

〈Original Contribution〉

# First-time Mothers' Experience of Childcare Difficulties as Perceived by Visiting Nurses and Nurses' Support for the Mothers: as Focus on Visiting Nurses' Narratives

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訪問看護師が感じる初産婦の育てにくさとそれに関する対応：

訪問看護師の語りに着目して

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〈Abstract〉

The objective of this study is to formulate recommendations for improving parenting support aimed at resolving childcare difficulties experienced by first-time mothers by interpreting the responses of visiting nurses who observed the parenting lives of such mothers during the postpartum period. Semi-structured interviews with 14 postpartum visiting nurses were conducted, and the collected data were analyzed using the Reissman's narrative research approach. We identified seven themes related to the support that visiting nurses provide to first-time mothers who are experiencing childcare difficulties. These themes included support for women's, such as offering advice regarding specific childcare acts and approach to support systems and psychological aspects. First-time mothers particularly need reconstruction of a follow-up system to monitor their self-management of breast milk. This study also recommends the need to clarify the nature of support for mothers who experience childcare difficulties.

〈要旨〉

本研究の目的は、産後訪問看護師が、母親の初めての育児生活を観察し、母親の育てにくさを感じた体験に対する対応を解釈し、子育て支援の示唆を得ることである。産後訪問看護師14名を対象に、半構造化面接を行い、Reissmanのナラティブ研究法に基づいて分析した。その結果、訪問看護師が感じる初産婦の育てにくさの対応は、7つのテーマが導き出され、心理面への働きかけ、具体的な育児行為のアドバイス、サポート体制への働きかけという特徴があった。特に初産婦には母乳の自己管理のためのフォロー体制の再構築が必要である。さらに育てにくさを感じている母親をとりまく支援の実態を解明する必要性が示唆された。

キーワード

childcare difficulties	育てにくさ
experience	体験
first-time mother	初産婦
narrative	ナラティブ
visiting nurse	訪問看護師

## I. Introduction

As part of their nationwide crusade “Healthy Parents and Children 21,” Ministry of Health, Labor and Welfare of Japan aims to promote development of a peaceful mind of children and decrease childcare anxiety. The measures reviewed the previous perspective of early discovery/treatment of the illness and health guidance to that of childcare support, and public health care centers developed care systems covering the perinatal period and time after discharge, strengthening the development of voluntary childcare support groups. Furthermore, cooperation is also being strengthened in hospital obstetrics departments in areas by identifying parents with low awareness about childcare and parents with strong childcare anxiety, and introducing them to community health agencies or pediatric departments<sup>1)</sup>. Reportedly, childcare anxiety is associated with child abuse, and consultations regarding child abuse at child guidance centers nationwide have increased from 17,725 cases in 2000 to 88,931 cases in 2014<sup>2)</sup>. Child abuse, therefore, remains an important challenge to be addressed in society as a whole.

## II. Literature review

Raising children involves much of both joy and anger and childrearing is thought to be an emotional experience. The emotional experiences of parents are considered to have a major impact on childrearing<sup>3)</sup>. Notably, mothers of children who show no illnesses during postpartum home visits can occasionally provide smooth and enjoyable parenting and at other times feel stressed and struggling with care. Child abuse includes cases where parents are feeling anxious over their child’s development and struggling to raise their child<sup>4)</sup>. The characteristics of childcare difficulties are also known to influence a mother’s attitude toward childcare, causing childcare anxiety<sup>5)</sup>.

Therefore, healthcare professionals must carefully observe and intervene to avoid overlooking mothers’ childcare difficulties. However, the support which visiting nurses involved with postpartum mothers provide to those who feel difficulties in childcare after childbirth remains unclear.

## III. Study aim

The aim of this study is to formulate suggestions to improve parenting support by interpreting responses of visiting nurses working with mothers and children in the community toward mothers experiencing childcare difficulties during 1–4 months postpartum.

## IV. Methods

### 1. Design

The Riessman’s narrative research approach<sup>6)</sup> was used in this study. Talking enables a person to continuously build new experiential and subjective meanings<sup>7)</sup> and can dynamically reveal the meanings built by a narrator<sup>8)</sup>.

### 2. Operational Definition

Childcare difficulties can cause mothers to feel inadequate in their maternal role by inciting feelings of concern over childcare and bewilderment over unfamiliar and stifling childcare, which may suggest developmental disorders<sup>9)</sup>. At times, some parents are not aware of their own childcare difficulties. The experiences are described as a direct contact with the external or internal reality, which include personal and social practices of public health nurses and midwives.

### 3. Participants

The participants were recruited from public health centers mainly in the Kansai region of Japan from among visiting nurses involved in the work of visiting the homes of all infants. Some participants were referred by other participants.

The visiting nurses enrolled in this study were those engaged in home-visit activities and provided informed consent before participation. The study was conducted from September 5, 2013, to March 31, 2014. Postpartum visits are usually provided by public health nurses and midwives throughout the country, and information content for childcare support has been standardized to some extent with their national qualification; therefore, public health nurses and midwives were selected as the study participants.

#### 4. Data Collection

Visiting nurses were asked to freely and naturally talk about their work with mothers who faced childcare difficulties. Interview venues were specified by participants, and the interviews were conducted on a one-on-one basis. The interviewers had no personal acquaintance with the participants. At the beginning of the interview, it was confirmed that cases experienced by participants were of first-time births for the mothers and that both mothers and infants did not require a medical follow-up. Participants were asked to state in their stories whether the mothers were not aware of childcare difficulties but the nurses realized their difficulties to some extent. The interviewers checked their interpretations against the information provided during the interviews or asked some questions to get more details. The content of interviews was recorded on a recorder with the permission of participants. However, if participants refused to be recorded, a permission was obtained to take written notes. Prior to the interview, a pre-interview was conducted with the collaborating researchers (interviewers) to discuss methods of interview.

#### 5. Data Analysis

The elements of theme analyses, structure, and dialog analyses were employed, based on the Riessman's narrative research approach<sup>6)</sup>, to analyze the spoken content of visiting nurses'

subjective experiences. Interview contents were first transcribed, and data regarding observations made during the interviews were added. Transcripts were then read carefully to ascertain the overall description of the narrative. Thereafter, sequences and plots were identified in the transcripts in which the childcare difficulties of first-time mothers and the support were recounted, and a story was gleaned to understand and interpret the expressions of accompanying emotions, the relationship between these expressions, and the relationship with the overall narrative. Since a story emerges and the meaning of the story is constructed through an interaction between a narrator and a listener, we believed that a narrative method would be appropriate for this study to explore and interpret the nurses' responses in an effort to develop support for mothers with childcare difficulties. We divided the visiting nurses narratives into six structures (abstract, orientation, complicating action, evaluation, resolution, coda) that Labov mentioned by Riessman (2008) and analyzed.

#### 6. Rigor

Narrative analysis is a process of interpreting similarities and differences in the stories of different study participants and identifying recurrent themes<sup>6)</sup>. To guarantee the exactness of this qualitative research, a qualitative researcher supervised the entire process of data collection, analysis, and interpretation.

#### 7. Ethical Considerations

This study was approved by the Institutional Review Board of Kanazawa Medical University (Kanazawa City, Japan; approval no.: 180). Before the study, the directors of the participating facilities and study participants were given written and verbal explanations of the overview and purpose of this study. Study participation was voluntary and all participants provided their informed consent after being assured that

they were free to decline or withdraw from the study at any time and without any associated disadvantages. In addition, participants' privacy was ensured by conducting interviews in a private room so as to avoid making the participating facility and participants personally identifiable.

## V. RESULTS

### 1. Participants' Characteristics

The attributes of participants in this study are presented in Table 1. Mean participant age was 45.8 years and mean years of experience in postpartum home visits was 8.3 years.

### 2. Themes

Notably, seven themes emerged from interpretations of experiences. Specific short stories (abstract as a structure of narrative element) and interpretations of each theme are presented below. Areas corresponding to themes are underlined. Table 2 shows a narrative element

structure (other than abstract) in stories narrated by visiting nurses.

### Theme 1: Helping to organize thoughts by showing attitude to listen to grievances and trust gained by time

Visiting nurses observed that mothers had a sense of loneliness and isolation, and a desire to have someone listen and talk to.

Nurse ID1 visited a recent new mother whose husband was busy and had no contact with her child. The woman could not bear with the marital quarrels and was constantly frustrated. The nurse gained her trust by listening to her story carefully and gave advice regarding participating in local parenting groups. During the visits, the nurse also witnessed fights between the couple. By listening to the woman's story upon each visit, the nurse relieved her stress, which seemed to provide her satisfaction from having someone to listen and

**Table 1** Participating profiles *n* = 14

Characteristic	<i>N</i> (%) or mean ± standard deviation
Sex	
Man	0(0)
Woman	14 (100)
Age, years	
20-29	1 (0.7)
30-39	5 (35.7)
40-49	2 (14.3)
50-59	4 (28.6)
60-69	2 (14.3)
Years of experience in postpartum visits, y	
<1	1 (0.7)
2-5	6 (42.9)
6-10	4 (28.6)
>11	3 (21.4)
License (qualification)	
Midwife and registered nurse	9 (64.3)
Public health nurse and registered nurse	5 (35.7)
Current work	
Postpartum visits and other work	14 (100)
Years of nursing experience	
Hospital work experience	14 (100)
Public health center work experience	8 (57.1)
Interview duration (min)	49.6 ± 10.9

Table 2-1 Narrative element structure in narratives of visiting nurses

Visiting nurses	Orientation	Complicating action	Evaluation	Resolution	Coda	Theme No.	Theme
ID1	Visited a mother who was in her mid-thirties, shortly after delivery. Her husband is busy and has little contact with the infant.	The mother and her husband constantly fight, and the mother was always frustrated. She seemed restless during the home visit and appeared frustrated.	Under such circumstances the infant cannot be nursed well. I need to listen to the mother well and earn her trust. It is obvious that the mother is frustrated.	Being heard during each home visit seemed to relieve the mother's stress. It also led to a sense of satisfaction, and her facial expressions improved.	Talking to somebody who actively listens can help the mother to organize her own opinions or thoughts.		Helping to organize thoughts by showing attitude to listen to grievances and trust gained by time
ID4	The mother was visited at 3 months postpartum, as she was in her hometown until 2 months postpartum.	The mother asked the same question many times. I wondered if my explanation was insufficient and repeatedly confirmed the response and the question.	Today's parents have no sibling or a role model and feel nervous because the first child they have to care for is their own child. This leads to anxiety. Without an appropriate guidance, it could lead to further anxiety with childcare.	I attentively listened. Usually, home visit lasts for 1 hour, but I spent 3 hours in listening to her.	Although I explained to her repeatedly, the mother kept repeating the same questions. Ultimately, I asked her intention, "what would you like to do?"	1	
ID2	When I had a telephone conversation with the mother, I had an impression that the mother was depressed. During the home visit, the mother looked depressed and appeared tired.	The mother had prepared many questions. The mother stated, "I am having a hard time because people around me seem to think it is normal for mothers to go on even with lack of sleep." The mother seemed to be mentally stressed out. I assured her that the infant is growing well and that she is doing a good job.	I believed that the mother wanted my approval that she was trying hard to care for her infant and that she was not making any mistake.	As I listened to her while maintaining the eye contact, her facial expression softened. She seemed to open up her mind gradually and started smiling. She voluntarily talked about indications of her child's growth.	I could not help her to total stabilize her mental state, but I felt that she was glad to have a home visit.		Praising parenting, conveying future prospects, and developing a close relationship with mothers to remove the strain of a maternal role
ID11	I visited a first-time mother aged 37 years at 2 months postpartum.	The mother was concerned with the infant not breastfeeding well and a possible congenital hip dislocation. I informed her that possibility of congenital hip dislocation can be followed up during a health check-up, and after observing her breastfeeding, I let her know that it was going well.	She may find a song "I love my mom" relaxing.	When she listened to the song, she suddenly started crying. I informed her that she could be much more confident in her ability to care for her child.	By sympathizing with the mother's feelings, nurses can help the mother to be relaxed.	2	

\*Details of the summary, which is one of the structures of narrative elements, are presented in the short stories in the paper (results section).

**Table 2-2** Narrative element structure in narratives of visiting nurses(continued)

Visiting nurses	Orientation	Complicating action	Evaluation	Resolution	Coda	Theme No.	Theme
ID8	When I visited her, she was wearing her pajamas, her house was a mess, and curtains were closed.	When the mother held the child, the child's head was lower than the body, and she complained, "the child does not settle." I explained how to hold the child and change diapers. The mother's body temperature was low. I advised her to have consumable food ready and on how to improve her circulation.	I found that the mother took a lot of time to do anything related to childcare, and forgave if I am being rude. I found her to be uncoordinated. However, I felt that she was trying the best she can.	I supported the mother at her own pace and cooperated with the hospital and public health center. I checked her parenting skills at the next home visit.	It is effective to repeatedly explain specific childcare methods that suit the infant's characteristics.	3	Proposing specific enjoyable childcare methods suited to women's lifestyles
ID14	I visited a mother, who was hospitalized at 30 weeks of gestation and was discharged after birth at 1 month postpartum.	The mother said that she was unsure of childcare, and I answered her questions one by one while confirming her childcare skills.	The mother was very anxious, which is understandable because of a long hospitalization before delivery. I would like the mother to be more positive with her initiatives.	When I explained childcare products and methods that are enjoyable, the mother appeared to be more engaged.	If we explain how to adapt from difficult and anxious childcare to easy and fun childcare, the mother can actually enjoy childcare.		
ID7	The mother complained that the child was not accepting her.	Since there was no problem with the weight gain and the reason for such a behavior was unclear, I asked the mother to breastfeed the child in front of me. The child pushed the breast away. The mother said, "all I can give is breast milk. This makes me feel like I am being rejected."	The child is quiet when being held by the mother. Since there is no problem with breast milk supply, I wondered if an expert help would be useful or at least gives the mother peace of mind.	I had a midwife take a look but there still was no problem with breastfeeding, and the mother was advised to continue with breastfeeding.	The mother continued breastfeeding with the midwife's support but did not try too hard.		
ID9	The mother consulted me about breastfeeding. Both mother and child were doing well at 1 month postpartum.	The mother had pain in her breast and a slight fever. She had visited a clinic the day before, and because there was excessive discharge, she was instructed to ice the affected breast and not to breastfeed. Because her nipple was short, she was unable to milk on her own, unable to touch, and the child could not be breastfed. Thus, I provided help with milking.	The child appeared to be satisfied with the one healthy breast. We milked for 2 hours, but the affected breast was still tight and it appeared to be a difficult case.	Because the mother was unable to breastfeed, she was diagnosed with mastitis and was treated.	While we acknowledge the mother's willingness to continue breastfeeding, support for breastfeeding or milking should be provided, and if it is difficult to determine the need for special support, referral to a specialist at an early stage is important.	4	Encouraging breast self-care while supporting breastfeeding and serving as a go-between with specialists when needed

\*Details of the summary, which is one of the structures of narrative elements, are presented in the short stories in the paper (results section).

Table 2-3 Narrative element structure in narratives of visiting nurses(continued)

Visiting nurses	Orientation	Complicating action	Evaluation	Resolution	Coda	Theme No.	Theme
ID3	I visited a mother of infant whose body weight had not normalized even though breastfeeding was going well. Although amount of increase in the infant's body weight was low, the infant was in a good mood.	The mother was concerned as others commented that her child was not growing well based on small increase in the body weight. However, although the infant's body weight was low, it was increasing.	We cannot evaluate the infant's condition based solely on body weight gain.	I observed the breast milk supply and assessed the infant's breastfeeding as well as body weight to evaluate the growth. I could predict that this child would grow at his/her own pace.	If the growth of the child is not properly determined, the mother's anxiety would increase.		
ID10	I visited a first-time mother aged 37 years at 2 months postpartum.	The mother was concerned with the infant not breastfeeding well and a possible congenital hip dislocation. She seemed to become anxious when she was alone at home. I informed her that possibility of congenital hip dislocation can be followed up during a health check-up, and after observing her breastfeeding, I let her know that it was going well.	She may find a song "I love my mom" relaxing.	When she listened to the song, she suddenly started crying. She was basically a well-organized person and seemed to find a mother's role difficult. I informed her that she could be much more confident in her ability to care for her child.	Everyone feels anxious about caring for their first child. By sympathizing with the mother's feelings, nurses can help the mother to be relaxed.	5	Assessing and explaining the child's state of development
ID5	I visited a mother of infant whose body weight had not normalized even though breastfeeding was going well. Although amount of increase in the infant's body weight was low, the infant was in a good mood.	The mother was concerned as others commented that her child was not growing well based on small increase in the body weight. However, although the infant's body weight was low, it was increasing.	We cannot evaluate the infant's condition based solely on body weight gain.	I observed the breast milk supply and assessed the infant's breastfeeding as well as body weight to evaluate the growth. I could predict that this child would grow at his/her own pace.	If the growth of the child is not properly determined, the mother's anxiety would increase.		
ID13	The mother was a full-time housewife in her early thirties. She had no plan to go back to work. She moved to her hometown for a month after the birth, and the home visit was provided at 2 months postpartum.	Since the mother was concerned that her infant kept crying, I advised that if it is not hunger or dirty diaper, she should try holding and comforting the child or increase the amount of milk.	The mother had a grim expression, and she did not appear to be enjoying childcare.	I informed the mother that the child was growing well and that the excessive crying was likely to be the child's characteristic. Once she knew that she was doing well, she smiled.	Generally, the child's continuous crying can be a cause of a mother's stress.	6	Advising mothers to respond to their child's crying and conveying the importance of discovering the child's personality

\*Details of the summary, which is one of the structures of narrative elements, are presented in the short stories in the paper (results section).

**Table 2-4** Narrative element structure in narratives of visiting nurses(continued)

Visiting nurses	Orientation	Complicating action	Evaluation	Resolution	Coda	Theme No.	Theme
ID6	A young couple (18 year old) married because of the pregnancy, and because they could not financially manage on their own, they were living at the husband's parents' house. The home visit took place at 1.5 months postpartum.	The mother said, "I do not get sufficient sleep because of childcare, and I am having hard time as this is totally different from my previous normal life." She was frustrated that her husband complained of her insufficient housekeeping. I acknowledged her effort in childcare and informed her that the breastfeeding was going well.	She looked depressed, and it made me worried.	I continued giving her advice on childcare via e-mail. Six months later, the mother returned to her parents' home as her husband was not cooperative with childcare.	To provide accurate information on childcare and an environment that relieves the mother's stress, intervention involving people around the mother is also necessary.	7	Arrangement where accurate information can be provided and advice can be sought
ID12	I visited a mother in her thirties. She was an introverted and quiet mother.	The mother was nervous and worried about various small things. She often talked about her friends' "experiences," but these friends were strangers online, and her questions were not solved via the Internet.	I was quite surprised to find out that her friends were strangers online. I felt that this was a completely different era from when I was raising my child(tren).	I solved her questions one by one.	Mothers should be able to distinguish between accurate and inaccurate information. We continued to discuss her questions over e-mail after the home visit.		

\*Details of the summary, which is one of the structures of narrative elements, are presented in the short stories in the paper (results section).



help in organizing her own thoughts.

Nurse ID4 discussed the case of a 3-month postpartum visit to a recent new mother who had spent at her parent's home for the first 2 months after the birth. Despite the nurse's explanations, the woman repeated the questions. The nurse wondered whether this was because of inadequate explanations, and continued making remarks admitting to this fact. The explanations provided raised the woman's childcare anxiety and she was unable to make her own decisions without having matters explained. Although the normal time for a visit is about 1 hour, the nurse spent up to 3 hours listening to the woman's stories.

The visiting nurse gained the woman's trust by carefully listening to the woman's story at her own pace. In doing so, the nurse helped the woman to gather her thoughts by letting her speak out her doubts and discontentment.

### **Theme 2: Praising parenting, conveying future prospects, and developing a close relationship with mothers to remove the strain of a maternal role**

Visiting nurses perceived that active awareness of a maternal role created a perfect image of a mother, causing a burden on mothers, and childcare difficulties without prospects further increased anxiety over childcare.

Nurse ID2 sensed a grimness in the answers of a mother during a phone call to make an appointment for a visit. During the visit, the new mother looked downwards and appeared tired. When the nurse rewarded the woman for her childcare practices since leaving the hospital, the woman burst into tears. She explained that people around her believed that a new mother should do her best despite sleep deprivation. She had undoubtedly desired approval from someone for doing her best and engaging childcare the right way. The nurse provided words of sympathy by explaining the child's development and future prospects.

Nurse ID11 visited a 37-year-old recent new mother at 2 months postpartum. The woman was worried that her child was not breastfed properly and might have congenital hip dislocation. In addition, she appeared prone to worrying about everything when left alone at home. The nurse explained that congenital hip dislocation could be followed up in a later health check-up, observed the breastfeed, and commended the woman for breastfeeding well. When the nurse played the song "Okaasan Daisuki" (I love you mom) to relax the woman, she suddenly burst into tears. The nurse explained that it was okay to have confidence in parenting.

Through these interactions, visiting nurses developed a close relationship with mothers by offering praise and approval regarding childcare, and provided support by talking about future prospects to relieve the excessive burden associated with the maternal role.

### **Theme 3: Proposing specific enjoyable childcare methods suited to women's lifestyles**

Visiting nurses observed that mothers experienced childcare difficulties when they exhibited grim facial expressions and did not appear to enjoy parenting.

Nurse ID8 visited a 25-year-old mother at 2 months postpartum. The woman complained of difficulty in breast milk generation. During the nurse's visit, the woman was in her pajamas, the house messy with the curtains drawn. When the mother held her child, her head was lower than the child's body and the woman explained, "the baby won't calm down." The nurse explained how to cradle the infant and how to change diapers. The woman's husband was in charge of all the cooking and household chores, and the woman did not eat if there were no meals prepared by her husband. Besides, the woman's body was cold. The nurse took time to explain how to prepare

food that could be stored, and how to improve her sensitivity to cold in a manner suitable for the woman's relaxing pace. The nurse checked the woman's childcare skills during subsequent visits.

Nurse ID14 made a 1-month postpartum visit to a mother who had been discharged from the hospital after being admitted and going into labor at 30 weeks of pregnancy. Because the woman remarked that she did not understand how to provide childcare, the nurse explained to her step by step. For example, the nurse explained how to check an infant's growth for healthy development and how to bathe an infant because of the vernix caseosa that remains in places even 1 month after the birth. The nurse also taught the woman some tips for childcare to provide some comfort because comfort makes tasks more enjoyable.

Visiting nurses taught mothers the specifics of childcare skills and offered them support to bring comfort to mothers and make childcare enjoyable while also respecting the lifestyles of each couple.

#### **Theme 4: Encouraging breast self-care while supporting breastfeeding and serving as a go-between with specialists when needed**

Visiting nurses stated that poor breast self-care caused childcare difficulties.

Nurse ID7 visited a 35-year-old mother at 2 months postpartum. As the woman mentioned about her child's refusal to feed, the nurse observed a breastfeeding session. When the child made a gesture of refusal of breastfeeding with his hand, the woman burst into tears. The woman explained, "I can only give breast milk. It is saddening that my child seems to refuse me." Although the child drank baby formula from a bottle without a problem, the reason for the child's refusal of breast milk was unclear. The nurse, therefore, asked a local midwife for a breast diagnosis. The midwife found no problem with the woman's breasts and the child seemed to refuse

to drink only at the beginning of breastfeeding. The midwife speculated that this refusal could be an individual trait of the child and advised the woman to be patient with breastfeeding.

Nurse ID9 visited a 30-year-old new mother at 6 weeks postpartum. The woman was applying cooling pads on her breasts because of hypersecretion of breast milk and was also suffering from breast pain with a slight fever. She had visited a clinic a day before and had been instructed to apply cooling pads on her breasts because of hypersecretion and not to feed her child on the breast. The woman's nipples were short and she could not pump breast milk by herself. The nurse, therefore, assisted the mother pumping her breast milk. However, subsequently, self-care management was not successfully performed, resulting in development of mastitis which required medical treatment.

Nurses need to encourage the woman to perform breast self-care while acknowledging the woman's desire to maintain breastfeeding her child. When breastfeeding is not successfully performed, nurses should assist with breastfeeding and pumping breast milk. The nurse acted as a go-between with specialists when clinical decision making was difficult.

#### **Theme 5: Assessing and explaining the child's state of development**

Visiting nurses observed that children's development was not clearly recognized by mothers, and this uncertainty in child development was associated with their childcare difficulties.

Nurse ID3 visited a mother when her child was breastfed well but had substandard weight gain. Although the child's weight gain was low, the child was in good spirits. However, the woman was concerned about the shortage of her breast milk. Usually, a child's development must be estimated not only from the child's weight gain, but also from the child's feeding condition while

observing a mother's secretion of breast milk. Apparently, each child develops differently; the nurse, therefore, monitored the child while predicting the growth during subsequent visits. Despite a low amount of weight gain, the child's weight gradually increased.

Nurse ID10 visited a 27-year-old mother on request at 24 days postpartum. The woman's Edinburgh Postnatal Depression Scale score was slightly elevated and she was tired from the lack of sleep because of frequent breastfeeding. Her child had a rate of weight gain of 52.3 g/day and the child appeared to be fussy because of over-feeding. The nurse explained the child's state of development and offered continuous telephonic advice, which assuaged the woman's mental state.

Visiting nurses conveyed to mothers the appropriateness of childcare to date and areas for improvement by assessing and explaining the child's state of development based on factors such as weight gain, mood, and feeding status.

#### **Theme 6: Advising mothers to respond to their child's crying and conveying the importance of discovering the child's personality**

Visiting nurses perceived a child's crying as a stressor to mothers.

Nurse ID5 visited a new mother at 1.5 months postpartum. Notably, the woman's husband lived separately for his work. The woman was seeking advice on the appropriateness of her breast milk secretion volume and on responding to her child's crying. The woman's breast milk secretion was preferable, the child was feeding well, and there was no problem observed at all. However, the nurse explained that the child's crying after breastfeeding was an individual trait and the mother would need to be patient. The nurse visited every 2 weeks at the woman's request and explained that she could also be reached by an e-mail or a phone.

Nurse ID13 visited a mother who had stayed her parent's home for about 1 month after childbirth. The nurse visited at 2 months postpartum and the woman complained that her child would not stop crying. The nurse advised the woman to check the needs for feeding or changing diaper, and if no needs for them, to try to hold or soothe the crying child, or to increase the volume of milk. However, the woman's facial expressions were grim and she did not appear to be enjoying parenting. The nurse explained that the child was growing healthily; therefore, crying should be considered as a characteristic of the child, and that the woman's current responses were appropriate.

Visiting nurses supported mothers in responding to their child's crying. In addition, the nurses advised that if nothing would stop the crying, perceiving it as a characteristic of the child was necessary when the child was showing a healthy growth.

#### **Theme 7: Arrangement an environment where accurate information can be provided and advice can be sought**

Visiting nurses perceived that the lack of a supportive environment and people to consult regarding simple parenting questions and problems was associated with childcare difficulties.

Nurse ID6 visited a young couple, both 18 years old, who had married after the woman conceived. The couple was living at her husband's parents' home because of the financial difficulties of living on the couple's income alone. The woman's both parents-in-law worked and the nurse's visit was at 1 month and half postpartum. The woman explained with a grim expression, "I am not getting enough sleep even at night, because of childcare. It's tough because this is totally different from my previous everyday life." The woman had been reprimanded by her husband for failing to perform household chores and felt dissatisfied. The nurse acknowledged the woman's efforts with

childcare and explained that breastfeeding was also going well. The nurse subsequently gave advice on childcare over an e-mail. Six months later, the woman returned to her own parents' home with her child because of the lack of cooperation from her husband.

Nurse ID12 visited a mother aged in her thirties. The woman had been communicated with strangers on the Internet about childcare questions. However, she was feeling conflicted over the differences between information on the Internet and reality. She was unable to determine what information was correct and what was incorrect. The woman had prepared many questions for the nurse's visit, in which the nurse resolved one by one and continued to provide advice via e-mails.

Visiting nurses supported mothers by arranging an environment where support, follow-up, and accurate childcare information could be provided at any time in accordance with modern society, in which the Internet has been used more widely, for example.

## VI. DISCUSSION

In Japan, a lack of improvement has been observed in the percentage of parents who experience childcare difficulties, i.e., mothers who have no confidence in parenting or those who are unable to calmly spend time with their child<sup>1)</sup>. In particular, mothers who have given birth to their first child are likely to lack confidence in all aspects of childcare because everything is new to them and they have a lack of experience in childcare and new life with their child. For such mothers, it is difficult to relax and deal with childcare<sup>10)</sup>. By developing proactive awareness of a maternal role, forming a perfect maternal image, and driving themselves to live up to this image, mothers were experiencing childcare difficulties. The results of the present study showed that

visiting nurses provided support for psychological aspects of mothers by assisting mothers to organize their thoughts, and explaining future prospects, praising parenting, and removing the strain of a maternal role. Nurses also proposed enjoyable childcare methods suited to women's lifestyles. A parent's enjoyment of childcare is enjoyment that can bring happiness to their child<sup>11)</sup>. If a parent were to experience enjoyment from childcare, the joy of bringing happiness to their child would also be increased.

Meanwhile, the mothers who experienced childcare difficulties had many concerns regarding breastfeeding<sup>12)</sup>. Generally, mothers who have a strong desire to breastfeed their child but repeatedly encounter problems with breastfeeding are psychologically cornered<sup>13)</sup>. As a mother is required to breastfeed her child at all hours of the day, the rhythm of her life is likely to be disturbed; however, as breastfeeding routine is established, the mother becomes able to accept such a changed life's rhythm. The visiting nurses in this study observed the mothers and their child during breastfeeding and encouraged breast self-care while supporting breastfeeding and serving as a go-between with specialists when needed. Furthermore, mothers also require support in giving up breastfeeding<sup>14)</sup>.

Apparently, children's crying and restlessness have been cited as the causes of stress in mothers 1 month after childbirth, and mothers are consequently taught how to respond to these behaviors during their hospitalization after delivery<sup>15)16)</sup>. Mothers are more prone to experience negative emotions when they believe more strongly that they must respond skillfully to their child's crying<sup>17)</sup>. This could also be connected to child abuse. Visiting nurses in this study, therefore, provided specific advice, such as assessing and explaining the child's state of development and responding to the child's crying

and discovering the child's personality.

Parent and child tend to develop a one-on-one relationship after childbirth because of the isolation of the parent engaging in childcare. Thus, visiting nurses have developed a support framework in which an environment is created where accurate information can be provided and advice can be sought anytime. In England, three in four of paternity leaves have been received by fathers<sup>18)</sup>. Admittedly, the development process of fathers as a father is also important<sup>19)</sup> and nurses in Japan need to encourage fathers to become more actively involved in childcare. Social support from husbands and other family members is a factor that influences the growth and development of children and the psychological state of mothers<sup>20,21)</sup>. Further studies are needed to clarify the characteristics of approaches for the surrounding people who support mothers experiencing childcare difficulties and to comprehensively elucidate interventions for both parties.

## VII. Limitations

Variations were seen in the backgrounds of mothers, the years of home-visit experience of the visiting nurses, and experiences (testimonials) of visiting nurses with first-time mothers, and other aspects. Therefore, a bias could also have arisen in the data of this study. Moreover, the researchers' ability to collect and analyze data could also have influenced the results, because of the characteristics of the analytical method.

## VIII. CONCLUSION

Accordingly, seven themes were identified; (1) praising parenting and removing strains associated with the maternal role, and (2) gaining trust by listening to grievances and helping mothers to organize thoughts, i.e., supporting women's psychological aspects; (3) proposing

specific enjoyable childcare methods suited to women's lifestyles, (4) encouraging breast self-care while supporting breastfeeding and serving as a go-between with specialists when needed, (5) conveying the importance of responding to a child's crying and identifying the child's personality, and (6) assessing and explaining a child's state of development, i.e., offering advice regarding specific childcare acts; and (7) providing accurate information and arranging an environment where advice can be sought, i.e., having an appealing support system. Many childcare difficulties experienced by first-time mothers are associated with inadequate self-management of breast milk, which linked to anxiety over their child's growth. In addition to reconstructing a follow-up system to allow mothers who have returned to the community to successfully self-manage their breast milk and reaching out to these mothers, the nature of support for mothers who experience childcare difficulties needs to be clarified.

## ACKNOWLEDGMENTS

We would like to offer our heartfelt thanks to all the visiting nurses who spoke about their actual experiences of home visits in this study. A part of this study was presented at the Japan Society of Maternal Health 383-390 July 2015. This work was supported by a research grant of FRANCE BED MEDICAL HOME CARE RESERCH SUBSIDY PUBLIC INTEREST INCORPORATED FOUNDATIONS in 2013, Japan.

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