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Impact of an internet-based intervention on Finnish mothers' perceptions of parenting satisfaction, infant centrality and depressive symptoms during the postpartum year

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ABSTRACT

Objective: this study evaluates how an internet-based intervention affects mothers' parenting satisfaction, infant centrality and depressive symptoms.

Design: a quasi-experimental design and repeated measures were used.

Settings: this study was conducted in two Finnish public maternity hospitals (intervention/control).

Participants: a convenience sample ($N=1300$) of primiparous and multiparous Finnish-speaking mothers were invited to participate. Multiple-birth and early discharge mothers receiving home visits were excluded. The analysis included 760 mothers.

Intervention: the intervention offered online support for parenting, breast feeding and infant care beginning from the middle of pregnancy. It consisted of an information database, a peer discussion forum and expert advice.

Measurements: Outcomes were measured by the Evaluation and Infant Centrality subscales of the What Being the Parent of a New Baby is Like-Revised, and the Edinburgh Postnatal Depression Scale after childbirth, and six weeks, six months and 12 months post partum. Age, parity, parenting self-efficacy, and perception of infant and family functioning were used as the covariates.

Findings: during the first postpartum year, mothers' parenting satisfaction increased significantly, whereas infant centrality and depressive symptoms decreased within groups. However, these changes were not linear. The mean difference between groups in parenting satisfaction and depressive symptoms was not significant within any of the four assessments. The mean difference in infant centrality between control and intervention mothers was significant only at six weeks post partum. Primiparas scored significantly higher in infant centrality and significantly lower in depressive symptoms than multiparas.

Key conclusion and implications for practice: an internet-based intervention did not significantly affect mothers' perceptions of parenting satisfaction and depressive symptoms, but intervention mothers experienced higher infant centrality compared with control mothers at six weeks. Parenting self-efficacy was a significant covariate for all measures. Parity needs to be taken into account when infant centrality and depressive symptoms are used as outcome variables in intervention studies. More research is needed to study the potential of information data bank, professional, and peer online support. This study also highlights the need to pay more attention to the selection of the target population, the selection of outcome measures, and implementation issues in intervention research.

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Introduction

Only through making a commitment to mothering, experiencing the presence of the infant and being actively involved in caring does a mother have an opportunity to grow as a mother

(Nelson, 2003; Mercer, 2004). The process of becoming a mother demands adaptation (Barnard, 1994; Meleis et al., 2000; Shaw et al., 2006). In this study, maternal adaptation is examined from the mothers' point of view. The focus is on parenting satisfaction, infant centrality and postnatal depressive symptoms. The adaptation process depends on both the mother and infant, and it can be facilitated by environmental factors (Barnard, 1994; Mercer, 2004). Social support from professionals and peers has been implicated in enhancing maternal adaptation (Tarkka et al., 2000; Horowitz et al., 2005) and decreasing risk for postpartum depression (Tammentie et al., 2004; Horowitz et al., 2005; Beck, 2006). Maternal adaptation begins during the pregnancy, which makes pregnancy an optimal period for parenting interventions (Kiehl and White, 2003; Mercer, 2004). Online interventions can offer versatile parenting support in the form of information, peer and professional support (White and Dorman, 2001; Herman et al., 2005). This paper evaluates the impact of an internet-based intervention on Finnish mothers' perceptions of parenting satisfaction, infant centrality and depressive symptoms during the postpartum year.

Parenting satisfaction is a critical component of maternal adaptation (Horowitz et al., 2005) and sense of well-being (Rogers and Matthews, 2004; Drake et al., 2007). It is defined as a parent's sense of pleasure and gratification gained from the parenting role. This includes satisfaction from carrying out infant care tasks, from learning to know the infant, and from meeting self-expectations regarding one's role as a parent (Pridham and Chang, 1989). The way a mother feels about parenting will impact her motivation and care giving practices (Bandura, 1997; de Montigny and Lacharite, 2005; Jones and Prinz, 2005). Parenting satisfaction and parenting self-efficacy ('PSE') are highly interrelated concepts (Coleman and Karraker, 1997; Ngai et al., 2009; Leahy-Warren and McCarthy, 2011). In Norway and the United States, higher maternal age indicated higher satisfaction after childbirth (Reece and Harkless, 1998; Kiehl and White, 2003). In Sweden, the younger the mother, the greater her identification with motherhood in the postpartum period (Kiehl and White, 2003). However, in Finland, age did not contribute to parenting satisfaction (Salonen et al., 2010). Compared with multiparas, primiparas were less satisfied with their parenting during early parenthood (Pridham and Chang, 1989; Pridham et al., 1994; Salonen et al., 2010). Challenges related to infant maturity, development, health status and temperament were associated with a negative parenting experience (e.g., Pridham et al., 1999; Porter and Hsu, 2003; Salonen et al., 2010). The contribution of infant temperament to parenting satisfaction may be greater during early parenthood (Pridham et al., 1999). Family is a resource to a mother of an infant, but the family situation can be a source of stress (Gage et al., 2006; Salonen et al., 2010).

Primiparas were significantly more satisfied with their parenting four months post partum compared with one month post partum (Hudson et al., 2001). However, Reece and Harkless (1998) did not find significant change in primiparas' parenting satisfaction during the same period of time. Nor did primiparas' satisfaction change significantly from four months to one year post partum (Elek et al., 2003). When data for primiparas and multiparas were analysed together, however, parenting satisfaction increased from the immediate postpartum period to four-to-eight weeks (Pridham and Chang, 1989; Salonen et al., 2011), three-to-four months (Pridham and Chang, 1989; Pridham et al., 1994, 1999) and 12 months post partum (Pridham et al., 1999). Nevertheless, this change during the first postpartum year was not linear, which may show that satisfaction does not necessarily increase as a mother gains experience with her infant. The highest satisfaction scores were found at four months and the lowest at eight months post partum (Pridham et al., 1999). Further studies

are needed to identify at what infant ages the highest points of satisfaction are found and to examine the differences in change in satisfaction between primiparas and multiparas during the postpartum year.

Infant centrality refers to how much the infant is in the parent's thoughts and determines the parent's actions when the parent is not with the infant or when the parent needs to leave the infant with another caretaker, and how easy it is for the parent to be distracted from thinking about the infant (Pridham and Chang, 1989). A desire to be with the infant and difficulty in being away from the infant suggest the operation of attachment or care giving processes (Bowlby, 1988), the importance of the infant to the mother, and the mother's concern about being emotionally available to the infant. Higher maternal age indicated higher centrality (Reece and Harkless, 1998). Infants had a more central role in primiparas' lives compared with the lives of multiparas, but centrality showed similar changes during the first three postpartum months among both groups (Pridham and Chang, 1989). Centrality scores were lower at three months post partum compared with one week and at one month (Pridham and Chang, 1989; Pridham et al., 1994; Reece and Harkless, 1996).

Depressive symptoms disrupt every aspect of a mother's functioning and social interaction (Horowitz et al., 2005). Depressed mothers may have difficulties being sensitive to their infants' cues and needs (Teti and Gelfand, 1991), and they feel less satisfied with their parenting (Horowitz et al., 2005; Salonen et al., 2010). Postpartum assessment of mothers' mental status and maternal adaptation is becoming a standard part of clinical care (Horowitz and Damato, 1999; Horowitz et al., 2005). Postpartum depression screening instruments, such as the Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1993) are now widely used in health clinics in many western countries. Postnatal depressive symptoms usually occur from birth to four to six weeks post partum (Ylielto, 2005; Beck, 2006). Mothers' age, the number of pregnancies, deliveries, or liveborn children were not associated with postnatal depressive symptoms. Mothers with depressive symptoms, however, were less satisfied with their family life and dynamics when compared with mothers without depressive symptoms. Depressive symptoms decreased during the first postpartum year; however, the change was not linear (Pridham et al., 1999). Longitudinal study results indicated that, on average, mothers' symptoms of depression were lower at 12 months post partum than at three months, although the association was at the limit of statistical significance (Escribà-Agüir and Artazcoz, 2011).

Educational interventions had a positive impact on mothers' knowledge about infant behaviour (de Montigny and Lacharite, 2005; Maguire et al., 2007; Bryanton and Beck, 2010). Today, mothers are actively using the internet to search for information, to discuss infant-care issues with peers, and to ask advice of professionals (Sarkadi and Bremberg, 2005; Hudson et al., 2008, 2009; Larsson, 2009; Campbell-Grossman et al., 2009). Online educational interventions enhanced parents' knowledge and positive attitudes related to vaginal birth after caesarean section (Wang et al., 2006), knowledge related to infant care (Sanghavi, 2005) and attitudes related to infant vaccination (Wallace et al., 2006). Educational online interventions have shown to promote parents' safe care practices and discussion of safety topics with professionals during well-child visits (Christakis et al., 2006), and increase mothers' motivation to reduce perinatal drug use (Ondersma et al., 2005). An individualised internet-based intervention was effective in reducing infants' problematic sleep behaviour and improved maternal sleep (Mindell et al., 2011a, 2011b).

In general, parenting interventions that included interaction had better outcomes than interventions without interactive

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