Adaptation to parenthood: the birth of the first child

Adaptação à parentalidade: o nascimento do primeiro filho
Adaptación a la parentalidad: el nacimiento del primer hijo

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Abstract

Theoretical framework: The birth of the first child is an event that changes parents’ lives in a process that is facilitated by obstetric and maternal health nurses.

Objective: To understand the experiences of parenthood during hospital stay, after the birth of the first healthy child, and within the first 48 hours after a normal birth.

Methodology: This study was framed within the qualitative paradigm. Twenty-six parents (13 fathers and 13 mothers) of a healthy term newborn participated in the study. A semi-structured interview was used for data collection. Answers were subjected to content analysis and registration units were grouped into categories.

Results: Maternal figures underlined fatigue and a psychological state that alternated between joy and sadness, which they were not able to specify. Paternal figures saw their role as accessory in a setting where mothers and newborns played the central role.

Conclusion: This study contributed to understanding the transition to parenthood. Both fathers and mothers reported this stage in a different way. While the postpartum woman looked for attention, assistance and guidance from nurses, the father wanted to be more involved in the process.

Keywords: parents; postpartum period; nursing care.

Resumo

Marco contextual: El nacimiento del primer hijo es un acontecimiento que altera la vida de los progenitores, un proceso que es facilitado por el enfermero especializado en salud materna y obstétrica.

Objetivo: Comprender las vivencias relativas a la parentalidad, durante el período de internamiento, tras el nacimiento del primer hijo sano, en las primeras 48 horas después de un parto eutóico.

Metodología: La investigación enmarca-se no paradigma cualitativo, na que participaram 26 progenitores (trece pais e treze mães) de un recém-nascido saudável de termo. Recorreu-se à entrevista semi-estruturada, cujas respostas foram alvo de análise de conteúdo, categorizando-se as unidades de registo.

Resultados: As figuras maternas destacaram o cansaço e um estado psicolóxico que variou entre a alegria e a tristeza, que não conseguiram especificar. As figuras paternas descrevem o seu papel como acessório num cenário em que mães e recém-nascidos interpretaram os papeis centrais.

Conclusão: Este estudo contribuiu para a compreensão da transição para a parentalidade. Pais e mães relataram-na de forma diferente. Enquanto que a puérpera espera dos enfermeiros atenção, acompanhamento e orientação, o pai deseja um maior envolvimento neste processo.

Palavras-chave: pais, período pós-parto; cuidados de enfermagem.

Resumen

Marco contextual: El nacimiento del primer hijo es un acontecimiento que altera la vida de los progenitores, un proceso que es facilitado por el enfermero especializado en salud materna y obstétrica.

Objetivo: Comprender las experiencias relativas a la parentalidad, durante el período de internamiento, tras el nacimiento del primer hijo sano, en las primeras 48 horas después de un parto eutóico.

Metodología: La investigación se enmarca en el paradigma cualitativo y, en ella, participaron 26 progenitores (13 padres y trece madres) de un recién nacido sano a término. Se recurró a la entrevista semiestructurada y al análisis de contenido de sus respuestas, para lo cual se categorizaron las unidades de registro.

Resultados: Las figuras maternas destacaron el cansancio y un estado psicológico que varió entre la alegría y la tristeza, que no consiguieron especificar. Las figuras paternas describen su papel como accesorio en un escenario en el que las madres y los recién nacidos interpretaron los papeles centrales.

Conclusión: Este estudio contribuyó a la comprensión de la transición hacia la parentalidad. Los padres y las madres hablaron de ella de forma diferente. Mientras que la parturienta espera de los enfermeros atención, acompañamiento y orientación, el padre desea una mayor participación en este proceso.

Palabras clave: padres, período posparto; cuidados de enfermería.
Introduction

The birth of a child, in particular the first-born, is an event that undeniably changes, transforms and restructures the parents’ life. In that sense, the postpartum hospital stay is an intense period for parental adaptation to new roles. Hospital stay after a normal birth without risk factors is usually short, often no more than 48 hours, and “the goal of Nursing care in the immediate postpartum period is to assist women and their partners during their initial transition to parenting” (Lowdermilk & Perry, 2008, p. 491).

Thus, the object of study was defined as the experience of parenthood during hospital stay after the birth of the first healthy child, within the first 48 hours after a normal birth. Through the review of the most recent literature on postnatal care, Frei and Mander (2011) argue that there is an urgent need to conduct more studies on the experiences, expectations and perceptions arising from the impact of providing health care during the postnatal period.

In an attempt to understand how this period of transition to parenting is experienced, this study aimed at contributing to expanding knowledge, acquiring skills in this area and producing health gains, by adjusting and optimising the care provided. The study was framed within the qualitative paradigm, providing the understanding and interpretation of a specific phenomenon within a certain context.

A semi-structured interview was used for data collection. The interview was applied to couples (designated as privileged informants) after prior contact with them was established still in the hospital environment.

Data were analysed based on the content analysis technique. Registration units were grouped into categories and the text was divided into units in accordance with analogical regroupings (Bardin, 2009).

Background

The theory guiding this study was the Transitions Theory, proposed by Meleis. It appears as a professional model that translates the exposed model into the model in use, focused on the concept of Transition. According to the author, it “denotes a change in health status, or in role relationships, expectations, or abilities. It denotes changes in needs of all human systems. Transition requires the person to incorporate new knowledge, to alter behaviour, and therefore to change the definition of self in social context” (Meleis, 2007, p. 470).

This model perceives the provision of health care in a multidisciplinary way, that is, in addition to being a profession, Nursing is also a discipline of knowledge, whose focus relates to the study of human responses to life transitions. These transitions correspond to periods of greater vulnerability and health risk. On the other hand, how each person experiences the transition, and his/her representations and meanings about factors inherent to the underlying change are deeply influenced by his/her surrounding context, because “nursing does not deal with the transition of an individual, a family, or a community in isolation from an environment. How human beings cope with transition and how the environment affects that coping are fundamental questions for nursing (...)” (Meleis, 2007, p. 471).

Within this theoretical framework, attention should focus on each person’s representations of a specific transition, that is, we need to be able to decode the meanings assigned by the person to the transition that he/she needs to experience. Therefore, this theoretical model emphasises the importance of nursing care in changes conditioned by Life Transitions, such as the acquisition of skills associated with the performance of the parental role.

“Parenthood (from the Latin word parentâle) is a maturation process that leads to a psycho-emotional restructuring which allows two adults to become parents, that is, to be able to meet the physical, emotional and psychological needs of their child(ren)” (Leal, 2005, p. 322).

Parenthood may also be understood as a cultural model, i.e. the result of family models, which, in turn, is transformed due to the various social, economic, political and religious demands, with an impact during the pregnancy, delivery and postpartum periods. According to Lowdermilk and Perry (2008), as the maternal figure adapts to her parental role, three phases can be observed. These are characterised by dependent behaviours, followed by dependent-independent behaviours and, subsequently, interdependent behaviours. During the first 24 to
48 hours after childbirth, dependency needs prevail, because “mature and apparently healthy women appear to suspend their involvement in everyday responsibilities and activities, relying on others to satisfy their needs” (Lowdermilk & Perry, 2008, p. 530).

According to these authors, at this stage, verbalising and accepting their experiences of pregnancy and birth helps parents move on to the next stage, adding that “if the mother has received adequate nurturing in the first few hours or days, by the second or third day, her desire for independent action reasserts itself” (Lowdermilk & Perry, 2008, p. 531).

The World Health Organization (1998) established that postnatal care must be family-centred, individualised, multidisciplinary, holistic and culturally appropriated. Taking into account that the postpartum period is particularly significant for the mother, father and baby and is recognised as necessary for the woman’s physical and psychological adaptation, it is urgent to be aware of the trend over the last few years that has been the early hospital discharge after delivery, resulting in a minimum amount of time to provide specialised care.

The review of the literature showed that puerperal care is usually perceived by parental figures as inferior in quality to that received in the prenatal period and during childbirth. Thus, according to different perspectives, some authors considered that research was needed to understand the impact of this emergent situation on women’s daily lives and their relationships with family and friends, as well as their parenting skills. Thus, it is concluded that an attentive intervention from nurses is essential to understand this transition.

The existing literature shows that the nursing team has a tendency to meet the institutional priorities instead of the women’s priorities. Sometimes changes are difficult to put into place and the ability to sensitively listen to women’s needs in the hospital postnatal setting needs to be further investigated (Schmied, Cooke, Gutwein, Steinlein, & Homer, 2009).

Although nurses agree that the postnatal care quality should be based essentially on building relationships of trust, in which flexibility and the women’s perceived needs are a priority, these professionals believe that the major barrier to providing postnatal care is all the paperwork associated with patient admissions and discharges. In addition, the time physicians take to discharge women and the fact that nursing assessments are not taken into account in preparing the return home are also matters of professional dissatisfaction (Schmied, Cooke, Gutwein, Steinlein, & Homer, 2008).

Both individualised care and strategies to increase the users’ possibility of rest have a positive impact on the perception of the quality of care received. However, the routines established and the institutional priorities remain difficult to change (Schmied et al., 2009).

On the other hand, women mention lack of self-confidence, although a quality relationship with nurses seems to help them feel that they have control over their own situation at hospital discharge. Still, family support is the most important aspect (Frei & Mander, 2011).

Receiving specialised health care is considered a source of security, but participating in decisions regarding the newborn and feeling united as a family are determining factors (Oommen, Rantanen, Kaunonen, Tarkka, & Salonen, 2011). However, “the close emotional attachment between the parents was not always supported by staff. The father was treated as an outsider and the care was described as ‘a woman’s world’... The asymmetric encounter between parents and staff was pronounced with respect to decision-making, and some designated this as ‘paternalism’” (Ellberg, Hogberg, & Lindh, 2010, p. 465).

In relation to the Portuguese context, two studies were found that addressed parents’ needs within the scope of nursing care during the postpartum hospital stay. One of them was framed within a phenomenological research paradigm, aimed at understanding the process of construction of the maternal and paternal adjustments in the postpartum period based on both parents’ experiences (Mendes, 2007). In turn, Soares (2008) aimed at understanding the experiences of first-time parents, during the adaptation to parenthood, thus defining the nurses’ specific contribution to this process. Even though the author did not give special emphasis to postpartum hospitalisation, he still referred to this period as being undoubtedly important to convey a sense of satisfaction with the parental role and promote a feeling of self-efficacy, which are determining factors in the parenting process.

Mendes (2007) concluded that the helping relationship in the provision of care to mothers and babies was a positive factor for postpartum maternal adjustment, but the short time allowed...
for baby care demonstration, the lack of self-care guidelines and the lack of availability of health care professionals were considered key components of the structure of negative experiences. As regards health care professionals, the postpartum paternal adjustment only had negative aspects: rush in baby care demonstration, conflicting information on child care and little clarifying guidelines at discharge.

In conclusion, the analysis of the state of the art allowed understanding that, in general, parental figures show less satisfaction with the care received in the postnatal period than with other types of care received in maternity hospitals. In addition, despite the fact that both parties involved (parents and nurses) perceive that the quality of these maternal and obstetric health services is not the ideal one, institutional changes are still difficult to implement in pre-established routines. Moreover, regardless of gender and demographic contexts, parents want to be treated on an individual basis, according to their own needs. To this end, it is necessary to make the nursing-parents alliance more flexible so that both parties can be satisfied.

Taking into account the abovementioned aspects, the following research question was formulated: how is the parental transition process experienced during hospital stay, after the birth of the first healthy child, and within the first 48 hours after a normal birth? Therefore, this study aimed at contributing to expanding knowledge, acquiring skills in this area and producing health gains, by adjusting and optimising the care provided.

**Methodology**

The paradigm underlying this research study is classified as a qualitative approach. Its qualitative nature comes not only from the type of data collection technique, but also, and essentially, from its objectives, which target the understanding and interpretation of the meanings assigned by participants. The participants of this study, designated as privileged informants, were fathers and mothers who had received nursing care during the hospital stay in the obstetric ward of a central hospital in the city of Porto, Portugal, after the normal birth of their first child, without any health problems or associated risk factors for both the mother and the newborn.

At discharge, these parents were asked to give an interview at their own homes within the first 15 days of life of their newborn. This request followed all ethical-legal principles: the objectives and purpose of the study were presented; the participant’s anonymity was guaranteed; informed and free consent was obtained; and data confidentiality and protection was guaranteed in all phases of the study, thus ensuring all the assumptions required by the hospital’s department of education, training and research. The hospital’s Ethics Committee analysed and approved the project, with the reference number 027/11 (015-DEFI/027-CES).

Thirteen interviews were conducted with 26 participants, that is, two people participated in each interview: the postpartum women and their partners (the newborn’s parents), in a total of 26 participants. Each interview lasted approximately two hours and was duly validated by the informants after reading the transcriptions.

Given the object of study in this research work, the semi-structured interview was the most appropriate data collection tool. Although there was a list of topics to be addressed, the interview included open-ended questions, with no predetermined set of answers. Thus, it was concluded that couples had expressed themselves in their own words, using the expressions they had chosen, following the order that had best suited them.

Two exploratory interviews were conducted to check whether the questions included in the interview were indeed able to answer the concerns underlying this research study.

Alongside the data collection process, the need existed to explain its process of analysis. Content analysis was chosen, which involved organising, synthesising and transforming data into manipulable units, resulting from the demand for standards. Its main objective was to “provide, by condensation, a simplified representation of raw data” (Bardin, 2009, p. 147).

During the encoding process, the interviews’ transcriptions were numbered using the following symbols - E, followed by the interview identification number: E1, E2, E3, etc.

This study was carried out from September 2010 to April 2012.
Results and Discussion

From the analysis of the data collected on parenthood within the first 48 hours after birth, maternal and paternal categories emerged. From these categories, subcategories merged as a result of the way each parental figure described, by gender, the process experienced and the meanings assigned by him/her to the life experience under study.

It is important to understand in advance the meaning assigned by parents to this transition. The Transitions Theory proposed by Meleis suggests the use of patterns of response, through which it is possible to assess how the critical moment is perceived.

Characteristics of the maternal transition process

As the woman adjusts to her maternal role, three phases are evident. These are characterised by: dependent behaviours, dependent-independent behaviours and interdependent behaviours (Lowdermilk & Perry, 2008). The analysis of the statements allowed the following subcategories to emerge from the Characteristics of the maternal transition process category: exhausting and ambivalent.

Exhausting

Pregnancy, childbirth and puerperium are part of a critical transition phase of the human life cycle and represent periods of true personality development and emotional growth (Torre, 2001). However, it seems to be consensual that exhaustion is present in the early times of adaptation to the demands of the new statute of motherhood.

The women interviewed mentioned that exhaustion, which is understood as physical weariness, was present during the days in which they were hospitalised.

According to Torre (2001), the time span between the first and second days is a period of introspection or an adaptation phase, in which the woman is characterised as passive, dependent and in need of much protection and support. For the author, it is during these days that the woman most frequently revisits the experience of labour and delivery. He adds that uninterrupted sleep is important in this period, since many postpartum women show effects of sleep deprivation, fatigue, irritability, as is referred in the following statements: “...it’s physically exhausting...” (E1); “(...) it seemed that there were moments when I was on a different planet, maybe because of exhaustion (...)” (E2); “(...) you’re physically exhausted, because you can’t get enough rest (...)” (E6); “(...) it is not easy being a first-time mother, the first days are very demanding, with a lot of tiredness also, it takes a lot of patience (...)” (E7); “(...) we also need rest (...)” (E9); “(...) I don’t know if it was because I wasn’t sleeping much that I felt so tired (...)” (E11); “(...) after having the baby, there is a series of difficulties that we need to overcome for the first time and often without sleeping much, it’s very tiring.” (E12).

The first 24 to 48 hours after childbirth are characterised by dependency needs, which are met by others. “For 24 hours after the birth, mature and apparently healthy women appear to suspend their involvement in everyday responsibilities and activities, relying on others to satisfy their needs for comfort, rest, nourishment and closeness to their families and the newborn” (Lowdermilk & Perry, 2008, p. 530).

According to Santiago (2009), this first phase, which takes place during the postpartum hospital stay and is called incorporation, takes place between the first and second days after childbirth. The author characterises this phase as one of greater physical dependence of the mother, who needs the support of health care professionals regarding the satisfaction of her own needs. This is in line with the perspectives of Lowdermilk & Perry (2008) and Torre (2001).

Therefore, by analysing the above statements, it is possible to understand that “the new mother’s physical needs, nutricional requirements and well-being will first have to be identified by the health care team. Only then will the new mother be finally able to meet the newborn’s needs” (Torre, 2001, p. 24).

Ambivalent

How the woman feels about herself and her body during the puerperium may affect her behaviour and adaptation to the motherhood process. It is also in this period that the whole process of identification with the real baby and the psychological separation from the imaginary baby should occur in parallel, in addition to the self-image psychological adjustment and construction of new family relationships. These sudden changes may create a state of confusion, lethargy and anxiety, which, although they are often self-limited, may evolve unfavourably in other situations (Alves, 2008).
Several women clearly stated that the first two days after childbirth were an ambivalent experience, that is, on the one hand, feelings of joy and happiness were well evident, but, on the other hand, inexplicable conflicting feelings emerged, such as, cry, emotional sensitivity and strangeness. These can be seen in the following statements: “(...) in those early days, I was happy, but sometimes I just wanted to cry (...) I was very sensitive, feeling weird, different (...)” (E2); “(...) kids don’t come with instruction manuals and we must adapt, because everything is new, everything is still strange, it has a very good side and another, let’s say, less good side (...)” (E3); “(...) I felt good and I knew that everything was going well with us, but, on the other hand, I was a little more sensitive, sometimes I just started crying for no reason.” (E5); “(...) I was a bit excited, but despite the happiness, I sometimes was sad not knowing why and then I seemed to return to consciousness. The two sides of the same coin. It is more of a state of mind than a physical state, it is a state of mind (...) I don’t even know, everything’s strange.” (E6); “(...) I needed a bit of attention, I don’t even know what for, but I needed it (...) I felt very different, weird, I can’t even explain very well what it was, but I was OK.” (E11). The birth of the first child is, therefore, an event that requires external help, in which health care professionals are included. It is essential for nurses to be aware of this maternal transition phase and know that analysing and accepting their experiences allows parents to move on to the next phase (Torre, 2001). In other words, “the dependent phase is a time of great excitement during which parents need to verbalise their experience of pregnancy and birth” (Lowdermilk & Perry, 2008, p. 530). In addition, “at this stage, anxiety and concern with the new role often impair the retention of information by the mother” (Torre, 2001, p. 24). This stage is considered an adaptation to the reality of the birth of a child, that is, there is an ambiguity regarding the real perception and awareness of the fact that the baby is born. Although parents know that the child is already born, they are still assimilating that information, as can be seen in these statements: “(...) I felt like there was no one else in the world besides me and my son, I think that when I got there, I spent a lot of time just looking at him, very concentrated (...) in those first hours you feel like you are in a different world, a different reality, it’s a bit mind-blowing until you settle down and say OK, my son is born so now I have to do this and that. It’s a world of new sensations (...)” (E9); “I didn’t immediately realise that he was really born, it took me several hours to realise that the baby was no longer inside me, I seemed to be slightly dazed, like he is born, it’s real, he’s no longer in my belly. It’s a bit weird at the beginning.” (E10).

**Characteristics of the paternal transition process**

Families are, usually, the first reference for individuals to develop themselves as social beings. However, in the western world, families have been organising themselves in different ways. The economic pressure and female revolution can be seen as predisposing factors for role change. Thus, social circumstances play a prominent part in change. Interestingly, Leal (2005) believes that the new forms of family and the medically assisted procreation techniques are other important factors for increasing male participation in sharing child care. The possibility of transferring a mandatory paternal role to a more intentional one results in greater involvement of fathers in all aspects of their children’s education. In Portugal, special rights are guaranteed to mothers, which relate to the biological cycle of motherhood. However, the father’s role is increasingly valued. The Portuguese government considers motherhood and fatherhood to be eminent social values, which are constitutionally protected. Their protection provides them with support and guidance in this adaptation phase, which they consider to be unique in their lives. All these development stages experienced by women during motherhood shall be translated into new psychological and social skills, among which is the construction of their own maternal identity. This is taking into account the different surrounding dimensions, such as: “(...) the marital relationship, family dynamics, baby’s characteristics, profession, existing socioeconomic conditions, culture and their own personality and health (Santiago, 2009, p. 26).
The analysis of the statements allowed the following two subcategories to emerge from the Characteristics of the paternal transition process category: observant and secondary.

**Observant**

The period immediately after childbirth is one of the most important moments for the triad. However, fathers are often not allowed this time with the newborn due to reasons related to the functioning of hospital services. This may hinder the development of similar skills and competencies to those acquired by mothers.

Fathers develop the attachment process and keep it due to their proximity and interaction with the baby. They become acquainted and identify the child as an individual; they acknowledge him/her as the new family member. During this acknowledgement process, they scrutinise their infant carefully and point out external characteristics that the child shares with other family members (Lowdermilk & Perry, 2008).

The attachment process is facilitated by a positive reinforcement, that is, the social reactions, verbal and non-verbal that explain the acceptance of one partner by the other. However, this did not seem to be the behaviour of the nursing team during the provision of care, since fathers mentioned that: “my role was to observe, try to learn by observation. In that context, I didn’t have the opportunity to do much more (…)” (E2); “(…) nurse, baby and mother, so the three of them interacted and I just observed (…)” (E9); “(…) when care was provided, I just stood there watching (…)” (E11).

The arrival of a child transforms the couple as new responsibilities emerge. The involvement as the newborn’s caregiver allows developing a feeling of active intervention, which fosters, among other things, the support, encouragement and promotion of breastfeeding (Piazzalunga & Lamounier, 2011).

**Secondary**

In the past, it was thought that only women were born with innate skills to play the maternal role as a biological need, often called the maternal instinct. However, there is no scientific evidence that this assumption is true. In fact, “at the beginning of the 20th century, women were considered incapable and inferior, dominated by their husbands. Men were excluded from events related to reproduction and children’s education” (Caires & Vargens, 2012, p. 159).

However, “in the 1980s, scientific research on the paternal figure began to emerge, in particular their importance in the children’s education” (Nogueira & Ferreira, 2012, p. 58).

However, the woman has always been the leading actress in the whole parenting process, while the father’s role has been left on the sidelines. Accordingly, the respondents mentioned that: “the father’s role in today’s society is still seen as a secondary role rather than a main role (…) we can’t stay there and that is one of the handicaps (…) that would have been the most important thing for us, that I had also been allowed the possibility to stay there.” (E3); “(…) the mother and the baby were the leading actors in those moments, I was only a secondary figure (…) I don’t remember a single nurse who went there to explain a certain step and called me – please, come and see - I don’t remember.” (E9).

However, much interest has arisen in the scientific community to understand how the performance of the paternal role influences the child’s development, the mother’s involvement, and the father himself as a person, addressing this process independently of the parents’ gender.

According to Leal (2005), although there are studies indicating gender determinants that influence the differences in the performance of parenthood, this type of thinking guided by biological determinism has been much criticised and is little recognised by the scientific community. However, it is still rooted in health care practices, as can be seen in the following statements: “I wasn’t approached by any health care professional (…) I didn’t get any kind of professional approach. It seemed like I wasn’t essential there.” (E4); “They didn’t exclude when me from care, but they also didn’t integrate me.” (E11); “(…) an effort isn’t always made to call the father and integrate him into care. The father is someone who seems to appear there from time to time and whom they greet (…) truly, everything is focused on the mother and the baby.” (E13).

Being a father is a process that begins with the internalisation of the desire to have a child (Leal, 2005). The man’s beliefs and feelings towards the ideal father and mother, as well as the cultural expectations about the most appropriate behaviours affect their attitudes towards their partners’ needs.
Marital relationships are, therefore, one of the most challenging dimensions in this transition process (Graça, Figueiredo, & Carreira, 2011).

The development of new roles, a transition from a thus far dyad to a triad, is inherent to the couple. The couple will readjust their relationship at the emotional level, as well as at the level of activities of daily living and sexual relationship. According to Leal (2005, p. 242), there is the need to “(...) make the marital alliance more flexible in order to build the parental alliance (...). This alliance should provide emotional support, sharing of household chores, care for the child and the woman (if needed), and decision-making about financial and professional aspects and those related to their child’s education. The husband’s support seems to be portrayed as a supportive role (Torre, 2001). In that sense, the higher the level of paternal involvement, the greater the couple’s satisfaction will be (Leal, 2005).

Consequently, the health care plan, besides being an individualised plan, should identify the level of involvement that the father wants to adopt and strengthen that it is the couple that must choose the best form of mutual support and decide how they wish to experience parenthood. The sociocultural context in which the mother/father and newborn relationships are established should also be considered, because nowadays, closely observed models of parenthood are increasingly rare. In turn, this contributes for this project to be experienced as something totally new, with no reference standards. Despite the individual differences of each parent, the adaptation of both genders to the parental role consists of a process that requires the ability to adjust and adapt to the complex situation triggered by the birth of a child.

In that sense, our research study supports the body of knowledge on paternal and maternal experiences within the first 48 hours after a normal birth in hospital context, thus contributing to enrich the studies that have been developed on this issue (Lowdermilk & Perry, 2008). This way, the aim is to help nurses promote better care during the transition to parenting.

After addressing the different categories and their respective subcategories, it was concluded that fathers and mothers wished to be heard and talk with someone who was patient enough and clarified their doubts; they needed to trust in the person who provided care and find answers to their concerns. In general, nurses are endowed with technical, scientific, communicational and relational skills to interpret the couple’s messages, thus avoiding difficulties and accompanying them in a sensitive and empathetic way to provide them with emotional and psychological support throughout the adaptation process. Professionals involved in care provision cannot lose sight of the understanding of those needs, providing the opportunity to systematise care in an integral, humanised and quality perspective so that innovative strategies may and shall be developed in clinical practice (Vasconcelos, Leite, & Scochi, 2006). The nurses’ position within the health care team may and should also include the identification of situations that may impair the adaptation to a positive parenthood.

However, the national research carried out on this object of study is scarce. This represented a limitation, since it was not possible to identify the state of the art in Portugal and then compare data. As for the data collection process, the fact that both mothers and fathers were interviewed at the same time may have hindered the collection of information on a deeper level.

Future studies in this area should include more health care institutions at the national level to obtain results that better represent the Portuguese reality.

Conclusion

The completion of this study allowed us to understand how some parents experience the transition to parenthood during hospital stay after the birth of their first child. The study took place in a specific obstetric ward and the results presented in the literature on the issue were duly tested.

Data analysis allowed us to distinguish the experience of parenthood within the first 48 hours after the birth of the first healthy child according to the parents’ gender - female versus male. How fathers and mothers experienced this period of time and the meaning they attached to the events were expressed, reported and felt in different ways.

With regard to the characteristics of the maternal transition process, the subcategories identified were: exhausting and ambivalent. As for the paternal transition process, the characteristics that were at
the basis of the subcategories were: observant and secondary.
Maternal figures underlined physical exhaustion and a psychological state that alternated between joy and some sadness, which they were not able to clearly specify. On the other hand, paternal figures perceived their role as accessory in a setting in which mothers and newborns played the central roles.
Therefore, it appears that a number of limitations to the experience of transition to parenthood in the postpartum period exist and that nurses are an important resource in the mobilisation, optimisation and anticipation of those determinants, as the knowledge of what is expected facilitates the transition to parenthood, as according to the adopted theoretical framework – the Transitions Theory. After hospital discharge, both fathers and mothers should feel confident and able to take on this new role in their lives.
Thus, during hospital stay, parents should participate and take on an increasing control over care. The Nursing team plays a key role in this context by means of its technical and scientific skills, but also in the development of strategies to clearly identify the parents’ needs so that nursing care may promote the transition to parenthood.

References