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Children Australia
Volume 39 | Number 3 | pp. 185–194 | © The Authors 2014 | doi:10.1017/cha.2014.20

Parents' Experiences of Early Parenthood – Preliminary Findings

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Parents are instrumental in the healthy development of their children, and consequently future generations, and should therefore be supported in their parental role. Using a Grounded Theory framework, 24 parents of 0- to 10-year-olds were interviewed about their experiences and preparation for parenthood. Despite their overall satisfaction, many felt underprepared, unsure, alone and inadequate during their transition to parenthood. Most of them felt like they struggled unnecessarily during the first year of parenthood, commenting on changes that would help support new parents. This paper reports the preliminary findings of the study.

■ **Keywords:** parent, parenting resources, antenatal education, transition to parenthood

In 2007, the Commonwealth Government made early childhood development a priority of political and social reform. In collaboration with the Council of Australian Governments (COAG) *Investing in the Early Years – A National Early Childhood Development Strategy* was launched with the aim of promoting the education, development and wellbeing of Australia's youngest citizens (COAG, 2009). The government recognised the importance of positive childhood experiences on short-, medium- and long- term outcomes, and made a commitment to reducing disadvantage and promoting healthy development for all children (Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), 2012). While the majority of Australian children are reaching their developmental milestones, 24% are considered 'developmentally vulnerable' on one or more domains (including cognitive, physical health, social competence, emotional maturity, language/cognitive skills, general knowledge and behaviour) and 12% are developmentally vulnerable on two or more domains (Centre for Community Child Health and Telethon Institute for Child Health Research, 2009). Governments are implementing and strengthening key social initiatives to address these concerns (FaHCSIA, 2004–2011). A socio-ecological understanding of child development and childhood outcomes necessitates both micro- and macro-levels of community intervention and support. As the most influential actors in a child's life, parents are instrumental in their healthy development, and should therefore be supported in this role. A diverse range of primary, secondary and tertiary resources and strategies are available to help guide positive parenting practices that promote children's healthy development and wellbeing (Department of Human Services (DHS), 2007; Wise, DaSilva, Webster, & Sanson, 2005). The purpose of this study was to examine the way in which parents' engaged with these and other resources, and their experiences of early parenthood more generally.

As one of the most vulnerable groups in society, children rely on adults, primarily their parents, for physical, emotional and moral support (Wyness, Harrison, & Buchanan, 2004). While parents have the right to bear and rear children in a manner of their choosing, there is an underlying expectation that they will provide conditions and experiences that will promote healthy development and will keep them safe from harm (Archard, 2004; Children, Youth & Families Act, 2005; Sanders & Mazzucchelli, 2013). These expectations are largely driven by goals implicit in local and legal cultural norms (Levine, 1998; UNICEF, 2013), and messages that convey 'good' parenting practices and 'normal' childhood outcomes are embedded in everyday settings, such as early childhood education, health and social services, the media and peer interactions (Hoffman, 2003; Kerr, Capaldi, Pears, & Owen, 2009).

As a social construct rooted in place and time, the context in which parenthood occurs differs with each generation (Aries, 1962). As social and economic structures transform, so too does the nature of family life and parenthood. For example, changes to family mobility, participation in the workforce, community support, family structures and

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https://doi.org/10.1017/cha.2014.20 Published online by Cambridge University Press

other social norms are associated with positive changes such as improved standard of living and gender equality. However, they also appear to come at a cost, with stress-related parenting practices, such as harsh discipline and parenting out of guilt, also common (Deater-Deckard, 2004; Moore, 2008; Sidebotham, 2001).

The transition to parenthood can be a complex stage of life that combines both excitement and anxiety (Deave, Johnson, & Ingram, 2008), and requires physical, psychological, social and spiritual adjustments (Roy, Schumm, & Britt, 2014). This might include efforts to optimise health, reduce risk factors, prepare financially, negotiate household division of labour and increase parenting knowledge (Spiteria, Borg Xuereba, Carrick-Senb, Kanerc, & Martinde, 2014), as well as thoughts and reflections about the impact of psychosocial and lifestyle choices described above. Research suggests, however, that parents are not as well prepared as they would like (Roy et al., 2014), which can leave them feeling overwhelmed as they face their new parental role (Borg Xuereb, Abela, & Spiteri, 2012).

Childhood outcomes are associated with a multitude of factors, including, but not limited to, socio-economic status, exposure to violence or neglect, geographical location, quality of home learning environment, and parent's health, age and level of education (Lexmond & Reeves, 2009; Ministerial Council for Education, Early Child Development and Youth Affairs, (MCEECDYA), 2010a; O'Connor & Scott, 2007; Sammons et al., 2008; Sanson et al., 2002). The interdependent nature of these characteristics can make it difficult to determine the aetiology of poor childhood outcomes, but research continues to unravel the nature of risk and protective factors as a way of promoting positive development (Centre for Community Child Health and Telethon Institute for Child Health Research, 2009).

Of particular interest here is the way in which parents exert influence over childhood outcomes. Research examining the relationship between parenting and childhood outcomes has steadily gained momentum over the past four decades; with emphasis being on parent–child *attachment* (Barth, Crea, John, Thoburn, & Quinton, 2005; Stable, 2008). Researchers have identified differences in parenting practices based on personal and lifestyle characteristics. For example, lower levels of positive parenting have been identified with socio-economically disadvantaged parents, parenting of boys, and parents experiencing a mental illness and anger (FaHCSIA, 2004–2011; Parfitt & Ayers, 2012); differences in parenting styles exist between single mothers, young mothers and working mothers; and connections between parental distress (often associated with joblessness and singleness) and hostile parenting have been found (Parke et al., 2004). Consequently, the quality of the parent–child relationship and parenting practices are found to be related to children's externalising and internalising problems, cognitive and educational outcomes, social competence, self-esteem and health (DHS, 2006; O'Connor & Scott, 2007; Spoth, Golberg, & Redmond, 1999). Possessing one or more of these characteristics does not imply that a child will necessarily experience developmental delays or that their parents engage in poor parenting practices, but these associations are a useful guide to support individuals and groups who might experience individual and/or structural disadvantage that impacts family functioning. In recognition that parents exert the greatest influence over their children during the early years, and that children are more likely to reach their full potential when parents have adequate knowledge of child development, parenting skills and social supports (Tomison, 1998), numerous parenting programmes aimed at improving parenting skills, family functioning and wellbeing exist across primary, secondary and tertiary levels of intervention (DHS, 2007; Wise et al., 2005). In addition to extended family, friends and community support systems, these formal interventions can play an important role in family wellbeing. Quality interventions can provide training and support that enrich the way parents interact with their children, which, in turn, improves children's development, family functioning and outcomes (Bowes & Grace, 2014).

The question remains, however, about parents' engagement with parenting information, and how they implement key messages into their daily practice (Moore, 2008; O'Connor & Scott, 2007; Sanders & Kirby, 2012). Most parents want the best for their children, but little is known about whether parents' understanding and expectations of positive childhood outcomes and effective parenting match the empirical understanding of these concepts. A national project conducted on behalf of the Ministerial Council for Education, Early Child Development and Youth Affairs (MCEECDYA, 2010b) asked parents about their understanding of specific developmental priorities. Some exceptions were identified (most notably culturally and linguistically diverse (CALD) parents), but on the whole parents were quite well informed about what is important for optimal child development. This study did not, however, explore the ways in which this knowledge was implemented into daily practice. Some of the responses suggested that even though parents were aware of the evidence, they did not necessarily think it was particularly relevant to their child, and that every child and family was different. Moreover, 30% of participants of the Longitudinal Study of Australian Children (LSAC) reported that their children had significant behavioural and emotional problems, yet 98% of these parents rated themselves as average or above average on a parenting self-efficacy scale (FaHCSIA, 2004–2011). This result suggests that there might be a disconnection between parents' views of parental influence on child behaviour and outcome. This evidence leads to further questions about what criteria parents use to rate their parenting efficacy and to what extent this is determined by parenting information.

With the aim of improving childhood outcomes, governments are building strategies that enhance understanding among parents, other primary carers and the broader community of the importance of early childhood

https://doi.org/10.1017/cha.2014.20 Published online by Cambridge University Press

development to whole-of-life pathways (COAG, 2009). Implicit in this approach, however, is an assumption that if parents are more informed, then positive parenting practices will ensue. Given we know little about parents' interest in, and willingness to seek out, information, advice and support, an assumption of this nature is tenuous. It is important to first identify how parents perceive childhood problems, and what support they are looking for to deal with those problems. Before, or perhaps in addition to, embarking on substantial preventative programmes, we might benefit from knowing more about how to engage parents effectively. The purpose of this paper is to present a preliminary examination and analysis of parents' experiences of early parenthood and the nature of their engagement with parenting resources, with a view to determining the critical issues worthy of further exploration.

Methodology

This study is a preliminary analysis of parents' experiences of early parenthood and the way in which they engage with parenting resources. The purpose of this study was to gain insight into the ways that parents engage with contemporary parenting knowledge to help promote positive parenting practices and, ultimately, positive childhood development. A Grounded Theory (GT) framework was applied to data collection and analysis. Semi-structured interviews allowed for in-depth and interpretative analyses of parents' experiences, beliefs and values (Charmaz, 2006; Glaser & Strauss, 1967; Strauss & Corbin, 1990).

Purposive sampling methods were used to recruit parents of 0- to 10-year-olds who resided in Victoria. Because parents' memories of early parenthood fade over time, it was decided that the age since transition to parenthood should be no more than 10 years. Family services differ between Australian States, so only parents who resided in Victoria were included, in order to maintain consistency in comments about government services. Recruitment comprised invitations to parents sent by Maternal and Child Health Nurses and the researchers, articles published in three local newspapers, posters placed in sites where one might expect parents to gather, advertisements lodged on selected Facebook sites, and personal invitations to parents of mothers' groups and neighbourhood house groups. *Theoretical sampling* did not drive participant sampling, but the nature of the interview questions were reshaped as it became apparent that the initial interview questions were too narrowly focused on practical aspects of information-seeking behaviours. The modified questions encouraged greater detail about parents' experiences of parenthood and were critical to answering the research questions (Strauss & Corbin, 1990; Thomson, 2011). The semi-structured interview style meant that participants had the freedom to steer the interview in directions that felt most appropriate for them; however, follow-up questions ensured there was a mechanism for maintaining a level of comparability between interviews and to drive theoretical sampling. The interviews were audio-taped, and took between 30 and 60 minutes. This paper is a presentation of preliminary findings, with the purpose of uncovering issues relevant to new parents; some of which will be explored in more detail with additional participants. Therefore, data saturation has not been achieved for each individual theme; however, 24 participants provided adequate data to represent the range of issues or themes that were important to them.

Interviews were transcribed and transferred to the qualitative software package NVivo (version 10). Thematic analysis was undertaken with a line-by-line inspection of all data, resulting in the identification of codes, categories and themes (Strauss & Corbin, 1990; Tuckett, 2005).

Ethical considerations, as outlined by the National Statement on Ethical Conduct in Human Research (National Health and Medical Research Council, 2007), were met. A number of strategies were put in place to protect participants' rights and wellbeing and these were approved by the La Trobe University Ethics Committee (FHEC12/190) prior to commencement of data collection. One of these included participants' right to self-select a pseudonym for the purpose of anonymity.

Participants

A total of 24 parents participated in this study (21 women/3 men). Participants were aged between 29 and 51 years, averaging 38 years at the time of interview and 19 and 43 years (an average of 30 years) when they had their first child. Half were married or in a *de facto* relationship at the time of interview and the other half were single. One parent nominated 'home duties' as her daily vocation, 3 worked full-time, 5 worked part-time, 8 were full-time students and 6 combined studies and part-time work. One participant was originally from Zimbabwe and settled in Australia some 7 years prior to the interview, one was from India and moved to Australia when she was 12 years of age and the remainder of the sample were Anglo-Australians.

Findings

The research question was quite broad and allowed for wide-ranging responses, but in fact participants had very similar experiences, and expressed these in similar ways. The interview data resulted in the following key themes: unrealistic expectations of parenthood; emotionally challenging – self-doubt, guilt, isolation and loneliness; the origins of parenting; engagement with resources; and, finally, parents' suggestions for new parents, which are presented below. It should be noted that the iterative nature of Grounded Theory, in which each interview informs the nature of the information sought in the next, means that the number of responses of participants is not an accurate reflection of the participants' opinions. Thus an indication is given as to whether a small number, most or all parents are being represented.

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Unrealistic Expectations of Parenthood

With the exception of two mothers who had undertaken a great deal of research into parenting prior to having their children, the majority of parents felt they did not arm themselves with as much information as they could have. Participants were largely unprepared because reality did not meet with their expectations. They were shocked by how challenging it could be to settle the baby, how demanding breastfeeding could be, how disturbed their sleep was and, most of all, how exhausted and overwhelmed they felt. For many, their expectations of an idealistic parenting bliss were crushed by shock, anxiety, distress and exhaustion. Some of this was due to fears that their baby would die. Much of it was compounded by their lack of preparation. And all of it was exacerbated by the lack of sleep. This appeared to be more distressing for the mothers who had the least amount of preparation or experience with babies, like Carli, who recalls thinking to herself "What do I do, how long do I feed her, can I get up, can I go to the toilet, there's no one here to ask".

When asked about the origins of their expectations, Jessica said that some parenting books gave her a false perception of reality by presenting the ideal, and others said that it was based on media representations of motherhood.

> "You know you see these pictures of women crying because they were so happy. I never felt that. I never felt that happy . . . " (Sophie)

> "I thought it was going to be an amazing thing . . . I was looking forward to this apparent euphoric moment when you see your child for the first time and fall in love with them . . . Actually I looked at my baby and thought – why he was crying so much? He literally did not stop crying for years after that . . . I think for me it was not so much euphoria as shock." (Laura)

Emotionally Challenging – Self-doubt, Guilt, Isolation and Loneliness

Self-doubt. The lack of preparation and incongruence between expectation and reality left a number of mothers doubting their ability to parent well. Instead of questioning the efficacy of their expectations, they underestimated their own efficacy and questioned their ability to be a good mother.

> "You are failing as a parent because it's not what it is supposed to be, according to books, according to this, according to that, or whatever your measure is." (Laura)

Mothers' self-doubt also impacted on their support-seeking behaviours. Because mothers had internalised their problems and judged themselves as inadequate, they were less inclined to discuss their concerns during mothers' groups and other peer interactions. In fact, there was some genuine surprise when the interviewer suggested the possibility that not only were other mothers experiencing the same challenges, but they, too, were not willing to share their struggles publically for fear of judgment.

> "It didn't occur to me that anyone else was struggling. The other mums looked like they were coping okay and so I thought it was just me." (Milly)

This was further compounded when mothers compared themselves with other mothers who were quite vocal about their parenting prowess and their infant's 'extraordinary achievements'. Whether exaggerated or not, when the most prominent voice in the room is the one boasting about their accomplishments, it is unsurprising that other mothers are less inclined to speak of their troubles.

Guilt. Parents' feelings of inadequacy also led to feelings of guilt. Michelle felt quite stressed about information that did not fit her lifestyle. As a sole parent who worked full-time, daily chores and routines compelled Michelle to put her son in front of the television or leave him unattended in the play-pen alone, even though she knew that experts advised against these activities. She felt guilty about these decisions, but also felt that she had no other options. She came to realise that she could not live up to all of the expectations that weighed on her, so in the end her standard of success was that he survived. The weight of external expectations also left Stephanie and Rowena wondering if they were doing enough as parents:

> "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)

> "Just to give you the extent of how much the confidence was shattered; I compared my family life to things I saw on TV, and people I saw down the street too. I compared myself to everybody I saw and used that as a bar – as a measurement. I became so acutely aware that my family wasn't normal [and] there's guilt tied up in it. So it's taken me a while to get out of that 'am I good enough?' kind of thing, and that just takes a lot of reflection." (Rowena)

Isolation and loneliness. One of the most significant themes that emerged from discussions with mothers was their feelings of isolation and loneliness. In the beginning mothers felt isolated because, as mentioned previously, they thought they were the only ones who were struggling and they did not want to share these thoughts and experiences.

> "The other mums had their hair and make-up all done and they just looked super confident. I looked like a wreck and had no idea what I was doing" (Milly)

As they became a little more confident the isolation turned to loneliness. All the mothers joined at least one mothers' group, and all except the two younger mothers continued with their groups and found them to be useful for reducing loneliness. To share their experiences with other mothers was really important and, as a result, many have formed

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lasting friendships. While this helped mothers feel less isolated for an hour or two a week, most said that if they had their time over they would have made even more effort to socialise.

> "Later on, once he hit about 10 months, I started accessing a young mothers' group because I was feeling very, very isolated, a little bit lonely and a little bit stigmatised in terms of my age." (Rowena)

Unfortunately, there was also a down side to some mothers' groups – the young mothers and sole parents said they did not feel like they fitted in. They found that other members would discuss their husbands and other topics not relevant to them, so they felt they had nothing to contribute to the conversations. While they were never made to feel unwelcome, they felt different and uncomfortable. Secondly, an issue that was raised by several parents was the nature of comparison in mothers' groups. Some mothers would wax lyrical about their infants 'achievements', and their participation in multiple activities (for example, baby gym, music and art classes), which left others feeling inadequate and guilty that they were not 'good enough' or providing enough for their children. Some groups appeared to promote a culture of competition, denying others the opportunity to talk about their struggles. Laura said:

> "It's like there's a badge of honour you wear around your labour, but in terms of parenting, no one wants to actually talk about how hard it is . . . People actually said to me 'oh I don't mean to be nasty, but you deserve a child who cries given how good your labour was. I'm lucky mine sleeps because I had a terrible labour.' It's just bizarre." (Laura)

There were, however, some parents who were more resilient and took a different approach. Jane took a more relaxed approach to parenting and refused to engage in the negativity of comparison that left some mothers doubting their abilities, saying: "I can imagine that if you are very vulnerable to it, you'd be in a perpetual state of stress." The two most confident and realistic participants were the males. BW said:

> "I remember at the time speaking to lots of people and feeling as though I should be much more nervous about this than I was. In a sense, I was very confident that it would all be fine . . . people would complain about the sleeplessness and the nappy changes and all that sort of thing. I just literally regarded the whole thing as a package, and we would just adapt and learn." (BW)

The Origins of Parenting Practices

Participants found it difficult to articulate the origins of their parenting choices beyond their own upbringing. When asked both generally and specifically about the origins of their parenting values and practices, the most common answer was that "it probably came from my upbringing" (BW). Participants struggled with this question. This might be an indication of their lack of consideration about the origins of their parenting choices, or it might be that parenting choices are based on an assortment of intertwined experiences that make it difficult to define. While Michelle said that lot of her choices were "based around her own experiences of being raised", she also acknowledged that the "the world is very different now and so a lot of the information doesn't apply". When pressed for more detail about the origins of their parenting decisions and values, intuition or gut instinct was the other common response, but again participants found it difficult to define what this meant to them.

Engagement with Resources

Parents engaged with a number of resources, some of which they found helpful and others not so much. The following categories represent the most well-used resources.

Antenatal classes. All of the participants attended antenatal classes, but most did not find them particularly helpful because of the focus on birthing and lack of information about parenting. With hindsight they realised that they had little control over the birth and as, SD said, "at the end of the day we're going to do whatever the doctor says", so they would have preferred to learn about what was to come after the birth. While this point of view is understandable, and one that has been expressed elsewhere (Deave, Johnson, & Ingram, 2008; McKellar, Pincombe, & Henderson, 2006), the high attendance rates are perhaps testament to the desire for some form of antenatal class. A final point to be made about engagement with resources during the prenatal period was the extent to which participants read books about the stages of pregnancy to inform and educate themselves, with priority given to self-education about pregnancy not parenting.

Maternal and Child Health Service. Nearly half the mothers found the MCH Service invaluable after the birth of their first baby when they struggled with the newness of their situation. BW said "the most helpful person we had contact with was the health nurse service". The nurses were a source of comfort during the early days when mothers needed reassurance and a comforting word. For some, their appreciation continued throughout the duration of the service, but for many it did not fulfil their needs. These mothers felt the focus was solely on their baby, while their own needs were not given attention. Mothers wanted the nurses to be more supportive and to enquire about their wellbeing. The Edinburgh Postnatal Depression Scale was recently introduced as a standard part of consultations to help with early detection of postnatal depression, but it did not help emotionally struggling mothers who were not clinically depressed.

> "I remember they did the post-natal depression screen and I was answering the questions thinking, just ask me 'how are you feeling?' and I will tell you I feel like rubbish." (Susan)

A second criticism of the MCH Service was the inflexible approach taken by some nurses with regard to alternative points of view, which left some mothers feeling unheard.

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> "I felt like I had to do what she told me – like she was the expert and I had to follow her ideas." (Milly)

Written material. As part of the MCH Service parents are provided with brochures about health, safety and wellbeing issues for both baby and parent. The majority of participants said they either did not read these or they had a superficial browse with limited engagement.

> "I might have had a cursory look, and some I would have read a bit more and others I would read and think 'oh I haven't thought about that'." (Ann)

This was, in part, because the participants perceived the information as simplistic and common sense. The majority of participants did, however, engage with written material in the form of commercial texts. Parents generally chose their book based on advice from friends. Some people read their chosen text from cover to cover, but most of them used it as a troubleshooting tool when faced with problems or uncertainties. In fact, most people only sought information or advice when problems arose.

> "I think the only time we really went to the book was when things became acute. Or we noticed that things weren't working." (BW)

Internet. Another popular source of information was the Internet. This is a highly accessible medium, but most parents found it to contain information they perceived as both credible and otherwise. Some parents tried to seek out reliable information by sticking to government and medical websites, some sought a range of views and only acknowledged what made sense, and others aligned themselves with the views that suited them.

> "I try to look for ones that are Australian so that's a start. I don't know how I decide. Sometimes it's the way that they look or the way that they're presented that will help me choose, like easier to follow. I try not to go with ones that are brought to you by Johnson & Johnson or Heinz baby food. Only because I don't think that they're necessarily giving the right information." (Stacey)

Amongst the websites viewed by parents were parent forums. These were beneficial to mothers who thought they were the only ones experiencing a particular challenge, because they learnt they were not alone. This was in stark contrast to other participants who found the disparaging remarks posted by some Internet users quite damaging to their self-confidence. Jessica experienced both and said:

> "Sometimes I would come across mothers' forums, and it was interesting to see what other mothers were going through. It made me feel not so bad because some people had it worse. But then I would see some of the awful things other people posted, and it made me feel like crap because I was in the same situation." (Jessica)

Family and friends. A final source of information and support were people known to the participants. Friends or relatives with young children were considered a great contemporary source of information and advice. A select few of these peers were respected and valued enough that participants were happy to accept unsolicited advice, but this was rare, as most parents wanted to seek information "on their own terms". Parents were divided with regard to advice from their own parents. Some found their mother's advice invaluable when facing new situations and challenges. Others considered their parents' knowledge as out-dated and unhelpful, and did not appreciate the unsolicited advice offered. This opinion stemmed from either a belief that, because their parents had not been around babies for such a long time they would not remember what to do, or that times have changed so much that their knowledge is no longer relevant. For others it was pre-existing relationship problems that led to their distrust of parental advice. BW said:

> "So in terms of developing those skills though, my parents weren't really something that I regarded as a resource. My wife's parents, I've got to say they weren't very helpful either. In fact, I was a little bit surprised about how little I wanted to know from my parents or her parents. I just had it in my head that it was so long ago, they wouldn't remember. Whatever they do remember is probably not going to be the things that are useful for us anyway. They did talk about different things – problems with sleeping or crying or any of these sorts of things and what to do. I just remember dismissing it as though really, you were so long ago, there's no possible way you can remember the right way to deal with this." (BW)

This is an interesting contrast to participant reports that their main guiding factor was their own upbringing.

Mothers' groups were also a place where useful pieces of information about products, programmes or techniques were exchanged. Other mothers were often seen as a great source of information and sometimes even treated as experts, even though they probably had the same amount of experience and expertise.

> "Sometimes a conversation would start and people would just say what are you doing, does your baby sleep through the night yet, do you think they're getting enough food or all of that stuff." (Stacey)

Temporal aspects of information seeking. Parents typically sought information from these sources when faced with a problem or struggle. During the early days these generally related to issues of sleep, breastfeeding and health-related matters, and as their children became toddlers, it related to behavioural concerns. It is natural to wait for a problem to arise before going in search of answers, but by not pre-empting these struggles they were faced with a lot of mixed messages and conflicting information at a time when they were feeling particularly overwhelmed, tired and anxious. Some of them dealt with this by dismissing arguments that did not suit their approach or beliefs, some felt frustrated and unsure, and others were really quite distressed about what to do when faced with conflicting advice/information. Susie was particularly upset about changes in information

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over time. She had given her first born a particular medicine when he was an infant, but by the time her third child was born the advice on the bottle said not to give to infants. This left her wondering and worrying about whether she had harmed her first child.

Parents' Suggestions for New Parents

Opportunities for social interaction. The first year or two of parenthood was a lonely time for many mothers. They felt stuck at home and separated from their communities. Even when they engaged with mothers' groups and attended children's activities, these typically only amounted to a few hours a week. Some parents said they wished they had made more effort to go out, but did not know of child-friendly places to meet other parents. Jane joked about this and questioned "where do you go? You don't want to hang out at Kmart". She said it would be great if there were drop-in mothers' groups for those times that you feel alone and want some adult company.

Prenatal parenting information. Participants identified their lack of preparation and unrealistic expectations about parenthood as problematic during the first year of parenting. They wished they had known what to expect of early parenthood. As such, they said that new parents would benefit from some additional parenting information prior to the birth of their baby; perhaps during the antenatal classes, because the time prior to the birth of a baby is when parents are most excited about the prospect of being parents and are more likely to engage with information. Moreover, because antenatal classes are typically offered on the weekend or night-time it gives working parents an opportunity to participate. Furthermore, participants said they were exhausted for a long time post-birth and were not in the right "head-space" to be absorbing the information provided by the MCH Service. Prior to the birth of their child, however, they were still cognitively capable and even excited enough to engage with new information. Quite a few parents had the simplest of questions when they brought their baby home, which were obviously born out of stress, and could have been addressed prior to the birth of the baby. For example, Stephanie said:

> "I said to the health nurse, 'what do I do if I've got her and say the phone rings, or the water's boiling and I have to get it off the stove? What do I do with her if I'm in a hurry? [the nurse replied] 'Put her on the floor. The safest place for a baby is on the floor'." (Stephanie)

These might seem like simple problems and obvious solutions, but when new parents are in the moment they sometimes feel overwhelmed by the simplest of tasks. While antenatal classes could not provide answers to all possible scenarios, it might be a propitious time to provide relevant knowledge and alert parents to skills they will need.

Finally, some parents believed the formation of mothers' groups prior to the birth might serve a number of purposes, including providing mothers an opportunity to establish a supportive network prior to the arrival of their babies. Laura experienced this and found it very helpful because they were able to form connections based on the anticipation of having babies, and were then present for each other after the birth.

Discussion

The transition from single or couple life to parenthood is one of the most significant and challenging stages in a person's life (Roy et al., 2014). Parenthood comes as a surprise for many, but for others it is a planned and highly anticipated event (Ong, Temple-Smith, Wong, McNamee, & Fairley, 2012). Some of the first-time parents here romanticised parenthood, but their unrealistic expectations became apparent to them very early on, as they came to terms with the reality they now faced. Parents around the world have reported a similar shock at the realities of parenting and explained the disadvantages of not preparing better for early parenthood (Borg Xuereb, et al., 2012; Cronin & McCarthy, 2003). Like the parents of this study, the idea of presenting parenting information during antenatal classes has been raised by earlier cohorts (Nolan, 1997; Parr, 1998). Some midwives, however, believe that parents "hit a brick wall" and are too consumed by the birth to engage with other information (Weiner & Rogers, 2008). A couple of the parents from the current study agreed with this sentiment, but most thought that not only could they have engaged with the information, but it would have made a positive difference to their lives. The trial of a recent prenatal parenting programme called *Towards Parenthood* indicates that parents do have the capacity to engage and benefit from parenting information delivered during the antenatal period. Parents who participated in this programme were less likely to experience anxiety/depression and coped better with general parenting stressors (Milgrom, Schembri, Ericksen, Ross, & Gemmill, 2011).

Participants' engagement with parenting resources and advice after the birth of their child was more complicated. They wished that someone had prepared and educated them prior to the birth, but they were less appreciative of being told what to do (except by health professionals) after the birth. They wanted to engage with information on their own terms, and this was usually via books, Internet, select peers and professionals (Cowie, 2009; DHS, 2006; Livingstone, 2014). Unlike the parents of a similar study in Malta, many of the participants of this study were less inclined to seek out the advice of their own parents because they considered it to be out of date (Borg Xuereb et al., 2012). This is in contrast with the notion that most parenting choices are based on the parents' own upbringing (Roy et al., 2014).

Typically, parents looked for information in response to problems; which has become much easier and quicker since the advent of the Internet (Cohen & Adams, 2011; Khoo, Bolt, Babl, Jury, & Goldman, 2008; Moseley, Freed, & Goold, 2012). With this comes both helpful and unhelpful information, which they appeared to navigate using a 'credibility

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lens'. Credible sites were those provided by government and health-related agencies, but they also went with "what made sense". Often parents would take into account all the views presented to them, and then decide which one suited them best. They were more discerning with important issues like health, seeking professional guidance. However, an analysis of health information seeking behaviours by parents on the Internet found that Australian parents are generally not engaging with the credible sites established by the Victorian governments and children's hospital as much as other sites (Khoo et al., 2008), though with persistent and rapid changes to the use of information technologies, this may have changed.

Parents also sought guidance and support from their peers (Cowie, 2009; Livingstone, 2014), but this was sometimes masked as general conversation so any perceived inadequacies remained undisclosed. Peers were an important source of support and social interaction, particularly for mothers who reported social isolation and loneliness. Early parenthood for the stay-at-home parents appeared to be quite a lonely time; a feeling that slightly dampened their joy of parenthood, which has also been found in a recent UK online poll, which found: 'And a large percentage of the 2,000 women questioned admitted the more negative aspects of parenthood – such as sleepless nights, the feeling of being lost, lonely and bewilderment – outweighed the positive.'(Kirkova, 2013). Government initiatives that promote early childhood education encourage attendance at playgroups, library services and other activities (FaHCSIA, 2012); and while these provide parents with an opportunity to meet other parents, they tend to focus on children's needs rather than those of parents. Some adaptations could be made to meet parents' need for adult-orientated interactions. Given the association between the mental health of the primary caregiver and children's development (Parfitt, Pike, & Ayres, 2013), it is worth re-evaluating the socialisation opportunities that are available to new parents. Loneliness might not impact on parent–child interactions with the same gravity as other psychosocial hardships, but if it is impacting on a parent's psychological wellbeing then it likely has implications for the child as well. It is a concept worth further exploration.

Corresponding with the results of similar studies, it appeared that most parents were happy about being parents, but also found early parenthood difficult and stressful (Borg Xuereb et al., 2012; Kirkova, 2013). While time and financial pressures are implicated (Sidebotham, 2001), much of the distress is based on real or perceived cultural expectations. This was first observed in the unrealistic expectations of what parenthood would be like; which sometimes led to disappointment. It was followed by the perceived expectations of what it was to be the 'perfect parent' (Sidebotham, 2001) and the struggles to provide 'enough' – despite the concept of 'enough' (beyond adequate food, shelter and care) being a socially constructed concept that is probably based in notions of consumerism and the commercialisation of childhood (Elkind, 2007; Hill, 2011). While thoughts of adequate provision and doing the best for one's child can be helpful motivators for pro-social parenting behaviours and positive family functioning, it is counterproductive if it leads to stress, guilt and isolation.

Conclusions

This study was a precursor to a larger study that will explore in detail the issues that are important to new parents. While a limitation lies in its small number of participants, and the homogeneous nature of those participants, it provides some insight into the experiences of new parents, their engagement with parenting information and avenues for further exploration.

An interesting finding was some parents' dismissal of their own parents' advice. Perceived as outdated instead of experienced, there appeared to be a shift away from the tradition that earlier generations help guide the new generation of parent. Given participants' experiences of mixed messages and changes in contemporary knowledge, there is some logic in this opinion, but also given the unchanging nature and notions of many aspects of parenting, older generations are likely to possess some wisdom that might help relieve some of the stressors associated with the unknown.

An overwhelming message conveyed by parents was their lack of understanding or preparation for what parenting a newborn would be like, and how it would impact on their lives. Most of the parents participating in this study advocated prenatal parenting information classes, but some professionals say that parents are unable to absorb this information. Research that explores expectant parents' ability to engage with information prenatally, as well as the benefits of this, would be a worthwhile avenue to research. If better preparation was found to be helpful, it might not only reduce stress-related parenting practices, but even impact on the parent–child interaction and childhood outcomes.

Also significant was the burden of negativity, via guilt, self-doubt and loneliness, that many parents carried with them. Further exploration of the origins and nature of this negativity might aid in their amelioration.

The experiences of parents expressed here tend towards negativity. While there is little doubt that the parents of this study enjoyed being parents, the nature of these questions led to discussions that drew out the challenges associated with early parenthood. This did, however, provide some thought-provoking data that corresponds with parents' experiences in other Western societies. In conclusion, the evidence suggests that parents, for the most part, cope with their transition to parenthood, but they do so with unnecessary pressures – some of which could be avoided with greater preparation, realistic expectations and quality support. Along with the participants from similar studies, the stories presented here provide useful information on which to reflect, as a community, about the way we currently support new parents and what can be done to improve their experiences.

https://doi.org/10.1017/cha.2014.20 Published online by Cambridge University Press

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