social network.

'I think it very important actually having a social network when at home, otherwise you go crazy when just sitting by yourself.' (7)

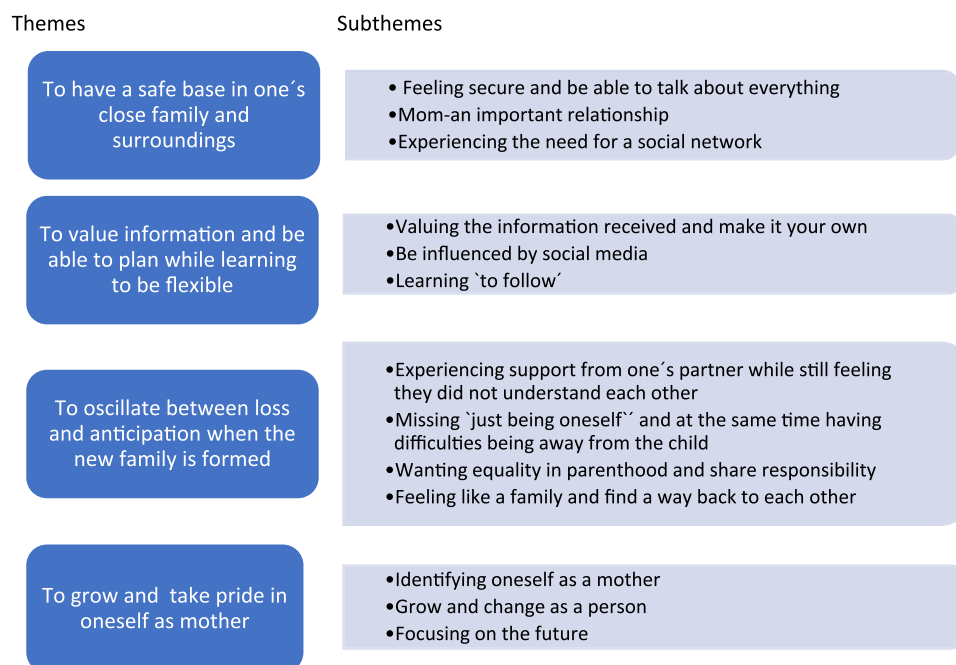


Fig. 1. Themes and subthemes that were emerged from the structural analysis.

Theme 2. To value information and be able to plan while learning to be flexible

The theme encompassed three sub-themes: *Valuing the information received and make it your own*, *Be influenced by social media* and *Learning 'to follow'*.

Valuing the information received and make it your own. The information the mothers received was obtained from the internet, books, professional health care advisors, family and friends. Professional care provided trusted knowledge when needed, but they relied less on unknown advisors than those with whom they had a relationship. Friends and family were valuable when asked for advice for discussion and comparison. However, they valued the information received and were happy to include several sources of information, after which they alone decided what was the most credible.

'I asked my mother and sisters and they had their opinions, and then called the childcare center anyway and could piece it together somewhat, and then I came to the conclusion that I alone had to make the decision'. (3)

Be influenced by social media. Images of what constitutes good parenting, values pertaining to what to do and how to think, circulate in social media. Images that friends posted online and the life they presented affected the mothers, even though they tried to be aware of this, and left acquaintances because of it as well.

I think you are strongly affected, you have your mobile phone and watch blogs and people do things all the time in this highly accessible world. You are quite aware of it, but when you sit there with milked breasts and a screaming child...' (4)

Learning 'to follow'. Planning ability is often considered a good quality, but it also turned out to be a stressor. When the mothers wanted to take control and plan it failed in practice, but instead lead to constant conflicts. Being more flexible and 'follow' the child proved to be more favorable. When they did so the mothers experienced greater satisfaction. Lowering expectations, taking each day as it came, and trying not to get stressed out if not everything worked directly was an insight that the mothers gradually reached when they became more confident in their roles.

'Now I can relax in a different way...I no longer get stressed out over small things, the stress can return, but I am not as tense...everyday life feels much easier'. (4)

Theme 3. To oscillate between loss and anticipation when the new family is formed

This theme comprised four sub-themes: *Experiencing support from one's partner while still feeling they did not understand each other*, *Missing "just being oneself" and at the same time having difficulties being away from the child*, *Wanting equality in parenthood and share responsibility* and *Feeling like a family and find a way back to each other*.

Experiencing support from one's partner while still feeling they did not understand each other. The mothers found value in shared parenthood, but also experienced difficulties in understanding each other. It had become clearer that they reacted in different ways, and it felt frustrating with different levels of anxiety, patience and experiences of joy. It was described as a major change in life with a new common focus, and at the same time an experience of being alone. Furthermore, the mothers described an insecurity in not knowing how to act within their relationships. They wanted to allow their partner to have their own life while describing a need for some time to themselves without their child. At the same time they felt that a need to be two in the care of the child in order to be a good parent.

'He has been wonderful and very helpful...but I tried to explain that I felt a bit lonely during the day, he tried to understand but I felt that "you understand nothing" ...the man must try to help, he must do what interests him, but if every day he is not focused on us, it's unacceptable.' (2)

Missing 'just being oneself' and at the same time having difficulties being away from the child. The mothers felt that they missed 'just being themselves'. They felt they had lost their prematernal identities. At the same time, they experienced a conflict in that when finally getting time on their own they failed to take advantage of it, and instead wanted only to return home to their child.

'I can feel wanting just to be Clara for a while. It's about missing being myself and getting away for a while. But on the other hand, if I get away...I feel I want to go home. I still feel the ties.' (1)

Wanting equality in parenthood and share responsibility. There was an expectation that parenthood should be shared equally. The mothers described it as a matter of course to share parenthood, but after a while realized that they needed to reflect on how they let their partner in as an equal parent. To be equal required being two, to be open to each other and talk about their relationship. They also reacted when professionals did not invite the fathers into the conversations but only seemed interested in the mothers' wellbeing. When the mothers looked back to the beginning of parenthood, they reflected on the fact that they should not only have accepted more help from their partners, but also let them develop as fathers in their own way.

'He felt like "what am I doing here? I haven't even made eye contact with anyone in maternity care, no one has even questioned or looked at me". He sits there and feels left out.' (10) 'He would go and help with bottle feeding, but then the "lioness mother" would appear, thinking he's too slow, so I didn't really give him a chance, either.' (9)

Feeling like a family and find a way back to each other. The mothers described a longing to rediscover each other as partners and live life as before, but at the same time they wanted to form a new identity as a family. It felt important to feel like a family finding new ways of living together.

'We probably felt like a family from the beginning, even if we had some difficulties, when we didn't really discover our roles then. There may also have been a fear of changing too much.' (10)

Theme 4. To grow and take pride in oneself as a mother

The theme comprised three sub-themes: *Identifying oneself as a mother*, *Grow and change as a person* and *Focusing on the future*.

Identifying oneself as a mother. The experience of 'feeling like a mother' is described partly as an experience of dramatic change, a piece of the puzzle that falls into place, and the transition to motherhood is experienced immediately. The feeling is also described as coming naturally as a transition where the mother, after a few months when getting to know the child better, feels like a mother. As the child grows, more security and maturity are experienced. They also look forward to when the children themselves can define them as mothers and know who their mother is.

'You get to know each other better, like you love more and more.' (6) 'We can probably do this, I can probably be the old Clara and the new mother somehow.' (1) 'I long for the time when you can really see that she knows that I am her mother, when it's really confirmed.' (5)

Grow and change as a person. During the transition to motherhood the mothers experienced that they had gradually changed. They felt that they had developed as human beings and got to know themselves better. After their initial vulnerability and shifting between different emotions, they experienced how after the transition they had created a new relationship to life, found themselves, and, in addition, also felt a greater confidence in their own ability.

'I have evolved into a role and learned to not be so worried...I have been able to grow in this role and change a bit. I will be good enough.' (3) 'It was still somehow good to have gotten through it, just for the self-confidence, and of course, because I managed it'. (7)

Focusing on the future. When they had settled in their role as mothers, they reflected on how they longed to be a safe base and role model for their children throughout life, just as they themselves had experienced security and love from their original families. They described how life felt enriched and had taken on a different meaning and how their focus had shifted from themselves to their child's well-being. After the adjustment and strains on the relationship the first time after the child was born, they describe how they have grown and become stronger together as a couple and how they try to take

advantage of this experience for the future.

'Now I will always be an adult in some way, and I will always be a role model for someone and someone's idol, I hope...' (9) 'I would like to encourage everyone who finds themselves in this situation that it will work out...that is how it feels. It is very warm in my heart'. (5)

Interpretation of the whole

Becoming a mother was a life-changing experience for the participants and had more impact on their personal identity than they could have imagined. It was described as a major change in life with a new common focus, and at the same time an experience of being alone. The stories clearly show the oscillation between loss and anticipation and between conflicting feelings and needs that seem to characterize the new family formation. It was narrated as a fluctuation on the one hand between a sense of loss of their old identity, previous life and relationship with their partner, and on the other hand rejoicing in wanting to be with the child and expectations of forming and shaping a new family. In addition, our interpretation was that the family of origin was drawn in as a secure base during the transition to motherhood providing confirmation of her new role so that the mothers can then develop their own security and self-confidence as a mother. The transition was interpreted as **facing a new life**. It could be understood both as facing a new life that has been born, but also to face the new life as a mother, when the previous life no longer exists. Thus, the transition describes both a crisis and an opportunity for new experiences.

Discussion

The four themes yielded by the interview text agree well with the theory of transition, which is described by Meleis et al. (2000), as a flow and change over time when an event has caused reality to change.

In the analysis of the interviews one of the most consistent and crucial theme appeared to be **'To have a safe base in one's close family and surroundings'**. The family clearly seemed to play an important role in their perception as mothers, and their own mother was described as a natural source of security and were drawn closer together during the transition. It is interesting to compare this with a study of the transition to puberty (Rembeck and Hermansson, 2008) where the mother was described in the same way, as someone the young girls could trust and talk to. This was highly reminiscent of the role they regained while the first-time mothers developed their new identities and independence. In today's society where technology and information abound, and one is expected to be independent and self-sufficient, it is interesting how dependent we remain on each other, as we go through transformative life events. Perhaps focus is often on how new parents support each other instead of seeing the entire close family and social network in a broader perspective. This is in line with previous research that has identified the ability to trust other adults, both inside and outside the family as a mediating factor for the mother's capacity to bond with her baby (Rusanen et al., 2021). In addition, it appears even more important to think about what support can be offered to new mothers who have few or no close relationships, and risk ending up at the lowest levels of well-being (Chick and Meleis, 1986; Haga et al., 2012).

The theme **'To value information and be able to plan while learning to be flexible'** emphasized that today's possibility to interact with other parents on the internet held disadvantages. Instead, the interviewees described stress and decreased well-being in parenthood when they participated and sought confirmation on social media. Our findings are in line with Schoppe-Sullivan et al. (2017), who claim an increased risk of depression for first-time mothers with frequent use of social media. Social networking on the internet offers new platforms for social interaction, but it is important to be aware that this can be stressful for new mothers. This is an area that preventive health care professionals need to

be aware of so that, if necessary, they can lead them to seek confirmation outside the cyber world. As the mothers gained more self-confidence in their new role, our interpretation was that they could be more flexible and at ease. Likewise, has having a 'relaxed' instead of a 'controlled' manner had been pointed out as preferable for reducing the risk for depressive feelings (Haga et al., 2012).

In addition, the findings shows that the way of receiving, or perhaps evaluating, information seems to have changed in recent decades, with the introduction of new information channels. It is, therefore, interesting to compare with how it was previously described. That health professionals were responsible for providing information and considered reliable (Schumacher and Meleis, 1994). Now, the mothers described how they evaluated information from different sources and formed their own synthesis.

In our analysis of the theme '*To oscillate between loss and anticipation when the new family is formed*' the mothers clearly expressed a desire to be equal in parenthood and share responsibility, but at the same time felt an insecurity how their roles should be formed; how they should act and what would be best for the child. They experienced support from their partners, but also the frustration of not understanding each other. These findings reflected an uncertainty in parenthood in concordance with previous studies, that similarly have indicated that gender equality in parenting is complex, and there is a gap between the ideology of gender equality and behavior in daily life (Alsarve and Boye, 2012; Haas and Hwang, 2019).

Our analysis showed further that achieving shared parenting required responsiveness and willingness to invite the other parent (Lidbeck and Boström, 2021; Sevón, 2012). The mothers had to let go of control and trust the fathers parenting skills. In addition, it is emphasized that even if today's parents have an attempt to be equal in parenthood (Miller, 2011), contradictory messages in society must be brought to mind. If the goal is equal parenting, health care professionals must convey this with their attitudes and, moreover, communicate the importance of reflecting on equal parenting with families, and in this way match formal care to individual needs (Miller, 2003; Wells and Sarkadi, 2012).

The last theme '*To grow and take pride in oneself as a mother*', was characterized by how the new mothers had found their way back to themselves while forming new identities as mothers, and at the same time described the transition to motherhood as a more transformative experience than imagined. Moreover, they related how they had changed as people, had more confidence in their own abilities and experienced a new relationship with life. In transition theory this level of well-being after a transition is described as crucial for a healthy transition. It can result in three levels: personal maturity, personal symptoms of stress, or untouched (Chick and Meleis, 1986).

The narratives describe the experience of perceiving growth as an individual as a positive experience that can come after struggles with challenging life crises. Nevertheless, a certain degree of lasting mental strain is needed to set the process in motion, and one of the strengths gained from a challenging life experience is changing one's priorities in life (Folkman, 2008; Tedeschi and Calhoun, 2004). It is further described that social support plays a strong role in the development of personal maturity and the importance of being able to tell one's story to others, thus highlighting reflection.

Facing a new life as a mother may in many ways be the same, but also different from earlier generations. The participants described a reality with the ongoing flow of information they had to deal with each day and how they would relate to comparisons on social media. The way of receiving information from many different sources to make their own synthesis and at the same time having a fear of missing something important in their ambition to do the best for their child.

The access of information in today's society also needs skills of understanding and acting on current health issues otherwise it increases the uncertainty. This is reflected in the demand for counseling at the primary health care centers. Health literacy is an interesting and

complex topic and requires a broad spectrum of skills in interaction with the social and cultural contexts (Mårtensson and Hensing, 2012). The family of origin seems to play an invaluable role in this process of discussing important health issues, making the new mother be more relaxed and gradually learning to trust her own ability.

This study found that parental support, both individually and in groups, should be a priority in the design of supportive activities and arenas (Barimani et al., 2017; Proposition, 2017/18:249).

It also became obvious how important it is to take time to listen to the stories of the recently new mothers, that perhaps in the long run it is what determines the child's future health. Meleis et al. (2000) describes how committed mothers, who have incorporated their roles as mothers in their identity, result in a healthy, strong, happy and secure child.

Strength and limitations

The strength of this study was the rich interview material and the variety of the informants, as well as the use of the transition theory as a framework (Schumacher and Meleis, 1994). A lifeworld research approach (Dahlberg, 2008), along with a phenomenological-hermeneutic method (Lindseth and Norberg, 2004) with open-ended questions, took the interviews to a deeper level, and the large number of quotes strengthens transferability. In the analysis the hermeneutic spirals were performed back and forth, and the authors' pre-understanding reflected this. All the authors had different professions in the health care field as primary health care nurse, psychologist and midwife and could therefore contribute with different perspectives to the interpretation, analysis and writing of the article.

The study included 10 participants' narratives which could be argued against the transferability of other first-time mothers' experiences, but the qualitative approach does not only aim to achieve generalizable results, but to deepen the understanding of the experience.

In future research the fathers' corresponding experience of the transition to paternity would be important to highlight. The results of this study could be interpreted by readers to deepen their understanding of the process of becoming a mother.

Conclusion and implications

Public health professionals have unique opportunities to support new parents in their preventive work. However, it might be difficult in matching formal care to individual needs (Miller, 2003) and, furthermore, that dissatisfaction is expressed when it comes to emotional issues and social support from health care professionals (Haga et al., 2012). Thus the perceived quality of social support is an important dimension, and shows the importance of discovering different patterns of social support during the transition period (Gjesfjeld et al., 2012; Rembeck and Hermansson, 2008). Our interpretation of the transition to motherhood may serve to guide health professionals that meet new parents. They can thus be aware of the patterns that characterize healthy transitions and better provide adequate and adjusted support due to the identification of personal and environmental resources and barriers that may facilitate or prevent the process.

Nevertheless, the challenge to preventive health care will be to identify a lack of support during early parenthood with a holistic perspective (Antonovsky, 1987; Clarke and Fawcett, 2016). Seeing the uniqueness in the experienced situation will better the quality of social support and consequently strengthen the possibility for mothers to meet today's demands, and still feel that she is a good enough mother for her child.

Ethical approval

Regional Ethical Review Board, Gothenburg, Sweden. (No 511-15).

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CRediT authorship contribution statement

Helena Lorén: Data curation, Conceptualization, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Validation, Visualization, Writing – original draft, Writing – review & editing. **Sandra Weineland:** Formal analysis, Supervision, Validation, Visualization, Writing – review & editing. **Gun Rembeck:** Data curation, Conceptualization, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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References

- Alsarve, J., Boye, K., 2012. Inte bara jämställdhet: beslutet om föräldraledighet, moderskaps- och faderskapsideal och idéer om barns bästa. More than gender equality. Decisions on parental leave and ideals around motherhood, fatherhood and the best interest of the child. *Sociol. Forskning* 49 (2), 103.
- Antonovsky, A., 1987. Unraveling the Mystery of health: How People Manage Stress and Stay Well, 1. ed. Jossey-Bass, San Francisco, Calif. San Francisco, Calif.
- Barimani, M., Vikström, A., Rosander, M., 2017. Forslund Frykedal Facilitating and inhibiting factors in transition to parenthood – ways in which health professionals can support parents. *Scand. J. Caring. Sci.* 31 (3), 537–546. <https://doi.org/10.1111/scs.12367>.
- Bartholdsson, Å., 2015. "Dare to share": bikt, moderskap och motstånd i den stora mammabikten. *Sociol. Forskning* 52 (2), 109–130.
- Cavanaugh, A. (2006). Exploring the Role of playfulness, Social Support and Self Esteem in Coping With the Transition to Motherhood. In M. A. Hoffman (Ed.): ProQuest Dissertations Publishing.
- Chick, N., Meleis, A.I., 1986. Transitions: a nursing concern. *Nursing Research Methodology*. Aspen publication, pp. 237–257. <https://repository.upenn.edu/nrs/9>.
- Choi, P., Henshaw, C., Baker, S., Tree, J., 2005. Supermum, superwife, supereverything: performing femininity in the transition to motherhood. *J. Reprod. Infant. Psychol.* 23 (2), 167–180. <https://doi.org/10.1080/02646830500129487>.
- Clarke, P.N., Fawcett, J., 2016. Nursing knowledge driving person-centered care. *Nurs. Sci. Q.* 29 (4), 285–287. <https://doi.org/10.1177/0894318416661110>.
- Dahlberg, K., 2008. Reflective Lifeworld Research, 2. ed. Studentlitteratur, Lund.
- Dahlberg, K., Dahlberg, H., Nyström, M., 2008. Reflective Lifeworld Research. Studentlitteratur, Lund.
- Folkman, S., 2008. The case for positive emotions in the stress process. *Anxiety Stress Coping* 21 (1), 3–14. <https://doi.org/10.1080/10615800701740457>.
- Gjesfjeld, C.D., Weaver, A., Schommer, K., 2012. Rural women's transitions to motherhood: understanding social support in a rural community. *J. Fam. Soc. Work* 15 (5), 435–448. <https://doi.org/10.1080/10522158.2012.719182>.
- Gunnarsdottir, H., Bjereld, Y., Hensing, G., Petzold, M., Povlsen, L., 2015. Associations between parents' subjective time pressure and mental health problems among children in the Nordic countries: a population based study. *BMC Public Health* 15 (1), 353. <https://doi.org/10.1186/s12889-015-1634-4>.
- Haas, L., Hwang, C.P., 2019. Policy is not enough - the influence of the gendered workplace on fathers' use of parental leave in Sweden. *Commun. Work Fam.* 22 (1), 58–76. <https://doi.org/10.1080/13668803.2018.1495616>.
- Haga, S.M., Lynne, A., Slinning, K., Kraft, P., 2012. A qualitative study of depressive symptoms and well-being among first-time mothers. *Scand. J. Caring Sci.* 26 (3), 458–466. <https://doi.org/10.1111/j.1471-6712.2011.00950.x>.
- Lidbeck, M., Boström, P.K., 2021. "I believe it's important for kids to know they have two parents": parents' experiences of equally shared parental leave in Sweden. *J. Soc. Pers. Relat.* 38 (1), 413–431. <https://doi.org/10.1177/0265407520961841>.
- Lindseth, A., Norberg, A., 2004. A phenomenological hermeneutical method for researching lived experience. *Scand. J. Caring Sci.* 18 (2), 145–153. <https://doi.org/10.1111/j.1471-6712.2004.00258.x>.
- Meleis, A.I., 2010. Transitions theory: Middle Range and Situation Specific Theories in Nursing Research and Practice. Springer Pub, New York: New York.
- Meleis, M.A.I., Sawyer, K.L., Im, K.E.-O., Hilfinger Messias, K.D., Schumacher, K.K., 2000. Experiencing Transitions: An Emerging Middle-Range Theory. *Adv. Nurs. Sci.* 23 (1), 12–28.
- Miller, T., 2003. Shifting perceptions of expert knowledge: transition to motherhood. *Hum. Fertil. (Camb)* 6 (3), 142–146. <https://doi.org/10.1080/1464770312331369413>.
- Miller, T., 2011. Falling back into Gender? Men's Narratives and Practices around First-time Fatherhood. *Sociol. (Oxford)* 45 (6), 1094–1109. <https://doi.org/10.1177/0038038511419180>.
- Mårtensson, L., Hensing, G., 2012. Health literacy - a heterogeneous phenomenon: a literature review: health literacy. *Scand. J. Caring Sci.* 26 (1), 151–160. <https://doi.org/10.1111/j.1471-6712.2011.00900.x>.
- Ong, M., Eilander, J., Saw, S., Xie, Y., Meaney, M., Broekman, B., 2018. The influence of perceived parenting styles on socio-emotional development from pre-puberty into puberty. *Eur. Child Adolesc. Psychiatry* 27 (1), 37–46. <https://doi.org/10.1007/s00787-017-1016-9>.
- Premberg, Å., 2011. Förstagångsfäders upplevelser av föräldrautbildning, förlossning och första året som far; First-time fathers' experiences during childbirth education, labour and delivery, and during their first year as fathers. Diss. (sammanfattning) Göteborg: Göteborgs universitet, Göteborg.
- Proposition. (2017/18:249). *Good and equal health- a developed public health policy*. Stockholm.
- Rembeck, G.I., Hermansson, E., 2008. Transition to puberty as experienced by 12-year-old Swedish girls. *J. Sch. Nurs.* 24 (5), 326–334. <https://doi.org/10.1177/1059840508323092>.
- Ricœur, P., 1976. Interpretation theory: Discourse and the Surplus of Meaning. Texas Christian Univ. Press, Fort Worth, Tex.
- Rusanen, E., Vierikko, E., Kojo, T., Lahikainen, A.R., Pölkki, P., Paavonen, E.J., 2021. Prenatal expectations and other psycho-social factors as risk factors of postnatal bonding disturbance. *Infant. Ment. Health J.* 42 (5), 655–671. <https://doi.org/10.1002/imhj.21941>.
- Schoppe-Sullivan, S., Yavorsky, J., Bartholomew, M., Sullivan, J., Lee, M., Dush, C., Glassman, M., 2017. Doing gender online: new mothers' psychological characteristics, facebook use, and depressive symptoms. *Sex. Roles* 76 (5), 276–289. <https://doi.org/10.1007/s11199-016-0640-z>.
- Schumacher, K.L., Meleis, A.I., 1994. Transitions: a central concept in nursing. *Image J. Nurs. Sch.* 26 (2), 119–127. <https://doi.org/10.1111/j.1547-5069.1994.tb00929.x>.
- Selder, F., 1989. Life transition theory: the resolution of uncertainty. *Nurs. Health Care* 10 (8), 437–440, 449–451.
- Sevón, E., 2012. 'My life has changed, but his life hasn't': making sense of the gendering of parenthood during the transition to motherhood. *Fem. Psychol.* 22 (1), 60–80. <https://doi.org/10.1177/0959353511415076>.
- Singley, D.B., Edwards, L.M., 2015. Men's perinatal mental health in the transition to fatherhood. *Prof. Psychol.: Res. Pract.* 46 (5), 309–316. <https://doi.org/10.1037/pro0000032>.
- Socialstyrelsen. (2013/14:87). *A strengthened parental support- for the child's right to safe conditions for growing up*. Stockholm.
- Tedeschi, R.G., Calhoun, L.G., 2004. TARGET ARTICLE: "Posttraumatic growth: conceptual foundations and empirical evidence". *Psychol. Inq.* 15 (1), 1–18. <https://doi.org/10.1207/s15327965pli1501.01>.
- Waylen, A., Stewart-Brown, S., 2010. Factors influencing parenting in early childhood: a prospective longitudinal study focusing on change. *Child Care Health Dev.* 36 (2), 198–207. <https://doi.org/10.1111/j.1365-2214.2009.01037.x>.
- Wells, M., Sarkadi, A., 2012. Do father-friendly policies promote father-friendly child-rearing practices? a review of swedish parental leave and child health centers. *J. Child Fam. Stud.* 21 (1), 25–31. <https://doi.org/10.1007/s10826-011-9487-7>.