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Cynthia Aber

University of Massachusetts - Boston

Marianne Weiss

Marquette University, marianne.weiss@marquette.edu

Jacqueline Fawcett

University of Massachusetts - Boston

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Contemporary Women's Adaptation to Motherhood: The First 3 to 6 Weeks Postpartum

Marianne Weiss

College of Nursing, Marquette University, Milwaukee WI

Abstract

A better understanding of the process of adaptation to motherhood should enhance nurses' ability to prepare women for the transition to motherhood and to provide care following childbirth. Knowledge about women's adaptation to motherhood was developed primarily from the 1960s to the 1990s. Cesarean birthing was a special focus of research throughout the late 1970s and the 1980s, followed by functional status, and more recently, depression and stress associated with birth and postpartum. Adaptation to motherhood in the context of the early 21st century has received limited attention in nursing research, creating an assumption that the process of adaptation is universal and context-free rather than evolving within the life and societal context of women across generations. Although becoming and being a mother has been described as a normative transition rather than a stressor by some, knowledge development about adaptation to motherhood also has been constrained by the limited use of a unified perspective of transition as a process of adaptation. Therefore, the purposes of

this exploratory study were to describe contemporary women’s physical, emotional, functional, and social adaptation to motherhood and to examine the relations of selected demographic and perinatal variables to adaptation to motherhood in the first 3 to 6 weeks of the postpartum.

Keywords

[adaptation](#), [mixed method research](#), [motherhood](#), [postpartum](#), [Roy adaptation model](#)

Conceptual Framework and Related Literature

The need for this study arises from the investigators’ understanding that “the transition to new motherhood poses significant adjustment problems for most women” (Nelson, 2003, p. 465). Selection of study variables was guided by selected concepts of the Roy adaptation model (RAM; Roy, 2009) and findings from previous studies. The conceptual-theoretical-empirical structure for the study is illustrated in Figure 1.



Figure 1. Conceptual-theoretical-empirical structure for study of adaptation to motherhood. BDS = Background Data Sheet; AMIS = Adaptation to Motherhood Interview Schedule.

In keeping with the RAM, the investigators viewed transition to motherhood as a process of adaptation. Roy (2009) defined adaptation as “the process and outcome whereby thinking and feeling people, as individuals or in groups, use conscious awareness and choice to create human and environmental integration” (p. 26). Adaptation to motherhood initially deals with the transition from being a nonparenting woman to becoming a parenting woman; that is, a mother. When the woman becomes a mother for the second time, her transition is from parent of one child to parent of more than one child, and so on for subsequent children.

Roy (2009) maintained that adaptation takes place in four modes. The *physiological mode* of adaptation emphasizes maintenance of the physiological and physical integrity of the human adaptive system; this mode was represented in this study by the physical component of adaptation. For the childbearing woman, the physical component of adaptation is a process that begins in pregnancy and

extends into the postpartum period. The process encompasses all of the physiological and physical changes in a woman's body, such as hormonal fluctuations; weight gain and loss; and reproductive, cardiovascular, gastrointestinal, urinary, and musculo-skeletal alterations ([Lowermilk & Perry, 2012](#)).

The *self-concept mode*, which focuses on psychic integrity and deals with perception of the physical self and the personal self, was represented by the emotional component of adaptation to motherhood in this study. The *role function mode*, which deals with social integrity by focusing on the performance of activities associated with the changing roles throughout life, was represented by the functional component of adaptation. The *interdependence mode* of adaptation deals with social integrity by emphasizing behaviors underlying the development and maintenance of satisfying affectional and supportive relationships with significant others; this mode was represented by the social component of adaptation.

[Nelson's \(2003\)](#) meta-synthesis of nine qualitative studies of the transition to motherhood revealed five major areas of disruption that provide detailed descriptions of the emotional, functional, and social processes of maternal adaptation. The areas of commitments (making the decision to mother, feeling the maternal/child bond, accepting responsibility) and self (facing the past, facing oneself, coming to feel like a mother) reflect the emotional component. The functional component is evident in the areas of daily life (learning mothering, using role models) and work (decision making regarding return to work, living with timing of return to work, dealing with conflict/search for balance). The area of relationships (adapting to changed relationship with partner, adapting to changed relationship with family and friends) is congruent with the social component.

[Roy \(2009\)](#) regards adaptation as a function of the human adaptive system's interaction with stimuli arising in the environment. The *focal stimulus* has the most immediate influence on adaptation and for this study was represented by the time since the childbirth event. The *contextual stimuli* are additional influences on adaptation. For the purposes of this study, the contextual stimuli included demographic variables (maternal age, race, marital status, education) and perinatal variables (type of childbirth, parity, feeding method) reported in previous studies to be associated with adaptation to motherhood. Other contextual stimuli were represented by women's narrative descriptions of better or worse than expected influences on adaptation.

A major proposition of the Roy adaptation model asserts that stimuli are related to adaptation ([Roy, 2009](#)). Accordingly, the present study focused on examination of the influence of variables representing the focal stimulus (time since the childbirth event) and contextual stimuli (maternal age, race, marital status, education, type of childbirth, parity, feeding method) on variables representing the four modes of adaptation (the physical, emotional, functional, and social components of adaptation).

Time Since the Childbirth Event

Adaptation to motherhood is a process that begins prior to pregnancy with decision making about the timing of this maturational transition ([Benzies et al., 2006](#)) and continues through the early weeks and months after birth ([Mercer, 1995](#); [Tulman & Fawcett, 2003](#)). In the postpartum period, new mothers' adaptation is in the form of role acquisition with the birth of a first child and role expansion with the births of subsequent children ([Mercer, 1995](#)). [Mercer \(1995\)](#) has identified the early period after birth

as a time of physical restoration, learning to care for the infant, and increasing maternal-infant attachment. As the transition evolves, normalization of feelings and experiences leads to a new normal in identity, relationships, and functioning, which begin to be evident by 3 weeks postpartum and continue to 4 to 6 months postpartum for most women and beyond that time for some (([Mercer, 1995](#); [Tulman & Fawcett, 2003](#)).

Demographic Context

Each woman's experience of becoming a mother is unique, and maternal, infant, family and environmental variables influence the process ([Mercer, 1995](#); [Walker, 1992](#)). Few relations between demographic variables and adaptation to motherhood have been identified. With regard to maternal age, the unique experiences of adolescent mothers, young adult mothers, and women entering motherhood later in adulthood have been explored and although experiences and priorities vary, most women find adaptation to motherhood challenging yet positive. Furthermore, age in combination with other demographic variables such as marital status, length of relationships, and social support are associated with maternal role development ([Emmanuel, Creedy, St. John, Gamble, & Brown, 2008](#)). Women who are younger and less affluent receive less support in early parenting. Low social status (education, income), a poor marital relationship with low social support, and stressful life events create psychological vulnerabilities that contribute to postpartum stress and depression ([Kearns, Neuwelt, Hitchman, & Lennan, 1997](#)).

The influence of race on postpartum adaptation may relate more to cultural expectations and practices than to the normative physiological and psychosocial transitions in adaptation to motherhood. In a study of American women, patient characteristics including race were not associated with the difficulty experienced by postpartum women following discharge ([Weiss & Lokken, 2009](#)). Few cross-cultural comparisons are available. In a U.S. study comparing White, Hispanic, and Asian women's adaptation to cesarean birth, no substantial differences were revealed ([Fawcett & Weiss, 1993](#)). Among U.S, Norwegian, and Swedish women, differences in relations of socio-demographic factors (age, social status) to adaptations to motherhood were attributed to differences in the social contexts and to maternity care in these countries ([Kiehl & White, 2003](#)).

Perinatal Context

Parity also affects the woman's adaptation. Research findings indicate that first-time mothers feel overwhelmed by the changes in their lives and that women who already have at least one other child are seriously challenged by the work required to meet the needs of all their children ([Hung, Lin, Stocker, & Yu, 2011](#)). In addition, second-time motherhood requires the woman to find and attain a new balance involving integration of the infant into the family while developing a new routine, maintaining her relationship with her partner and other child, and finding time to care for herself ([Tulman & Fawcett, 2003](#)).

Type of birth may also influence adaptation to motherhood. Comments from many of the women who participated in the investigators' previous studies of responses to cesarean birth indicate that women experience many problems adjusting to motherhood. Those women's comments, taken together with comments from both vaginally delivered and cesarean delivered women who participated in a longitudinal study of correlates of functional status during pregnancy and the postpartum ([Tulman &](#)

[Fawcett, 2003](#)), suggest that problems are not unique to cesarean-delivered women but rather may be universal experiences.

In addition, feeding method may influence adaptation to motherhood. Research findings reveal that breastfeeding may or may not have a positive benefit on post-birth adjustment. [Groër \(2005\)](#) found that breastfeeding mothers have more positive moods and lower stress than formula feeders, although breastfeeding mothers report numerous physical challenges associated with breastfeeding as well as lack of knowledge and preparation ([Kanoira et al., 2007](#)). In contrast, [Hung and colleagues \(2011\)](#) reported that Taiwanese women who breastfed their infants experienced greater postpartum stress than their bottle feeding counterparts.

Research Questions

The specific research questions for this study were:

1. What are contemporary women's descriptions of the physical, emotional, functional, and social components of adaptation in the first 3 to 6 weeks postpartum?
2. What are the relations of selected demographic (maternal age, race, marital status, education) and perinatal (time since the childbirth event, type of childbirth, parity, feeding method, expectations) variables to the physical, emotional, functional, and social components of adaptation for contemporary women in the first 3 to 6 weeks postpartum?

Methodology

Design and Sample

A mixed method research design was used. The sample included postpartum women for whom undergraduate nursing students enrolled in maternity nursing courses at two schools of nursing provided postpartum care. A target sample size of 300 women was thought to be appropriate to encompass a broad range of contemporary women and was estimated to exceed minimum sample size requirements for chi-square comparisons, with power = .80, $p < .05$, $df = 4$, and medium effect size ($w = 0.3$) ([Buchner, Erdfelder, Faul, & Lang, 2009](#)) and for logistic regression analysis with 10 independent variables. A convenience sampling approach was used. Sample inclusion criteria were: 18 years of age or older, English-speaking, uncomplicated delivery and postpartum experience for mother and baby, and planned discharge of mother and baby together from the hospital within 5 days.

Instruments

An investigator-developed *Background Data Sheet* (BDS) was used to record the variables representing the focal stimulus (time since the childbirth event) and the contextual stimuli (maternal age, race, marital status, education, type of childbirth, parity, feeding method), as well as other demographic variables used to further describe the sample (ethnicity, place of residence, occupation). The focal stimulus of time since the childbirth event was recorded as number of days between the delivery and data collection. Categories for statistical analyses were generated for the demographic and perinatal variables representing the contextual stimuli based on preliminary analyses of frequency distributions. Age in years was initially recorded on the BDS and then collapsed into three categories—less than or

equal to 25, 26 to 34, and 35 and older. Race (Black, White, Asian, and Other) was recategorized as Black, White, and Other. The categories of living with a partner, typically the father of the baby, or not living with a partner were generated from marital status data recorded on the BDS. Education was initially recorded as number of years of education and then categorized as high school (12 years of education or less), partial college (13-15 years), and college (16 years or more). Type of childbirth was recorded as vaginal or cesarean. Parity was initially recorded as number of children and then was categorized as primipara or multipara. Feeding method was recorded as breast, bottle, or combined breast and bottle.

The *Adaptation to Motherhood Interview Schedule* (AMIS), developed by the investigators to measure women's adaptation to motherhood, includes four open-ended questions about the women's physical, emotional, functional, and social components of adaptation to motherhood that represent the physiological, self-concept, role function, and interdependence modes of adaptation of the Roy adaptation model, respectively—*Physical component*: How have you felt physically since the birth of this baby compared to what you expected to feel? *Emotional component*: How have you felt emotionally since the birth of this baby compared to what you expected to feel? *Functional component*: How has being a mother for the first time (primiparas) or becoming a mother of another child (multiparas) been compared to what you expected? *Social component*: Since the birth of this baby, how have your relationships with your partner, family members, and friends compared to what you expected? The women's responses to all open-ended questions were coded using a content analysis technique for RAM-based studies ([Fawcett, 2003](#)). The unit of analysis was the word, phrase, or sentence that expressed a response. Each response was categorized as adaptive or ineffective. A response was regarded as adaptive when the woman's goals related to motherhood were achieved. A response was considered ineffective when the woman's goals were not achieved. Responses coded as ineffective do not necessarily reflect inappropriate goals or behaviors. Rather, these responses usually are appropriate for the situation but indicate that nursing intervention may be required.

The coding of qualitative data was done independently by the third author and a research assistant. The second author reconciled any inconsistencies in coding. Coded qualitative data were then converted to quantitative data in the form of numbers of adaptive and ineffective responses that were tallied using frequency statistics ([Fawcett, 2003](#)). Then, for each of the four open-ended questions, two dichotomous variables were created to denote presence or absence of at least one adaptive response and presence or absence of at least one ineffective response.

The AMIS also includes open-ended questions about the influences on adaptation in terms of what was better and what was worse than expected for each component of adaptation. For example, what things are going better physically than you expected? What things are going worse physically than you expected? These narrative descriptions, considered to be contextual stimuli, also were categorized as adaptive or ineffective and then summarized as broad themes for descriptive reporting. The second and third author discussed and reached consensus for the broad themes.

Procedures

The study procedures were approved by Institutional Review Boards of two universities and participating clinical sites. Data were collected by undergraduate students enrolled in maternity nursing courses with clinical experiences in urban areas in a New England state and a Midwestern

state. As part of the standard maternity nursing course curriculum, each student asked one woman if she would be interested in participating in the project. Students were trained by the investigators and their clinical instructors in patient selection, informed consent procedures, interviewing skills, and verbatim recording of women's responses. Informed consent was obtained from each participant. Women were enrolled in the study during the student's hospital practicum or at the beginning of a telephone call or home visit scheduled for learning purposes. Students collected data by interview using the BDS and AMIS.

Results

Sample Characteristics

The final sample comprised 313 women, of whom 216 were from New England and 97 were from the Midwest. Data were collected on average at 3 weeks postpartum ($M = 22.1$ days, $SD = 6.8$, range = 3-42 days). The women ranged in age from 18 to 45 years ($M = 30.8$ years, $SD = 5.6$). Nearly three fourths of the women were White and nine-tenths were non-Hispanic. One half of the women lived in urban environments, four fifths were married, three fifths had a college degree, and almost three quarters were employed. Slightly more than one third of the women had a cesarean birth, one half were primiparous, and almost three fifths breastfed their infants.

Adaptive and Ineffective Responses

The women offered multiple responses to each AMIS question, some of which were coded as adaptive and others as ineffective. Slightly more women gave responses that were coded as ineffective (70.1%) than adaptive (69.4%) for the physical component of adaptation. The women gave more responses that were coded as adaptive (72.9%) than ineffective (61.5%) for the emotional component of adaptation. Similarly, the women gave more responses that were coded as adaptive (73.3%) than ineffective (40.5%) for the functional component of adaptation. A similar pattern was evident for the social component of adaptation, with 86.2% coded as adaptive and 35.9% coded as ineffective. Noteworthy is that the most women gave responses coded as adaptive and the fewest women gave responses coded as ineffective for the social component of adaptation, followed in descending order for responses for the functional, emotional, and physical components.

Relations of Demographic and Perinatal Variables to Components of Adaptation

In univariate analyses of demographic and perinatal variables with adaptive and ineffective responses in each of the components of adaptation, chi-square analyses revealed that age and race were associated with both adaptive and ineffective responses in the physical component of adaptation, age and parity were associated with ineffective responses in the emotional component of adaptation, and parity was associated with ineffective responses in the physical and functional components ([Table 1](#)). No statistically significant associations were evident for the social component of adaptation. Older women had fewer adaptive and more ineffective responses in the physical component of adaptation. The youngest women had the fewest ineffective responses in the emotional component. In comparisons by race, more Black women had adaptive responses in the physical component and fewer had ineffective responses in the physical component. Primiparas had more ineffective responses in the physical and emotional components of adaptation but fewer ineffective responses in the functional

component than multiparas. There were no statistically significant differences in adaptive or ineffective responses for any component of adaptation for time since the childbirth event, marital status, education, type of birth, or feeding method.

Table 1. Statistically significant chi-square analyses for relations of demographic and perinatal variables to components of adaptation.

Independent Variable	Dependent Variable	Test Statistics	Percent of Women with Responses
Age	Physical-adaptive responses	$\chi^2 = 10.53$ df = 3 p = .02	< 25: 75% 26-30: 62% 31-35: 79% 35+: 59%
	Physical-ineffective responses	$\chi^2 = 7.85$ df = 3 p = .05	< 25: 56% 26-30: 74% 31-35: 70% 35+: 77%
	Emotional-ineffective responses	$\chi^2 = 8.97$ df = 3 p = .03	< 25: 50% 26-30: 71% 31-35: 65% 35+: 63%
Race	Physical-adaptive responses	$\chi^2 = 9.64$ df = 2 p = .01	Black: 78% White: 72% Other: 51%
	Physical-ineffective responses	$\chi^2 = 7.40$ df = 2 p = .03	Black: 60% White: 69% Other: 85%
Parity	Physical-ineffective responses	$\chi^2 = 4.06$ df = 1 p = .04	Primipara: 75% Multipara: 64%
	Emotional-ineffective responses	$\chi^2 = 6.83$ df = 1 p = .01	Primipara: 68% Multipara: 54%
	Functional-ineffective responses	$\chi^2 = 5.04$ df = 1 p = .03	Primipara: 35% Multipara: 47%

A series of logistic regression analyses for adaptive and ineffective responses for each component of adaptation was performed (Table 2). Because demographic and perinatal variables are not independent of each other (for example, maternal age at first birth varies across racial groups), all demographic and perinatal variables were entered together as the independent variables, thus identifying the unique contribution of individual demographic and perinatal characteristics to the components of adaptation as dependent variables, when all other independent variables are controlled. Statistically significant results were obtained for ineffective responses for the physical, emotional, and functional components of adaptation but not for adaptive responses. Specifically, age and race were related to ineffective responses for the physical component of adaptation, with more older non-White women having ineffective responses in the physical component of adaptation than younger White women. Moreover, race and parity were related to ineffective responses in the emotional component of adaptation, such that more non-White women primiparas had more ineffective responses in the emotional component than White multiparous women. Although the overall model statistics were not significant for ineffective responses in the functional component, women who breastfed their infants had more ineffective responses than the women who used only bottle feeding or combined breast and bottle feeding.

Table 2. Statistically significant results for logistic regressions.

Variables included in the equations: Time since the childbirth event, race, marital status, education, parity, type of birth, feeding method.
 NS: Not significant.

Dependent Variable	Model Statistics	Significant Independent Variables	Test Statistics
Physical–ineffective responses	$\chi^2 = 18.31$ $df = 10$ $p = .05$	Age White	$B = .07, SE = .03, \chi^2 = 4.30, p = .04$ $B = 1.20, SE = .56, \chi^2 = 4.67, p = .03$
Emotional–ineffective responses	$\chi^2 = 20.19$ $df = 10$ $p = .03$	White Parity	$B = -1.12, SE = .48, \chi^2 = 5.38, p = .02$ $B = -.77, SE = .30, \chi^2 = 6.60, p = .01$
Functional–ineffective responses	NS	Breastfeeding	$B = -.92, SE = .39, \chi^2 = 5.61, p = .02$

The women’s adaptive and ineffective narrative descriptions about what was better and what was worse than expected for each component of adaptation are summarized in [Table 3](#). Pain, speed of recovery, weight loss pattern, sleep, energy level, and reaction to finishing the pregnancy influenced physical component adaptation. Being a new mother compared to time for self, happiness compared to moodiness and crying, confidence and empowerment compared to stress and feeling overwhelmed, excitement compared to worry, presence or lack of spousal support, and good or poor other children’s adjustment influenced emotional component adaptation. Having a good or easy baby, feeling attached and confident, and being organized and supported compared with loss of sleep and social life, and time for self influenced functional component adaptation. Closeness and time for spouse and self, the relationship with the new baby and other children, and help, advice, and support from family and friends influenced the social component adaptation.

Table 3. Examples of women’s narrative descriptions about what was better and what was worse than expected for each component of adaptation.

Component of Adaptation	What was better than expected	What was worse than expected
Physical	Not a lot of pain (incision, back) Healing Bounced back quickly Lost weight faster than expected Sleeping better More energy/feel stronger No longer pregnant	Pain (incision, nipples, hemorrhoids) Moving, immobility Figure, slow weight loss, weight gain Lack of sleep Tired/fatigue Blues Breastfeeding
Emotional	Being a mom Happy / not depressed Confident/empowered Excitement/love for baby Spousal support Other kids’ adjustment	Time Moods/crying Stressed/overwhelmed Worry Spouse/ spousal support Other kids adjustment
Functional	Good baby/easy baby/sleeps Breastfeeding Being with baby Attachment/bonding/maternal instinct Support Schedule/organization/balancing/time Confidence/patience/responsibility	Household/baby care Breastfeeding Other children Lot of work, responsibility Time for self, time management Less sleep, social life
Social	Closer to husband/partner Bonding with baby Teamwork with spouse Family and friends’ support/help	No time for self and partner Other children Too much/not enough family visits, advice. No time for friends

Discussion

The Roy adaptation model was a useful guide for this study. Overall, the Roy adaptation model proposition that stimuli are related to adaptation was supported, although not all variables representing the focal and contextual stimuli were found to be related to the single item measures

representing each of the four modes of adaptation. The findings indicated that time since the childbirth event was not the focal stimulus, as had been expected. Longitudinal studies support the thesis that adaptation to motherhood is a process that occurs over time and lasts at least 4 to 6 months ([Tulman & Fawcett, 2003](#)). One explanation for the non-significant finding for time since the childbirth event is that limiting data collection to the third to sixth week postpartum did not provide a sufficient period of time to observe variability. Perhaps time would emerge as a focal stimulus if data collection were extended to 4 to 6 months postpartum. Another explanation is that the AMIS questions were asked about adaptation since the childbirth event, not at the specific time of data collection. Thus, the women's answers encompassed cumulative adaptive and ineffective responses, and did not pinpoint when the adaptive and ineffective responses occurred in the adaptation timeline. Therefore, time since the childbirth event reflected cumulative responses, rather than differences in adaptation at points along the adaptation process.

Adaptation to motherhood has been described as a normative transition that is associated with relatively low levels of stress compared to non-normative transitions in young adulthood ([Bell & Lee, 2008](#)). However, changes in body image, roles, and relationships, gains and losses, and demands and challenges are associated with maternal distress levels ([Emmanuel & St. John, 2010](#)), which affect maternal role development ([Emmanuel, Creedy, St. John, & Brown, 2011](#)). The early postpartum period is the time when women experience the greatest amount of disruption in their life styles, as they adjust to the realities of the daily 24-hour demands of infant care, level of fatigue, and loss of personal time and space. The women in this study sample reported that both adaptive and ineffective responses were common and co-occurring. They described the many and varying personal and family dynamics that are associated with their responses. These narrative descriptions, provided by women delivering early in the 21st century, are similar to the descriptors of the process of adaptation to motherhood that have been reported over the last several decades of the 20th century ([Mercer, 1995](#); [Walker, 1992](#)).

The physical component of adaptation is the only area in which more women had ineffective than adaptive responses. In all other components of adaptation, responses were more adaptive than ineffective, consistent with the concept of a normative transition. The social component of adaptation had the highest proportion of women with adaptive responses, as might be expected in this study sample, in which more than 90% of the women were married or living with the father of the baby. This finding points to the continuing normative role of support in adaptation to motherhood. All mothers, but especially first-time mothers, rely heavily on their partners, as well as on the support from their own mothers and their friends, colleagues, and health professionals during the transition to parenthood. Women with minimal social support tend to experience childbirth as a greater overall life change than women who had adequate social support ([Emmanuel et al., 2008](#)).

The narrative descriptions and coded quantitative data indicate that contextual stimuli contribute to responses to adaptation in the early postpartum. The results highlight the struggles of women who experience childbirth later in their personal trajectory and whose cultural backgrounds produce additional adaptation burdens. The AMIS was a useful tool for capturing responses within the four components of adaptation to motherhood that represent the four modes of adaptation in Roy's model.

Strengths and Limitations

The sample used for this study, drawn from women residing in two geographically widely separated states, provided a broader demographic base than would otherwise be achieved at either location. However, the selection of participants who were suitable for contact by students for their practicum experiences produced a largely White, married, and well-educated sample that may not adequately reflect the process of adaptation of a more diverse sample of women. Inasmuch as the sample inclusion criteria included an uncomplicated birth experience, the process of adaptation for women with complicated births requires further exploration. Women's narrative descriptions of their postpartum experiences were recorded verbatim and attributed as adaptive or ineffective based on the researchers' understanding of these Roy adaptation model concepts and did not take into account the women's judgments. Furthermore, one could argue that the physical component of adaptation should be limited to physiological data and that responses categorized within the physical component of adaptation should be considered within the body sensation aspect of the self-concept mode of adaptation (Roy, 2009). Interviewing and recording of responses to open-ended questions were conducted by undergraduate nursing students who were trained in the data collection process but who had no prior research experience. In this exploratory study, the intent was to look for possible associations of focal and contextual stimuli with adaptive and ineffective responses within each of the four modes of the Roy adaptation model. Analyses were conducted without adjustment for multiple concurrent tests, recognizing the possibility of Type 1 errors.

Conclusion

Women giving birth early in the 21st century have co-occurring adaptive and ineffective responses as they journey through the transition to motherhood. The normative aspects of their transition is similar to what has been described in past generations in terms of the predominance of physical adaptation problems as priorities in the early post-birth period and the multitude of emotions that are influenced by the mother's age and prior experience. Although adaptation to motherhood has many normative aspects across generations and cultures, anticipatory preparation for adaptation to motherhood should take into consideration the personal contextual factors that influence adaptive and ineffective responses. Cross-cultural research on adaptation to motherhood is lacking and is needed to further build the theoretical basis of adaptation to motherhood.

Declaration of Conflicting Interests

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