

Learning to be a mother. Learning processes of primiparous mothers during the first two post-natal months

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ABSTRACT:

Motherhood, as a life project, begins with the birth of a child and involves a large amount of learning, which is undertaken by the new-born baby's main carers: their mothers. In this background the object of this study, whose results are herein presented, is the learning processes that underpin maternity in primiparous mothers¹ during the first two post-natal months. In methodological terms, a qualitative approach was taken through the holding of interviews. The results obtained reflect the fact that mothers experience specific problems. In their efforts to solve them, primiparous mothers establish different support relations, which has implications in the construction of the motherhood identity. Learning through experience underpins the learning process of how to be a Mother.

KEY WORDS:

Mother, Motherhood, Learning, Experiential Training.

INTRODUCTION

As regards maternal health there is no doubt that great scientific and technological advances have been made, namely in anatomical, physiological and pathological terms (Bobak, 1999; Fuente & Usandizaga, 1997; Graça, 2000; Harrison, 2001), and likewise there has also been progress from the community point of view (Redman, 2003; Stanhope, 1999). The widening of the study on maternity has occurred not only in the field of health but also in the most wide-ranging scientific fields such as History and Anthropology (Badinter, 1980; Kitzinger, 1978), Psychology (Bowby, 1984; Canavarro, 2001; Colmam & Colmam, 1994; Figueiredo, 2001; Pedro, 1985; Stern, 2000) and also Sociology (Monteiro, 2004; Oliveira, 2004).

In today's society maternity is viewed as a life process and an experiential and training investment that is extremely different to what it meant to be a mother some decades ago. Nowadays the maternity experiences are a live reflection of the different roads walked by mothers taking into account the *health* of their children, which should be understood as “essential for existence” (Honoré, 2004, p. 21) or “a lifestyle (...) shown through the life behaviours and habits” (Canguilhem, 1968, cited in Hesbeen, 2000, p. 32).

Aimed at improving the health of the Portuguese population, the National Health Plan in force designs specific measures focussed on “special moments such as the birth (...)” given that this (among

others) is an excellent opportunity “to educate for health, prevention, screening of illnesses and other interventions” (Ministério da Saúde, 2004b, p. 25). However, in order for an impact to be made on health education initiatives, it is necessary to understand the population (Estrela, 1992), i.e. to understand the learning processes that underpin the behaviours of people; in the specific case of this research, mothers. There are no other specific empirical studies in this domain.

As Canavarro states, “numerous cases refute the notion of maternity as being an instinctive or a fundamental need” (2001, p. 41). In this context the learning arises as the “ongoing activity of personal development that mobilises the individual [i.e. the mother] throughout her life” (Barkatoolah, 1989, p. 48), whereby the *learning* is the mechanism of adapting to the environment and the personal project itself of being a mother. Consequently, the value of the experience is glorified, viewed as a “fundamental resource and the basis of the Learning” (Finger, 2003, p. 68) and the Experiential Training. The concept of *Experiential Learning* is more related to the “relation between the person and culture, which is fundamental for the identity of the person (...)” (Finger, 1989, p. 40). Both perspectives should be viewed in a complementary manner in order to avoid severing the “umbilical cord” that unites the meaning of both terms.

According to Josso, “the most common way of learning nowadays is without doubt learning without knowing it, whether in a training situation or

in our everyday life: learning gestures, learning behaviours, learning body language, sequences of social interaction, fragments of knowledge, skills (...) this learning takes place ‘without us knowing it’” (2002, p. 180). As such, all day-to-day situations have “educogenic” potential (Furter, 1980, cited in Pain, 1990, p. 25), which is materialised in the effects of the action, despite the fact this is not recognised socially given the complete lack of an educational specificity in the context in which it takes place (Trilla Bernet, cited in Pain, 1990, p. 127). In view of these indicators Canário (2000) outlines three modes of educational action: (1) *informal education* respecting “all potentially educational situations (...) corresponding to unstructured and unorganised situations” both as regards day-to-day activities and those related to family, social and leisure production that encompasses informal action; (2) *non-formal education* whereby a certain effort is made to build educational situations tailor-made to the contexts and their target public, which usually take place outside school albeit following a “schooling” philosophy (Nóvoa, 1988); (3) *formal education* administered by school in line with traditional pedagogy. Although these paths can be considered educational it is always the adult person, more specifically the mother, who is the person being trained. This idea is reiterated by Dominicé when he says that “training belongs exclusively to the trainee” (cited in Nóvoa, 1988, p. 13), which therefore implies *individual reflexivity*. However, when it comes to maternity, mothers’ discourses are often written by somebody else (Monteiro, 2004) and it is hence no surprise that their inner and singular world has been so sparsely explained and explored in the *first person* (Stern, 2000).

METHODOLOGICAL APPROACH: MATERIALS AND METHODS

In view of the current statistical data that show a drop in the maternal mortality rate, an upward trend in the child morbidity rate — linked to the high number of visits made to paediatric hospital emergency services — and also remembering that in contemporary scientific times “our life paths (...) are the proof of our knowledge” (Canário, 2003,

p. 53), the following central research question was defined:

- What learning processes underpin maternity in primiparous mothers during the first two post-natal months?

Given the scope of the theme the above question can be broken down into the following questions:

- What experiences leave their mark on mothers?
- What are the main problems experienced by mothers?
- What strategies are used by mothers to face the problems experienced?
- What is the mothers’ attitude towards the problems?
- What are the main sources of support?
- What meaning do mothers attribute to maternity?

To tackle the issues raised by this study a strategy based on a descriptive and qualitative approach was deemed the most suitable given that it would enable the mothers themselves to talk about their experience of motherhood (Monteiro, 2004, p. 75), a vision that, in epistemological terms, translates into a change: from an “observation epistemology” to a “listening epistemology” (Berger, 1992).

To carry out the empirical work two immediate issues had to be solved: Where could one find the mothers? Which mothers should be interviewed? Strategically, the first contact with mothers was carried out in a maternal and obstetrics hospital unit in Lisbon, approaching primiparous mothers who fell within the criteria selected for the study: primiparous mothers of healthy children who lived in Lisbon and/or who were given pre-natal healthcare in the chosen institution, with ages ranging from 20 to 34 years, without history of mental disorders or alcohol or drug abuse and who had a pregnancy without complications.

The fieldwork was split into three stages, with the interview adopted as the most suitable and pertinent data collection technique. In an initial phase thirteen mothers were interviewed in the selected hospital entity, aimed at finding out the puerperas² who would integrate the third phase of the empirical

study. Given that no criteria were established in relation to the socio-cultural and financial status of the interviewees, a disposable camera was given to the women so they could photographically portray their learning, trying as such to minimise communication and/or linguistic blockages. In a second fieldwork phase the mothers were phoned to find out if they were using the cameras, and at the same time to strengthen trust between the researcher and the interviewees (Bodgan & Biklen, 1994). Finally, informal interviews were held (Bruneteaux & Lanzarini, 1998; Ferraroti, 1988) with seven primiparous mothers two months after the birth, at a place chosen by the mothers. The products obtained from the empirical work focused on the material of the interviews, the photographs taken by the primiparous mothers and their *intimate registers* in the form of individual texts written voluntarily by the interviewees and without any incentive from the researcher. The data were processed based on analysis of the content (Bodgan & Biklen, 1994; Franco, 2003).

PRESENTATION AND DISCUSSION OF RESULTS

Motherhood is a singular experience, which took on a peculiar role for each of the seven interviewees who found different and original strategies to solve their problems: *substitution strategies*, based on the existence of another person able to make sure the baby was cared for, *assimilation strategies*, based on the search for information from healthcare professionals, *overcoming strategies*, based on the adoption of alternative and inventive ways of solving certain problems related to maternal care, and *anticipation strategies*, which derive from pragmatic preliminary knowledge that generates a more complex cognitive structure, furnishing mothers with the ability to come up with measures to anticipate the problems. Following Berbaum's line of thought, these last strategies reveal the nature of what should be learned: "(...) [it is] in gaining this familiarity with the situation that hesitation is eliminated when facing problems and which also allows us to foresee what will happen" (1992, p. 26). There is an increase in the educational autonomy of the carers,

there is less need to use third parties and the mothers' inventive and reflexive ability is enhanced.

Among the aforementioned "reference-situations", the primiparous mothers highlight the smile, the "babbling" and the start of the ability to differentiate the baby's sounds as the main "experiences lived", all of which are highly gratifying and which do not involve any problem-solving aspect. With regard to these experiences the baby is the common denominator in the different descriptions, and it is possible to verify that the accumulation of the experiences lead to an increased capacity for self-reflection by the mothers, who were able to construct a "multi-dimensional" working knowledge (Enriotti, 1991, p. 187) combining affective and cognitive facets.

The dynamics of the experience change in line with the new situations lived, such as the problems (Cavaco, 2002). The problems experienced by the puerperas encompass three dimensions which are related to the mother herself, the baby and the family system. The first sphere of difficulties concerns above all breast-feeding. In order to adopt the most comfortable and suitable position to breast-feed, the mothers had to *experiment* the well-known positions until finding *theirs*. As Sanches states, "there is nobody better to define the best position than the mother and her child (...)" (2002, cited in Pereira, 2006, p. 105). As well as the positioning, the anatomical structure of the nipples also proved an obstacle to breastfeeding, with the interviewees developing a strategy of substitution by using commercial silicon nipples, thus fuelling the "turbo-capitalism" (Finger, 2003) in which contemporary society lives whereby new technological inventions lead to the most rudimentary strategies being abandoned (or even forgotten) such as the inverted syringe technique. In this background, the "prevailing cultural industry" dominates (Finger, 2003), despite the fact that its functionality is not always universal, as stated by one of the interviewees: "It improved a little but even so the baby did not adapt very well to the nipple or I don't know...". The "appearance of the milk" was another of the difficulties felt that lead to one of the interviewees immediately implementing a strategy of assimilation in phoning the *Saúde 24 horas* helpline which informed

her that the solution was to use a milk extraction pump which the mother purchased straight away, despite subsequently implementing a strategy of overcoming based on the manual extraction of milk and placement of the baby on the nipple. These last two measures are in accordance with those found in the study by Pereira (2006). The choice and preparation of the baby bottle is a problem described by the primiparous mothers who initially used assimilation strategies, requesting advice from health professionals. Tiredness was one of the main difficulties expounded by the interviewees who asked for others to substitute them in satisfying the basic human needs of the baby. This finding agrees with the perspective presented in the study by Waters and Lee (1996), who argue that primiparous mothers experience high tiredness levels in the first post-natal month and consequently low levels of vitality to carry out maternal care. On this theme one of the interviewees recalled the following situation: “(...) I know that I was so tired, so tired that (...) I forgot to change the nappy all night (...) The next morning I said to myself: ‘Ah, but didn’t I change my baby’s nappy? When I checked he had that dried poop stuck to his skin when I cleaned him (...)’”. Also “post-birth pain” and suture infections are some of the problems experienced by the interviewees who, to get round these obstacles, adopted either strategies of assimilation or strategies of overcoming.

The main problem related to the babies was decoding the cause of them crying, with mothers developing assimilation and overcoming strategies to get round the difficulty. The reasons for the crying were hunger and colic pains, with the ability to distinguish between the different types of crying proving a challenge to the interviewees: “First I had to find out if the baby was crying because of hunger or colic pains. It was a bit tricky (...)”. Also ensuring the hygiene and comfort to the newborn baby, namely bath-time, constituted one of the difficulties felt by the mothers with the interviewees using strategies of substitution by requesting the help of another female figure, usually one more experienced like a mother (Canavarró, 2001; Stern, 2000). The problem of how to deal with the umbilical stump was also a problem, namely for mothers who had to adopt a cultural-prophylactic strategy, applying the cultural knowledge of their

Cape-Verdean family of origin in taking care of the baby’s umbilical stump, learning a cultural ritual. In this context Durkheim argued that “[from] the most barbarous and the most bizarre to the strangest rites, these rituals translate a need, another aspect of individual and social life” (2002, p. 61).

According to Relvas, the birth of a child leads to changes in the family system, as a “key transition” phase (2001, p. 122). The problems related to the family are generally linked to lack of space, with mothers having to buy another house and/or car to overcome this difficulty. Also the difficulties as regards the management of the domestic tasks given the need for maternal care led the interviewees to implement substitution strategies, with the maternal grandmother the “most obvious candidate” (Stern, 2000, p. 145). In turn, the financial difficulties felt by the primiparous mothers were linked to the fact that the puericulture market entices mothers to consume all sorts of “utensils to save time and effort”, as one of the interviewees stated, as well as the essential goods, which leads to high spending. To overcome this difficulty the puerperas used several different forms of support (described below).

Throughout the two puerperal months, in getting around the problems described, the interviewees presented different attitudes. During the first month the mothers talked about a certain “affective entropy” characterised by fear, worry, affliction and impotence. At the end of the second puerperal month the mothers had a more positive image of themselves, more independence and more self-confidence. This scenario reflects the progressive transition from a “posture of escape” and a “teach me” attitude to a posture grounded on motivation and “intentionality” (Josso, 2002), which was to a large extent achieved with the help of outside support. Nóvoa (1988) points out that the presence of others is essential for the training process, which from the *Experiential Training* perspective, is similar to a “(...) process of socialisation during which the family, school and professional contexts constitute places of regulation of specific processes that are intertwined, giving an original form to each life story” (Dominicé, 1988, p. 60). This agrees with the perspective expressed by Dubar (1997).

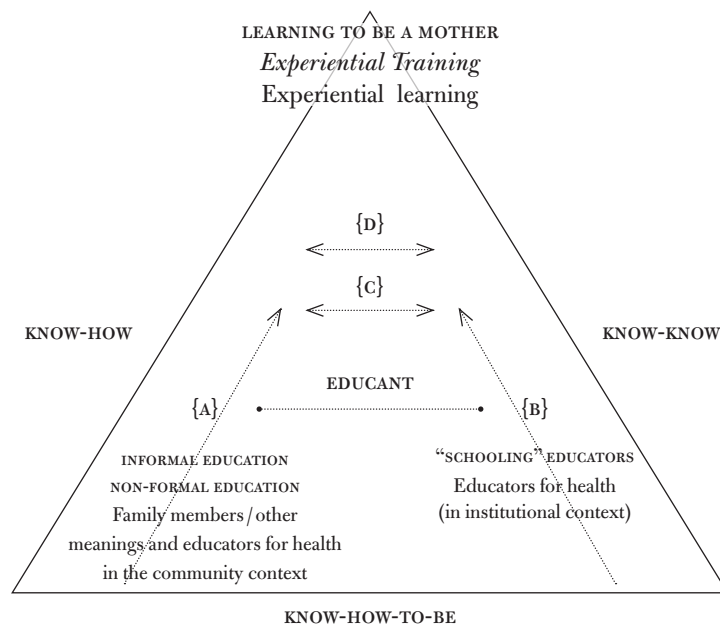
The arrival into motherhood led the interviewees to reformulate some of their interpersonal

relations, leaning on given sources of support, which can be split into *sources of help*, in the shape of family members and important people, associated to informal and non-formal educational contexts, and *sources of information*, such as healthcare professionals working in Specialised Healthcare Clinics (Maternity Wards) or Primary Care Institutions (Health Centres). As for the latter sources, when in a hospital the educator was viewed as a “standard model of [scientific] knowledge” (Lesne, 1984, p. 51) who teaches and demonstrates. However, according to the puerperas interviewed, there is a certain lag between the “learning” moment and the “learning by doing” moment, given that certain *information* that is transmitted to the mothers through a “schooling” philosophy (Nóvoa, 1988), only acquires the status of *knowledge* through the

action of the experience, and it is precisely after being discharged from hospital that the mothers fully imbibe the educational message (Coucello, 1997), and consequently obtain greater value from the Health Education Practices developed in a community context, with Nurses playing the role of the main educators.

In the context of the relation of the primiparous mothers with others, the interviewees revealed a need for another person to help, clarify, accompany and undertake the transition between the “schooling” context and the non-formal or informal context. In this study we label this person the *educant*. The following diagram summarises the importance of the different sources of support in the learning process (related to problem solving) and the experiential training of the mothers.

Diagram A
 RELATIONS AMONG KNOWLEDGE, STRATEGIES AND PRESENCE OF OTHERS
 IN THE LEARNING PROCESS AND EXPERIENTIAL TRAINING OF THE MOTHERS



KEY: {A} represents substitution strategies, {B} refers to assimilation strategies, {C} concerns overcoming strategies and {D} represents anticipation strategies.

In relation to the meaning of motherhood, the puerperas showed a certain degree of embarrassment in describing what it meant to be a mother, mentioning that this was a process that they started to become aware of after two puerperal months,

given the main alterations deriving from maternity (especially the woman’s identity transformation process, their difficulty in managing time and their own circadian rhythm, the changes to their self-image and their social and socialising habits)

as well as representation of what it means and what duties are entailed in being a mother: a task understood as “difficult” given that it implies taking care of a dependent being, which involves adoption of the baby by the mother. Also related to the domain of representations, the mothers stated two of their main short-term future goals: coming to the end of breast-feeding and finding a substitute to care for the baby so the mother could return to work.

CONCLUSIONS

Recognising from the start that mothers are not used to talking about themselves, this research project intended to find out the singular perspective of the puerperas so that the educators, especially Nurses, can understand the learning processes that are involved in maternity in primiparous mothers during the first two post-natal months, from the point of view of the healthcare workers themselves. In the time period studied, it can be seen that the primiparous mothers experience problems with themselves (particularly in breast-feeding but also because of tiredness and physical pain), with the baby (the crying, hygiene and comfort issues) and with the family system (lack of space, the difficulty

in managing domestic tasks and financial difficulties). In order to solve these problems the mothers adopted different strategies (substitution, assimilation, overcoming and anticipation), taking on an increasingly active and responsible role in their maternal care process, in which different sources of support also come into play: family members and important people, as well as the Health Educators, with the Nurses and professionals given more emphasis, namely in the community context. Two months after the birth, the primiparous mothers began to understand their role as mothers. This is characterised by certain changes deriving from maternity and also by the start of the emergence of future goals, namely with regard to stopping breast-feeding and seeking a substitute carer.

Given that Nursing plays an essential role in the implementation of a “Start to a healthy life” (OMS [WHO], 2002), it is up to us, Nursing professionals, to understand the maternal population in detail and understand how each mother who we care for learns to be a mother so that we can develop, *in loco*, more perfected and suitable Health Educational practices in the context of Maternal Health. Because, at the end of the day, as stated by one of the primiparous mothers interviewed, “say what you will (...) in truth, being a mother has to be learnt (...)”³.

ENDNOTES

1. A primiparous mother is a woman who is/has been pregnant for the first time.
2. Puerperas are women who have been mothers. A woman only becomes a puerperal after giving birth.
3. Study funded by the Foundation for Science and Technology, which took place in the Dr. Alfredo da Costa Maternity Hospital - Puerperas Services I and II.

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