



Maternal Role Attainment in Puerperal Stage and Midwives' Role for Positive Adaptation by the Mother

Ezeokoye Joy Elochukwu^{1*}, Emeagha Tina Oluchi²

¹RN, RM, BNsc, Msc, RNE, PGDE

²RN, RM, BNsc, PGDE, RNE, MPH

*Corresponding Author

Ezeokoye Joy Elochukwu
RN, RM, BNsc, Msc, RNE, PGDE

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Abstract: This study investigated maternal role attainment during the puerperal stage, as well as the role of midwives in the mother's positive adaptation. The concept of maternal role attainment was defined as "a developmentally, interactive, adaptive, and committed multi-dimensional process based on the discovery of pregnancy, characteristics of the mother, receiving social support, which leads to maternal identity, formation of maternal skills, resiliency, development of newborn, improvement of mother-newborn interactions and increased well-being of the mother. The study was based on Mercer's theory, which emphasises the mother-child bond as a source of competency, confidence, and joy in the motherhood role. Mercer's original maternal role attainment theory has four stages. Midwives and women's health-care personnel, according to the study findings, are in a position to teach the importance of maternal role, support the baby perception process in the early postnatal stages, and help develop the mother's self-confidence in order for mothers to develop successful motherhood behaviours and to assist women in appropriate maternal role attainment and maternal role satisfaction. It was suggested that there was a need to develop maternal skills, and that this is dependent on the mother's perception of her maternal role and her ability to attain and fulfil it.

Keywords: Maternal, Role Attainment, Midwives and Positive Adaptation.

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INTRODUCTION

Motherhood has always been a significant developmental event in a woman's life. The transition to maternal roles should begin during pregnancy and last throughout the pregnancy (change in state from birth to puerperium). According to Fouquier, Robin coined the term "maternal role attainment" in the 1960s as part of the transition process (Kolle, 2020). A woman must use her knowledge, skills, and abilities after childbirth to transition to the physical, psychological, and social status of a mother

(Esmaily, 2017). The attainment of maternal-role competency and the development of a sense of well-being are regarded as critical components of maternal adaptation. As a result, many women are left feeling inadequate in their roles. Maternal identity formation and role attainment are developmental processes that begin during pregnancy and continue postpartum. Maternal role attainment is an interacting and developmental process in which the mother develops attachment to her infant, gains competence in the caregiving tasks

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of the role, and expresses pleasure and gratification in the role over time (Lazzerini, 2020).

LITERATURE REVIEW

Maternal Role Attainment

Maternal role attainment has been defined as "a developmentally, interactive, adaptive, and committed multidimensional process based on pregnancy discovery, mother characteristics, and receiving social support, which leads to maternal identity, maternal skill formation, resiliency, newborn development, improved mother-newborn interactions, and increased maternal well-being" (Susan & Helen, 2021). A mother's perceived competence, according to Susan and Helen (2021) is reflected in her ability to provide care and nutrition for her baby, as well as her subjective evaluation of the baby and herself as a mother (Kolle, 2020). Maternal role attainment refers to a set of developmental tasks expected of a woman. It can also refer to the changes brought about by pregnancy and childbirth. The transition to motherhood is typically accompanied by a profound shift in one's own feelings and modes of engagement with the world.

The term "maternal role" is commonly used by nurses working in the maternal, neonatal, and paediatric departments. Motherhood has been shown to play an important role in positive maternal and neonatal care in practise. Because the transition to motherhood is a universal experience for all childbearing women, it is critical to have a clear conceptual understanding of the maternal role. Numerous studies on a woman's transition to motherhood, becoming a mother, role attainment, and so on have been conducted. Many studies have been conducted on a woman's transition to motherhood, becoming a mother, role attainment, and bonding between mother and newborn (Ahammed & Talukder, 2021). Identifying maternal role attainment dimensions and characteristics not only improves understanding and determines how nurses can help mothers, but it also serves as a foundation for measuring instruments, designing and developing care models, and determining how nurses can help mothers (Rafii & Peyrovi, 2020). From a literature review, Esmaily (2017) extracted five categories of concept attributes: "process in nature," "complex and multidimensional," "developmental," "interactive and mutual," and "adaptative and committed." Motherhood was defined as an ongoing, psychodynamic process (Rafii & Peyrovi, 2020). As a result, it is a subjective process influenced by social, political, cultural, and environmental factors. In order to achieve a new sense of self, the mother must restructure her goals, behaviours, and responsibilities. In fact, motherhood

has cognitive, social, psychological, behavioural, and emotional dimensions.

Role of the Midwives for Positive Adaptation

Midwives play an important role in encouraging normal birth and a positive birth experience. Midwives' workload has increased in recent years as a result of rising birth rates and the complexity of pregnancy and birth care, causing stress and impeding their efforts to provide quality care to women and newborns. Midwives have been shown to use adaptation strategies to deal with workplace barriers and the consequences of those barriers (Wilkes & McDonald, 2016). Midwives' common coping strategy for working effectively is to try to control as much of their work environment as possible (Hunter & Warren, 2014). The midwife's attitude and behaviour are critical to the women's ability to feel safe and cared for. Another coping factor discovered to help midwives thrive is their passion for the profession, sense of purpose, fulfilment from their duties, and awareness of the expectations placed on them by patients or families. The midwife's personalised and motivating approach helps women discover their inner strength and confidence in their ability to handle the birth. According to this advantageous viewpoint, in order to promote good health during the childbearing process, the midwife must focus on the woman's resources (MacLennan, 2015). Midwives, on the other hand, play an important role in positive adaptation because they provide women and their partners with information, emotional support, and reassurance, care for and assist women in labour, monitor and administer medication before and after labour, and advise mothers on supporting parents in the daily care of their newborn babies, assisting mothers in bonding with their babies, initiating exclusive breastfeeding, and instilling positive adaptation.

Factors that Influence Maternal Role Attainment

Social norms, or widely held beliefs about what a mother should and should not do, influence mothering behaviours. Although the maternal role evolves as the child grows, the majority of mothers, regardless of parity, appear to have completed the initial intense period of role attainment well before the end of the first postpartum year (The United Nations, 2015). Maternal role attainment refers to the process by which mothers gain competence in the maternal role and integrate mothering behaviours into their established role set, allowing them to feel confident in their identity as mothers. Transition conditions, according to Transition Theory, are factors that explain whether people's transition experiences are easy or difficult and influence the transition outcome. The environment,

meaning, level of knowledge and skill, and emotional state are all transition conditions (Punthmatharith, 2010). However, factors such as low self-esteem, a lack of perceived social support, and post-natal depression should influence maternal role attainment. Postpartum depression, a complex combination of physical, emotional, and behavioural changes that occur in some women after giving birth, is the most common factor or barrier in postpartum women. Post-natal depression is a type of major depression that begins within four weeks of delivery, according to the DSM-5, a manual used to diagnose mental disorders. Postpartum depression severity is determined not only by the time between conception and onset, but also by the time between conception and onset. Depression, loss of pleasure in activities, inability to sleep, appetite disturbance, lack of concentration, confusion, and obsessive and compulsive behaviour are all symptoms of emotional disturbance. Postpartum depression jeopardises the mother-infant interaction in the maternal role. Depression was found to have a significant negative impact on the maternal role performance of first-time mothers. With the right medication and counselling, postpartum depression can be treated (Bayes, 2021).

Maternal Age

Adolescent or teen mothers are at a higher risk of preterm birth and low birth weight infants, as well as long-term financial and educational problems. While older mothers (> 30 years) are more likely to have a fetal/infant death as stated by (Bayes, 2021). According to research, postponing childbearing, particularly after the age of 40, is associated with decreased fecundity and increased rates of infant mortality and perinatal complications. Children born to older mothers who survive infancy are more likely to have negative health outcomes such as lower self-esteem, coronary heart disease, diabetes, obesity, cancer, and mortality. When both the mother and the child have health issues related to maternal age, it hinders maternal adaptation and lowers the rate of maternal role attainment.

Birth

Birth is regarded as a formal entry into motherhood.

The mother's birth experience is related to her knowledge, self-concept, and perceived control over the process. Birth experience allows mothers to bond closely with their children, especially for primiparous women. Mothers who have difficulties in child bearing usually have low maternal role attainment and find it difficult to adapt, whereas mothers who have no complications or difficulties

will adapt easily and have good maternal role attainment records.

Self-Concept

A positive self-concept influences an individual's ability to relate to others, facilitating the process of attaining the maternal role. A woman with a positive self-concept is good at relating and thus attracts many helpers for her who were previously involved in the care of the newborn, facilitating or promoting maternal role attainment (Fouquier, 2013).

Child Bearing Attitudes

Childbearing is a social and cultural commitment for women, and in some cultures, it is expected that women will have children soon after marriage, which reinforces the family institution. As a result, if a child is born out of wedlock, it is considered a taboo, and the mother will neglect the cues or needs of the baby, and may develop depression and psychological stress, which affects their development. Maternal attitudes about childbearing have a direct on mothering behavior and are believed to have a direct effect on the child's socialization.

Health Status

Maternal illness lowers self-esteem and causes fatigue, both of which interfere with mothering. Illness may cause the process of maternal role transition to be delayed. In the case of HIV/AIDS positive mothers from a vulnerable population or social group, limited resources and a high relative risk of morbidity and premature mortality, as well as social stigma in a situational crisis, may obstruct their maternal role-taking process.

Infant Temperament

An infant who is difficult to console or comfort can make the transition to motherhood more difficult by lowering the woman's perception of competence and confidence in her ability to be a mother (Dahlberg & Aune, 2016).

Infant Health Status

The infant's health is directly related to his or her ability to respond to the mother. The attachment process is slowed when a mother and her infant are separated due to illness. For fear of losing the infant, the mother may be hesitant to begin the transition to motherhood.

Early Maternal Infant Separation

Separation from the mother following birth due to illness and/or prematurity has been explicitly linked to insecure/disorganized attachment and

subsequent mental health problems; separations may also be viewed as an indicator of family instability. A child who is separated from his or her mother at a young age may experience instability and chaos in other areas of the home. Disorderliness in both family routines and physical dimensions of a home (such as clutter, noise, and crowding) is linked to emotional distress and lower cognitive functioning in young children. However, even temporary separation can have an impact on future child outcomes (Bicking Hupcey & Kinsey, 2013).

Social Stress/Support

Stress has been linked to an increased risk of maternal illness. However, the impact of stress can be mitigated by social support. Maternal stress and support can also have an impact on the quality of an infant's interactive behaviour. The emotional support and practical help (e.g., housework and child care activities) provided by the husband and others are related to mothers' postpartum mental health. However, emotional support from a partner is the most beneficial support in the transition to the maternal role (Bayes, 2021).

Maternal Resiliency

The ability to withstand stress and disaster is referred to as resilience. Good resilience promotion leads to the mother's development of better self-management thinking and skills. Resilience is defined as the ability to cope with difficult situations and adapt to daily pressures. Resilience does not reduce stress or solve life's problems, but it does empower mothers to deal with the difficulties they face.

Knowledge

The goal of care during the early postnatal period is to promote both mother and baby's physical well-being while also supporting the developing relationship between the baby and his or her parents and family. Furthermore, it can help to develop infant feeding skills and increase the mother's knowledge and confidence in her and her baby's health and well-being. As a result, postnatal care knowledge allows mothers to develop parenting skills in order to fulfil their mothering role within their specific family. Mothers must have a good understanding of aftercare and be aware of what is normal and what is a danger sign. Because understanding breastfeeding, contraception, and mental health will pay dividends.

Other factors that may influence maternal role attainment include: early maternal-infant separation, social stress, support systems, personality traits, medical complications, childrearing attitudes, and self-concept; and infant

variables such as temperament and illness (Bayes, 2021).

Strategies and Solutions to Improve Quality Maternal Role Attainment

Strategies

- 1) The World Health Organization (WHO) through the development of policy frameworks and strategies to ensure the quality of maternal and newborn care, which all midwives must follow in order to avoid postpartum complications. If the mother/baby is healthy and the birth is simple, she can easily take on the role of mother.
- 2) They should be given accurate information about puerperium, including what to expect and how to handle it.
- 3) To ensure adequate resources, midwives should involve organisations that are supposed to assist mothers in becoming involved in baby care.
- 4) Mothers who demonstrate early maternal role attainment should be recognised.
- 5) Support young mothers who have assumed positive maternal roles.
- 6) Recognition should be given to mothers who demonstrate early maternal role attainment.
- 7) Positive maternal figures for their children should be encouraged to come and educate others, assuring them that the task is simple.
- 8) In order to attract a large number of volunteers, mothers must learn how to communicate effectively with their husbands, neighbours, other children, and relatives.
- 9) Their doctors should pay them home visits, supervise their responsibilities, and encourage them in their efforts.

Theoretical Framework by Romana Mercer

According to Mercer's theory, the bond between mother and child fosters competency, confidence, and joy in the motherhood role. The following are the four stages of Mercer's original maternal role attainment theory.

During the first stage of pregnancy, known as the "commitment, attachment, and preparation stage," the mother mentally adjusts to her new role and prepares for the expectations that come with it. The second stage is "acquaintance, learning, and physical restoration," which begins with conception and lasts until the mother assumes and learns her social system role. Third, during the first few months of the child's life, the mother adjusts her new role to

fit her personal life styles rather than the context of a social system.

Finally, four months after birth, the mother experiences the "achievement of maternal identity stage," in which she internalises her role and feels a sense of harmony, competence, and confidence. Although these stages may overlap and their timing is unpredictable, they typically progress in a segmented, predictable manner (Mercer 2014). The additional portages 4 global nursing concepts in her that influence maternal role attainment are as follows:

- **Humanbeing:** Emphasises maternal child self-esteem and confidence as motherhood factors. Problem solving necessitates the application of values and words (Meighe 2012). These are issues that influence how the maternal role is performed outside of the family. Situations and changes will put a strain on the mother's role, necessitating a delicate balancing act. Mothers must be able to accommodate for the outside world in theories while ignoring the issues at hand in order to play the role of a mother (Meighen 2010). According to Mercer, health is defined as the mother's history, which she passes on to any future children. What happens during pregnancy can have an effect on the health of the child (Meighen, 2010).

Nurses, according to, play an important role in the maternity cycle. Nurses are responsible for promoting community growth and well-being, as well as educating families about what to do before, during, and after the maternal cycle. Because of the education and training they provide to families, nurses have a significant impact on the outcome of childbirth. When these ideas are put together, they define and shape the maternal cycle.

CONCLUSION

Maternal role fulfilment is a multifaceted process that is influenced by a variety of factors. Understanding the factors that influence maternal role achievement can help to develop and improve newborn and parent care. Collecting women's perspectives on how to improve the quality of maternal and newborn care after hospital delivery provided critical input on aspects of care that should be improved, according to service users. The World Health Organization Standards could be strengthened even further by including items identified as critical for women in high-income countries. Midwives and other women's health-care providers also teach the maternal role, assist mothers in developing successful motherhood behaviours, and assist women in achieving and fulfilling appropriate maternal roles.

RECOMMENDATION

Maternal skills must be developed, and this is dependent on the mother's perception of her maternal role as well as her ability to achieve and fulfil it. Maternal confidence in newborn care skills is required as maternal compliance and experience increase. Self-efficacy has been shown to have a direct impact on the quality of newborn care.

Maternal identity system: achieving maternal identity and comfort in the role, as well as increasing self-esteem in performing all maternal duties towards the infant, is one of the outcomes of achieving maternal role. The ability to cope with stress and disaster is defined as maternal resiliency. As a result of good resilience promotion, the mother develops better self-management thinking and skills. Resilience is defined as the ability to cope with adversity and adapt to daily stresses. Resilience does not eliminate stress or solve life's problems, but it does equip mothers with the resources they need to deal with the challenges they face.

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