Children Australia

www.cambridge.org/cha

Parents' experiences and use of parenting resources during the transition to parenthood

Rachael Sanders, Jennifer Lehmann and Fiona Gardner

Department of Social Work and Social Policy, La Trobe University, Bendigo, Victoria, Australia

Article

Cite this article: Sanders R, Lehmann J, and Gardner F (2020). Parents' experiences and use of parenting resources during the transition to parenthood. *Children Australia* **45**: 317–325. https://doi.org/10.1017/cha.2020.33

First published online: 3 July 2020

Keywords:
transition to parenthood; parenting resources; parenting information

Author for correspondence:
Rachael Sanders,
Email: r.sanders@latrobe.edu.au

Abstract

The purpose of this paper is to report on new parents' experiences of using the available range of parenting resources that help to guide parenting choices and practices. Using a semi-structured interview schedule, 30 participants were asked about their engagement with parenting resources. The types of resources considered most salient to the participants of this study in Victoria, Australia, included professional services, peers, family and friends, and written material. On the whole, these parents valued expert opinion when they encountered problems but experienced a level of frustration when they did not 'feel heard' by professionals or when faced with mixed messages. While they reported some resistance to overt advice offered by family and friends, especially if the information was considered 'out-dated', they relied heavily on informal advice and support from peers, even if this was supported only by anecdotal evidence.

Background

Most parents want the best for their children and are driven by a biological imperative to protect their offspring and successfully raise them to adulthood (Bogin, 1998; Lambert & Franseen, 2013). While biological processes factor into parenting behaviours, parenthood and childhood are social constructs (Bornstein & Bradley, 2014; Roy et al., 2014) that have undergone profound changes over the last century. As such, parenthood is a role that is learnt. Changes in many familial and parenting traditions have provided parents, particularly mothers, with new opportunities (like working outside of the home or living away from extended family), but these have also left many parents to their own devices when figuring out how to parent (Featherstone, 2011; Wilcox & Kline, 2013).

Young women of earlier generations (and some cultures today) were likely to learn about birth and baby care from their female relatives through conversations, observations and by helping to rear babies and children in their extended family or community (Featherstone, 2011; Gagnon & Sandall, 2007; Gilding, 2001; Nolan, 1997; Rowe et al., 2013). Some of the traditional ways of parenting and learning to parent were challenged by the modernist movement that promoted scientific knowledge and technology (Hutcheon, 2006; Israel, 2011), and this coincided with a trend for young families to move away from their extended family support (Apple, 1995). There was increased reliance on professional advice about infant welfare and parenting, with mothers taught how to parent in a 'scientific and morally correct manner' (Sanson & Wise, 2001, p. 42). Written material (most of which was written by men) was beginning to fill the gaps in knowledge that was once shared by matriarchal relationships (Flood, 1987), and by the 1930s mothercraft nurses, paediatricians and kindergartens were offering advice on how to raise children (Sanson & Wise, 2001).

Psychologists and social scientists such as Sigmund Freud, John Watson and Ivan Pavlov, and later B. F. Skinner, Erik Erikson, John Bowlby and Mary Ainsworth, were building theories about childhood development and a parent's role in their children's development and well-being (Santrock, 2009). The mid-century saw a 'modernising' of parenting techniques, which meant children were no longer seen and not heard, but rather, mothers were encouraged to be warm and affectionate (Spock, 1946). Dominant cultural narratives during the 1970s became much more child-centred with parenting theories focussing on children's needs as opposed to the need for social order and control (Australian Institute of Family Studies, 2015). And, by the 1980s, an interest in parents' aspirations for their children was growing. According to Beck and Beck-Gernsheim (1995), it was during the 1990s that a new 'parenting mania' occurred, a cultural shift that has had the greatest impact on middle-class educated women. We would also argue that it was around this time that the global market persuasively entered the parenting arena by providing solutions and advice about what children need to develop well and, consequently, what parents must do (or purchase) to be considered 'good' parents in resource-rich societies.

Many of the principles and practices espoused by contemporary literature are subsumed in the broader concept called 'positive parenting'. While there does not appear to be an instrument designed to measure positive parenting practices, it is thought to occur when the following characteristics are present – caring (love, compassion and warmth), leading (boundaries and limits,

CAMBRIDGE UNIVERSITY PRESS

discipline, modelling), providing (healthy and safe environment), teaching (providing developmentally appropriate activities) and communicating (verbalising, listening, respect) (Seay et al., 2014). But how do new parents come to understand how to meet these parenting 'expectations'? And what support do modern parents require during the transition to parenthood to help them reach these cultural standards?

Knowledge and support for the transition to parenthood

What is thought to promote a positive transition to parenthood is adequate support and appropriate skills, knowledge and preparation that help parents provide their children with experiences that not only avoid poor outcomes but promote positive ones (Wilkins, 2006). Evidence from several qualitative studies in which parents' experiences of the transition to parenthood were explored suggests that many new parents do not consider themselves to be adequately prepared for parenthood (Deave et al., 2008; Roy et al., 2014; Sanders et al., 2014). Indeed, many come to realise that they have unrealistic expectations of parenthood and feel overwhelmed because of a lack of preparation (Borg Xuereb et al., 2012; Cronin & McCarthy, 2003; Wilkins, 2006). However, this is not necessarily a universal experience, as suggested by Harwood et al. (2007), who found in an Australian study that most women's experiences matched or exceeded their expectations.

Wiener and Rogers (2008) argue that new parents are unable to gain a realistic idea of what to expect until they experience it for themselves, whereas others say that this could be accomplished with suitable prenatal education (Billingham, 2011; Flykt et al., 2014; Milgrom et al., 2011).

Parenting resources

A common expression one hears is 'babies do not come with a manual'. While technically true, numerous resources are publically available to help with the preparation for parenthood and to meet parents' ongoing needs as they adapt to their children's developmental stages (Parker & McDonald, 2010). For planned pregnancies, preparation may begin pre-conception, but expectant parents typically start collecting knowledge during the pregnancy and beyond (Plantin & Daneback, 2009; Riedmann, 2008).

The early 21st century has seen increased research interest in parents' preparation and experiences of early parenthood (Parenting Research Centre, 2014-2020). However, most parents still learn much of their parenting skills from their own parents, which can include both desirable and undesirable practices being reproduced (Neppl et al., 2009; Welshman, 2006). There is a vast assortment of commercial and government supplied written and video material available to 'parents to be' and new parents from magazines, pamphlets and books. Various public hospitals and health departments across Australian states and territories provide parenting information to families during pregnancy and post birth (such as the Raising Children's Network). In addition to public health resources, parents can purchase commercial material (popular examples include, *What to expect when you're expecting* by Heidi Murkoff and Sharon Mazel (2018), *Up the duff* and *Kid wrangling* by Kaz Cooke (2009, 2005)). The commercialisation of the Internet revolutionised many aspects of human culture, not least of which the way information is accessed. Internet-based parenting advice ranges from formal sites like those provided by government and non-government organisations (NGOs) through to informal discussions by parents on blogs (Moravec, 2011). The Internet provides a level of convenience, but its open access means it can also be a source of misinformation.

Anetnatal classes run by birthing hospitals are a common method of educating expectant parents prior to the birth of their baby. While there does not appear to be a great deal of evaluation or review of the myriad programmes (Billingham, 2011), there has been some mention by parents who participated in studies exploring the transition to parenting. They suggest that the content of these classes focuses on the labour and birthing processes which is valued (Teate et al., 2011), but that more information and support about what to expect when they bring their baby home would also be valued (Deave et al., 2008; Gagnon & Sandall, 2007; Riedmann, 2008). An Australian study found the majority of new parents were well or very well prepared for parenthood, but half said they would have benefited from more time spent on practical issues with the midwife while in hospital, and a third would have liked an individualised teaching plan (McKellar et al., 2006). These authors recommended better use of the time parents spent in hospital and during the early postnatal period to educate and support them. Also in Australia, Milgrom et al. (2011) developed a universal prenatal parenting programme (*Toward Parenting*) aimed at equipping parents with general problem-solving skills for stressful parenting situations. On evaluation, the authors found it to be effective with reducing parenting stress and a number of women experiencing depressive symptomology.

States and territory health departments offer some form of ongoing maternal and child health (MCH) support for the early years of a child's life. In Victoria, and Australia more generally, MCH services are part of the well-child health system and offer advice on the general day-to-day care of infants, with a particular focus on feeding, sleeping, safety, language development and play. This is perhaps the most extensive and formalised resource offered to parents with 10 key age and stage appointments offered to all babies from birth to 3.5 years of age in which nurses check on baby and mother/family health and well-being. The service also offers an 8-week parenting information group that often develops into supportive *first-time parents' groups* (often known as mothers' groups) (Department of Education and Early Childhood Development (DEECD, 2012). As part of the MCH Service, first-time parents have an opportunity to engage with new parents' groups. These first-time parent groups begin with eight educational sessions that emphasise parenting skills, relationship development and social support (DEECD, 2011), with the aim of developing into a self-sustaining peer support group that continues to meet informally. Many mothers form lasting friendships, particularly when group leaders foster an atmosphere of trust and openness (Deave et al., 2008; Scott et al., 2001). Hanna et al. (2002) suggest that groups are important amid a culture of brief hospital stays and changing family structure. They promote the development of social networks, improved self-confidence and access to appropriate information.

While parenting practices can be directed by expert advice and resources, they are also guided by observations or direct advice from people around them (Cronin & McCarthy, 2003; Sidebotham, 2001). Parents are likely to exchange information, learn about commonplace preferences, create parenting expectations, observe others' successes and failures, and feel compelled to conform to norms when associating with other parents (Diaz et al., 2011). New mothers often seek out other mothers for affirmation, advice or to compare their children as a way of ascertaining if their children are developing 'normally' (Bartell, 2005).

Engagement with resources

Knowledge of child development and effective parenting practices have come a long way, but questions remain about parents' engagement with this knowledge and the implementation of key messages into daily practice according to the authors of several Australian studies (Cummins et al., 2012; Moore, 2008; Sanders & Kirby, 2012). There is limited evidence about parents' use of parenting resources, and when and why they are used or not used. The purpose of the broader study from which this paper is drawn was to examine parents' experiences of early parenthood and the ways in which they used resources[1] to guide their parenting choices and behaviours. This incorporated not only identifying the resources but also developing an understanding of the nature of the parenting experiences that led to the specific choice of a resource and the nature of its use. The aim of the current paper is to report specifically on the participants' choices of available parenting resources and the judgements they made of those resources.

Methodology

Early research on parenting was largely driven by positivist paradigms that used broad quantitative designs; however, the 21st century has seen increased interest in qualitative and interpretative analysis of parent's daily experiences, beliefs and values (Borg Xuereb et al., 2012; Cronin & McCarthy, 2003; Deave et al., 2008; Wilkins, 2006). The application of in-depth, highly interpretative analysis of parents' experiences can contribute to a comprehensive picture of modern parenting in Australia, which is something that is seldom studied in this way (Rautio, 2013). Being interested in not just the *what* and *how* questions, but also the why questions, a Grounded Theory (GT) approach (Glaser & Strauss, 1967; Strauss & Corbin, 1998) with a constructionist lens (Charmaz, 2008), was employed to explore this subject. Using inductive processes to build a theory, such as the co-occurring nature of data collection and analysis, meant that the data analysis drove the direction in which subsequent data collection occurred, and this resulted in the primary focus of the research moving from a simple exploration of parents' engagement with resources to a broader examination of the ways in which participants learned about parenting and what their motivations were for seeking information and/or support. An in-depth analysis of participants' experiences will be described in a subsequent article, with the focus of this paper being a simple description of the resources that participants engaged with and the value they derived from using them.

Recruitment and ethics

Purposive sampling methods were used to recruit parents of 0- to 10-year olds who resided in regional and rural Victoria (Josselson, 2013). Recruitment comprised invitations to parents sent by MCH Nurses, articles/advertisements published in two local newspapers, posters placed in sites where one might expect parents to gather, advertisements lodged on selected Facebook sites and school newsletters, and personal invitations to parents of mothers' groups and neighbourhood house groups. Finally, snowballing was used as a recruitment method with the participants asked to pass on brochures to anyone they knew who fitted the selection criteria. Most of these recruitment techniques attracted interest from parents, the most successful being personal invitations from researchers and other participants.

This study was approved by the La Trobe University Ethics Committee (FHEC12/190). Strategies put in place to ensure participants' rights and well-being were protected included the provision of a thorough written and verbal explanation of the research purpose, procedures, the voluntary nature of their participation and withdrawal process, and contact information should they have complaints or concerns.

Participants were asked to self-select a pseudonym so they could remain anonymous (see Sanders (2015) for a detailed account of ethics and methodology).

Participants

A total of 30 parents (26 women/4 men) aged between 25 and 51 years (average of 38 years) participated in the study. Seventeen were partnered at the time of interview, and 13 were single. Fourteen participants resided in regional Victoria at the time of the study but experienced early parenthood in metropolitan Melbourne, a further 12 resided in regional Victoria and the remaining four were from rural Victoria.

Data collection

Data consisted of semi-structured interviews with mostly open-ended questions (Charmaz, 2014; Galletta, 2013). As a GT study, theoretical sampling drives the direction of each interview; however, participants were led through a series of core questions that included (but not limited to): 'What are your thoughts/experiences with parenting information/support/education? What, if any, forms of parenting information/advice do you seek? What sources of information do you find helpful/unhelpful? Why/when do you seek out this information? Data collection ceased at the point of saturation (Amsteus, 2014; Glaser & Strauss, 1967), although it is important to note that saturation might not have been met at the same point if a more heterogeneous participant group was obtained.

Each participant was interviewed once. Three interviews were conducted on the telephone because either the distance was too great between researcher and participant to warrant travel or this was the selected mode of data collection by the participant. The interviews (both in person and on the telephone) were digitally recorded. The three telephone conversations were found to be slightly less fluid and less participant-directed, but not to any great extent. Interviews took between 25 and 70 minutes, with the majority taking around 45 minutes.

Data analysis

Thematic analysis was used to analyse the data collected throughout. Early analysis consisted of memos about concepts that were mentioned frequently and those that appeared to be particularly important to participants (Charmaz, 2014). The second stage involved the more formal components of data analysis, including the transcription of all interviews. Using thematic analysis, a sentence by sentence inspection of the data resulted in the identification of emergent codes and categories (Tuckett, 2005). Even after the first two interviews some common words, phrases and ideas were being presented. In order to contain these codes, a matrix was constructed using NVivo (Version 10) software package (Edhlund & McDougall, 2012). Every comment by every participant was compared and contrasted with the others. As new codes

[1]For the purpose of brevity, the term resource will be used through the article to refer to all types of information (resources) and to sources of that information (professional and personal contacts).

arose, they were systematically compared with existing ones and either incorporated into the nodes or developed into new categories. Developing categories were named and further developed by building in property and dimensional attributes (Strauss & Corbin, 1998).

Unlike traditional research papers that present the findings and discussion sections separately, as a GT design that incorporates extant literature into the theory building, this paper presents the findings and discussion together as a way of building theory and understanding within the context of both participants' experiences and the existing knowledge. The iterative nature of GT data collection meant that not all participants are asked the exact same questions, therefore quantifying the number of participants who made comment about a particular concept does not carry much meaning. However, pronouns are sometimes used to denote quantity. For example, the pronouns 'most' and 'many' are used for concepts that occur for more than 50% of participants, a 'few' means less than 20%, and 'some' denotes concepts that were not necessarily discussed with all participants but carried substantive meaning or significance.

A number of themes resulted from this analysis (see Sanders, 2015), but the focus here is on parents' *choice of and the nature of their engagement with those resources.* This study reports on the types of resources that participants used, and what they considered to be helpful and what was missing.

Limitations

While this study provides an indication of parents' use of resources, it is important to note that there are a number of limitations, not least of which is that the data are drawn from a small non-randomised sample. The sample does not resemble the heterogeneity of the Victorian population, particularly with regard to level of education, gender, cultural diversity or geographical positioning, with most participants being women who resided in Central Victoria and were of White English-speaking backgrounds. The inclusion of a more diverse sample may lead to divergent views on the use of resources. Having said that, the findings appear to be somewhat analogous with international research, which is suggestive of a level of transferability.

Findings/Discussion

The types of resources considered most salient to the participants of this study fell into the following four categories – Professional Services, Peers, Family and Friends, and Written Material.

Professional services

Antenatal information

All of the participants attended antenatal services. While it was considered helpful for information about the birthing day, none of the participants found it to be particularly helpful in preparing for parenthood. Their respective services focused mostly on the birth, overlooking important aspects of parenting. This left parents feeling underprepared, with many saying that parents would benefit from parenting information prior to the birth of their first child. Dave went as far as to suggest that parenting training should be compulsory:

> *If there was a way to make prenatal classes compulsory then that would be fantastic . . . I think that parents are so exhausted and busy that the thought of going along to some more things to learn about that stuff would be unreasonable to expect* [after the birth]. *To weave* [in] *some of that rearing and parenting stuff seems like a no brainer to me.* (Dave)

Low satisfaction with antenatal classes is a common theme internationally (Cronin & McCarthy, 2003; Deave et al., 2008), with antenatal classes mostly directed at women and concentrated on the pregnancy and birth, leaving some parents lacking in confidence to take their baby home.

MCH service

One of the main health services offered to new parents in Victoria is the MCH Service. Some mothers saw their MCH nurse as an integral source of comfort and advice during the early days. A small number sought confirmation from this service that their parenting was satisfactory and that they were not going to harm their baby. Kim was happy with her nurse's more relaxed approach:

> *We had one lovely lady. She was the first one I had. I remember her saying to me 'don't worry love, we have all made the . . . bath water too hot by accident, it's all a learning curve.' So she made me feel at ease straight away.* (Kim)

Sophie was also after some comfort and reassurance:

> *I went to all the scheduled appointments, and I remember I liked going to them. [Researcher: What did you like?] Well I don't remember that I really got anything out of it except that they would tell me that I was doing fine and that I was doing a good job. And I remember that was all that I really took away, that I was doing fine and everything was fine.* (Sophie)

> *I really liked to meet with the health nurse, she was calm and comforting.* (Milly)

Half of the participants, however, had a neutral or negative view and used it as a weights and measures service only. Mothers found the service to be quite infant-focussed and wanted the nurses to be more supportive of their own well-being as well as their child's. They wanted nurses to ask them how they were feeling and to create a non-judgemental space in which they could say they were struggling. While part of the service does include checking on maternal well-being, particularly in regard to family violence and postnatal depression, several women said that it felt like a routine 'tick box' inquiry without sincere interest by the nurse.

> *I mainly used them for weights and measures; mostly because I seek information elsewhere if required. I do wish they would have been more of a support and checked how I was going not just the baby.* (Jessica)

> *No, my maternal health nurse wasn't very helpful. She was very much about the baby. Weighing the baby, rules and regulations, writing in the book, asking me yes/no questions – yeah she was very businesslike.* (Stephanie)

While the MCH Service has moved beyond basic health, nutrition and developmental matters by addressing issues of parenting and family support, approximately half of the parents participating in this study reported that they did not experience this in a meaningful way.

Moore et al. (2012) developed the *Parent Engagement Tool* to help professionals raise difficult topics such as family violence. While it has been found to be a useful tool, nurses have said they struggle to find time to implement it, let alone find the time to follow-up with referrals that might arise from its use. Certain participants of the current study said they would have discussed their feelings of distress had they been asked by the nurse, but instead these issues remained unspoken.

A second criticism related to an inflexible approach taken by some nurses. Three parents found it difficult to engage nurses in conversations about alternate points of view and felt their opinion was not given any weight.

> *The problem you come up against is that if you're not on the same page with methods or theories or anything like that, that's when it's kind of like, well, I'm just going to have to go this alone then. She's helpful if you want to do things the way she does. She's helpful if you agree with controlled crying or introducing solids at four months. Helpful until you go, no I don't want to do that, I want to . . .* (Susie)

> *I wasn't a fan of the first nurse. She was all right if she agreed with what I was doing, but not if we had different approaches.* (Rose)

Laura felt quite anxious as a first-time mother and often sought advice, but she also wanted her opinion to be heard. Instead she felt dismissed:

> *When I went to the doctors and when I went to the health nurse it was – 'it's okay, its normal, it's just because you're a first time mum' was the kind of things they were saying. Even if it wasn't in those words, that was the message they conveyed.* (Laura)

Laura ignored her instinct, instead accepting the professional's opinion, until medical evidence to the contrary presented itself. This left her feeling not only disappointed with some medical professionals, but disappointed in herself for not advocating more ardently for her child.

Geographical and cultural environments can also play a part in parents' engagement with resources. Two participants who lived in small towns noted problems with privacy and confidentiality, which meant they were less likely to be trusting of the resource available to them.

> *I didn't tell her* [MCH Nurse] *that I was diagnosed with postnatal depression. I didn't tell her anything because she is a gossip in a small town. I know it's not confidential. I attended to get marked off.* (Carli)

> *If there was something that I wanted to remain confidential then I did not seek advice from them. I went to the GP because they are confidential.* (Sarah)

Continuity of care was important to several parents for both themselves and their child. A small few parents had the same nurse for every visit, and those who had a consistent worker for one child but not the other noted the difference. While only one mother discussed issues to do with family violence, and none of them reported issues of child maltreatment, participants commented about the reduced likelihood of parents sharing intimate or distressing information with someone new to them.

> *With one child we pretty much had one consistent nurse all the way through, which was nice because she could see her growth. But with my second one we haven't had the same person notice him and see the changes in him. Basically they are just going off the text book – yep they are growing since they were last seen – yep they are within that percentile.* (Kim)

A study by Deave et al. (2008) also found wide-ranging responses to the equivalent service in the UK, but perhaps more positive than negative. Their main concern was the lack of continuity of care and recommended that women who use a midwifery system of care should have the midwife more involved in the postnatal care. Greater continuity of care would be beneficial for issues of family violence because women are more inclined to discuss sensitive issues if they trust and believe their health provider cares about their experiences according to a study by Rodriguez et al (2001) in the USA. Moreover, continuity of care is gaining more traction in Australia where it is found to be more effective for First Nations women and for the midwives themselves as they are less likely to experience burnout, according to a recent review of the literature by Homer (2016).

Despite some criticisms of the MCH Service, the majority of participants attended all or most of the 10 key ages and stages consultations with their first baby, with less predictable degrees of engagement with subsequent children. In addition, the MCH 24-hour helpline was welcomed and well utilised by parents who were feeling unsure. Susan said she 'ended up calling the MCH Nurse number and they were great'.

Several evaluations of the MCH Service have found it to meet its objectives (DEECD, 2011; DHS, 2006; Ochiltree, 1990), although inconsistencies in service provision were found between municipalities, which were attributed to nurses' personalities or the priorities of individuals in charge of the programme. Moreover, they found that mothers of first borns were more engaged with the service, whereas non-English-speaking mothers and working mothers used the service less often. A significant majority (90 to 95%) of mothers found the service either helpful or very helpful. Like the participants of the current study, mothers who did not find the service helpful reported personal qualities of the staff (like nurses who did not have their own children or were too bossy) that influenced their opinion, and in concurrence with earlier evaluations (DHS, 2006; Ochiltree, 1990), working parents felt excluded because of restricted service times.

Other medical and allied health services

Other professional services utilised by participants were sleep schools, paediatricians, psychologists, general practicioners, breastfeeding specialists, physiotherapists and speech pathologists. Participants were mostly satisfied with the information and treatments provided by these services, but a small number found that problem identification or assessment was less than satisfactory.

Laura was disappointed with advice from several services about her son's extremely unsettled behaviour and 'wished [she] would have gone with [her] gut instinct more'. Scooby Doo had a lot of trouble accessing help for problems with breastfeeding and, later, at three years of age learnt that she had a related medical condition. Michelle endured postnatal depression for 8 months, which was not detected by health professionals. While not all cases of postnatal depression will be detected, Michelle was a young single mother without adequate support, and should have been considered at greater risk, a factor that was also identified by Rich-Edwards et al. (2006). These parents felt they were dismissed as inexperienced, were not being adequately listened to, while their instinct that told them something was wrong (which typically turned out to be correct in the cases described by the participants in this study) was ignored.

Peer influence on parenting beliefs

While professional services are accessed for specific problems, they are by no means the main source of knowledge on ways to raise children. Participants reported that their peers had held significant sway over their feelings of normalcy, their confidence and choice of parenting behaviours.

As mentioned in the background literature, 'First-Time Parent Groups' are offered to new parents and many mothers form ongoing relationships with other parents. In the current study, these groups appeared to be the primary source of peer interaction

for the majority of mothers. They were a setting for support, and also a place for the useful exchange of opinions and experiential knowledge about products, programmes and techniques. Peers were regarded as useful sources of information and sometimes even treated as experts. Relief was also found in Internet parent forums for some participants who discovered other people experiencing the same challenges, which normalised their own.

> *I rely heavily on my friends who have got babies, especially the people from my mothers' group. Every week we lean on each other with ideas and questions. We're all first time mums. If we can't give each other an answer that will solve our question, there's always someone who will offer an alternative place to get the answer.* (Kate)

> *Chat rooms and forums, when I couldn't get Jack to settle probably would have offered me a lot of support because I felt like the biggest failure out there. I was the only woman in my mothers' group who couldn't get their child to settle. So I thought that he was the only one.* (Susie)

However, peer interactions were not always found to be positive. There was also found to be a culture of comparison that left a few mothers feeling inadequate or doubting their abilities.

> *I found that there was a couple of people that I felt I could talk with and say I had a shit day, but there was always that mum who would say 'oh no everything is perfect for me'. You know her kids were conducting a symphony at six months old.* (Jane)

> *At the same time I did also find myself looking, to begin with, on a few forum pages with blogs and open opinion . . . but a lot of it was one parent or one mother criticising heavily another person's choice or another person's opinion . . . All I could see was criticism and language, to me, that was quite damning.* (Kate)

Interactions with family and friends

Around half of the participants had friends or family members with young children who they considered excellent contemporary sources of information and advice. Advice was sometimes asked for directly, but more often than not participants would engage in conversations about children more generally in the hope of gathering hints and tips. Rose said:

> *My cousins were probably more helpful cause they had babies. I think just talking with anyone who had babies. But I wouldn't go with a question, just talk about what was happening.* (Rose)

There were mixed reactions about advice from participants' parents. Some of the participants had a high level of appreciation for their advice and support (whether this was suitable or not):

> *My mum was really great, very pragmatic. I remember her coming down and doing things that weren't by the book . . . She always put her on her side in the cot. I was like, 'they have to sleep on their back'. She's like, 'but they love it', and next thing she was asleep . . . She had these funny little ways of doing things, but they worked.* (Stephanie)

Others appreciated the support that their parents offered, but did not rely on the information or advice because they considered it to be outdated or not fit with their parenting philosophies.

> *It was still over 20 years since she had a baby . . . So she would give outdated information and I would have to say that there is a reason you can't do that anymore, that they have done some research.* (Rose)

While others did not find their parents to be helpful or supportive at all.

This finding was in contrast to similar studies, such as Borg Xuereb et al. (2012) who found in Malta, that participants mostly valued their parents' contribution. Young Irish mothers sought much of their support and information from their mothers, and despite support sometimes tipping over into interference, they were considered invaluable during their transition (Cronin & McCarthy, 2003). Similarly, in the UK, mothers identified their partners, friends, colleagues, health professionals and antenatal and/or postnatal groups as important supports, but their primary sources of support and information were female relatives, such as mother, aunts, grandmothers and sisters as was found in the study by Deave et al. (2008).

Use of written and video material

Studies by Wilkins (2006) and Barclay et al. (1997) found that participants could feel panicked and helpless, and experienced lowered self-esteem and mental fatigue because of the volume and level of information they received from professionals and well-meaning friends and family. This suggests that a tailoring of educational materials might be more helpful, an issue highlighted some two decades ago by Nansel et al. (2002).

When asked what resources participants used, most of them began naming books they read during pregnancy. Those who had planned their pregnancies/adoption mostly engaged with texts, whereas parents with unplanned pregnancies did not. Pregnancy books were generally read from cover to cover and were mostly relied upon for troubleshooting when faced with problems or uncertainties. In fact, most people sought information or advice when problems arose. BW's response is illustrative of other parents' use of texts:

> *We read the first one cover to cover because it's written progressively. You'd pull it out - okay, it's Wednesday, we must be at Week 28. Let's read what Week 28 is about. After the child was born, the 'Up the Duff' one kind of comes to an end, in a sense. Then that 'Kid Wrangling' one, I read that one cover to cover. But mostly, it's been used when things come up and you skip to the index and use it like a manual.* (BW)

Pamphlets were a standard source of written information given to new parents by the hospital and the MCH nurse during several of the key ages and stages consultations (DEECD, 2009). The participants of this study appeared to have mixed feelings about these resources. No-one read all of them, several read none of them and most fell somewhere in between.

Most participants read some of the materials and found it interesting or helpful as expressed by Kim:

> *Yeah I remember coming home and reading the pamphlets I was given. Some of it was interesting. Some of it did generate discussion between Dean and I . . . I mean some are reassuring and you think 'oh yeah we are doing that' . . . Every now and then you read a safety tip and you'd think 'oh yeah I didn't think about that'.* (Kim)

However, some considered such material irrelevant because they were already doing what was suggested or they did not connect with their message. Others felt overwhelmed by the volume of material, such as Stephanie who said 'We got lots of stuff, lots of paperwork and bags. I didn't look at any of it. [Researcher - Because?] I was a bit overwhelmed by it all.' And a number of parents, including Jessica, said 'I didn't read the pamphlets because I could get the information elsewhere if required.'

> *I looked at the pack, but I wouldn't read it all. They [the particular MCH Nurse] had their own and then they had government ones. I found their own ones more practical because the government ones had generic info like phone numbers and when teething would occur etc., but the ones they made up themselves had a lot more detail and ideas like songs to sing.* (Rose)

Like this study, the participants of Deave et al.'s (2008) study gathered information from a variety of sources. When asked what other resources they thought might be useful, a number of participants mentioned a DVD that they could watch just prior to the birth of the baby when they had the time. A parenting DVD is published and distributed to all new parents after the birth of the baby by the Raising Children's Network in Australia. This resource was mentioned by a few participants as useful but remained unwatched by many. Perhaps this would be better received if provided to parents before bringing their baby home.

Other popular sources of written information came from the Internet (Plantin & Daneback, 2009). With 86% of Australian households connected to the Internet, it is a highly accessible medium (ABS, 2018). While there is an immense amount of helpful information, it can also be a minefield of unhelpful advice to navigate. Some parents only used sites that they considered to be legitimate – like government or medical websites. Dave said, 'I figure if the government is putting stuff out there I hope it's okay'. Some participants' definition of legitimate, however, also included commercial sites like Huggies (a nappy manufacturer) and Coles (a supermarket), who perhaps have something to gain by providing certain advice. Others appeared to navigate the array of information through a confirmation bias lens by aligning themselves with evidence that suited them:

> *I went with what fitted with what I personally believed was right. Which I suppose is just cherry picking the information in some ways.* (Susie)

> *Someone said a good quote to me and I have stuck to that – there is that much stuff out there that just keep reading until you find something you like and stick with that.* (Kim)

The expedient nature of the Internet meant that it was extremely accessible for parents when troubleshooting problems, and access via telephones and other small devices was found to be particularly handy.

> *It was good if I needed to look up something, if there was a problem then and there.* (Susie)

Contradictions in advice

Parents would sometimes seek information from different sources and be presented with conflicting advice. Some participants managed this by disregarding the arguments that did not suit them, some were left feeling frustrated and unsure, and others were quite distressed about what to do.

> *It's bad enough when you look at a couple of different books and then think 'well which one?', or even when you're in hospital and a different nurse comes in and tells you something different with breastfeeding. There's just no consistency, and you don't know what to believe.* (Jane)

> *They make you very scared. Information from the hospital, the midwife, the Internet, the magazines, anywhere you want to look. They were all telling you different things. You're going, well, who's the authority here? Which one?* (Susie)

Co-sleeping is a prime example to explain the nature of mixed messages. Contemporary advice from peak medical bodies is that infants should sleep on their back on a firm mattress in a cot that contains no other adornments and is situated in their parent's room (Ball & Volpe, 2013). This advice has seen a 50% reduction in infant deaths since the 1990s. In support of this, a recent increase in deaths related to suffocation and entrapment is attributed to inappropriate bedding and co-sleeping with parents (Sullivan, 2011). Contrary to this message, however, are professionals like Margot Sunderland, who is the director of education at the Centre for Child Mental Health in London, who says co-sleeping increases the likelihood that children will grow up to be calm, healthy individuals, and that forcing them to sleep alone increases their stress hormones and distressed brain activity (Sunderland, 2008). One piece of advice refers to physical safety, while the other psychological well-being.

Cronin and McCarthy (2003) found their participants to be confused by the conflicting advice as well. This is perhaps unsurprising considering the changing nature of knowledge, and the Internet being an open source of diverse opinions. The multiple options that accompany a postmodern era of diversity and varied opinion have its benefits as parents have more freedom to embrace lifestyle characteristics and parenting practices that support their beliefs and values, although this also comes with myriad public discourses about parenting and potentially mis-information in which to traverse. Far from the rigid views of earlier generations, parents are confronted by diverse principles of parenting and recommendations, and they could very well feel bewildered as to which one might be in the best interests of their child (Riedmann, 2008). Perhaps the guidance that can be provided here is not so much what advice to follow, but the power of critical thinking and which sites are more likely to offer credible information.

> *There's always this feeling that you're not doing enough. You're not reading to them enough. You're not giving them enough vegetables. You're not giving them enough fruit. Maybe you should be giving them organic. Maybe you should be spending more money. Maybe you should be swimming with them every week. Maybe you should be taking them to dance or baby gym classes.* (Stephanie)

Conclusion

New parents are faced with mixed cultural messages that they must navigate. For example, parenthood is considered both a 'natural' life event for which people should have an innate ability to master, and a difficult role that must be learned. Idioms like 'babies are not born with a manual' and the multiple sources of information available to new parents suggest the need to acquire knowledge and skills belying the naturalness of parenting, and perhaps create a level of expectation that society places on parents to do their 'job' well.

Regardless of the philosophy that parents participating in this study took with regard to the nature of the role, they all reported the need for information and advice and believed that the transitional period can be made easier or harder depending on their engagement with resources and the quality of those resources. As described above, the resources with which these parents typically engaged included professional services, family and friends, and written/video material. While all of these resources were considered helpful at various points along the parenting journey, there were also times when information contributed to feelings of stress. This was usually associated with times when parents felt that uninvited or outdated advice was thrust upon them, particularly when an overwhelming amount of information was presented or when faced with conflicting advice. In general, parents believed that there were adequate resources, but they commented that it would have been preferable to start engaging with information about parenting before their child arrived. This has clear implications for antenatal classes and other aspects of medical and allied health service delivery.

While many parents are working and some new parents are less aware of the changes that having an infant will bring to their lives, it would be useful to provide opportunities for their expectations to be discussed prior to the birth of their child. This could be provided by focussed sessions as part of the antenatal classes, within consultations with GPs and gynaecologists, or through a pre-birth visit by local MCH staff. For home birthing, midwives could take up this role which would be done within the developing relationship with parents. With most hospitals having a volunteer programme, there might also be opportunities for parents to be visited prior to discharge for a discussion about the common experiences of new parents.

The findings related to the range of resources suggest that there is adequate advice on practical issues, whether that be from formal (such as professionals or written material) or informal (family/friends) sources. In addition, the range of resources and information enabled the parents in this study to find material that suited their needs, albeit often with some searching on their part. However, what was either valued when it was available or missed when it was absent was the sense of interpersonal connection available to parents in association with the information they sought. Parents appeared to want to not only receive the knowledge, but to be listened to, to be heard and to be validated for their efforts, abilities and the parenting wisdoms they develop along the way. Given that much of our learning and knowledge building throughout our lives is done in the context of relationships with others, this is an important consideration for the development of knowledge and confidence for new parents. While the authors understand that people seek a variety of relationships and personalities differ, the engagement aspect of knowledge building is not only valued, but perhaps an essential part of the process. Marketing firms are experts in this regard, and perhaps we can learn from them how to give greater attention to the relationship aspects of postnatal parenting education. Training of medical and allied health personnel in this regard also needs consideration as it was evident, even in this small study, that parents continue to experience difficulties in relating to some professional staff, and this has been the case for some decades now. Generational change has not, apparently, altered the problem of parents finding health professionals always approachable. While not claiming that the findings of this study represent the general population of parents, there are some lessons to be learned from the comments and observations our participants made.

References

Australian Bureau of Statistics (2018). 8146.0 - Household Use of Information Technology, Australia, 2016-17. https://www.abs.gov.au/ausstats/abs@.nsf/mf/8146.0

Australian Institute of Family Studies. (2015). History of Child Protection Services. Australia Government. https://aifs.gov.au/cfca/publications/history-child-protection-services

Amsteus, M. N. (2014). The validity of divergent grounded theory method. *International Journal of Qualitative Methods*, *13*, 71–87.

Apple, R. D. (1995). Constructing mothers: Scientific motherhood in the nineteenth and twentieth centuries. *Social History of Medicine*, *8*(2), 161–78.

Ball, H. L., & Volpe, L. E. (2013). Sudden infant death syndrome (SIDS) risk reduction and infant sleep location – moving the discussion forward. *Social Science and Medicine*, *79*, 84–91.

Barclay, L., Everitt, L., Rogan, F., Schmied, V., & Wyllie, A. (1997). Becoming a mother – An analysis of women's experience of early motherhood. *Journal of Advanced Nursing*, *25*(4), 719–728.

Bartell, S. S. (2005). On becoming a mother: The psychological journey. *International Journal of Childbirth Education*, *20*(1), 28–30.

Beck, U., & Beck-Gernsheim, E. (1995). *The normal chaos of love*. Polity.

Billingham, K. (2011). Preparing for parenthood: The role of antenatal education. *Community Practitioner*, *84*(5), 36–38.

Bogin, B. (1998). Evolutionary and biological aspects of childhood. In C. Panter-Brick (Ed.), *Biosocial perspectives on children* (pp. 10–44). Cambridge University Press.

Borg Xuereb, R. B., Abela, A., & Spiteri, G. (2012). Early parenting – Portraits from the lives of first-time parents. *Journal of Reproductive and Infant Psychology*, *30*(5), 468–482.

Bornstein, M. H., & Bradley, R. H. (2014). *Socioeconomic status, parenting, and child development*. Taylor and Francis.

Charmaz, K. (2008). Constructionism and the grounded theory method. In J. F. Gubrium & J. A. Holstein (Eds.), *Handbook of constructionist research* (pp. 397–412). Guilford Press.

Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). SAGE Publications.

Cooke, K. (2005). *Kid Wrangling*. Ten Speed Press.

Cooke, K. (2009). *Up the duff*. Viking Press.

Cronin, C., & McCarthy, G. (2003). First-time mothers: Identifying their needs, perceptions and experiences. *Journal of Clinical Nursing*, *12*(2), 260–267.

Cummins, D., Scott, D., & Scales, B. (2012). *Report of the protecting Victoria's vulnerable children inquiry*. Department of Premier and Cabinet.

Deave, T., Johnson, D., & Ingram, J. (2008). Transition to parenthood: The needs of parents in pregnancy and early parenthood. *Pregnancy and Childbirth*, *8*(30), 1–11.

Department of Education and Early Childhood Development. (2009). *Maternal and Child Health Service: Promotion of health and development*. http://www.education.vic.gov.au/Documents/childhood/professionals/health/kaspromotionmats.pdf

Department of Education and Early Childhood Development. (2011). *Maternal and Child Health Service guidelines*. http://www.education.vic.gov.au/Documents/childhood/professionals/health/mchsguidelines.pdf

Department of Education and Early Childhood Development. (2012). *Maternal and Child Health Service*. http://www.education.vic.gov.au/ecsmanagement/matchildhealth/default.htm

Department of Human Services. (2006). *Evaluation of Victorian Maternal and Child Health Service*. http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/mch/reportmchevaluation.pdf

Diaz, B. A., Fent, T., Prskawetz, A., & Bernardi, L. (2011). Transition to parenthood: The role of social interaction and endogenous networks. *Demography*, *48*(2), 559–579.

Edhlund, B. M., & McDougall, A. (2012). *NVivo 10 essentials: Your guide to the world's most powerful data analysis software*. Lulu Press.

Featherstone, L. (2011). Confined. In C. Krasnick Warsh (Ed.), *Gender, health, and popular culture: Historical perspectives* (pp. 3–21). Wilfrid Laurier University Press.

Flood, M. (1987). Baby boon: The infant welfare movement in Victoria. *Victorian Historical Journal*, *69*(1), 44–60.

Flykt, M., Palosaari, E., Lindblom, J., Vanska, M., Poikkeus, P., Repokari, L., Tiitinen, A., Tulppala. M., & Punamaki, R-L. (2014). What explains violated expectations of parent-child relationship in transition to parenthood? *Journal of Family Psychology*, *28*(2), 148–159.

Gagnon, A. J., & Sandall, J. (2007). Individual or group antenatal education for childbirth or parenthood, or both. *The Cochrane Database of Systematic Reviews*. doi: 10.1002/14651858.CD002869.pub2

Galletta, A. (2013). *Mastering the semi-structured interview and beyond: From research design to analysis and publication*. New York University Press.

Gilding, M. (2001). Changing families in Australia 1901-2001. *Family Matters*, *60*, 6–11.

Glaser, B. G., & Strauss, A. (1967). *The discovery of grounded theory*. Aldine.
Hanna, B. A., Edgecombe, G., Jackson, C. A., & Newman, S. (2002). The importance of first-time parent groups for new parents. *Nursing and Health Sciences*, *4*, 209–214.
Harwood, K., McLean, N., & Durkin, K. (2007). First-Time mothers' expectations of parenthood: What happens when optimistic expectations are not matched by later experiences? *Developmental Psychology*, *43*(1), 1–12.
Home, S.E. (2016). Models of maternity care: Evidence for midwifery continuity of care. *Medical Journal of Australia*, *205*(8). doi: 10.5694/mja16.00844
Hutcheon, L. (2006). Postmodernism. In S. Malpas & P. Wake (Eds.), *The Routledge companion to critical theory* (pp. 115–126). Routledge.
Israel, J. (2011). *Democratic enlightenment: Philosophy, revolution, and human rights 1750–1790*. Oxford University Press.
Josselson, R. (2013). *Interviewing for qualitative inquiry: A relational approach*. Guilford Publications.
Lambert, K. G., & Franseen, C. L. (2013). The dynamic nature of the parental brain. In B. W. Wilcox & K. K. Kline (Eds.), *Gender and parenthood: Biological and social scientific perspectives* (pp. 21–39). Columbia University Press.
McKellar, L., Pincombe, J., & Henderson, A. (2006). Insights from Australian parents regarding educational experiences in the early postnatal period. *Midwifery*, *22*(4), 356–364.
Milgrom, J., Schembri, C., Ericksen, J., Ross, J., & Gemmill, A. W. (2011). Towards parenthood: An antenatal intervention to reduce depression, anxiety and parenting difficulties. *Journal of Affective Disorders*, *130*(3), 385–394.
Moore, T. (2008). *Supporting young children and their families: Why we need to rethink services and policies*. Centre for Community Child Health. http://www.rch.org.au/emplibrary/ccch/Need_for_change_working_paper.pdf
Moore, T., Yagnik, P., Halloran, D., McDonald, M., Sayers, M., D'Souza, A., & Goldfeld, S. (2012). Developing the *parent engagement resource*: A tool for enhancing parent-professional relationships and identifying psychosocial issues in families. *Australian Journal of Child and Family Health Nursing*, *9*(1), 12–16.
Moravec, M. (2011). Expectant motherhood: How online communities shape pregnancy. In M. Moravec (Ed.), *Motherhood online* (pp. 2–22). Cambridge Scholars Publishing.
Murkoff, H., & Mazel, S. (2018). *What to expect when you're expecting* (5th ed.) Harper Collins Publishers.
Nansel, T. R., Weaver, N., Donlin, M., Jacobsen, H., Kreuter, M. W., & Morton, B. (2002). Baby, be safe: The effect of tailored communications for pediatric injury prevention provided in a primary care setting. *Patient Education and Counseling*, *46*(3), 175–190.
Neppl, T. K., Conger, R. D., Scaramella, L. V., & Ontai, L. L. (2009). Intergenerational continuity in parenting behavior: Mediating pathways and child effects. *Developmental Psychology*, *45*(5), 1241–1256.
Nolan, M. L. (1997). Antenatal education – Where next? *Journal of Advanced Nursing*, *25*(6), 1198–1204.
Ochiltree, G. (1990). 'An ear to listen and a shoulder to cry on': The use of child health services in Melbourne, Adelaide and Perth. *Family Matters*, *27*, 44–48.
Parenting Research Centre (2014–2020). https://www.parentingrc.org.au/
Parker, R., & McDonald, M. (2010). *Assessing and responding to parenting support needs in disadvantaged families: Lessons from parent education programs*. https://www3.aifs.gov.au/cfca/publications/assessing-and-responding-parenting-support-needs-disad
Plantin, L., & Daneback, K. (2009). Parenthood, information and support on the internet: A literature review of research on parents and professionals online. *BMC Family Practice*, *10*, 34. doi: 10.1186/1471-2296-10-34.
Rautio, S. (2013). Parents' experiences of early support. *Scandinavian Journal of Caring Sciences*, *27*(4), 927–934.
Rich-Edwards, J. W., Kleinman, K., Abrams, A., Harlow, B. L., McLaughlin, T. J., Joffe, H., & Gillman, M. W. (2006). Sociodemographic predictors of antenatal and postpartum depressive symptoms among women in a medical group practice. *Journal of Epidemiology and Community Health*, *60*(3), 221–227.
Riedmann, G. L. (2008). Preparation for parenthood. *The Global Library of Women's Medicine*. doi: 10.3843/GLOWM.10110
Rodriguez, M. A., Sheldon, W. R., Bauer, H. M., & Perez-Stable, E. J. (2001). The factors associated with disclosure of intimate partner abuse to clinicians. *The Journal of Family Practice*, *50*(4), 338–344.
Rowe, H. J., Holton, S., & Fisher, J. R. W. (2013). Postpartum emotional support: A qualitative study of women's and men's anticipated needs and preferred sources. *Australian Journal of Primary Health*, *19*(1), 46–52.
Roy, N. R., Schumm, W. R., & Britt, S. L. (2014). *Transition to parenthood*. Springer.
Sanders, M., & Kirby, J. (2012). Consumer engagement and the development, evaluation, and dissemination of evidence-based parenting programs. *Behavior Therapy*, *43*(2), 236–250.
Sanders, R. E. (2014). The evolution of Victoria's maternal and child health service. *Australian Journal of Child and Family Health Nursing*, *11*(2), 28–32.
Sanders, R. E. (2015). *An exploration of parents' experiences of early parenthood and their engagement with parenting resources*. Unpublished doctoral dissertation. La Trobe University, Bendigo, Victoria.
Sanson, A., & Wise, S. (2001). Children and parenting: The past hundred years. *Family Matters*, *60*, 36–45.
Santrock, J. (2009). *Life-span development* (12th ed.). McGraw-Hill Higher Education.
Scott, D., Brady, S., & Glynn, P. (2001). New mother groups as a social network intervention: Consumer and maternal and child health nurse perspectives. *The Australian Journal of Advanced Nursing*, *18*(4), 23–29.
Seay, A., Freysteinson, W. M., & McFarlane, J. (2014). Positive parenting. *Nursing Forum*, *49*(3), 200–208.
Sidebotham, P. D. (2001). The ALSPAC study team. Culture, stress, and the parent-child relationship: A qualitative study of parents' perceptions of parenting. *Child: Care, Health and Development*, *27*(6), 469–485.
Spock, B. (1946). *The common sense book of baby and child care*. Duell, Sloan, and Pearce.
Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Grounded theory procedures and techniques* (2nd ed.). SAGE Publications.
Sullivan, M. G. (2011). New SIDS stoppers: Cleared cribs, no cosleeping. *Family Practice News*, *41*(18), 5.
Sunderland, M. (2008). *The science of parenting*. Dorling Kindersley.
Teate, A., Leap, N., Rising, S., & Homer, C. S. E. (2011). Women's experiences of group antenatal care in Australia — The centering pregnancy pilot study. *Midwifery*, *27*(2), 138–145.
Tuckett, A. G. (2005). Applying thematic analysis theory to practice: A researcher's experience. *Contemporary Nurse*, *19*(1–2), 75–87.
Wiener, A., & Rogers, C. (2008). Antenatal classes: Women can't think beyond labour. *British Journal of Midwifery*, *16*(2), 121–124.
Welshman, J. (2006). From the cycle of deprivation to social exclusion: Five continuities. *The Political Quarterly*, *77*(4), 475–484.
Wilcox, B. W., & Kline, K. K. (2013). *Gender and parenthood: Biological and social scientific perspectives*. Columbia University Press.
Wilkins, C. (2006). A qualitative study exploring the support needs of first-time mothers on their journey towards intuitive parenting. *Midwifery*, *22*(2), 169–180.

■