



## MATERNAL ROLE ATTAINMENT- NURSES ROLE

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**KEYWORDS :****INTRODUCTION**

Becoming a mother is a rewarding, but challenging experience that adds new roles and responsibilities to their lives. Mothers are expected to balance parenting with multiple roles. First time motherhood represents a major evolution in one's life. Assuming maternal role involves stressful process for a woman. Many new mothers experience stress and discomfort during role transition period. After childbirth, in order to fit into the maternal role, a woman has to use her knowledge, skills, and abilities to adjust to physical, psychological and social status. Developing a way of well-being and achieving maternal role competency are considered as the important elements of maternal adaptation.

According to Mercer, Maternal role attainment is a developmental process in which the mother achieves competence in the role and integrates the mothering behaviors into her established role set, so that she is comfortable with her identity as a mother. During the course of the process 'the mother becomes attached to her infant, acquires competence in the caretaking tasks involved in the role and expresses pleasure and gratification in the role'. Maternal role attainment has its origins in the woman's own experience of being mothered and gradually proceeds throughout pregnancy, finishing with the attainment of a maternal identity sometime during the first year after delivery.

**Factors affecting maternal role attainment**

Attainment of maternal role is a cognitive and affective process. There are plentiful factors which affect attainment of maternal role. The sense of mastery, parenting stress, social support, self-esteem, health status and maternal competence variables such as personal and infant characteristics, and available support systems. Maternal age, perception of birth experience, childrearing attitudes, health status, anxiety, depression, role strain, attachment, infant temperament, infant health status, family functioning, stress, social support, and mother-father relationship.

**Phases of maternal role attainment**

Mercer proposes four phases in the adaptation to the maternal role over the first year following birth: a physical recovery phase, an achievement phase, a disruption phase, and a reorganization phase. Each phase is characterized by an interaction between biological, psychological, and social levels of adaptation. One level may predominate during a phase and difficulties encountered on one level of adaptation affect adaptation on all levels. The physical recovery phase occurs during the initial few weeks after delivery. Physiological recuperation demands dominate and assistance from significant others and the health care system is usually available for initial maternal role attempts. The achievement phase begins after physical recovery, usually after 2 months. This phase is characterized by a sense of accomplishment; the woman is skilled in caretaking and feels competent about caring for a young infant. The fifth to sixth month after delivery marks the beginning of the disruption phase. A need to balance mother, wife, and occupation roles along with infant developmental changes combine to challenge the woman's ability to organize her role demands and perform competently. The reorganization phase occurs after the eighth month and is characterized by the woman's restlessness and a need to be recognized in roles besides the maternal role. This phase was not completed by 12 months. According to Mercer's conceptual framework, a germinal concept of the maternal role is initiated during the woman's own childhood being mothered experiences and during active seeking out of role models

during pregnancy. During this initial anticipatory stage, the mother-to-be begins to adjust to anticipated realities of her new role. This stage includes learning the social expectations associated with motherhood, adapting to physical and physiological changes of pregnancy, fantasizing about motherhood and dealing with health concerns, including prenatal care and preparation for childbirth. With the birth of child, the expectations of others regarding the mothering role become the major influences on the woman's emerging role concept. This is the stage namely formal stage, during which the new mother adapts to her role by modelling learned behaviours and conforming closely to social and family norms. Gradually the woman develops her own unique style of mothering during informal stage and becomes more comfortable with her decision-making and mothering skills. The last stage of becoming a mother is the achievement of maternal identity i.e. Personal stage which typically occurs at about four months after birth. This is the point at which the new mother has successfully integrated prior learning with personal experience. She is confident, competent in her role and begins to fully experience the joy of motherhood and secure attachment to the child.

**Nurses role**

Nurses play very crucial role in supporting mothers with their transition to maternal role. The psychosocial interventions on the basis of different stages of becoming a mother can be formalised which involve antenatal and postnatal period. The one to one interaction between the nurse and the mother initiates during antenatal period and continues till postpartum period. Nurses can utilise specific steps in understanding the process of maternal role taking i.e. mimicry, role play, fantasy, looking for a role fit and grief work.

1. Mimicry includes observing and copying the behaviour of other women who are pregnant or already mothers. It begins early and often attempts to discover what the role is like.
2. Role play consists of acting out some aspects of what mothers actually do. The mother searches for opportunities to hold or provide care for the infants in the presence of another person.
3. Fantasies allow the women to explore a variety of possibilities and to daydream or to try on a variety of behaviour. The activities may be daydreaming about taking her child to park or holding a child and reading or playing music.
4. Looking for a role fit is a process that occurs once the woman has built a set of role expectations for herself and has internalized a view of a good mother's behaviour. She then observes the behaviour of mothers and compares them with her own expectations of herself. She imagines herself acting in the same way and either accepts or rejects the behaviour.
5. Grief work is not corresponding with maternal role taking but mother often experience a sense of sorrow when they realize that they must permanently give up certain aspects of their previous selves. A new mother can never be free again carefree girl without child. Even simple things such as going shopping or going to movie will require planning to include infant or to find alternative.

Nurses can teach the requires skills and provide information to the mothers to prepare and lead them towards a positive pregnancy outcome. Nurses can organize the teaching on the basis of maternal tasks of pregnancy suggested by Rubin. These are categorized into a. Seeking safe passage for herself and the baby through pregnancy, labour and childbirth is the priority task. The behaviour includes seeking regular antenatal and postnatal follow-ups, following recommendations about diet, rest and healthy health practices while taking care of cultural beliefs.

- b. Securing acceptance of the baby and herself by her partner and family continues throughout the pregnancy. The phase involves change in relationships so that the important persons in the family accepts the women in the role of mother and welcome the baby into family.
- c. Learning to give of self to coming child begins in pregnancy when the women allows her body to give space to growing fetus.
- d. Developing attachment and interconnection with the unknown child begins in early pregnancy. The women integrate the role of mother into her image of herself. She becomes comfortable with the idea of herself as mother and finds pleasure in anticipating the new role.

These maternal tasks can be considered in psychoeducational programs in the form of antenatal and postnatal classes. The antenatal classes include information about healthy lifestyle, adaptation to pregnancy, fetal development, dealing with discomforts associated with pregnancy and exercises during pregnancy. During the last weeks of pregnancy, the women become increasingly concerned with the expected date of delivery and experience of labour and delivery, so child birth preparation classes can be included in the psychoeducational program. The childbirth preparation classes include information about labour pain, process of labour, caesarean birth and post-delivery course like Nesting behaviour i.e. obtaining clothing and arranging a place for the infant to sleep, negotiation of how household tasks will be completed. The antenatal classes also include breast feeding classes which help the mother to increase confidence to breast feed the baby successfully. Information on physiology of lactation, feeding techniques, establishing a milk supply can be discussed with the mother. New born care may be included in the child birth preparation classes which includes general care and common concerns such as crying infants, baby clothing, handling the new born and other baby equipment.

The postnatal classes include the physiologic and psychological changes of postpartum period, role transition, sexuality, nutrition and postpartum exercises. The aim of postnatal classes is to boost the self-esteem, reduce stress thereby attaining maternal role competence and satisfaction.

## CONCLUSION

Pregnancy is a maturational crisis that causes a developmental shift for the women and her family. To successfully move into new role of parenting, both the women and her partner must complete certain tasks. The movement through this journey is affected many variables, both internal and external. The women undergo transitions in relationships that continue throughout pregnancy. She becomes more aware of herself and changes occurring in her life. The women must accept the pregnancy and the changes that will result. She must develop a relationship with the unborn child, first as a part of herself and after delivery as a separate individual. Near the term of pregnancy, she must prepare herself for the birth and for parenting the new baby. In this transition to motherhood, nurses can be a helping hand for the mothers in planning and implementing psychosocial interventions which will ultimately leads to maternal role attainment without physical and psychological disruptions. This will also lower the postpartum blues.

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