

## Women's Relationships with their Own Mothers in the Early Motherhood Period

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### Abstract

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**Aim:** The aim of this paper is to explore women's experiences of their relationship with their own mother in the early motherhood period. **Method:** van Manen's phenomenological approach was used for this research. Thirteen healthy first time expectant mothers were recruited in the antenatal period between 28-34 weeks gestation through antenatal clinics and classes. Women were invited to participate in depth interviews held at three key periods (late pregnancy, 2 weeks and 8 weeks after birth). Interviews were 45-60 minutes long, audio recorded, and transcribed verbatim prior to being analysed. **Findings:** A key adult relationships that emerged as being important for the participants during the early motherhood period was their relationship with their own mother. Participants' mothers were often very supportive but tensions occurred when participants' mothers were not available or perceived as intrusive. **Conclusion:** New motherhood involves significant transitions for first time mothers. It is recommended that health agencies such as midwifery and maternal and child health services include significant discussion about communication, relationships and planned support at home in their education and care interventions.

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**Keywords:** early motherhood, new mother, mother daughter relationship, postnatal, phenomenology

### 1. Introduction

Although becoming a mother is an exciting and challenging period in a woman's life, new motherhood involves significant physical and emotional changes (Nicholson, Fox & Hefferman, 2010; Ward & Mitchell, 2004). These include the transition from feeling competent and efficient as an adult to learning the role of being a new mother. Unrealistic expectations of parenthood can make the experience of first time motherhood confusing and confronting (Griffin, 2010; Miller, 2005). Women can experience significant changes, including in their close relationships. While a woman's relationship with her partner and new baby are central in the early motherhood period, this paper focuses on exploring women's experiences with their own mother at this time.

### 2. Literature Review

Mothers and motherhood have been explored in the academic literature for many decades (Nicholson, et. al., 2010; Miller, 2007; Ward & Mitchell, 2004; Barclay et.al., 1997; Brown, Lumley, Small & Astbury 1994). To facilitate a review of the literature pertinent to this topic, a search was undertaken of the ProQuest, Pubmed, EBSCO and Gale databases for the period 2000 to 2012. The keywords used were: 'mother daughter relationship' and 'early motherhood'. This broad search resulted in 342 items of literature being located. The article titles and abstracts were then reviewed individually and the pertinent literature identified. Seventeen papers specifically relating to the relationship between women and their own mothers during the early motherhood period were included in the final literature review. Only one Australian study on this topic was found.

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A disparate literature was revealed concerning women's experiences of their relationship with their own mother during the early motherhood period. One such article by Nelson (2003) noted an increase in closeness between women and their families following the birth of an infant, but emphasised that this was not experienced by all women. For instance, some women reported increased tension due to their lifestyle choices not being approved by their own mother (Nelson 2003). In contrast, other work has explored how women's experiences of being mothered as a child affected women's psychological adaptation to pregnancy and how this impacted on the formation of maternal identity (Della Vedova, Ducceschi, Cesana & Imbasciati, 2011). This has been the focus of the literature in this area (for example, Lederman & Weis, 2009), but is not within the scope of this paper. Much of the literature that specifically considers women's relationship with their own mothers in the postnatal period is focused on adolescent mothers. For instance, a review of research in this area by Bunting and McAuley (2004) found that teenage mothers identified their mothers to be both a source of support and a source of conflict. The sources of conflict were not specifically identified in the studies reviewed, but it was suggested that these related to the teenagers' struggle for autonomy and independence, disagreements about living in the same household and taking responsibility for their baby. Most of the research reviewed by Bunting and McAuley related to African –American teenage mothers, although there was one small study of teenage mothers in Britain reviewed which identified similar issues to those identified in the American studies (Bunting & McAuley).

Another study that explored mother daughter relationships again with teenagers only was undertaken by Jacobs and Mollborn (2014). These authors undertook interview based research with 18 African American and 30 Latina teenage mothers living in the Denver, Colorado, metropolitan area. Their findings regarding the effect on the mother daughter relationship indicated that this was initially shattered due to rejection by the participants' mothers on the news of their daughter's pregnancy. As a consequence, the authors concluded that the teenagers had a deep sense of loneliness and isolation and cautioned about the mental health ramifications of this process (Jacobs & Mollborn, 2014). In response, the teenage mothers sought ways to repair the mother daughter bond through the development of independence and autonomy (Jacobs & Mollborn). This research interviewed teens from low income areas and found that the pregnancy caused hardship for these young women. Both this study and the review by Bunting and McAuley (2004), however, only explored the teenage daughter - mother relationship. There was one study that partially explored mother daughter relationships but this was during the pregnancy only. This was a hermeneutic study of women's experience of early pregnancy which considered the mother daughter relationship as part of their research on women who were pregnant for the first time (Modh, Lundgren & Bergbom, 2011). The study involved in depth interviews with 12 healthy Swedish women between the ages of 17 and 37. Findings from the study indicated that pregnancy could change the relationship between the woman and her parents, particularly with their mothers. If the expectant women were already close with their mother, this relationships become closer and more importantly had changed from a mother daughter to a mother-mother relationship (Modh et al., 2011).

On the other hand, those expectant mothers who did not have a good relationship with their own mothers hesitated to share their joy at being pregnant, while those whose own mothers seemed to display a lack of interest in their pregnancy expressed sadness and felt that something was missing (Modh et al., 2011). This study had a small cohort of participants but produced rich data on the experiences of women who had become pregnant for the first time. The study, however, only focused on the pregnancy experience of these women. A different approach to the relationship between new mothers and their own mothers was evident in work undertaken by Sejourne, Alba, Onorru, Goutaudier and Chabrol (2011) in their consideration of the intergenerational transmission of postpartum depression. This study, undertaken in France, involved 65 pairs of adult mothers who had recently given birth and their own mothers. The new mother's depressive symptomology was assessed and a retrospective diagnosis of any postnatal depression experienced by the woman's own mother was also made. The study included an evaluation of the quality of the mother daughter relationship and found that the weaker the attachment between mother and daughter the more intense were the depressive symptoms (Sejourne et al). This supports the findings from the studies mentioned above related to teenage mothers and the effect on the mother daughter relationship (Jacobs & Mollborn, 2014) and women during pregnancy (Modh et al. 2011). The study by Sejourne and colleagues, however, was only focusing on women with postnatal depression.

There was one Australian qualitative descriptive study which addressed women's relationships with their own mothers during the postnatal period, although in the context of supporting breastfeeding in new mothers (Reid, Schmeid & Beale, 2009). This study found that the relationship between new mothers and their own mothers was complex, and can be affected by the previous nature of the relationship as well as the other roles and relationships with which the mothers' own mother is involved. As the authors themselves point out, the findings of this study are limited by the small sample size (four paternal grandmothers and seven maternal grandmothers) and the homogeneity of the sample (Reid et al. 2009). In addition, the focus of this study was on breastfeeding support. The above literature provides some insight into the relationships between new mothers and their own mothers, mostly in the context of teenagers, in other cultural settings, during pregnancy or other care settings, such as postnatal depression. There appears to be a lack of research and resulting literature regarding the relationship between new mothers and their own mother during the postnatal period in the Australian cultural context, which this paper aims to address.

### **3. Study Design**

This study chose van Manen's hermeneutic phenomenology to underpin this research (van Manen, 1997). This methodology is based on the existential tenets of lived space, lived time, lived relationships and lived other as espoused in the works of Merleau-Ponty (1997) and later van Manen. These tenets seemed particularly suited to the rich physicality of the birthing and early motherhood experience, and also supported the desire to give voice to women's experiences. van Manen's theoretical framework has been used in a number of studies of women's health (Boughton & Halliday, 2008; Allan & Dixon, 2009; Crain & Koehn, 2012). A purposive sample of 13 healthy first time expectant mothers was recruited between 28 to 34 weeks gestation. The inclusion criteria for the study were that women were aged 18 years or older, able to converse in English, and either lived or attended antenatal care in a rural area in Victoria, Australia, where the study was undertaken. Women were excluded from the study if they were unwell during pregnancy or if their baby was separated from them after birth, such as requiring special care nursery admission. Invitations to participate in the study were extended to women attending antenatal clinics or education classes at two district hospitals and local medical clinics through displayed posters and pamphlets. Interviews took place in locations chosen by participants, which was either their own home or the home of a family member. Three interviews were conducted with each participant, being in late pregnancy (34 to 40 weeks), and 2 and 8 weeks after birth.

Each interview began with a broad open ended single question 'What is being a mother like for you at this time?' This question was used as it encouraged conversation and allowed women to describe their own experiences and tell their own stories without imposing an external structure. This question was followed by small prompts and encouragement to women to explore what they shared in greater depth. For example, 'Can you tell me more about that?' 'Yes...' 'Mmm?' 'Go on ...', 'What do you mean by ...?' As participants shared their experiences of early motherhood, further recursive questioning was undertaken to explicate their experiences in these areas. Interviews were essentially conversational (Bergum 1986). At the commencement of the second and third interviews, the researcher provided participants with a verbal summary of the previous interview and offered participants an opportunity to confirm or clarify the findings. Each participant concurred that the summary reflected what they said. All 39 interviews were undertaken by the primary researcher and lasted between 45 to 60 minutes. The interviews were all audio recorded and transcribed verbatim. Transcripts of interviews with two participants were returned to them for confirmation of the accuracy of the transcription; this confirmation was subsequently provided. Ethics approval for the study was obtained from RMIT University Human Research Ethics Committee All ethical standards were adhered to, including standards for anonymity, confidentiality and informed consent. Prior to the first interview, women were given written information about the project, any questions they might have were discussed and women signed a consent form. Participants were invited to choose their own pseudonym, which is used throughout the transcripts.

### **4. Analysis of Data**

Data was analysed using van Manen's approach (van Manen, 1997). Three techniques were employed. Firstly, in the 'holistic reading approach' attention was given to the text as a whole to identify phrases which captured the main significance of the entire text. The next strategy involved reading the text several times to identify statements in the text that seemed especially revealing or essential about the experience being described. These statements were then highlighted.

The third step involved a detailed reading of sentences and sentence clusters and asking what they revealed about the experience being described (van Manen, 1997). The four existential tenets of lived time, lived body, lived space and lived other provided a framework to explore women's experiences. Data analysis was undertaken by the primary researcher who documented her own perceived biases prior to commencement of the research. In addition, the researcher kept a reflective diary in which was recorded an exploration of her own understandings and beliefs about the phenomenon during the course of the research. These were all discussed with the co-authors of this paper.

## 5. Findings

### 5.1 Participant Details

The participants were healthy first time mothers aged between 18 and 34 years, with the average age being 28 years. Twelve women were in couple relationships with the father of their baby at the time of the study. Most were employed in semi-skilled work. The analysis of the interviews held at 2 and 8 weeks after the birth revealed four major postnatal themes. These were: living the physical experience of early motherhood, learning to feed, the emotional experience of learning to mother, and women's experiences of relationships. From the latter theme, one of the key adult relationships emerging from the data as being significant for the women in this study was their relationship with their own mother. These findings are presented, with the use of participant's own words where relevant.

### 5.2 It is Important to have your Mum Around

In the postnatal period participants' relationships with their own mother emerged as significant in influencing their transition to motherhood. For example, Xerri identified a number of reasons why it was *'important to have your mum around'* (1.3 X58). She described having a strong bond between her mother and herself, but that she did not realise how much her mum would do to support her (1.3 X59-60). This included visiting at 4.30am one morning when Xerri was distressed and overwrought. Xerri would also telephone her mum at home or work for advice when needed (1.3 X57-59). Jess was similarly supported by her mother during labour, birth and the postnatal period. Both Xerri's and Jess' mothers helped them in latching their babies to breastfeed. Jess' mother stayed with her in hospital when she was unable to sit up due to a post spinal headache, and would keep her company at night in the early weeks after discharge as she breastfed her baby. Jess commented *'I reckon I would have fallen into a heap by now if I hadn't had mum around'* (3.2 J76), and noted that her mum helped her with *'everything'* and had been *'excellent'* (3.2 J64-65). As these participants gained confidence in their mothering ability they became less dependent on their own mothers, but nevertheless retained a close relationship.

### 5.3 Increased Contact was not Necessarily Support

A small number of participants reported that they did not have a close relationship with their own mother and only had irregular contact prior to their pregnancy which changed as they drew close to giving birth. Bernadette, for example, shared that while she was not at all close with her family she received many telephone calls from them as she drew close to term (9.1 B62). Similarly, Gail reported that contact with her mother increased from zero visits over a six year period to three visits in a fortnight after her baby was born (7.2 G88). This increased contact, however, did not necessarily translate into support. Gail commented that while her husband's family were *'fantastic'* she did not receive much support from her own family (7.2 G87). Over time the relationship between these women and their mothers reverted to the previous irregular contact. Gail summarised the dilemma of her feelings by explaining there was *'all this good stuff you want to share with someone... but it's not your mum so it's different'* (7.2 G87).

### 5.4 Some Mothers were Missing or Absent

Several participants experienced their mother as *'missing'* or *'absent'*. At the time their babies were born the mothers of three participants were living interstate and another participant's mother lived overseas. Some of these grandmothers travelled to visit their daughters in the early days of new motherhood. These participants described mixed emotions about spending time with their mothers. On the one hand all were delighted to share their new baby with their family and many of the participants emphasised a new understanding of what their own mother had gone through in giving birth to them. However, some participants described that while their mother helped them *'a bit'*, sometimes they did not receive as much help as they had thought they would receive (11.3 L64). Some visiting mothers had more of a *'guest'* role than that of the *'helper'* role that was anticipated and *'basically came for a holiday'* (5.3 R 67). Kate's mother lived overseas and Kate missed her greatly, especially at the end of her pregnancy.

Although Kate had frequent telephone contact with her mother, she felt she needed her mother in person for 'the little things. Things that you can talk about with your mum that you don't talk about with anyone else. That support and comfort of getting a cuddle from your mum. No matter how old you are' (10.2 K195-196). One participant's mother died from cancer early in her pregnancy. Angela's grief and loss were close to the surface as she made the transition to becoming a mother herself. Angela's deep sadness was palpable as she described one moment among many when she thought of her absent mother and the reality that she would never be able to share the joy of her baby: 'I said to my Dad 'I just want to pick up the phone and ring her' and he said 'Well you can't,' and I said 'I know, but I just want to.'.... God, she would have loved him [the baby]' (2.2 A118). In the final postnatal interview, Angela explained 'I just miss that bit of support. No one's like your mum ... you have friends and that... but it's just not the same' (2.3 A8). Angela's grief at the loss of her mother was still deep and persisting at the end of the postnatal period.

### 5.5 Occasionally Mothers were Intrusive

In contrast, a few participants experienced their own mothers as intrusive at times during the early motherhood period. This was manifested in various ways. For instance Gail experienced her mother as visiting too often. The situation was intrusive and difficult as her parents had previously broken contact for years after an argument with her husband, but now they had a baby they visited frequently. Gail described '... all these emotions that are running through you ...it's something you don't need' (7.2 G89-90). In a similar but different vein Hayley experienced the situation of having family stay too long when they visited. Hayley notes her mother was 'absolutely rapt' with her baby, but they stayed visiting 'until 11.00 pm at night and it was just too much' (13.2 H160-162). Another example of intrusiveness was where Lee-ann reported that her own mother read through the personal journal she had kept of her pregnancy and motherhood experience: 'she went ...and read through my journal. I was quite surprised that she did that because she didn't ask. She ...just opened the journal and started reading it.' (11.3 L64). Lee-ann had recorded in the journal how much she had wanted her mother and how upset she was that her mother was not at the hospital, and remained surprised that her mother did not discuss this or say anything about that to her afterwards (11.3 L64). These behaviours fuelled some tensions between participants and their own mothers as the participants perceived them as impinging on their personal space or privacy. Participants described their annoyance or irritation with these intrusive behaviours but this was reported as being only gently conveyed to their mothers.

## 6. Discussion

What emerged in this study was that women's relationship with their mothers was significant in influencing their transition to motherhood. There was considerable variation in the relationships participants had with their own mothers in the early motherhood period. A number of participants described warm relationships with their mothers that included increased understanding and the provision of significant emotional and practical support. These women gradually became less dependent on their mother but continued to have a close relationship with them. This is consistent with the existing literature. For example, Korn (2001) reported that daughters have more in common with their mothers after they became mothers themselves, as they are able to relate to and understand their perspective better, have more respect, and value their judgement more. Similarly Fischer (1983) found that when a woman becomes a mother, mother and daughter tend to re-appraise each other and become more involved in each other's lives. Changes in the relationship between new mothers and their own mothers therefore involved redefining and renegotiating their respective social positions, roles and family structure. Modh and colleagues (2011) aptly describe this relationship change as going from a mother daughter to a mother-mother relationship. The challenge of more ambivalent or conflictual relationships between some participants and their mothers has also been explicated. This study found that new mothers had increased contact with their own mothers around the birth and during the early weeks after birth, even when their relationship had not previously been close. The increased contact however, was not necessarily supportive and was sometimes intrusive. This is in contrast to the study undertaken by Modh and colleagues (2011) who found that increased closeness only occurred if the relationship was close to start with. This study, however, only investigated the mother daughter relationship during pregnancy (Modh et al.). In some cases, in the current study the increased contact became intrusive or unwelcome. The impact of an intrusive relationship varied, but generally resulted in the women feeling unsupported and needing to explore other avenues for support. The study also revealed a group of participants who experienced their mothers as missing or absent during their experience of early motherhood. These women had mixed experiences after the birth. Some mothers were able to visit their daughter and new baby, while others were not. Some participants experienced their mother's visit as more a guest role than as providing support or help.

These women commented that they missed the support and comfort of their mother. This was not something documented in the literature. While the literature focusses on adolescent mothers with mother daughter conflict in the postnatal period (Jacobs & Mollborn, 2014; Bunting & McAuley, 2004), the circumstances of mother daughter conflict or ambivalence between adult women is documented more in diaries and anthologies of motherhood. For instance, Chesler (1979), describes an intensely conflictual and ambivalent relationship between herself and her intrusive mother, while, Woolfe (1996) depicts the relationship between a new mother and her own mother as characterised by communication difficulties, disappointments, and the new mother's yearning for her mother's understanding. There is a paucity of research investigating women's relationships with their own mother during the postnatal period. The insights from this early motherhood research enrich understanding in this regard. Relationships can range from those that are extremely helpful and supportive, discerning new understandings of their own mother, to more difficult and exacting relationships and also those that are challenging due to 'missing mothers'. It is part of the role of health professionals such as midwives and maternal and child health nurses to engage with new mothers and offer support to women according to their needs.

### **7. Implications for Health Workers**

Relationships can undergo considerable stress and change as women make the transition to first time motherhood. Midwives and Maternal and Child Health nurses are strategically placed to provide care and education to expectant and new parents by including discussion on communication and relationships in antenatal education. Supporting women with information and skills to explore communication and relationships, and planning support at home would promote, protect and support relationships in the early motherhood period. Furthermore, new mothers with missing or absent mothers need gentle support. Having a baby is a time when most women 'need their own mum'. Some additional nurturing will not replace their mother, but it might fill the gap just a little. Supporting expectant and new mothers to identify support networks and promote self-care can reduce the void created by the absence of their own mothers. In addition, for those women who are affected by intrusive behaviour, support through active listening and assisting them to develop assertiveness skills may be useful. Many women feel more vulnerable and sensitive when they are new mothers and providing a listening ear or support to be assertive could be initial steps. Women's relationships with their own mothers can vary widely. The degree of support that a woman's own mother may be able to offer extends along a continuum. It may also be prudent for practitioners to not ask a struggling or distressed new mother 'Could your mum come and help for a few days?' but rather 'Would it be helpful to have your mum come for a few days?'

### **8. Limitations**

While the cohort participating in this study was small, the serial in depth interviews have enabled rich exploration of participants' experiences of early motherhood and their relationships. The study was based in one rural area and may not necessarily reflect the situation in other population groups (for example among women who live in metropolitan areas). The information from this phenomenological study about women's experiences relate to this specific cohort and while the findings offer some insights these are not generalizable to other populations.

### **9. Conclusion**

Pregnancy and new parenthood involve major transitions for first time mothers. Participants' own mothers were often very supportive during the early motherhood period, but some tensions existed when the participants' own mothers were experienced as intrusive, or were absent. These findings can be used to enhance Midwifery and Maternal and Child Health Nursing practice, both in the clinical care and education provided to expectant and new parents by including a discussion on communication and relationships. Health workers such as Midwives and Maternal and Child Health Nurses need a working knowledge that relationships undergo significant stress and changes when women become mothers. Developing knowledge and skills to explore issues such as communication, relationships and planned support at home would promote, protect and support relationships in the early motherhood period.

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## References

- Allan J. & Dixon A. (2009) older women's experiences of depression: A hermeneutic phenomenological study. *Journal of Psychiatric and Mental Health Nursing*. 16: 865-873.
- Barclay L., Everitt L., Rogan F., Schmied V., Wylie A. (1997). Becoming a Mother: An analysis of women's experiences of early motherhood. *Journal of Advanced Nursing*. 25: 719-728.
- Bergum V. (1986). *The Phenomenology of Woman to Mother: The transformative experience of childbirth*. A thesis submitted to the faculty of graduate studies and research in partial fulfilment for the degree of Doctor of Philosophy, Department of Secondary Education, University of Alberta, Edmonton, Alberta.
- Broughton M. & Halliday L. (2008) A challenge to the menopause stereotype: Young Australian women's reflections of 'being diagnosed' as menopausal. *Health and Social Care in the Community*. 16(6): 565-572.
- Brown S., Lumley J., Small R., & Astbury J. (1994). *Missing Voices. The Experience of Motherhood*. Melbourne: Oxford University Press; 1994.
- Bunting L. & McAuley C. (2004). Research review: Teenage pregnancy and motherhood: the contribution of support. *Child Family Social Work*. 9(2): 207-15.
- Chesler, P. (1979). *With Child. A Diary of Motherhood*. New York: Thomas Crowell.
- Crain, M. & Koehn, C. (2012). The essence of hope in domestic violence work: A hermeneutic-phenomenological inquiry. *Journal of Mental Health Counselling* 34 (2) (April 2012): 170-188.
- Della Vedova A.M., Ducceschi B., Cesana B.M., Imbasciati A. (2011). Maternal bonding and the risk of depression in late pregnancy: A survey of Italian nulliparous women. *Journal of Reproductive Infant Psychology*. 29(3):208-22.
- Fischer L. (1983). Transitions in the Mother-Daughter Relationship. *Journal of Marriage and the Family*. 43: 613-622.
- Griffin R. (2010). *Why didn't anyone tell me?* Camberwell: Acer Press.
- Jacobs J. & Mollborn S. (2014). Early motherhood and the disruption in significant attachments. Autonomy and reconnection as a response to separation and loss among African American and Latina teen mothers. *Gender and Society*. 26(6): 922-944.
- Korn, M. (2001). *Motherhood: An exploration of changes in the mother-daughter relationship*. Doctoral dissertation. Garden City New York: Adelphi University.
- Lederman, R. & Weis, K. (2009). *Psychosocial Adaption to Pregnancy: Assessment of Seven Dimensions of Maternal Role Development*. (3<sup>rd</sup> ed.) New York: Springer.
- Merleau-Ponty M. (1997). *Merleau-Ponty's Ontology* (trans Dillon MC). Evanston Illinois: Northwestern University Press.
- Miller, T. (2005). *Making sense of motherhood: A narrative approach*. Cambridge: Cambridge University Press.
- Miller, T. (2007). 'Is this what motherhood is all about?': Weaving experiences and discourse through transition to first time motherhood. *Gender & Society*. 21: 337 – 358. Retrieved from <http://gas.sagepub.com/cgi/content/abstract/21/3/337>
- Modh C., Lundgren I. & Bergbom I. (2011). First time pregnant women's experiences in early pregnancy. *International Journal of Qualitative Studies in Health and Well Being*. 6: 5600.
- Nelson A.M. (2003). Transition to Motherhood. *Journal of Obstetrics & Gynecological Nursing*. 32:465-477 DOI: 10.1177/0224217503255199.
- Nicholson P., Fox R., Heffernan, K. (2010). Construction of pregnant and postnatal embodiment across three generations: Mothers' Daughters' and Others' experiences of the transition to motherhood. *Journal of Health Psychology*. 15:575-585 DOI: 10.1177/1359105309355341
- Reid J., Schmied V. & Beale B. (2009). 'I only give advice if I am asked': Examining the grandmother's potential to influence infant feeding decisions and parenting practices of new mothers. *Women and Birth*. 23: 74-80.
- Sejourne N., Alba J., Onorru N., Goutaudier N. & Chabrol H. (2011) Intergenerational transmission of postnatal depression. *Journal of Reproductive and Infant Psychology*. 29(2): 115-124.
- van Manen M. (1997). *Researching Lived Experience. Human Science for an Action Sensitive Pedagogy*, 2<sup>nd</sup> ed. Ontario: The Althouse Press.
- Ward C, & Mitchell A. (2004). The experience of early motherhood-implications for care. *Evidence Based Midwifery*. 2(1) 15.
- Woolfe S. (1996). Ghosts. In Adelaide, D. (Ed.) *Mother Love. Stories about Births, Babies and Beyond*. Sydney: Random House; 133-166.