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Inside stories: Maternal representations of first time mothers from pre-pregnancy to early pregnancy

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ABSTRACT

Background: According to the psychoanalytical literature, it is during pregnancy that maternal representations of the mother–infant relationship become activated. Midwives who are engaged with the mother and the baby have not drawn upon this concept in their practice. In order for this to happen, it is important to understand better the nature of maternal representations and when they are activated from empirical studies.
Question: The research question is: what are the maternal representations of a group of first time mothers from pre-pregnancy, early pregnancy and to the first ultrasound.
Method: A narrative approach was used to gain insight into the maternal representations of first time pregnant womens' account of their representations. The analysis method was based on thematic approach.
Participants: Fifteen women aged between 23 and 38 years.
Setting: A midwives clinic attached to a tertiary hospital in Melbourne, Australia.
Findings: First-time pregnant women's maternal representations were activated when a woman begins to plan her pregnancy ('the time is right'), again at the onset of physical changes to her body as a result of conception ('my body is changing'), and at the first early ultrasound at around twelve weeks ('it' is a real baby).
Conclusion: Maternal representations are important for the midwife and pregnant women because this concept provides another understanding in relation to the psychological dimension of pregnancy.

1. Introduction

Maternal representations are important for developing a woman's maternal identity and future maternal competence[1] which for Stern consists of four main sets of representations and which theoretically informs this research. First, there are representations concerning the baby as a real human being with its own personality and who belongs to her as a son or a daughter. Second, there are representations of the woman as of a mother to the infant, as a wife to her husband, as a woman with a career and as a daughter to her own mother and father. Third, there are representations concerning her partner as a parent. Four, she has representations about her mother as a person, as a grandmother and of her own-mother-as-a-mother-to-her.

Long before she becomes pregnant, a woman will have maternal representations of herself as a mother that are derived primarily from her past attachments and parenting experiences.[2] For Bowlby[2] 'internal working models' are analogous to a blueprint about the experience of being cared for and parented in order to construct their own role as a mother. For Bruschweiler Stern[3] representations of the woman as a mother has been enacted through her childhood play with dolls. Rubin described the process of achieving a maternal identity through mimicry, role-play, fantasy, introjection and projection/rejection in which the woman's mother was her strongest role model.[4] Similarly, George and Solomon[5] propose that a mother's own attachment experiences lay down the representations about herself as a mother which becomes consolidated in adolescence these representations undergo a change when she becomes pregnant and later during her interactions with her baby.

Locating the origins of maternal representations helps contextualise the mother–infant relationship but equally important is to understand how and when these maternal representations are activated. Stern and others[1,6] have proposed that maternal

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representations grow rapidly at around four months due to foetal movement and peak at the seventh month of pregnancy after which representations about the baby decline in preparation for meeting the real baby. Stern noted that maternal representations may have been present before four months but were of little clinical significance for him, while the period after seven months saw a decline in maternal as a defence against possible disappointment or loss.[7] However, other research has found that maternal representations do not decline at the seventh month and in fact remain stable until after birth.[8]

The period prior to foetal movements, including the pre-pregnancy period where planning to become pregnant is taking place, has not been focused upon as it is considered important for to the mother–infant relationship.[7] However, as Larney[8] notes, much of what has been written about maternal representations have been generated from a psychotherapeutic setting with mothers and infants experiencing attachment difficulties and hence theoretically driven. Additionally, Larney[8] also proposes that maternal representations need to take into account earlier ultrasounds leads to maternal representations at an earlier period. In order to investigate maternal representations amongst the wider population, Larney argues that research needs to take place with participants drawn from a well functioning and healthy population who expected to have a normal mother–infant relationship. Finally, she proposes that this may, in fact, lead to other classes and categories of maternal representations.

In the same way Rubin[9] drew upon psychoanalytic ideas to develop a theory of maternal role attainment, so too are there compelling reasons why midwifery practice and theory should engage with the concept of maternal representations. Midwives work with a philosophy of woman-centred care.[10] The philosophy of this perspective locates the pregnant woman at the centre of the process and places midwives in an ideal position to draw upon the concept of maternal representations in order to support not only a woman's physical transition to motherhood, but also her psychological transition to motherhood. Unlike Stern's clinical work which retrospectively attempted to repair attachment issues of mothers and babies, midwives are chronologically positioned to work in a proactive manner with women from pregnancy to birth. Accordingly this research seeks to describe the maternal representations of first-time pregnant women attending a birth centre from pre-pregnancy through until early pregnancy.

2. Methods

This qualitative study was conducted at midwife run antenatal clinic attached to a Birth Centre in a tertiary hospital in Melbourne, Australia. Data were collected between March 2008 and March 2010 and comprised of an interview with first-time pregnant women. Ethics approval for the study was obtained from the Human Research Ethics Committee at both the study site and Monash University.

2.1. Recruitment

All first-time pregnant women attending their first consultation at the Midwives Antenatal clinic were informed about the study via a letter of invitation included in the information package sent to the women by the antenatal clinic prior to their booking visit. When they arrived for their booking visit they were approached by the researcher and asked if they had received the letter and if they were interested in participating in the study.

2.2. Study participants

Participants in the study comprised 15 first time pregnant women who were attending the antenatal clinic for their first appointment. The rationale for recruiting this number of participants was estimated to be sufficient for an in-depth and thorough exploration of the area under study[11] with the likelihood of reaching data saturation.

The inclusion criteria were an uncomplicated first pregnancy and fluency in reading and writing in English. Consent was obtained from all participants when recruited to the study.

2.3. Data collection

Data were collected via one in-depth interview with each of the participants at between 12 and 16 weeks of pregnancy. All interviews lasted between 45 and 90 min and were digitally recorded. Recordings were professionally transcribed and checked for accuracy by the researcher.

A narrative method was used in which participants were allowed to tell their story guided by a few questions to provide focus.[12] Polkinghorne[13] describes how participants do not have to be taught how to tell stories as it is a common practice whereby people make sense of and convey life experiences. Narrative approaches have been utilised in nursing[14] and midwifery research.[15]Miller[16] has argued that narrative is a suitable method through which women's experiences of the transition to motherhood can be investigated in order to retain and reclaim their own stories.

2.4. Data analysis

Thematic analysis was used to analyse the data.[17] The interview recordings were listened to repeatedly by the researcher in order to first build an understanding of the data as a whole.[12] Next the transcripts were analysed with first, the removal of all the interview questions to enable the voice of the woman to be treated as a whole. Words and phrases were manually coded and then organised into themes.[17] All data relevant to each theme were grouped together to generate a thematic 'map' that led to defining and naming the themes in a way consistent with Braun and Clarke's[17] definition *'(A) theme captures something important about the data in relation to the research question, and represents a level of patterned response or meaning within the data set' (p. 82).*

2.5. Rigour

In order to ensure rigour an interview guide was used to ensure the participants were asked a similar range of questions. Transcripts were read by, and discussed with, co-authors who independently coded and verified the themes[11] (Table 1).

2.6. Findings

Three major themes emerged from the data: *Pre-pregnancy: The time is right*, *My body is changing: I am pregnant*, and *It's a Real Baby*.

Table 1
Characteristics of women participants.

Women	*N* = 15
Age	Average 28 years Range 21–38
Gestation	Average 14 weeks Range 12–16 weeks
Born in Australia	13
Born overseas	2
Married or living in defacto	15
Planned pregnancy	13
Unplanned pregnancy	2