

First Time Mothers Definition of a ‘Good’ Mother

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ABSTRACT

The aim of this study was to explore the ways new mothers define a “good” mother, in order to understand where discrepancies may arise. Researchers used data gathered from a larger quantitative study. Qualitative data was collected as an exploratory aim. Data was analyzed using the manifest and latent analysis technique. Data was collected as part of a larger study and secondary analysis was completed. The sample consisted of 72 first-time mothers who responded to the question: “How would you describe a “good” mother” at an antepartum and postpartum visit. Two themes arose from the data: Structure Lives to Always put Baby First and Open to Help. Many first-time mothers defined a “good” mother using rigid, absolute terms such as ‘always’ and ‘no matter what’ prior to delivery. The postpartum definitions included slightly more forgiving language as they added that new mothers needed patience, and learning with the baby. First time mothers used rigid, absolute terms to define a “good” mother. This study addressed the discrepancy between expectations and reality in the first-time mother population. Discrepancies have been shown to lead to postpartum depression. Nurses who care for new mothers can use this information to address expectations and how this will affect the mothers if reality does not match expectations.

KEYWORDS: Definitions of motherhood, Expectations of motherhood, "Good" mother, Motherhood, Nursing.

The incidence of postpartum depression (PPD) in the United States is roughly 12% and has remained unchanged over the past decade (Centers for Disease Control, 2020). While women may have risk factors that indicate higher risk for PPD, many do not. This population of women may have other factors that contribute to the incidence of PPD which have not yet been clearly identified. The Motherhood: A Discrepancy Theory was used to guide this qualitative study to begin to understand one of the potential contributing factors, images of motherhood (Adams, 2015). Images can influence the expectations formed about an anticipated experience which, when there is a discrepancy, may be a risk factor for PPD (Harwood et al., 2007; Henshaw et al., 2014; Kauppi et al., 2012; Law et al., 2021). To better understand this image, women were asked to define what a “good” mother’ meant to them.

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Background

Definitions of a "good" mother can be found in recent studies and range from strict and rigid to more relaxed definitions (Haga et al., 2012; Scharp et al., 2017). Images on platforms like Facebook and Instagram are known to elicit social comparisons which have been found to trigger anxiety and depression (Padoa et al., 2018). A simple Google search revealed some of the qualities of a "good" mother are: patience, always being there, and strong (Nair, 2018). These words are consistent with what Hays (1996) called intensive parenting to describe a very rigid definition of parenting.

The concept of intensive parenting was introduced by Hays in 1996 and portrayed the emerging image of motherhood in the United States. Intensive Parenting was found to be the product of books, advice, and education regarding how a mother could best nurture her child to become a happy, well-adjusted adult. This responsibility weighed heavily on the mother in declaring that she was the most significant and effective caregiver the child could have. Other beliefs held by those who support an intensive parenting ideal are (1) parents regard children as sacred and fulfilling; (2) accepting that the mother is the best caregiver for the children; and (3) providing a consistent, intellectually stimulating environment for the child (Hays, 1996). Liss et al. (2013) found that Intensive Parenting beliefs predicted higher levels of stress and depression in a sample of 181 mothers with children under the age of five. The participants also were found to 'strongly disagree' with the item statement which read: Both mothers and fathers are equally able to care for their children.

Expectations are formed in regards to various life changes and take into account socially acceptable norms of the current culture regarding the actions of "good" mothers. Many times, women are not aware of how realistic these expectations will be once they become mothers. If the expectations of following through on the actions of a "good" mother are not able to be attained, shame, guilt and even depression can occur.

Guilt and shame are emotions that often lead to depression (Law et al., 2021). Mothers feel as if they are being evaluated as a person by how successful they are at motherhood (Haga et al., 2012). Guilt and shame were also associated with negative thoughts about motherhood. A study by Law et al. (2021) found that the second most common thought in a sample of postpartum women was I am a bad mother. Their findings supported that a combination of frequent negative thoughts, guilt and shame were predictive of depression.

It was found that quantitatively, over 40% of the first-time mothers in the original study had unmet expectations (Adams et al., 2021). Of note, this sample of women did not have the typical risk factors attributed to postpartum depression, nor were they diagnosed with depression by the 12 week point of their postpartum period. Given that the unmet expectations can ultimately lead to PPD, identifying these women with unmet expectations early, may be necessary to avoid depression. Many risk factors have been identified for postpartum depression, the current focus has shifted to identifying preventative strategies that can be employed by nurses when interacting with antepartum and postpartum mothers.

The Study

Aims

The aim of this study was to explore the ways new mothers define a "good" mother, in order to understand where discrepancies may arise. The research question for this study was: How do first time mothers define a "good" mother in the antepartum and postpartum time periods?

Design

Researchers used data gathered from a larger quantitative study. Qualitative data was collected as an exploratory aim in the primary study. Data was analyzed using the manifest and latent analysis technique as described by Kleinheksel et al. (2020).

Sample/Participants

Recruitment of participants occurred at their prenatal visit once they had reached at least 34 weeks' gestation. The nurse at the obstetrician's office would introduce the study to eligible women, who would then agree or disagree to discuss the study further with the researcher. Inclusion criteria for the study were: pregnant with their first child, spoke and read English, and were not diagnosed with a condition that would require bed rest. Exclusion criteria was a pregnancy requiring bed rest which would indicate there may be a high-risk condition and could alter results. The sample included 72 women during the antepartum visit who completed the questionnaires, and 61 women who completed the questionnaires postpartum. In the postpartum time period, eleven women were not able to be contacted to do the follow up questionnaires. See Table 1 for demographic information. Since the collection of this qualitative data was part of a quantitative study, the sample size was estimated using a power analysis which recommended at least 67 participants.

Data Collection

Data was collected between 9/2014 to 12/2015 for the original study to create a definition of a "good" mother. A secondary analysis using a formal latent analysis technique was done on the data to elicit themes and categories. All data was de-identified and enumerated per participant responses. Women were invited to participate at their prenatal visit with follow up within 6-12 weeks postpartum. An open-ended question was included in the prenatal questionnaires which asked "How would you describe a "good" mother?" At the postpartum meeting, the written antepartum response to this question was given to the participant as they answered the question "Now that you have been a mother for a few weeks, are there any words you would add or remove from the list?"

Ethical Considerations

Approval to conduct this study was received from the Institutional Review Board at a large Midwestern Medical Center. Informed consent was explained and signed by all participants prior to data collection.

Data Analysis

Analysis was conducted using the Content Analysis method as described by Kleinheksel et al. (2020). Their process of analyzing written responses using manifest and latent methods was determined by the researchers to be most appropriate for the type of data collected. While manifest analysis looked at the frequency of words used in the responses, latent would analyze the lengthier descriptions of a "good" mother.

While analyzing the "good" mother data that was collected during the antepartum period, the researchers counted single word descriptors. Following the content analysis tips offered by

Kleinheksel et al. (2020), the researchers started with the 72 antepartum participants' responses and counted singular word answers that described a "good" mother using the quantitative manifest method. The individual researcher's results of this analysis were compared and found to be consistent.

Units of meaning were then identified from the antepartum data that were phrases reported by the participants and these were placed verbatim onto individual pieces of paper. Then without talking, the researchers grouped the equivalent units and labeled them with a code. The codes were then grouped into similar categories as the researchers discussed related codes. Finally, themes were described for categories that were related to each other.

Table 1
Description of Sample

Variable	Total Sample N=72 (%)
Age	29.7 (4.97)
Range	19-40
Ethnicity	
Hispanic	13 (18.1%)
Non-Hispanic	59 (81.9%)
Race	
White	49 (74.2%)
Black	5 (7.6%)
Asian	2 (2.8%)
American Indian	1 (1.5%)
Other	9 (12%)
Marital Status	
Married	49 (69%)
Divorced	1 (1.4%)
Separated	1 (1.4%)
Single, not living with partner	7 (9.9%)
Single, living with partner	12 (16.9%)
Income	
Less than \$5000	5 (7.4%)
\$5000-\$9,999	3 (4.4%)
\$10,000-\$19,999	3 (4.4%)
\$20,000-\$29,999	7 (10.3%)
\$30,000-\$39,999	7 (10.3%)
\$40,000-\$49,999	9 (13.2%)
\$50,000-\$59,999	9 (13.2%)
\$60,000-\$69,999	9 (13.2%)
Over \$70,000	16 (23.5%)
History of Depression	
Yes	11 (15.3%)
No	61 (84.7%)
History of Anxiety	
Yes	9 (12.5%)
No	63 (87.5%)

Rigor

The researcher who did the initial data collection assured the credibility of the data by validating the first antepartum response with each respondent, asking them to verify if it was still accurate. Women agreed, and added additional thoughts if they wanted. Triangulation was achieved through asking the participants to give a second, possibly revised definition of motherhood using the exact words from their antepartum definition to potentially revise. An audit trail was developed beginning with initial data collection to describing each step of data analysis to show dependability in that this study could easily be replicated. The researchers tried to offer thick descriptions within the themes shown verbatim from the data and confirmed with each other during the manifest and latent content analysis. Interrater reliability was established during the researchers' face to face meetings to discuss the emerging categories and themes. These steps confirm conformability for the study.

Findings

The manifest analysis of the data revealed the frequency of singular words used by the participants to describe the qualities of a "good" mother. Table 2 shows that the most commonly used word by antepartum first-time mothers was "caring" followed by "loving." In the postpartum time period, the participants did not remove any words from their definitions when presented with their original antepartum response. "Patient" was the most added word in the postpartum time point, 14 participants added the word patient to their description of a "good" mother which made the overall use of the word between antepartum and postpartum time points 24. The word "add" was used nine times by participants to indicate they agreed with their antepartum description but would add certain words or phrases.

Table 2

Multiple Responses on Manifest Analysis

Antepartum descriptors	Times in text n=72	Postpartum descriptors	Times in text n=61
Caring	28 (39%)	Patient	14 (23%)
Loving	27 (38%)	Flexible	5 (8%)
Nurturing	13 (18%)	Loving	4 (6%)
Supportive	10 (14%)	Add	9 (15%)
Patient	10 (14%)		

After completing the latent analysis of the data, the researchers began the manifest stage of data analysis for antepartum and postpartum data (Kleinheksel et al., 2020). The researchers met to compare initial identification of units of meaning and confirmed coding of the units, condensing into categories, and finally determining a theme for related categories in a face-to-face meeting.

Two overarching themes emerged from the data when defining a "good" mother. The first theme of a "good" mother is one who will be "primarily focused on the child" and lives to always put their child first. This primary overarching theme reveals an absolute and unyielding finding from participants. The second overarching theme found among the antepartum responses was "open to help." While less frequently cited, the second theme reflects more open and responsive descriptions of a "good" mother. Categories are presented for each of the two overarching themes along with supporting quotes from the participants.

Overarching Theme 1: Primarily Focused on Child

Researchers found this theme emerged as it was noted that 39 of the antepartum participants used the terms “always” or “no matter what.” It was significant to discover that such rigid terms were used to describe motherhood and the responsibility placed on the mother by women. A sense of women being the singularly most critical person in the child’s development came through in the data.

Category: Structure Lives to Always Place Child First

The category, Structure Lives to *Always* Place the Child First, was developed from 19 similar codes found in the data. A "good" mother will put her child’s needs first, above her own. The child’s and family’s needs are above the mother’s needs. “Good” mothers are willing to sacrifice, no matter what. “Good” mothers “put all their all wants and needs aside for their child/children.” They may have to restructure their lives and work hard every day to give their best to the child/children. One participant noted that an ideal "good" mother “worries day and night for [the] child.”

Category: Always Being There No Matter What

The category of *Always Being There No Matter What* was developed from 12 similar codes found in the data. Participants used absolute words such as “always” and “no matter what.” Several participants used the phraseology of “*always* being there for the child” and some even qualified that description with resounding “no matter what’s.” A "good" mother is there with support, love, and even one participant stated “ideally organized, always prepared- with homemade snacks and lots of activities.”

Category: Always in Tune with the Child’s Needs

Eight codes were identified within this category which defined a "good" mother as in tune with the child’s needs. Needs may be identified through observation but then action is required to demonstrate the meaning of this category. Some participants (3) used words like always and all to quantify the amount of time spent by a "good" mother in attending to the child’s needs. For example, “always aware of her child’s needs and reacts accordingly” and “provides the child with love and supplies all their basic needs.” These responses show a more absolute quality in their words prescribing the actions of a "good" mother as in Tune with the Child’s Needs.

Category: Full and Primary Attention on Child

Six latent codes and 16 manifest codes were identified within this category which emphasized that a "good" mother placed full and primary attention on the child. Absolute words were again used within this category. Good mothers “do *all* she can for the good of her child,” “love and care for them *always*,” and ensure their “*full* attention is just on their child.” There is a predominant, “strong desire to shower the child with love and affection” as this is the “attention they deserve.”

Category: Will do Anything for the Child's Wellbeing

Six latent codes typified the described actions of a "good" mother" as willing to do anything, in her power, for the child and the child's well-being. Actions included "to protect," "to care for," "to keep safe, happy, and healthy." Emphasis on doing anything reflects an absolute abandon and commitment to prioritize a mother's actions to support the child's optimal wellbeing.

Category: Will Provide the Best Life Possible

Thirteen latent codes fell into this category of actions "good" mothers take to "guide and provide child [the] best life possible." These expected actions include the absolute commitment to "help them grow up to be *all* they can be" so as to "provide the child with the *best* life possible." The participants shared ideals of what this entails and the resulting characteristics of this disciplining. In this category, typically, a "good" mother will "guide [children] with morals to be "good" people" and "help her kids become self-sufficient and capable." Overall, a "good" mother is "protective- disciplines in a loving way."

Overarching Theme 2: Open to Help

The overarching theme of Open to Help was only supported by three categories identified by participants. These three categories were focused on the idea that a "good" mother should be open to help from other people and be flexible. Participants are open to others, like a mentor, indicating that motherhood is not a solitary activity. The participants noted that "good" mothers seek guidance from others and will depend on others for help. This indicates a more open perspective and less restrictive, rigid perspective of the first overarching theme held by some antepartum participants.

Category: Doing the Best You Can

The category, Doing the Best You Can, was developed from 11 similar codes found in the data. The participants reported that a "good" mother is someone who accepts that they cannot do everything and noted some acceptable behaviors that support this idea. For example, one participant defined a "good" mother as "understands can't control everything (something will happen that can't be explained)." Similarly, "tries to do her best" and "Acceptable- unorganized, exhausted, compromises, no yelling or violence, flexible, somewhat calm." These responses give leeway to being a "good" mother by acknowledging that the idea of perfection isn't attainable, offering a way for mothers to be understanding of the times that they may not feel they are meeting their definition of a "good" mother.

Category: Finding a Healthy Balance

Participants defined a "good" mother as someone who finds balance between themselves and their family. While some noted the balance is with their husband, others with the family, and finally others with the baby. These were in contrast to the categories that used absolute language such as "always" and "no matter what" in relation to a "good" mother's care. These 11 participants recognized the value of taking care of one's self as a mother and that this should be done in order to be the "good" mother that others define. Examples that support this category include "one who

is able to balance her priorities and child's," "healthy balance with husband," and "takes care of self and others mental and physical health.

Category: Dependable and Keeps Two-Way Communication Open

There were five participants who responded that "good" mothers communicated with their children and were someone the child could count on. Good mothers in this category were "[a] person you can count on" and they would "listen and tries to understand and finds the best solution possible." These participants were looking to motherhood beyond the newborn stage into being the lifelong support person for the child.

Postpartum data was collected at 6-12 weeks postpartum. The participants were given their original written responses and asked "Now that you have been a mother for a few weeks, are there any words you would add or remove from the list?". Latent analysis was completed following the procedure used for the antepartum analysis. Differences were noted and supported by referring to the list of added terms from the manifest analysis, specifically patience and flexibility words were found more frequently than in the antepartum word numbers.

Upon review of the latent data, participants did not include the words "remove" or "change" regarding the words or phrases from their antepartum definitions of a "good" mother. The word "add" was found nine times within the postpartum responses. It was also noted that the use of the words "always" or "no matter what" was found 39 times in the antepartum time point, while the postpartum responses added only three comments using these words. For the most part, concepts such as "less than perfect" seemed to resonate with the postpartum participant. Both of these new responses are thematically in keeping with the second overarching theme of the antepartum responses, Open to Help. These postpartum responses are new categories and nuances of a "good" mother being Open to Help.

Category: Developing with their Child Patiently

One particular concept that emerged from the postpartum responses was one of "unconditional love". This postpartum category that emerged fits with the overarching theme of Open to Help. This was denoted by 5 respondents. A "'good" mother" is someone who will "love their child no matter what" and "giving the life my baby deserves." The participants noted that a "good" mother is not only learning to be a "good" mother, but learning from her child. In this postpartum category, a "good" mother was defined as having "patience to figure out his needs" and "developing with their child." The participants describe a new concept in which the mother and child interact and learn from each other, showing appreciation for the child as someone a "good" mother can learn from.

Category Less than Perfect is OK

A second category emerged in the postpartum timepoint that also fit under the overarching theme of Open to Help. Eleven latent responses and eight postpartum responses fit into the category of Less than Perfect is OK. The more common answers were accepting of being less than perfect- a grace to accept not being absolutely perfect. Participants acknowledged "the hard work" and added that they need to "go with the flow," "make mistakes," and "not [be] perfect." Examples of the "less than perfect is ok" mindsets include "[being] ready to get spit-up on your clothes," "willing to forego sleep to breastfeed," and "be there for the baby but also find time for yourself." These examples show a less rigid and stringent idealism of being a "good" mother.

Discussion

When the latent analysis was complete, 39% of the participants used the word 'caring' to define a "good" mother. The manifest analysis showed a majority of the participants defined a "good" mother using strict, absolute words such as 'always' and 'every time.' These could align with the use of the word caring to define a "good" mother in that a person who cares puts others first, shows concern for their well-being, and is attentive to others needs. The addition of the word patience to the postpartum definition indicates that the new mothers recognize the importance of this quality in the reality of motherhood. Though the women did not remove their original terms used to describe a "good" mother, they did feel it was important to add the word patience to the definition.

The analysis of the phrases used to define a "good" mother from the antepartum time point revealed a surprisingly consistent description which was revealed as rigid and absolute. These definitions used terms that indicated a "good" mother was only concerned with the care and well-being of their child, not with themselves. Although this attitude of self-sacrifice seems noble and fits with the societal view of mothers, the actual embodiment of this definition is difficult to maintain. If women have set this standard for themselves and cannot live up to it once they become a mother, guilt and shame may arise. This can be a precursor to depressive symptoms and diagnosis of postpartum depression (Haga et al., 2012; Harwood et al., 2007; Kauppi et al., 2012; Law et al., 2021; Liss et al., 2013; Rizzo & Watsford, 2020).

Haga et al. (2012) found similar rigid responses in a group of first-time mothers and noted that mothers were either relaxed or controlled in their approach to motherhood. Those who were controlling tried to master motherhood and had higher expectations of the birth and the baby. It was found that in women who had higher expectations, there was a higher level of disappointment when they were not met. Similarly, in a group of mothers diagnosed with postpartum depression, two opposing themes arose during interviews: self-sacrificing blissful moms and mothers who are whole people (Scharp & Thomas, 2017). Both studies are consistent with the themes discovered in this group of new mothers: The Child Comes First and Open to Help. Those responses in The Child Comes First theme were authoritative in their definitions where mothers are there solely for the health and happiness of their child. The Open to Help theme found mothers more forgiving of themselves, realizing that accepting help was ok and a "good" mother would find a balance between caring for their child and caring for themselves.

The attitude of Intensive Parenting (Hays, 1996; Forbes et al., 2021; Liss et al., 2013) is supported in this study by the antepartum mother's rigid definition of a "good" mother, where the child comes first, the mother focuses her time and energy on caring for the child, and is always there for the child. Women also noted that a "good" mother is responsible for molding the child and ensuring a successful future in doing whatever needs to be done.

Since none of the mothers opted to remove parts of their original definition, it could be noted that a discrepancy was not found. This was not confirmed with the participants so definitive conclusions about presence or lack of discrepancies cannot be made.

Limitations

Limitations of this study were that the researcher could not validate the second set of findings with the members, since data was not analyzed during data collection. Any themes that were identified by the researchers, could not be confirmed with the participants- for example, the frequency of words used to indicate a more absolute/rigid image of a "good" mother. The participants were not asked to assign value to the images and how they aligned with their images

as a new mother, or asked to explain their words such as what caring meant to them. Transferability may be limited to a similar sample of women without risk factors for postpartum depression and first-time mothers. Furthermore, the results may be different in a sample of women who were not primarily white, married, and higher income.

Strengths for this study include that the researcher validated/member checked the antepartum definition verbatim, met each participant face to face, and had an attrition rate of 13%. There were 72 participants who agreed to be in the study, only two people completed the secondary analysis, confirming interrater reliability. The steps of the analysis were done at the same time and began with bracketing prior to looking at the data. The researchers focused on analysis using the simplistic guidelines from Kleinheksel et al (2020) and discussed each step as data was analyzed. One of the researchers was present during original data collection while the other researcher participated in secondary analysis of the qualitative data collected.

Conclusion

These findings provide an initial understanding of first-time mothers' definition of a "good" mother. The Motherhood: A Discrepancy Theory, which provided guidance for this study, begins with the image of a "good" mother. However, the participants did not note a discrepancy when asked if they would delete any part of their antenatal responses. Most only added to the definition, there were none that changed their antepartum definition. Future research should focus on the source of these definitions to determine where the women develop their idea of a "good" mother from as well as if there was a discrepancy noted.

Providers who work with prenatal patients are well positioned to assess a mother's own definition of a "good" mother. They may be able to help the mother modify some of the more rigid views (always, every time) and adjust to more realistic expectations. Providers should assess a patient's thoughts and further investigate what their images of motherhood are to gain a better understanding of the expectations women hold in defining a "good" mother. Providers can discuss how the mother will cope when there is a discrepancy between her image of a "good" mother and reality. This would include a discussion of the mother's expectations with their family or support person who may also have a rigid image of a "good" mother. Bringing to light these expectations and discussing more realistic expectations may provide comfort, acceptance and resilience in the early postpartum period.

These findings also have implications for postpartum nurses in the hospital and at the clinic. Even more so as the mother may be struggling at this point with the absolute or rigid images she has and the experience of being a new mother. Reassurance is necessary to help the new mother to modify their images or accept the discrepancy that they observe between the expectations of themselves as a "good" mother and reality. According to the findings, mothers did modify their language to be more forgiving of "always being there" or "full and primary attention on the child." In the postpartum findings, mothers were willing to accept that they were "doing the best they could" as a more reasonable image of a "good" mother. This opportunity to dialogue with the patient postpartum to see how they are doing may lead to identifying resources and support needed to balance the gap between expectations and experience. The postpartum nurse can personalize the care, guidance and education needed by the mother. Having open discussions regarding the definition of a "good" mother may help to minimize the chance of postpartum depression or anxiety.

Conflict of Interest statement

No conflict of interest exists with any organization or company, nor is there any financial interest to report for this manuscript. Data in this study comes from a secondary analysis of data collected during the author's dissertation. Data in this manuscript has not been used in other peer-reviewed publications.

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Notes on Contributors

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