Qualitative

Mothers of infants in neonatal nurseries had challenges in establishing feelings of being a good mother

Lupton D, Fenwick J. *'They've forgotten that I'm the mum': constructing and practising motherhood in special care nurseries*. *Soc Sci Med* 2001 Oct;53:1011–21.

QUESTION: How do mothers of infants in neonatal nurseries, and the nurses caring for the infants, construct notions of motherhood?

Design

Qualitative study.

Setting

Neonatal nurseries of 2 hospitals in New South Wales, Australia.

Participants

31 mothers of infants in neonatal nurseries (mean age 28 y, 68% first time mothers) and 20 nurses working in the nurseries.

Methods

Mothers participated in 2 loosely structured interviews, the first done just before discharge and lasting 45–90 minutes and the second done 8–12 weeks after discharge and lasting 90–120 minutes. Mothers were asked to elaborate on the kinds of things that helped them feel like a mother, and reflect on their experience in the nursery, their relationship with the nursery staff, and their feelings toward their infants. Nurses had 1 loosely structured interview lasting 30–90 minutes, which included such key questions as what are the most important things you do during a workday, and what are the biggest challenges and rewards of your work? Voice activated tape recorders were mounted on the cribs of infants whose parents were participants, and taping of interactions between parents and nurses was done twice a week for 5–6 hours until discharge or transfer of the infant. One of the investigators observed and took field notes in the nursery while the tape recorders were on.

Main findings

Early in their infant's hospitalisation, mothers had feelings of alienation, despair, and grief. They were unable to breastfeed, and some had to cope with the possibility that their infant might not survive. The enforced separation made first time mothers feel they were "not being a mother". Mothers felt supervised by the nursery staff, and felt that they required permission to touch and care for their infants. Later during the hospital stay, mothers' feelings of distance and detachment gave way to the urge to reclaim the role of mother by engaging in such strategies as learning about their infant's medical condition, monitoring equipment, and treatment. Another strategy was to be with their infant as often as possible, and to establish breastfeeding as soon as possible, because only they could provide it. When mothers were able to engage in routine caring practices (diaper changing, feeding, and bathing) and simple procedures (weighing and taking temperatures), they felt more control over their

infants' wellbeing. Some mothers felt that they had to be nice to the nurses and not provoke discord or they would be labelled as difficult. They recounted episodes of nurses exerting control over their interactions with their infants by limiting their mothering role or withholding access to the infants. Most of the nurses had expectations of how mothers should care for their infants and behave in the nursery, and had firm views on the qualities of a good mother. Nurses felt mothers should put their infants first, show immense interest, and spend a great deal of time with their infants. Nurses were more relaxed and friendly with mothers who they deemed to be good mothers. Nurses felt their primary responsibility was to teach parents how to care for their infants and positioned themselves as protectors of the infants. Difficult mothers were those who were quiet and introverted, those with different value systems than those of the nurses, and those who were loud or demanding.

Conclusion

Mothers of infants in neonatal nurseries, and the nurses caring for the infants, had both strong convergences and differences in their views of being a good mother.

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COMMENTARY

A long tradition of study exists of the social world of hospitals and the relationships among nurses, patients, parents, and other carers. Lupton and Fenwick's contribution is to examine the special circumstances of the neonatal nursery.

The use of voice activated recorders to observe interactions at the cot side is an interesting innovation. However, the principal source of data is interviews with nurses and mothers. "Good" mothers like "good" patients were expected to accept the authority of nurses and to comply with hospital regimens. Parental access and responsibility were restricted by nurses, who supervised parenting work as well as infants' health care.

Special features of the neonatal nursery context also emerged. Mothers had recently experienced premature delivery, and they were living out the experience of becoming a new mother in a public and clinical environment. Physical contact with infants, including participation in such everyday care procedures as washing and feeding, was important to mothers because it helped them to consider their infants as normal and themselves as expert in their own infant's needs. However, nurses considered the infants in the nursery to be extraordinary and in need of nurses' expertise. For example, some nurses were concerned that extended parental contact would be overstimulating for infants. Sanctions including limitation of unsupervised contact were applied to mothers who did not comply with nurses' expectations.

The practice implications of this study lie in the negotiation of responsibilities of nurses and parents in the care of infants in hospital. Mothers' accounts of how they constructed and practised mothering in a neonatal nursery highlighted the importance of interactions with nurses. It seems that communication between nurses and mothers about the meaning of good motherhood was largely implicit. More explicit discussion of the partnership between mother and nurse (eg, through joint planning of care) might lead to a shared understanding of the role of a "good mother" in a neonatal nursery. As the quotation in the title of the paper suggests, remembering who is the mum is important to good care of infants and mothers in neonatal nurseries.

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