

“First-time mother syndrome”? First-time mothers’ information practices and their relationships with healthcare professionals

Short Paper Abstract

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Introduction

This paper reports upon selected key findings from a wider study into the information practices of first-time mothers (n = 22). It highlights how their relationships with healthcare professionals (HCPs) profoundly influenced their information practices, and how these relationships were shaped by wider societal forces.

Background

Traditional networks of parenting information are fragmenting, while greater societal expectations are being placed upon mothers (Drentea and Moren-Cross, 2005). Resourcing issues mean HCPs have to “cram” information into short appointments, leaving little time for discussion or for nurturing trusting relationships (The Royal College of Midwives, 2013).

Previous ISB studies provide some insight into mothers’ information practices (cf. Berkule-Silberman *et al.*, 2010; Shieh *et al.*, 2009). But the early post-natal period has received limited attention, and there have been calls to investigate how these practices are influenced by issues such as trust and developing identities (cf. McKenzie, 2002, 2003; Fisher and Landry, 2007).

New mothers meet types of HCP of whom they have little experience. Research from other disciplines shows how tensions can arise as mothers try to determine an HCP’s role, and decide if it concerns supporting or policing them (cf. Peckover, 2002). One of the aims of the wider study was therefore to explore these relationships in the context of ISB.

Methodology

This was a short, exploratory study, but its flexible and adaptable approach led to the collection of rich, narrative data, within the unpredictable environment of a mother and baby group.

McKenzie’s model of ELIS was the basis of the theoretical structure, as it was derived from pregnant women’s accounts of ELIS within new contexts (McKenzie 2002, 2003). Her narrative approach shaped the methodology, as did the feminist perspectives of Urquhart and Yeoman (2010), who particularly emphasise the importance of considering context when choosing methods.

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Following a period where the researcher acted as a participant observer, group, narrative interviews and participatory methods were used in order to remain sensitive to the usual structure of the group and facilitate engagement. Individual interviews were also conducted with local information gatekeepers (n=5).

Findings

Many believed HCPs had access to the “right” information, and reported good relationships. However, fear of judgment and a perceived need to present as “good mothers”, led many to withhold information needs from HCPs. Some feared being viewed as overprotective if they asked for “too much” information.

HCPs were found to be bound by prevailing guidelines and legislation which thwarted mothers’ attempts at information seeking, leading to frustration and confusion.

Implications and Value

By showing that fear of judgment can profoundly influence information practices, the study helps us to understand why some sources of information, although considered important and useful, may be used little.

Both mothers and HCPs experienced challenges to their information practices caused by the mandatory nature of health policies and regulations. The study raises the question of how to deal with a clash between a request for informational support and such rules, and highlights the importance of professionals being aware of and remaining sensitive to these pressures.

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