

First-time Parent Experiences of Social Support in the Early Postpartum Period:

A Couple's Perspective

by

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ABSTRACT

The positive adaptation and adjustment of first-time parents in the initial months of parenting is significant since it has the potential to impact their overall well-being, their long-term parenting role, and healthy infant development (Kingston, Tough, & Whitfield, 2012; Shonkoff & Garner, 2012; Stewart-Brown & Schrader-McMillan, 2011; Vänska et al., 2011). There is strong evidence that social support plays an important role in fostering first-time parents' psychosocial well-being and positive transition to parenthood (Leahy-Warren, McCarthy & Corcoran, 2012). Furthermore, the lack of social support is considered a modifiable risk factor linked to postpartum depression and anxiety in both mothers and fathers (Fowler, Wareham-Fowler, & Barnes, 2013; Manuel, Martinson, Bledsoe-Mansori, & Bellamy, 2012). Many studies examining first-time parents' acquisition of social supports is limited to the experiences of mothers, and does not provide an in-depth understanding from the perspective of the couple during the early months of the transition to parenthood. Past work confirms that the perception of social support is an important construct and can be more relevant than received social support (Haber, Cohen, Lucas, & Baltes, 2007); however, research has noted first-time parents often encounter barriers to acquiring meaningful social supports, particularly in the critical early postpartum period (Negron, Martin, Almog, Balbierz, & Howell, 2012).

This study aimed to address these gaps in the literature by taking a qualitative approach to better understand both facilitators and barriers to acquiring positive social support for first-time parent couples. An interpretative phenomenological approach was utilized to explore the lived experience of first-time parent couples as they navigated the

first few months of parenthood. Semi-structured interviews were conducted to identify potential sources of social support within and outside the couple relationship, and to better understand the role these supports played in their adaptation to the parenting role. The study revealed three super-ordinate themes central to our understanding of social support and its critical role in the positive adaptation of first-time parents: 1) predicting social support needs; preparing for the unknown, 2) assessing capacity to meet the demands of early parenthood, and 3) feeling supported as a first-time parent. This research has contributed to our understanding of the role of social support and can assist in the development of relevant educational strategies and mental health promotion interventions aimed at strengthening the social support of parents in the early postpartum period leading to improved parent and child outcomes.

Key words: first-time parents, social support, transition to parenthood

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CHAPTER 1

Introduction

Statement of the Problem

Becoming a parent is considered to be one of the most significant transitions a person will experience in their lifetime. The transition to parenthood, and particularly the transition to motherhood, is accompanied by profound changes to one's life within the physical, psychological, emotional, and social domains (Xuereb, Abela, & Spiteri, 2012). Research from the last several decades has shed light on the dynamics of the adaptation to parenthood particularly over the course of the first year. There are a number of internal and external factors that influence the process of adaptation to parenthood including parental personality, self-efficacy, life stress, infant temperament, socioeconomic status, and social support (Stewart, Robertson, Dennis, Grace, & Wallington, 2003). The positive adaptation and adjustment of parents in the first year is significant since it has the potential to influence the parents' overall well-being and long-term parenting role (Stewart-Brown & Schrader-McMillan, 2011). In addition, the emotional and mental well-being of parents has significant implications for the healthy development of their infant and is linked to childhood outcomes (Kingston et al., 2012; Shonkoff & Garner, 2012; Vänska et al., 2011).

Social support is considered to be one of the most important factors influencing health and well-being, and is one of ten social determinants of health identified in international health reports (World Health Organization, 2003). The World Health Organization has identified social support, positive interpersonal interactions, social

services, and community networks as evidence-based protective factors related to positive mental health (World Health Organization, 2004). Specific to parents, social support can contribute positively to the adaptation to parenthood as well as promote mental well-being and reduce mental distress such as anxiety and depression (Beck, 2001; Dennis & Chung-Lee, 2006; Genesoni & Tallandini, 2009). Moreover, a lack of social support and negative social interactions are a significant risk factor for the development of postpartum depression symptoms (Beck, 2001; Dennis & Ross, 2006; Stewart et al., 2003). Parents have indicated that the social support they received in the postpartum period has had a positive impact on critical aspects of parental adaptation such as coping with the stress of constant infant care, breastfeeding, problem-solving, and secure attachment (Deave, Johnson, & Ingram, 2008; Haga, Lynne, Slinning, & Kraft, 2011). Studies have indicated that the social support mothers and fathers receive, as well as their perceptions of these supports, are relevant to these outcomes (Bailey, 2010; Dennis & Ross, 2006).

While many studies have focused on formal support services provided by healthcare professionals, they do not address the informal support received from family, friends, peers, neighbours, acquaintances, or volunteers. Informal supports are significant in that they are often recognized as the most accessible. In fact, mothers and fathers have indicated that partners and immediate family members are considered to be the primary sources of emotional support in the postpartum period (Leahy-Warren et al., 2012; Negron et al., 2012). Unfortunately, more in-depth research concerning couples' lived experience of accessing and using these supports in the early months of parenting

remain under-studied (Deave et al., 2008; Xuereb et al., 2012). In particular, the perceptions of fathers are often unconsidered (Chin, Hall, & Daiches, 2011).

While there is a body of research on the positive role of social support in the postpartum period for parents, much of the literature is quantitative in nature and is limited to the perspectives of women (Börjesson, Paperin, & Lindell, 2004; Dennis & Ross, 2006; Leahy-Warren et al., 2012). Despite the acknowledged benefits of positive social support, there is evidence to suggest that first-time parents encounter multiple barriers to accessing the social support they need and want and that due to a multitude of factors during the transition to parenthood, acquiring the appropriate type and amount of social support is complex. There are emerging trends in relation to social support and early parenting that have yet to be explored such as diminishing social support networks, the changing role of fathers and the use of the internet as a potential means of social support. Therefore, there is a need to further investigate this complex phenomenon. There is also a need for qualitative research on first-time parental couples' perceptions and experiences of acquiring social support both within their couple relationship and outside of it, and the impact it has on their adaptation to parenthood. The present qualitative study addressed existing gaps in the literature by investigating first-time parent couples perceptions and experiences of accessing social support and the role social support played in their adaptation to parenthood.

Study Purpose

The main goal of the present study was to better understand the meaning of first-time parent experiences, including both mothers and fathers or partners, with regard to

their perceptions and experiences of social support within and outside of the couple relationship, as well as their perceptions of the role that social support has played in their adaptation to the parenting role. The focus of the study was on the perspective of the couple. Their expectations and needs for social support as a transitioning family unit were explored; in addition, the barriers to and facilitators of social supports they experienced within and outside their relationship in the first months of parenting were also investigated. The study utilized an interpretative phenomenological analysis approach to explore the meaning of the experience as couples navigated the first few months as new parents and how they, as a couple acknowledged, identified, considered and reached out to acquire social support.

Findings stemming from the present research have significant potential for knowledge translation. For example, prenatal and postpartum education and services could be more proactive in assisting new parents to become aware of how to identify, communicate and connect to social supports that are the most meaningful and useful for them, thereby having a positive impact on their adaptation to parenthood, and contributing to their mental well-being and the healthy development of their child.

Research Question

Phenomenological research is characterized by the exploration of meaning within human experience. Human experience is naturally layered with different meanings and is dynamic and fluid (Munhall, 2012). Perceptions of experience are constantly changing within contexts, across relationships and over time, particularly when one is in the midst of a significant life transition such as in the case of first-time parents. A

phenomenological exploration of meaning, therefore, is intended to be led by what the participants in the study deem as important in their lives at the time of the study. The overarching research question within this study is, “What is the meaning of social support as it is experienced by first-time parent couples in the early postpartum period?”

Theoretical Framework

Phenomenology has been referred to as atheoretical, and is an approach that is based on philosophical rather than theoretical concepts (Munhall, 2012). The rationale for this stance lies in the approach itself which is to say that to think phenomenologically, one must come to that experience with open-mindedness, and set aside or “bracket” one’s own perceptions, experiences and knowledge in order to be receptive to and guided by what emerges within the inquiry or study (Munhall, 2012). Munhall (2012) asserts that to come to a phenomenological study with a preconceived theoretical stance and way of understanding, may limit the researcher from seeing other possibilities. Therefore, the theoretical framework introduced here is included as a tool primarily for the purpose of comparing and contrasting what themes and meanings this study has revealed as compared to an existing framework, specifically the co-parenting framework as described by Mark Feinberg (2002). Larkin and colleagues (2006) acknowledge that a study done with an Interpretative Phenomenological Analysis approach can “also be informed by direct engagement with existing theoretical constructs” (p. 104).

This study utilizes a family-focused prevention model of co-parenting as developed by Feinberg (2002). Using a model such as this can add greater value to the analysis of the data by exploring existing frameworks in relation to the findings of the

present research. Feinberg's (2002) model is suited to the present study for a number of reasons. While most prenatal and early parenting interventions focus solely on mothers and infants, Feinberg's model stresses the importance of the co-parenting relationship based on research that the parents' relationship is strongly associated with positive parenting and child outcomes (Feinberg, 2002). Feinberg (2002) argued that the transition to parenthood is an optimal time to reach parents with educational prevention focused interventions since first-time parents are very receptive to learning and have an established expectation of taking in new information. The co-parenting framework is relevant to the present research in that it is prevention focused, directed to a universal application rather than clinical populations, and emphasizes the key role of social support within the co-parenting couple as a modifiable risk factor for parent and child well-being (Feinberg, 2002). The nature of the co-parenting relationship is described as the way in which parents (or significant other caregivers) work together to parent a child, especially early on in the transition to parenthood, which is viewed as fundamental for enhancing family well-being and decreasing negative childhood outcomes (Feinberg, 2002).

The framework or model described by Feinberg (2002) includes four mutually related components: support versus undermining in the parental role, childrearing disagreement, division of responsibilities, and management of interactional patterns within the family (Feinberg, 2002). The first component (support versus undermining) includes the support couples give to one another within their parenting role which would include affirmation of the other parent's efficacy, acknowledgment and respect of one another's parenting ability and thirdly, standing by the decisions of the other parent

(Feinberg, 2002). The second component within the model is childrearing disagreement which points to the fact that parents must negotiate childrearing practices such as moral values, discipline, and safety concerns (Feinberg, 2002). In the case of first-time parent couples, there are a multitude of decisions that must be made on a daily basis. Questions such as how long to let an infant cry or whether or not to use a pacifier, for example, can become points of contention if the couple has divergent views on these matters. The third component of the model addresses the division of duties and responsibilities, which again, for first-time parents includes a wide range of topics such as medical, financial, and legal matters but also the everyday household and childcare tasks and chores (Feinberg, 2002). The last component of Feinberg's model of co-parenting relates to parents' communication patterns (Feinberg, 2002). In first-time parents, for example, there is evidence that men may experience a feeling of exclusion from the intense bond that a mother develops with the infant (Chin et al., 2011). Also, with increasing expectations on father involvement in childrearing there may be resulting issues with communication between the co-parenting dyad. Therefore, family interaction and communication patterns play a salient role in co-parenting and the transition to parenthood.

Since its inception, Feinberg's framework for co-parenting and the transition to parenthood model has been further explored with the development of an evidence-based intervention program for first-time parents called Family Foundations and a validated Coparenting Relationship Scale (Feinberg, Brown, & Kan, 2012). While Interpretative Phenomenological Analysis was used as an approach to the present inquiry, the

co-parenting theoretical framework was used as a tool to compare and contrast data during the analysis to strengthen the rigour of the study.

CHAPTER 2

Literature Review

The following review of the literature addresses the rationale for studying social support as experienced by first-time parents in the early postpartum period, and particularly for the use of a qualitative and phenomenological approach. The review begins by developing a working definition of the construct of social support. The benefit of social support to the well-being of the general population is highlighted and includes a review of the evidence on how a lack of support may negatively affect mental health and well-being. The literature review then provides a critical synopsis of what is known about social support within the context of the transition to parenthood. Previous research regarding social support over the transition to motherhood and fatherhood is reviewed, with an emphasis on mutual support within the couple relationship. Evidence of the importance of other informal supports is also addressed. The review includes evidence of potential barriers to accessing social supports in the early postpartum period for both mothers and fathers. Emerging trends in social support and parenting, particularly the literature on online social networking sites as a potential source of support is introduced. Lastly, methodological research approaches typically used in early parenting research are also discussed.

The Construct of Social Support

There are varied definitions of social support within the social science literature (Sarason & Sarason, 2009). In fact, Williams, Barclay, and Schmied (2004), in an attempt to identify a functional definition of social support that would be relevant to the experience of being a first-time parent, found 30 definitions of social support within the existing literature. Some of the common characteristics among the varied definitions of social support included the following: 1) exists within social relationships, 2) includes the sharing of resources, 3) involves the sharing of information or feedback, 4) has a particular intention, and 5) is influenced by perceived need (Williams et al., 2004). The characteristics of the recipient and also the qualities of the provider are important elements within the definition of social support (Williams et al., 2004). Other key features of social support that have been established in the literature include the facts that it provides reassurance, includes listening, reflects concern and trust, provides accompaniment in stressful situations, involves problem-solving and provides information (Williams et al., 2004).

Social support can be furthered understood by its attributes: emotional support, appraisal support, instrumental support and informational support (Hinson Langford, Bowsher, Maloney, & Lillis, 1997). Emotional support is described as the act of caring for someone by showing empathy and understanding, while appraisal support consists of encouragement and reassurances (Hinson Langford et al., 1997). An example of appraisal support would include providing feedback to a new parent that they are doing a good job. Instrumental support comprises supportive behaviours that are more tangible

and practical in nature such as providing food or childcare (Hinson Langford et al., 1997). Informational support refers to information that one receives from another which facilitates problem-solving, such as information on how to sooth a crying baby or strategies for overcoming breastfeeding challenges (Hinson Langford et al., 1997).

To further clarify the construct of social support, it should be considered distinguishable from the constructs of social networks, social embeddedness and social climate. Hinson Langford and colleagues (1997) suggest that a social network, social embeddedness and social climate are innate to social support and must precede it. A social network refers to the organization of actual people that are supportive, whereas social embeddedness refers to the closeness and strength of the relationships within that network (Hinson Langford et al., 1997). Social climate is defined as the overall prevailing attitudes of “helpfulness and protection” (Hinson Langford et al., 1997, p. 97) of the social network.

In a critical review of social support concepts and measures, Gottlieb and Bergen (2010) defined social support as “the social resources that persons perceive to be available or that are actually provided to them by non-professionals in the context of both formal support groups and informal helping relationships” (p. 512). This definition of social support was utilized as a working definition for this study because it is descriptive enough to provide a starting point for the discussion with first-time parents, but is not so specific as to limit the exploration; it is important in this type of study to allow the participants to define what the key concepts mean to them.

Prior to embarking on a study regarding social support it is important to have a general understanding of the concept; however, the researcher has made an intentional effort to allow the participants to define and describe their understandings of social support in the context of their own lives. Creswell argued that “the details derived from a qualitative approach allow researchers to operationalize the concept of social support in a way that adheres to the meanings prescribed by people with direct experience of the context they wish to study” (as cited in Williams et al., 2004, p. 958). Within the present study first-time parents’ definitions and meanings of social support were explored to broaden our awareness and to develop a more illuminative understanding of social support within the context of early parenting.

The Link between Social Support and Well-being

Positive social relationships and social support have been associated with improved health and well-being (World Health Organization, 2003). When people feel valued and are cared for by others through the sharing of emotional and practical support, they may benefit through improved health. In a meta-analysis examining the relationship between social support and health outcomes, social support was found to have positive effects on health status, coping behaviour, quality of life and health promotion behaviour (Wang, Wu, & Liu, 2003). Social support has not only been linked to lower morbidity but decreased mortality as well. In a meta-analytic review, Holt-Lunstad and colleagues (2010) found that “individuals with adequate social relationships have a 50% greater likelihood of survival compared to those with poor or insufficient social relationships” (p. 14).

Positive social support can assist us in facing and managing every day challenges, but it can also have a significant impact on dealing with major mental illnesses such as depression. Emotional support has been found to be a highly valued form of social support, both in general and clinical populations of men and women (Fowler et al., 2013). In a large, recent Canadian study of men and women (n=6112), Fowler and colleagues (2013) found that as levels of positive social interaction increased, the severity of depression symptoms decreased. The study also reported that “positive social interaction, sense of belonging, and tangible support were significant predictors of depression duration” (Fowler et al., 2013, p. E91) and was evidenced by the data indicating that those who reported a greater sense of belonging and who reported having more tangible support were more likely to experience shorter periods of depression. The beneficial role of positive social support to our overall health and well-being is unequivocal.

The Importance of Social Support in Early Parenting

Social support has been identified as a significant protective factor for people across the lifespan but is particularly pertinent for parents of young children. For example, perinatal mood disorders are considered to be the most common complication of childbirth for women, affecting 8-13% of women and also affecting 10% of men (Dennis, Heaman, & Vigod, 2012; Gaynes et al., 2005; Paulson & Bazemore, 2010). Perinatal mood disorders are characterized by low mood, appetite and sleep disturbance, loss of interest, fatigue, feelings of worthlessness, guilt and irritability (Fitelson, Kim, Scott Baker, & Leight, 2011). Positive social support can be an important factor in reducing risk of perinatal mood disorders. In a longitudinal study with a large sample

(n=3675) of at-risk mothers with young children, emotional support was found to be a significant protective factor for depression (Manuel et al., 2012). Conversely, a lack of positive social support has been associated with poorer mental health. A Canadian study with almost 400 women at 8 weeks postpartum revealed that those with depressive symptoms had lower levels of perceptions of partner support such as encouragement, positive feedback from their partner as well as companionship (Dennis & Ross, 2006). A meta-analysis of postpartum depression predictors indicated that low levels of social support is one of several significant predictors of postpartum depression (Beck, 2001) and more specifically, emotional support provided by partners or significant others was found to be more protective against depression than instrumental or practical support (Manuel et al., 2012).

Dennis and Chung-Lee (2006) conducted a qualitative systematic review of help-seeking barriers and maternal treatment preferences of women with postpartum depression and found that support from their partner, other family members and friends, and social support from other women with young children was particularly helpful for women in their recovery from depression. In a meta-analysis of prenatal and postpartum depression in fathers, Paulson and Bazemore (2010) found that 10% of fathers experienced depression, particularly in the three to six month postpartum period, and that depression in fathers showed a moderate positive correlation to maternal depression.

Parental well-being is a critical factor in the health and well-being of young children. Kingston, Tough and Whitfield (2012) conducted a recent systematic review including 18 studies examining the effect of prenatal and postpartum maternal

psychological distress on five aspects of infant development from birth to twelve months. The review found that prenatal maternal distress was negatively associated with cognitive, psychomotor, and behavioural infant development and postpartum maternal distress was negatively associated with cognitive infant development (Kingston et al., 2012). Historically, the well-being of parents has focused on maternal well-being and its impact on children; however, there is growing acknowledgment that parental mental health is an issue that affects the whole family unit (Letourneau et al., 2012; Paulson, Dauber, & Leiferman, 2006). Mothers and fathers who are depressed are less likely to engage in healthy child-rearing behaviours such as breastfeeding, talking, and singing to their child, as well as indoor and outdoor play (Paulson et al., 2006). Recommendations have been put forward to increase focus on supporting positive parental well-being and parental behaviours to optimize the social environment of young children thereby increasing the likelihood of healthy childhood outcomes (Boivin and Hertzman, 2012).

A recent community study in Australia found that in first-time parent couples (n=172) the six month period prevalence of mental health problems, identified as adjustment disorder, depression and anxiety was 33% for women and 17% for men (Wynter, Rowe, & Fisher, 2013). Work focusing on first-time parents has shown that they highly value aspects of social support such as having a non-judgemental peer who they can talk to freely and who can provide empathy, reassurance and encouragement (Small, Taft & Brown, 2011). However, questions remain regarding the effectiveness of their strategies to both seek out and accept support, particularly informal social supports (Deave et al., 2008; Negron et al., 2012; Small et al., 2011).

Given that positive social support contributes to overall health and well-being, and given that the psychological well-being of parents influences their child's growth and development, there is an identified need for an enhanced understanding of the lived experience of first-time parents in relation to social support.

The Role of Social Support in the Transition to Motherhood

Social support has been found to be a powerful predictor of mothers' health related quality of life in the perinatal period (Emmanuel, St John, & Sun, 2012). Aspects of social support such as emotional support, encouragement, reassurance, companionship as well as practical support are identified by women as being relevant to their transition to motherhood (Negron et al., 2012; Widarsson, Kerstis, Sundquist, Engström, & Sarkadi, 2012). As first-time mothers navigate the transition to parenthood, they may experience feelings of inadequacy, self-doubt and a disruption of existing social connections, which may lead to isolation and loneliness (Wilkins, 2006). Taking a grounded theory approach, Wilkins (2006) interviewed eight women in the United Kingdom, and found that first-time mothers often relied on informal networks of social support to cope with the demands of parenting. This study found that social support provided by other mothers with young children, often referred to as peer support, provided a mentoring relationship, and one in which the mother's emotions and reactions were validated and normalised (Wilkins, 2006). Wilkins (2006) also found that new mothers experienced a sense of "losing touch" with the outside world as they encountered challenges in getting out socially with their newborns. New mothers also encountered other barriers such as fear of criticism by others related to a lack of confidence in their mothering role (Wilkins,

2006). Although there was no form of member-checking conducted which could have strengthened the analysis, the findings were consistent with other research exploring the journey of motherhood.

Family support provided by a partner or spouse, a woman's own mother, or her mother-in-law or sister, can be a significant source of support which enhances parental self-efficacy and also has a positive effect on parental mental well-being and satisfaction with motherhood (Leahy-Warren et al., 2012). New mothers often seek the friendship and support of other new mothers who can validate and normalise their experiences and challenges or provide mentorship (Darvill, Skirton, & Farrand, 2008). While one-to-one peer support is frequently identified as helpful, other research has shown that mothers' groups may not be a positive experience for all women. For example, women who are experiencing symptoms of depression or who feel they are struggling may not identify with other women in the group who do not share these experiences, and the group may subsequently intensify their feelings of isolation and self-doubt (Anderson, 2013).

Negron and colleagues (2012) conducted focus groups with an ethnically diverse group of postpartum women (6-12 months) in the United States and found that, in addition to instrumental and informational needs, women struggled with the challenge of coping with unmet social support needs such as being able to speak openly about their feelings and experiences (Negron et al., 2012). Women anticipated support from partners and immediate family members but differed in their expectations around mobilizing supports (Negron et al., 2012). For example, the African American and Latina women felt that support should be forthcoming and that they should not have to request it

(Negron et al., 2012). It should be noted that women in this study were participating in a postpartum depression randomized trial; therefore, it was not clear if they were being treated for postpartum depression making it difficult to generalize the results to nonclinical populations. Although this qualitative study provided rich detail into the accounts of ethnically diverse women in the transition to motherhood, the small sample size precludes generalizability. In a larger Canadian study of 30 immigrant and refugee women coping with postpartum depression, interviews revealed that women encountered multiple barriers to accessing social supports including isolation and lack of connectedness, lack of spousal understanding, lack of awareness regarding community supports and language difficulties (O'Mahony, Donnelly, Bouchal, & Este, 2012).

The negative impacts of a lack of social support are not limited to the postpartum period since low social support in pregnancy has also been associated with high levels of stress in pregnancy (Kingston, Heaman, Fell, Dzakpasu, & Chalmers, 2012). Limited or low social support in perinatal women has also been linked to poorer mental health and is identified as a strong risk factor for postpartum depression (Stewart et al., 2003). Low social support has not only been linked to depression. Aktan (2012) confirmed that there is an inverse relationship between social supports and anxiety in both pregnant and postpartum women. Most studies confirming this association fall short of explaining the nuances of how women decide that they could benefit from social support, how they feel about asking for and acquiring support and whether or not that support was effective or beneficial. Contextual variables such as whether or not support was requested, and whether or not the support offered matched the recipient's idea of support, as well as the

quality of the relationship between the parties involved can also have an impact on perceptions of support (Wrzus, Hänel, Wagner, & Neyer, 2013).

In a systematic review of maternal treatment preferences, Dennis and Chung-Lee (2006) found that women placed the highest value on the opportunity to speak openly about their feelings and needs as they dealt with postpartum depression symptoms, but found that this type of support was often not available to them through existing relationships. The review concluded that women's perceptions that valued supports were not available could be related to interpersonal variables such as personality, self-esteem, and communication skills (Dennis & Chung-Lee, 2006). Catriona and colleagues (2014) conducted a recent systematic review and meta-ethnography to explore the impact of peer support in the context of recovering from perinatal mental illness. The review included five qualitative studies (n=95) across three countries and found four main themes: 1) feelings of isolation and having difficulty identifying with other mothers' experiences 2) the need for validation from other women 3) feelings of not living up to the social norms of motherhood and 4) finding connection and affirmation with other women who have been there (Jones, Jomeen, & Hayter, 2013).

A meta-synthesis which included 31 studies identified the characteristics of helpful and effective peer and professional support centered on breastfeeding. The synthesis confirmed that women benefitted most from a facilitative style of support that demonstrated an "authentic presence" characterized by an accessible and empathetic approach, responsiveness, affirmation, sharing of the experience and having a relationship (Schmied, Beake, Sheehan, McCourt, & Dykes, 2011). In contrast, some

women experienced unhelpful encounters with peer and professional supports that were blaming, undermining, rushed, insensitive or pressure-inducing (Schmied et al., 2011). While this meta-synthesis focused exclusively on peer and professional supports it does inform our knowledge on the characteristics of peer support that women find beneficial or unhelpful in relation to important issues in the postpartum period.

The Role of Social Support in the Transition to Fatherhood

The body of literature on men's transition to fatherhood is sparser than women's transition to motherhood. However, a recent meta-synthesis by Chin and colleagues (2011) examined data from six qualitative studies and found that fathers experienced a range of emotional reactions to fatherhood, including feeling overwhelmed and confused in addition to feeling a great sense of responsibility and love. Fathers encountered unanticipated changes within their partnership or spousal relationship such as not being able to spend time together as a couple and less intimacy, yet concurrently felt a sense of unity with their partners as they navigated the first few months of parenthood together (Chin et al., 2011; Genesoni & Tallandini, 2009). Deave and colleagues (2008) discovered that fathers often felt unprepared for the changes that took place within the couple relationship such as increased tension and lack of couple time for communication.

Today, more families are geographically separated from their extended family which may influence the degree to which fathers are expected to be a social support to their partners through emotional support, helping out in the home and with childcare (Genesoni & Tallandini, 2009). In a review of the literature investigating men's psychological transition to parenthood, Genesoni and Tallandini (2009) found that within

the social domain, men were challenged to meet the demands of work and home while dealing with their own sense of inadequacy and increased responsibility. More specifically, in terms of new fathers' experiences with social supports, the Chin and colleagues (2011) review found that some men felt that talking with other new fathers may have been helpful in dealing with the changes they encountered. Therefore, the present study has made a contribution to the scant literature on the subject of new fathers and their experiences and perceptions of social support in the early postpartum period, particularly within the couple context.

Social Support within First-Time Parent Couples

First-time parents are often surprised by the level of disruption that an infant has produced in their lives in terms of their self-concept, interpersonal relationships and social world (Widarsson et al., 2012; Xuereb et al., 2012). For couples amidst the transition to parenthood, there are contextual variables that potentially impact the levels of social support both given and received between one another. The expectations of first-time parents, before and after birth, can play a significant role in their adaptation. For example, although there is a trend toward greater father involvement, it is the woman who still experiences most of the physical, psychological and career-related changes resulting from pregnancy, childbirth and the postpartum (Kluwer, 2010). Despite this fact, it is often new fathers who experience the transition to parenthood less positively than their partners (Kluwer, 2010).

In a literature review including both qualitative and quantitative studies, concerning parenthood experiences during a child's first year of life, it was found that

both mothers and fathers strive to feel confident as a parent (Nyström & Öhring, 2004). Mothers identified feelings of being fatigued, drained and overwhelmed by having primary responsibility for the infant and struggling with limited time for self-care (Nyström & Öhring, 2004). Fathers felt role strain in relation to living up to the new demands of being a father, protector and provider of the family but also struggled with the change in their marital relationship, loss of freedom and lack of peer support or mentorship (Nyström & Öhring, 2004).

Social support by its very definition is embedded within relationships. Social support is exchanged between two or more people, a feature referred to by Gottlieb and Bergen (2010) as bi-directionality. Sarason and Sarason (2009) undertook concept mapping of social support, and found that it involved the interplay between situations or contexts and the person. They point to bi-directionality as a match between the people in the relationship, which addresses individual cognitive and behavioural characteristics such as sensitivity and individual attachment styles, with aspects of the environment such as the identified need of the recipient (Sarason & Sarason, 2009). Other contextual variables potentially impacting couples' perceptions of social support and the adaptation to parenthood include length of relationship, whether or not the pregnancy was planned or desired, and socioeconomic status (Howard & Brooks-Gunn, 2009).

The transition to parenthood often has a negative impact on a couple's relationship (Lawrence, Rothman, Cobb, Rothman, & Bradbury, 2008). Lawrence and colleagues (2008) evaluated marital satisfaction in a four-year longitudinal study of couples before and after pregnancy as compared to childless couples. It was found that

the transition to parenthood has a potentially negative effect on the satisfaction and quality of a couple's relationship (Lawrence et al., 2008). In a recent review of marital change across the transition to parenthood, Kluwer (2010) found that couples with a high degree of conflict, poor problem-solving skills, and perceived declines in spousal support were more likely to experience the steepest declines in relationship satisfaction in the postpartum period.

Deave and colleagues (2008) explored the transition to parenthood and the needs of parents through semi-structured joint interviews with women (n=24) and their partners (n=20) conducted both prenatally and postpartum. It was revealed that women often turned to female relatives such as their own mother for emotional and practical support while fathers reported fewer sources of social support outside their partner (Deave et al., 2008). Other forms of valued social support included support by other new parents who could validate their experiences in the first months of parenting thereby providing reassurance and decreasing isolation (Deave et al., 2008). Despite the fact that this study sample was recruited in south England, a key strength of the study was that parents were interviewed during the last trimester of pregnancy and again at three to four months postpartum, providing a rare opportunity to elicit parents' perceptions across the transition to parenthood.

Although the benefits of positive social support have been validated, new parent couples experience a variety of barriers to accessing and attaining adequate social support. The quality of the couple relationship itself could be a barrier to social support. In a sample of Canadian women, Dennis and Ross (2006) examined the influence of the

woman's perceptions of conflict and postpartum partner support on the development of postpartum depression symptoms. Poor relationships with partners were a barrier to positive social support for women coping with postpartum depression (Dennis & Ross, 2006). Specifically, women reported more frequent disagreements, arguing, and a lack of intimacy and empathy (Dennis & Ross, 2006). While this study included a robust sample size (n=396), it was limited to women coping with postpartum depression.

In their study of ethnically diverse mothers, Negron and colleagues (2012) found that women perceived the act of asking for help as a negative reflection on their capacity to meet the demands of their infant and household. Their fear of judgement was reported as a barrier to seeking support (Negron et al., 2012).

Overall, much of the existing literature on early parenting and accessing social supports focuses on women rather than couples or women coping with postpartum depression and therefore may not reflect the normative needs of women and their partners in the early postpartum.

Emerging Trends in Social Support and Parenting

There are two emerging trends that further highlight the need for research on social support in early parenting. There is some evidence that people now have fewer confidants than they once did, dropping to an average of two people from three people between the years of 1985 and 2004 as gathered from the General Social Survey (McPherson, Smith-Lovin, & Brashears, 2006). There is also evidence that social networks tend to decrease during the transition to parenthood which potentially may put additional expectations on existing social supports (Wrzus et al., 2013). Data from the

General Social Survey reveals that men and women use social networks differently and as fathers take an increasingly active role in parenting, this factor could be significant as well (Statistics Canada, 2008). Women are more likely than men to use family, friends and professionals to deal with change, while men were more likely to indicate business people and their employer as being the most helpful resource (Statistics Canada, 2008). The changing landscape of close social ties is clearly a topic worthy of further investigation particularly within the transition to parenthood.

Secondly, there is an increasing trend toward the use of the internet and social networking sites online as a potential source of social support. The General Social Survey 2008 indicates that the internet was used by 39% of Canadian adults to deal with life changes (Statistics Canada, 2008). Blogging, Facebook© and other forms of social networking can be viewed as a means of connection, networking and support (Lopez, 2009). While the research on internet use and the role it plays in meeting social support needs is limited, McDaniel, Coyne and Holmes (2012) found that in a group of new mothers, frequency of blogging but not social networking was associated with feelings of social connection to family and friends. Bartholomew and colleagues (2012) evaluated new parents' use of Facebook© and Myspace© at nine months postpartum, and found that more women than men used online social networking sites (Bartholomew, Schoppe-Sullivan, Glassman, Kamp Dush, & Sullivan, 2012). Forty-four percent of mothers and 31% of fathers reported greater use of Facebook© since the birth of their child, and the majority reported daily use of those sites (Bartholomew et al., 2012). A limitation of this

study was the demographics of the participants, which included predominantly White, highly-educated, middle-class parents.

It is currently unknown if internet social support is used to substitute for or supplement other forms of social support, and to what extent new mothers and fathers perceive this type of interaction as meeting their social support needs. By addressing these questions, this study revealed insights about the motivation for and extent to which first-time parents utilize the internet for social support.

Methodological Approaches used in Early Parenting Research

Much of the research investigating the social supports of new mothers and fathers is quantitative in nature, using self-report scales and surveys although the present literature review has focused on the existing qualitative literature. The Social Provisions Checklist and the Inventory of Socially Supportive Behaviours (ISSB) are commonly used to evaluate social support (Haber et al., 2007; Gottlieb & Bergen, 2010). While these measures are psychometrically sound and are a valid means of measuring social support, they have limitations. Specifically, the Social Provisions Scale does not identify sources of support which is a key factor in evaluating social support (Gottlieb & Bergen, 2010). Social support scales have also been criticized for lacking in contextual specificity; the Social Provision Checklist, for example, has not been extensively tested within the postpartum population (Gottlieb & Bergen, 2010). Other social support measures specific to the perinatal period such as the Postpartum Social Support Questionnaire (PSSQ) and the Maternity Social Support Scale (MSSS) are both limited to

evaluating social support in women in the postpartum (Haber et al., 2007; Hopkins & Campbell, 2008; Webster et al., 2000).

Further to these limitations, self-report questionnaires fail to take into account other important contextual factors such as developmental transitions that may influence the phenomenon. For example, a quantitative measure may not be able to capture culturally-based practices around social support. For example, in some cultures intense support from extended family is traditionally practiced by grandparents, but may not be welcomed by the new parents, yet on a survey they would feel obligated to report this support. Self-report questionnaires may also fail to provide a deeper understanding of the complexities of identifying support needs and wants and communicating desired social support needs within the couple relationship. For example, in a qualitative study using a grounded theory approach exploring the psychological factors that impact on women's transition to motherhood, Darvill and colleagues (2008) discovered that some women actively discouraged their own mothers from spending time with them in the postpartum in an effort to do the psychological work of establishing their own family unit. Qualitative research can be more successful in addressing these nuances by using the narrative to explore personal experiences and meanings with a flexible and comprehensive approach.

Qualitative research approaches, such as phenomenology, can bring to light the meaning of people's everyday lives by exploring their experiences and perspectives regarding a particular phenomenon, and taking the situational context such as time, place, resources, environment, and relationships fully into account (Thomson, Dykes, &

Downe, 2011). Williams and colleagues (2004) have advocated for a qualitative and contextual approach to research on social support to elicit more meaningful definitions of social support from the people who are experiencing it. They highlight a qualitative study by Coffman and Ray (2002) that focused on low income, African American women's social support experiences during high-risk pregnancy and early parenting as a successful example of exploring the meaning of social support within a particular context and population. Coffman and Ray (2002) used a grounded theory approach to describe the supportive roles in the women's lives and used the term "mutual intentionality" to name the processes of caring, respecting, knowing and being there, as shared and discussed by the women in the study. The narratives of the women demonstrated how perceptions and characteristics of the woman and her supporters influenced the process of attaining support (Coffman & Ray, 2002).

In other work exploring women's experiences of gaining social support following childbirth, Negron and colleagues (2012) identified four themes including women's support needs and challenges, expectations of support, mobilizing support and barriers. Other researchers have taken a different approach such as Wilkins (2006) who, in a grounded theory study, explored the support needs of first-time mothers at six weeks postpartum by asking them to describe the first few weeks of parenting. Wilkins (2006) described a "journey" that women encountered in terms of gaining experience as a parent and utilizing a variety of supports along the way to increase their confidence in their new role. While these qualitative studies are valuable to our understanding of social support in early parenting, they are again limited to the experience of mothers and therefore do

not consider the complexities of navigating support needs within the context of being a first-time parenting couple.

CHAPTER 3

Research Design

This chapter provides an overview of the research design for the present study including an introduction to the phenomenological approach followed by an overview of Interpretative Phenomenological Analysis (IPA). The role of the researcher is included in this chapter as it is an integral part of phenomenology and IPA. Finally, the research methods for this study are described and defined including recruitment, data collection protocol, research ethics, data analysis, methodological rigour and limitations.

The Phenomenological Approach

Phenomenology has been described as an approach rather than a theoretical perspective (Munhall, 2012). The phenomenological approach is concerned with the study of the meaning of human experience, particularly within a situated context that encompasses time, space, and relationships (Munhall, 2012). A phenomenological study is one in which the researcher has a question about a particular human experience or phenomenon and seeks to gain an understanding of the essence of that phenomenon by exploring it with people who have experienced it themselves (Creswell, 2013). In order to move beyond a descriptive explanation of the participants' experience, the researcher becomes a critical part of the study, particularly in Interpretative Phenomenological Analysis. As Munhall (2012) states "to understand another and even yourself, it is

essential to acknowledge your preconceptions, beliefs, intuitions, motives, biases, knowledge base and to be open to a whole new perception of another or yourself” (p. 24). So rather than simply reporting on the descriptive experiences of the participants, the goal of a phenomenological study is to seek a greater meaning or to bring to light understandings that are hidden from view, even perhaps by the participants themselves (Smith, Flowers & Larkin, 2009).

The theoretical underpinnings of phenomenology are based on the philosophical work of Edmund Husserl (1859-1938), Martin Heidegger (1889-1976), and Maurice Merleau-Ponty (1908-1961), each having made significant contributions to the development of phenomenological research and study. Husserl, who has been considered the founder of the phenomenological approach, described phenomena as those experiences in which we stop and reflect upon more consciously (Larkin, Watts, & Clifton, 2006; Smith et al., 2009). To think phenomenologically then, is to try and ascertain what is at the heart of that subjective experience, which Husserl referred to as the “essence” of the phenomenon (Smith et al., 2009, p. 14). Heidegger, who was a student of Husserl, used the term “Dasein” to refer to a person’s being-with in the world, in other words, we can only be in the world within our particular context (Smith et al., 2009). Heidegger’s major contribution to phenomenology lies with our understanding of intersubjectivity, referring to the interrelatedness of one person’s subjective experience of the world interacting with another person’s subjective experience of the world (Munhall, 2012; Smith et al., 2009). This awareness that each one of us engages with the world through our own subjectivity leads to a more thorough understanding of how we view the

world, how we relate to one another and how we make sense of one another and our experiences (Smith et al., 2009).

Merleau-Ponty shared many of the same views as Heidegger, including our subjective understanding of the world but brought another dimension to the approach of phenomenology by focusing on the “embodied nature of our relationship to the world” (Smith et al., 2009, p. 18). The experience of empathy for example, can be potent, but will always be limited by the fact that we experience the world through our own body and others through their own body. Thus, it is critical in phenomenology to consider the embodiment of another’s experience in relation to how they see and interact with the world.

Phenomenology is concerned with how people make sense and meaning of their experiences in life. Phenomenology is a flexible approach that uses the narrative to uncover new meanings and insights regarding subject matter or phenomenon, that have previously been taken for granted (Munhall, 2012). The experiences in life that lend themselves to phenomenological study are diverse. Four major themes within phenomenology that have been described by Seidman (2013) include: 1) the temporal and transitory nature of human experience, 2) the person’s subjective understanding of their experience, 3) the person’s lived experience as the foundation of phenomena, and 4) the emphasis on meaning and meaning in context.

These four themes address the complexities of human experience by acknowledging that our personal perspectives and social worlds are continually changing. For example, with regard to the temporal nature of human experience, within this study,

first-time parents were interviewed at a particular time in the early postpartum period, between eight and twenty weeks after their infant was born. It is presumable that their experiences and perspectives of social support changed considerably during those first few months and therefore it is of importance to acknowledge that a study of this nature provides a window into the world or a snapshot of the participants' lives at a particular point in time but in no way defines it completely. The other themes within phenomenology identified by Seidman (2013) emphasize the person's subjective understanding and lived experience of the phenomenon as the foundation of the inquiry with the focus on their meaning within a situated context. The situated context for the first-time parents in this study included aspects such as their relationships, resources, culture and environment.

Qualitative research, particularly phenomenology, requires that the researcher engages himself in a process of discovery but also one of openness. This necessitates that the researcher acknowledges their preconceptions, assumptions and biases that they bring to the research through a thoughtful process of self-reflection and writing. By doing so, they can as much as possible, become self-aware and open to genuinely hearing the perspectives of others and using what Munhall (2012) has referred to as "the third ear" (p. 22). Listening with a third ear requires the researcher to set aside what they presume to know, in order to be truly open to hearing what the participants say and to allow the participants to be the "knowledge holders, the holders of meaning in their experience" (Munhall, 2012, p. 23).

In phenomenological approaches to research, the subjective perspectives of the researcher are as much as possible “bracketed” so that they can be as open as possible to hearing and understanding the subjective perspectives of the participants (Creswell, 2013; Smith et al., 2009). The researcher can never fully remove their own subjectivity from the analysis; however, Larkin and colleagues (2006) attest that one can strive for the most meaningful understanding of the phenomenon by striving for the highest level of sensitivity and responsiveness. In this study the researcher addressed this in part by writing a reflection on their own personal and professional experiences on early parenting and social support since this knowledge and experience may have played a role in the interpretation of the data.

Reflection and interpretation of the meanings uncovered by the researcher are important processes that were undertaken in this study. Within the scope of this master’s thesis project, there were some limitations regarding the time and ability of the researcher to immerse themselves in the phenomenon.

Phenomenological research typically uses audio-taped semi-structured interviews with individuals or couples in this case, who have experienced the phenomenon, as a data collection method along with the researcher’s field notes and memos of the interview, study experiences and processes. The sample sizes for phenomenological research varies with the specific approach and could include three to twenty-five interviews, although typically phenomenological research involves small sample sizes (Creswell, 2013).

Phenomenological research could involve one or multiple interviews with each

participant; in the present study one interview was conducted with each couple due to the scope of the project and time constraints.

The rationale for the use of the phenomenological approach in this study is clear. The first-time parent couple with a new infant is a unit and this unit is set within a particular situated context which has a unique set of circumstances. More specifically, the postpartum couple or family is immersed in a transition, a time of change and flux, influenced by and embedded within a wide variety of factors such as relationships, energy, health, emotions and resources. First-time parents in particular are experiencing the transition to parenthood as a major life change. They each bring to this significant experience their prior knowledge, experience and expectations along with their own personality and values, both individual and shared with their partner. Not only is there an individual transition to motherhood or fatherhood, but there is also the transition of the couple. The first-time parent couple is immersed in a process of learning how to parent and also learning how to communicate with one another within their parenting role. First-time parents seek support from a variety of sources and from one another. The parents and these factors and others are interfacing with one another to create a particular dynamic related to the couples' perceptions and experiences of reaching out to one another and to others outside the family unit for social support to cope with the changes and demands that confront them at this unique time in their lives.

In the present research, first-time parent couples were interviewed together in order to gather their experiences and perceptions of social support from their joint perspective as a couple. There are disadvantages and advantages to this approach. One

disadvantage is that couples may not speak as freely in front of their partner in order to avoid offending their partner or to make them uncomfortable in some way (Taylor & de Vocht, 2011). The opposite may also be true, in that partners may prompt one another to share something that they may have forgotten or by providing more information or perspective on a topic leading to a richer exploration of the phenomenon (Taylor & de Vocht, 2011). Taylor and de Vocht (2011) referred to this “shared reconstruction of memory” (p.1582) as an important consideration in phenomenological research as it acknowledges the shared context of the relationship, in this case, the parental role. Taylor and de Vocht (2011) asserted that in their experience “joint interviews can result in particular insights that are not achievable in individual interviews because they provide a window into the couple’s world of shared experiences and meanings” (p. 1584). The present study takes advantage of that opportunity by providing the unique perspectives of first-time parent couples.

The researcher in this study had the privilege of listening with genuine interest and sensitivity to the stories of the participants. Phenomenological interviews provide an important opportunity to “give voice to people” (Munhall, 2012, p. 4). Participants can benefit from having the opportunity to share their thoughts and experiences in an environment of respect and acceptance. While the qualitative interview is not a therapeutic interview, there are aspects of the interview process that may be perceived as therapeutic or insightful for the participants. Being listened to with full attention of someone and for new parents, having the opportunity to talk with adults in a reflective

way was perceived as positive and helpful. Some participants commented in the interview about insights they unexpectedly gained during the interview process.

The rationale for the phenomenological approach to this study lies in the opportunity to elicit the perceptions and experiences of first-time parents as they think about and navigate social supports in a way that brings meaning to their experience and potentially leads to a greater understanding which may have implications for positive change with regard to policy and practice.

Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis (IPA) is a phenomenological approach to qualitative research that seeks to examine people's lived experiences, particularly when that experience holds a specific significance for the person (Smith et al., 2009). The IPA approach is focused on examining the thoughts, feelings and reflections that people have on their significant life experiences and how they make sense of these experiences (Smith et al., 2009). For this reason, IPA is particularly suited to studying life transitions such as the experiences of first-time parents. While IPA is a fairly recently developed approach emerging from the field of psychology and the work of Jonathan Smith, its theoretical roots lie in phenomenology, hermeneutics and idiography (Smith et al., 2009). The philosophical work of Husserl, Heidegger, Merleau-Ponty and Sartre form the theoretical underpinnings of the IPA approach. The philosophical grounding drawn from these founders of phenomenological philosophy includes a focus on the person's perceptions of their experience within the context of their lifeworld (Smith et al., 2009). While phenomenology is an approach that focuses on examining the

lived experience within a context, IPA research goes beyond descriptive revelations. An IPA researcher's systematic analysis attempts to make meaning of the lived experiences and interprets what meaning the experience has had for the person based on the various types of data collected (Smith et al., 2009).

This interpretation of meaning in IPA is drawn from hermeneutics, which is the theory of interpretation (Smith et al., 2009). Hermeneutics, within the process of IPA, has a number of considerations. The hermeneutic circle refers to the process of how the researcher's perspective and understandings help to develop his interpretation of the phenomenon, and in turn, how the phenomenon broadens and deepens the researcher's understandings and interpretations (Larkin, Watts & Clifton, 2006). A researcher engaged in IPA can develop this perspective on the matter due to the focused attention to every detail of data as well as through a systematic process of analysis. The focused analysis and interpretation of data in IPA may lead to insights and meaning that bring light to a process or phenomenon, even to the extent it may be better understood through this analysis than by the participant's own statements alone (Smith et al., 2009).

The hermeneutic circle is an important concept applied to the process of analysis in IPA. The hermeneutic circle refers to the dynamic and iterative process of interpretation that shifts emphasis between the parts and the whole (Smith et al., 2009). Within this iterative process for example, the researcher may consider a word, a bit of text, or an entire interview, each within a greater part and also within the researcher's perspective and relationship to the data (Smith et al., 2009). The researcher must therefore be aware of their preconceptions, bias and experience that they bring to the

process of analysis in IPA. Smith (2011) has described the process of IPA analysis as a double hermeneutic “whereby the researcher is trying to make sense of the participant trying to make sense of what is happening to them” (p. 10). Phenomenology recognizes “multiple interpretations and multiple realities” (Munhall, 2012, p. 126). As phenomenology strives to make meaning of experience, there is an acknowledgement that meaning is fluid and that experiences are layered with meanings, particularly for people who are in the midst of navigating a significant life transition.

Processes such as reflective writing, memoing and taking field notes can facilitate the bracketing of one’s thoughts and position in order to focus as fully as possible on the participant’s experience. The researcher prepares for the qualitative interview by reflecting on their own thoughts, feelings and prior experiences that they bring to the process. The focus of the researcher would then shift to full engagement with the participant within the context of the interview so that as fully as possible the researcher takes in what the participant is saying and also the context and environment within which he or she is talking. In the present study, the researcher wrote reflections and a field note prior to and after each interview was conducted.

Following the interview and during the process of analysis of the data, the researcher in a sense, travels around the hermeneutic circle to revisit his or her own thoughts and feelings on the matter in relation to the data collected (Smith et al., 2009). Another way that IPA uses the double hermeneutic is through the emphasis on two interpretive positions, empathy and questioning (Smith et al., 2009). The first of these positions refers to the researcher’s focus on understanding how the participants think and

feel and the second position leads to a deeper understanding through the process of inquiry with the aim of making sense of the phenomenon (Smith et al., 2009).

IPA is idiographic, meaning that it is devoted to examining the specific or particular case or a small number of cases as opposed to nomothetic which is concerned with being able to make statements about general laws of human behavior (Larkin et al., 2006). While IPA is concerned with the particular case, within a particular context, this does not preclude it from illuminating the human experience of a specific phenomenon (Smith et al., 2009). As Smith and colleagues (2009) explain, “we are thus better positioned to think about how we and other people might deal with the particular situation being explored, how at the deepest level we share a great deal with a person whose personal circumstances may, at face value, seem entirely separate and different from our own” (p. 31-32).

IPA is an inductive and flexible approach that is suited to examining life experiences such as major transitions, making decisions, living with illness, issues related to sex and sexuality and experiences of psychological distress such as with mental illness. IPA is suited to the present study on social supports in the context of early parenting since it focuses on the experience of first-time parents and their thoughts, feelings and perceptions on how social supports have impacted their transition to parenthood.

Smith (2011) has identified the key characteristics of a high quality IPA study: 1) the study should have a clear and specific focus, 2) the study data should be based on good quality interview data, 3) the study must be rigorous; data extracts should show convergence and divergence, representativeness and variability, similarity and difference,

4) elaboration of each theme, 5) the analysis must be interpretive not only descriptive, and 6) must be well-written. These characteristics have provided guidance to the researcher in conducting this IPA research study.

Role of the Researcher

In the phenomenological approach, the researcher is viewed as an “instrument” within the study, since the process involves the researcher interpreting the data from their own subjective world (Munhall, 2012). The researcher has two primary roles. The first role of the researcher is to prepare oneself to be open to new knowledge, insights and understanding that may be brought forward or uncovered by the perspectives and narratives of the participants. In order to be able to do this to the best of their ability, the researcher engages in a process of “decentering” (Munhall, 2012). The process of decentering includes reflecting on one’s own beliefs, preconceptions, biases and assumptions so that they may be set aside or bracketed for the purpose of adopting the “unknowing” stance, a state of mind that acknowledges that one cannot “know” another’s world (Munhall, 2012). In Munhall’s (2012) words, “To be authentically present to a person is to situate knowingly in your own life and interact with full unknowingness about the other’s life” (p. 138). In contrast, if one comes to a study without having acknowledged their personal context, it may prevent the researcher from genuinely hearing the perspectives of others (Munhall, 2012). Decentering and reflecting can be facilitated and strengthened by journal writing about one’s own thoughts and experiences which the researcher has done during this study. The practice of decentering not only happens at the beginning of the study but is an ongoing process of reflection to retain that

sense of awareness of one's own stance and what it brings to bear on the analytical process.

The second role of the researcher is to be able to take what has been gleaned from the data collection process and interpret it to the extent that it makes meaning of the phenomenon being studied. This engagement with the participant's account or dwelling with the data must include a reflective process as well (Munhall, 2012). One must be cognizant of the fact that it is likely that ongoing reflection and introspection during the study will reveal preconceptions that were not accessible prior to the study. The iterative and dynamic process of moving from the participant's subjective world to one's own interpretation of it is the essence of a phenomenological approach and represents the double hermeneutic.

Journaling throughout the present study has facilitated the researcher's awareness of personal thoughts and insights which were critical in the final analysis. Before embarking on this research study, the researcher devoted time to writing and reflecting on their own personal thoughts, perceptions, experiences and context on the subject matter. The following is a summary of that journal writing, which helped to situate the researcher.

Growing up in a large family of five children, and living on a farm, there was an expectation that everyone help one another out. In a rural community there is a felt sense neighbours will support you in your time of need and I was witness to many examples of that support such as through neighbours bringing food, providing childcare, sharing equipment, and offering moral support. Because of this upbringing I have seen the value

of social support on the life of an individual, family and community, and so I hold a personal belief that there is a benefit to social support and a value that everyone should have social support if needed and wanted. My family upbringing also instilled in me the value of being independent. It was demonstrated that it was acceptable to seek and accept support from others when needed. There was a perception that support would gladly be reciprocated when needed. Also growing up in a Catholic community, the faith upholds the value of supporting one another.

Before I became a parent, I had completed a Psychiatric Nursing Diploma. In that educational program, I was exposed to a number of academic courses and clinical placements that were focused on effective communication, the therapeutic relationship and the critical role that social support plays in a person's overall health and more specifically their mental health and well-being. This academic and practical experience provided me the opportunity to engage with a variety of people, some who had very helpful and responsive social supports, others who had very little social support and those who had people in their lives who were unsupportive or destructive.

My husband and I became first-time parents with the birth of our first child some years later. We felt prepared to be parents and were both full of expectation and excitement. All of my siblings had children by that point and I felt bolstered by the fact that I had some experience with children. We lived in a large city at the time and had recently moved into a new neighbourhood. Neither of our immediate families lived in the same city and none of my friends living in the same city had children yet. While the birth of our son was normal, he cried much more than we anticipated, and he slept very

little. Breastfeeding was also a greater challenge than I thought it would be. After several days at home with an infant who seemed impossible to settle, my confidence waned. We struggled along for several weeks on our own, becoming more and more exhausted as I tried to keep up with breastfeeding, little sleep and no in-home support. My partner had to return to work within a week or so. By the fourth week postpartum, my mother heard the exhaustion in my voice over the phone and offered to find someone who could help us out in our home. She arranged for a helper to come over two afternoons a week for about a month. The helper prepared food, did laundry, and watched the baby while I got some much needed rest. This support made a marked difference in my ability to cope.

Soon after, my neighbour across the street invited me to a parent group at the local community centre which I had never heard of before. I welcomed the opportunity to meet other women and families in the neighbourhood and enjoyed the short break from the baby. I also attended a local breastfeeding support group meeting. I was nervous at first but I met some supportive women and I started to feel comfortable, so I continued to attend the monthly meetings which become an important social support to me over the first year.

As I look back on the experience of being a first-time parent, particularly in those first few months, I feel that things would have gone quite differently for me if I had had more personal support from the beginning such as family or friends who lived close by who could have given me some respite or at least keep me company on those long afternoons when the baby was crying so much. Some days and nights were unbearably

long and I felt that there was no one to rescue us. It was important for people to understand what I was going through and many times I felt they didn't because they had not been in my situation.

The parent group and the breastfeeding group were helpful sources of social support. I didn't always share everyone's perspectives and sometimes I was uncomfortable but I felt that the support I was getting was worth it. My personal experience with my first son and the experiences I have had as a mother of two other children after that as well, have taught me a great deal about the importance of social support and the difference it can make in a new parent's ability to cope and feel good about their ability to parent. I am also sensitive to the fact that there are so many variables that can influence the situation such as the baby's temperament. Other stressors, confidence level and experience, how attached a parent is to certain expectations, their couple relationship, whether the baby was planned, etc. can all play a role. My husband was a significant support to me; he was always patient and willing to learn along with me and I think we supported one another very well, despite the fact that he had no prior experience with children.

In my current employment in mental health promotion I have had the opportunity to speak to new mothers as well as the public health nurses that make early postpartum visits in the community. There are many interesting dynamics in these situations, especially during the first six months of parenting. Again we see how many different factors play a role in how supported a new mother feels. Service providers have much less interaction with fathers and that is one reason that I wanted to include them in this

study. I am aware that some new parents feel isolated, judged, inadequate, taken for granted, angry, resentful, guilty and other emotions that are difficult to acknowledge to anyone, even themselves. Parents look for a variety of supports in the first months of parenting and many receive it from family, friends or community groups. In my work role I have consulted with public health practitioners about the identification of postpartum depression and anxiety and am aware of the symptoms but also the fact that most women have difficulty talking about how they really feel. Sometimes they may not realize that what they are feeling is a mental health issue rather than what we might consider ‘normal’ adjustment. Also the range of “normal” adjustment is very broad, so that makes it complex for new parents to ascertain what is actually happening for them.

I have also had the privilege of attending and presenting at conferences, read books and viewed films on the topic of perinatal adjustment, postpartum depression and early parenting which have contributed to my background and interest in the area.

As I embark on this research project, I acknowledge that I bring a great deal of interest and compassion to the subject and to the first-time parents that I interview in the study. I am very interested and passionate about the topic of social support since I highly value the role of social support in overall mental health and well-being, both from a personal and professional perspective. My experience in life as a parent and as a practitioner in mental health has exposed me to a wide variety of situations that highlight for me the importance of social support, although again, there is recognition that every person and situation is unique.

The approach I have taken to conduct this research project is to be as open as possible to the parents' experiences and perspectives. I brought a curiosity to learn about their unique experience of social support and what it has meant to them. As much as possible I have made a commitment to listening without judgement about their thoughts, ideas and perspectives. Foremost, I acknowledge that even though I may have some experience, I lack knowledge and therefore, I am eager to be open to learning, to see or hear something I may not have heard before. In Munhall's (2012) words, I have made every effort to acquire the "unknowing" stance that a qualitative researcher requires in order to be able to really hear what their participants are saying.

Lastly, during the development of the final write up of this study, I will reflect on my own personal standpoint and how it has impacted the research process and analysis.

Research Methods

Recruitment. Interpretative Phenomenological Analysis uses purposive sampling to study a specific phenomenon with a homogenous group, in this case, first-time parents in the first six months of parenting. The sample was limited to parents within this time frame to focus on the critical first months of parenting and to subsequently capitalize on the opportunities for targeted parental education at this time period. Participants were recruited on the basis that they represented a perspective and not a population, in accordance with the IPA approach. Utilizing purposive sampling, eight co-habiting couples who identified as first-time parents of one healthy, infant between the ages of eight to 24 weeks of age were recruited for the present study. Potential participants were screened on the following criteria,

- aged 18 years of age or over,
- birth parent of one, healthy infant between the age of eight to 24 weeks,
- are a co-habiting couple,
- living in Winnipeg,
- fluent in the English language,
- able to give informed consent, and
- able to participate in a joint face-to-face interview lasting approximately one hour.

In addition, because the study focused on a non-clinical population, potential participants were also screened regarding being currently treated for any major medical condition. There were only two inquiries from potential participants who did not meet the criteria. One couple whose infant was too young (two weeks) and one couple whose infant was too old (25 weeks). Participants were recruited throughout the Winnipeg community, primarily through posters and by word of mouth and email contacts. Posters were placed in sites such as pediatrician offices, community centres and churches where new parents frequent (see Appendix A). The poster indicated that interested parents should contact the researcher by phone or email.

Upon initial contact, the researcher provided general information about the study to potential participants and ensured that they met the inclusion criteria. If they met the criteria and wished to participate, an interview was scheduled at the location of their choice. To ensure confidentiality the researcher stipulated that no other person was to be present in the room during the time of the recorded interview. Participants were given a

reminder call or email for their interview time approximately three days in advance of the scheduled interview. Demographic data of the eight couples is summarized in Table 1.

Table 1 Demographic Data of Participants (8 first-time parent couples)

Couple	Age	Age of Infant	Marital Status	Education	Family Income
Josie Karl	38 37	14 weeks	married	University College	over \$100 000
Tracy Ron	21 20	10 weeks	co-habiting	High School High School	\$41 000-60 000
Bonnie Jacob	37 41	11 weeks	married	University University	over \$100 000
Adele Ethan	34 31	20 weeks	married	College University	\$81 000 – 100 000
Rachel Mark	30 32	9 weeks	married	University University	over \$100 000
Cara Casey	33 31	18 weeks	married	University University	over \$100 000
Gina Jon	29 30	18 weeks	married	Grad Degree University	\$61 000 – 80 000
Natalie Brian	28 28	19 weeks	married	University some College	\$41 000 – 60 000

The age of the infants in this study ranged from 9 weeks to 20 weeks. Within the study 4 of the infants were male and 4 were female. The age of the parents ranged from 20 to 41 years of age. The study was open to same-sex or heterosexual co-habiting couples; however, all couples in the present study were heterosexual couples. All eight mothers were on maternity leave and no fathers were on parental leave. Seven couples were living with their infant and one couple lived with extended family (mother's parents and two siblings). The sample represented an ethnically and culturally diverse group that included participants who identified as Jewish, Ukrainian, Kenyan, Indian, Polish, Chinese, French Canadian, British, Métis and Aboriginal. One couple identified as being recent immigrants stating in the interview that they had immigrated just over two years ago.

Data Collection. In IPA research, one is looking to gather the perspectives and perceptions of participants, therefore, there is a need to utilize a data collection method that allows for flexibility and one in which the participant is able to provide a rich, detailed narrative of their experiences. Rich data includes detailed stories, examples, thoughts, perspectives, questionings and emotions. The semi-structured interview is the data collection method of choice for IPA research as it allows the researcher to explore the phenomenon with the participants with enough focus on the phenomenon yet it allows for a significant degree of flexibility in that the researcher can pursue issues around the topic that are particularly relevant to the participant (Smith et al., 2009).

The location of the interview is pertinent. It is ideal if the participants are comfortable and at ease to speak openly. Participants were given the choice of interview

location and all but one chose to have the interview in their homes. One couple chose to have the interview in a coffee shop. For most new parents, it was practical to be in their own homes where their infant could sleep or where they had easy access to supplies. All couples chose to have their infant in their care during the interview; in two cases the infant was sleeping in a separate room in all other cases the baby was awake or asleep in their parents' arms. In one interview the baby was brought upstairs to a grandparent because he was crying, and his crying could be heard during the last ten minutes of the interview so this may have been a distraction for the parents. It was perceived by the researcher that most parents appreciated being able to have the interview in their own homes for the sake of convenience. The interview conducted in the coffee shop also appeared comfortable for the couple as they chose the location and seemed familiar with it.

Prior to beginning the interview, the researcher read a brief introductory script to the study (see Appendix B). The introduction was intended to clarify the purpose of the study and to emphasize to the participants that the researcher was interested in their perspectives. The script also had the aim of putting the participants at ease by acknowledging the range of emotions and perspectives that first-time parents experience. Since only one interview was conducted, it was critical to develop a comfortable rapport with the participants as efficiently as possible. The researcher aimed to establish rapport with the couple by presenting a casual but focused approach and engaging on an informal level prior to the interview. It was perceived by the researcher that her experience and age were advantages in establishing a rapport with the couples relatively quickly. To

assist in setting the stage for a comfortable interaction, the researcher described what the researcher's role would be in the interview and explained for example, that the researcher would be listening more than talking. The participants were also encouraged to take their time in thinking about and responding to the questions (Smith et al., 2009).

The first interview was considered a pilot interview. The researcher was open with this couple about the fact that it was the first interview conducted in the study. The interview was prefaced by informing the participants that the researcher would be seeking their feedback about the interview process and questions upon completion. After this first interview, the participants offered two pieces of feedback: 1) the mother stated that the questions were posed in such a way that the participant felt that they did not lead in a certain direction, and 2) the father offered the opportunity for further follow-up and stated their willingness to be contacted later should the researcher wish to clarify anything about the interview. The researcher perceived this invitation for follow up as an indicator that the interview was a positive experience. The researcher re-ordered the questions after the first interview to improve the flow of the discussion.

A written Consent Form was reviewed with each participant and any questions were addressed by the researcher (see Appendix C). Each participant completed a brief Demographic Questionnaire (see Appendix D). A participant number was assigned to each participant and confidentiality was assured. An Interview Guide was used to provide a framework for the interview and interaction (see Appendix E). It is recommended that novice researchers use an interview guide to facilitate a comfortable dialogue with the participants (Smith et al., 2009). The researcher found the guide useful

for conducting the interviews. It served as a helpful reminder of the key questions and topics that were intended to be covered; however, it was used flexibly since it was found that participants sometimes addressed one topic area before it was asked by the researcher in the form of a question. The overarching question in the study was, “What are your thoughts, perceptions and experiences as a first-time parent couple with regard to social supports since having your baby?”

The interviews ranged in length from 36 to 72 minutes. All interviews were audio-recorded and transcribed verbatim. Non-verbal behaviour was noted on the transcript where it was relevant. It was observed that most couples shared the talking and responding to the questions. In one case the father responded with much enthusiasm interrupting his partner in several instances throughout the interview, although his partner did not appear to react negatively, therefore it was perceived that this was a usual communication style for the couple. In most interviews the mother took the lead and answered the questions first, but not always. Sometime parents shared that they couldn't remember what they did or how they reacted to things, often referring to sleep disruption and lack of routine as the reason for the memory lapse. In these instances, it was very beneficial to have the partner present to jog the other's memory and help in retrieving perceptions, thoughts and feelings.

Research Ethics. The present research study received human ethics approval by the Joint-Faculty Research Ethics Board, University of Manitoba. Informed consent was gained by each participant in this study by reviewing and signing of the Consent Form. The researcher reviewed the Consent Form (see Appendix C) with all participants prior to

commencing the interview, answered any questions and emphasized their right to voluntarily withdraw from the study at any time without consequence prior to July 1st, 2014. It was explained that after that date, the data would be embedded in the thesis project and could not be withdrawn. One signed copy was retained by the researcher, the other was left with the participants. As stated on the Consent Form, it was made clear to the participants that should one member of the couple wish to withdraw from the study, then the entire interview would be withdrawn from the study. Two of the eight couples requested a transcript of the interview and six couples requested a brief summary of the study as indicated on the Consent Form.

Studies of this nature have been welcomed by parents in prior research, as it provides an opportunity for them to share their thoughts and experiences in a safe and empathic context; however, as per the Consent Form, it was acknowledged that some parents could find the discussion emotionally distressing. To address this potential concern, a list of local counselling and parenting resources was provided to each couple.

Data Analysis. Audio-taped interviews were transcribed verbatim by the researcher as soon as possible after each interview took place. During this process, audio-tapes were listened to several times while transcripts were checked for accuracy. Data analysis began following the first interview and was conducted concurrently during the remainder of data collection period as is recommended in the literature (Miles, Huberman, & Saldaña, 2014).

The process of analysis utilized in this study was guided by the work of Smith, Flowers and Larkin, as described in the publication *Interpretative Phenomenological*

Analysis, Theory, Method and Research (2009) which provides the novice qualitative researcher with a solid foundation to embark on an IPA study. The Interpretative Phenomenological Analysis approach in qualitative research is described by Smith, Flowers and Larkin (2009) as an “iterative and inductive cycle” (p. 79). Inductive approaches allow for concepts to emerge from the data itself while an iterative cycle ensures that the process is continual and not static (Creswell, 2013).

Smith and colleagues (2009) have identified several key components of analysis within a successful IPA study, beginning with a systematic verbatim analysis of the transcript data. In the present research, the researcher found it beneficial to listen to the audio-recording of the interview several times while reading the transcripts. In the initial step of analysis, the researcher immersed themselves in the data of one transcript with particular attention paid to significant or compelling statements, feelings and perspectives of the participants which were highlighted on the transcripts. Smith and colleagues (2009) recommend the researcher begin the analytical process with initial noting that focuses on identifying and highlighting descriptive, linguistic and conceptual comments. Descriptive comments focus on describing content, linguistic comments explore the use of language and conceptual commenting involves exploring the transcript at a conceptual level with questioning of possible meanings (Smith et al., 2009). Comments relevant to these three core elements were jotted in the right margin of the transcripts in different coloured ink for differentiation.

Secondly, the process of analysis moved to identifying emerging themes within the data. Themes are defined by Bradley and colleagues (2007) as “general propositions

that emerge from diverse and detail-rich experiences of participants and provide recurrent and unifying ideas regarding the subject of inquiry” (p. 1766). Smith and colleagues (2009) state that “themes are usually expressed as phrases which speak to the psychological essence of the piece and contain enough particularity to be grounded and enough abstraction to be conceptual” (p. 92). The process of developing emergent themes includes considering any similarities and differences within each case and then across cases (Larkin et al., 2006). Cumulative coding refers to the process of revealing patterns of meaning that are found within a transcript while integrative coding seeks to find patterns of meaning across a number of transcripts (Larkin et al., 2006). Emerging themes were noted in the left margin of the transcripts.

The interpretative aspect of the analysis comes with the researcher’s reflections on the data along with their own personal knowledge and experience in relation to the experiences of the participants and the data collected from the study. This process, described as the hermeneutic circle, as previously mentioned, guides the researcher to acknowledge the multiple perspectives but also drives the analytical process to a greater degree of interpretation by bringing to the surface convergences in experiences and new insights that may lead to a greater meaning and understanding of the phenomenon being studied (Larkin et al., 2006). Immersion in this analytical process also involved the search for divergences across cases (Smith, 2011). To facilitate the process of cumulative coding and identifying connections across the emergent themes, all emergent themes from one interview were laid out individually on slips of paper and then clustered in groups where a relationship or connection was perceived by the researcher. Integrative

coding was facilitated by using flipchart paper to chart and map emerging super-ordinate themes and subthemes gathered from all cases in the study.

The final analysis in an IPA study is summarized in a comprehensive narrative of the findings that includes detailed data extracts that support the findings. The phenomenological approach supports the use of the thick description of data and as such, participants' quotes are used extensively in the final analysis to further elucidate the findings which contribute to the study's authenticity. All names used in this document are pseudonyms to ensure confidentiality of the participants.

A key feature of IPA is that it must include the researcher's own reflections on their impressions, thoughts and processes throughout the process of analysis. Larkin and colleagues (2006) emphasize that the process of analysis within an IPA study is complex, and is not intended to be a linear one. The data analysis process also took into consideration field notes and memoing recorded in a journal by the researcher.

Methodological Rigour. Methodological rigour in qualitative research refers to the thoroughness of data collection, completeness of the interpretation of the data and thoroughness of the analysis (Yardley, 2000). The thoroughness of data collection was addressed by utilizing semi-structured interviews as the data collection method and through the use of researcher memoing and journaling. The breadth of the interview questions with the inclusion of an open-ended question that allowed participants to add any thoughts they had regarding social support that may not have been asked by the researcher also contributed to the quality of the data collection. Completeness of the interpretation of the data and the thoroughness of the analysis was addressed in this study

by the identification of patterns and connections within cases, in addition to convergences and divergences across cases.

External validity and transferability are addressed in this study by including demographic data of the participants, identifying the limits to sample selection, and also by connecting the findings to the stated theoretical constructs, specifically the family-focused model of co-parenting (Miles et al., 2014). Rigour was also upheld in this study through the advisory role of the thesis committee.

In terms of validity, extensive data extracts have been used to support the analysis and findings. Super-ordinate themes were defined as themes that recurred in over half of the cases with subthemes being supported by evidence in over one third of cases.

CHAPTER 4

Findings

Analysis and Results

The following chapter provides a detailed discussion of the analysis and findings of the study followed by some personal reflections of the researcher. The semi-structured interviews with eight couples provided a significant amount of data. Using the process of analysis described earlier, the researcher was able to formulate three overarching or super-ordinate themes as indicated in Table 2. The three super-ordinate themes were further developed with the formulation of subthemes that provide greater specificity and detail under each super-ordinate theme. Each of the super-ordinate and subthemes are explicated in this analysis with the extensive use of data extracts to provide examples of

each theme. The data extracts “give voice” to the participants and provide a more intimate understanding and richer meaning of their experience and how it is captured in the analysis. All super-ordinate themes and subthemes are interconnected and overlapping. It is of critical importance to acknowledge that themes are not only developed by the frequency with which they occur in and across cases; themes are also interpreted by the patterns and connections that are recognized across the entire data set.

Consistent with IPA research, contextualization is a prominent consideration. Whenever possible the contextual factors that have bearing on the analysis have been included.

Table 2 Super-ordinate Themes and Subthemes of First-time Parent Experiences of Social Support in the Early Postpartum Period

<i>Super-ordinate theme</i>	Predicting social support needs; preparing for the unknown
Subthemes	Shaping realistic expectations of early parenthood
	Knowing what we need to know; accessing informational support
<i>Super-ordinate theme</i>	Assessing capacity to meet the demands of early parenthood
Subthemes	Grappling with time
	Drawing on personal resources
	Working as a team
<i>Super-ordinate theme</i>	Feeling supported as a first-time parent
Subthemes	Reaching out
	The meaning of feeling supported

There is a body of existing literature that describes the various types of social support that first-time parents seek out, use and value in the first several months as parents. This particular study sought to further our knowledge and understanding by exploring first-time parent couples' *meaning* of social support in their first months as parents. The emphasis of this analysis has been on the lived experience of eight first-time parent couples and their subjective understanding of their experience with social support within the early postpartum period. The present study afforded the participants a unique opportunity to collaboratively reflect on their experience thus far and to explore their personal meanings of being supported within their new role as a mother or father and also within their changed couple relationship as parents. Participants' experiences with social support represented a diverse landscape, each of their stories being unique but not uncommon. Their narrative reflections brought to light the terrain of finding, accessing and making use of social supports that have meaning to the first-time parent. This terrain has been described in the following analysis as themes. All of the super-ordinate themes and subthemes overlap and are not discrete; however, they are represented here in this framework to assist in understanding the meaning of social support as it is experienced by first-time parents in the early postpartum.

Predicting social support needs; preparing for the unknown. Findings from the study revealed that as first-time parents, participants had a shared experience of preparing for the unknowns of parenthood in the early postpartum period. This process of preparation which began prenatally impacted the couples' perceptions, thoughts and feelings about planning for, predicting and acquiring social support needs in the

postpartum. The couples' expectations of early parenting and their potential support needs had a marked impact on their actual experience. While the predictions of support needs were not always accurate, it appeared that the process of thinking about potential support needs was key to moving to the next step of assessing the capacity to meet the demands of early parenting. Even for parents who stated that they had no expectations or weren't certain what their expectations were, there was a sense that this impacted their eventual reality in the postpartum period. The first theme of *shaping realistic expectations of early parenthood* describes a process that all parents encountered to some degree as they thought about the unknowns that were before them. They pondered many questions. Will I get any sleep? Will my baby have colic? Will breastfeeding go smoothly? How much help and support will we need? Expectations played a salient role in how participants evaluated their potential social support needs and their eventual perceptions of desired and existing social supports in the early postpartum months.

Secondly, there was a shared experience of gaining knowledge and information that could equip the participants to capably deal with the myriad of decisions and the development of new skills required for the parenting role. The theme of *knowing what we need to know, accessing informational support* speaks to that experience, and is also relevant to the super-ordinate theme of predicting social support needs, preparing for the unknown.

Shaping realistic expectations of early parenthood. While the participants focused primarily on their thoughts and experiences regarding social support since the birth of their infant, it was clear that their *postpartum* perceptions and experiences were

considerably shaped by their *prenatal* perceptions and experiences. An important aspect of preparing for the unknown was related to how expectant parents psychologically prepared for the transition to parenthood and what role expectations played in that process.

The majority of participants in the study shared some aspect of how their expectations impacted their adjustment to parenthood and their experiences with social support. Their expectations were “shaped” by a variety of factors including their existing knowledge and experience, through the shared experiences of family and friends, or through information that was directly sought out through various sources. The experience of early parenting was then in turn “shaped” by these expectations. Several parent couples identified a dissonance between their expectations of early parenting and their actual experience. Some parents’ expectations were more positive than reality and some more negative, meaning they were expecting things to be more challenging than they were in reality. Some participants however, felt that their expectations did match closely with their reality and expressed relief that there were “no big surprises”. Expectations were perceived as an individual construct since there were some couples whose expectations were divergent from one another. The essence of the role of expectations in early parenting is not about whether parents were accurate or inaccurate or whether their expectations converged with their partners, but rather whether these expectations had the power to influence or shape a parents’ subjective reality. For example, it was perceived that parents whose expectations were very low or flexible, were influenced in a positive way since their reality was perceived as more positive than

their expectations, whereas parents who had high or fixed expectations experienced a greater incongruence and thus, their subjective reality was shaped by having to make greater adjustments in coming to terms with the divergences between expectations and reality.

Expectations played a significant role in the process of assessing social support needs. For example, parents who had perceived prenatally that they had minimal support available to them were relieved when they came to the realization that they didn't need a great deal of support or when support they didn't anticipate became abundant in a time of need.

Understanding how expectations can impact the process of attaining appropriate social support in the early months of parenthood is valuable information that is often overlooked in prenatal education. Exploring expectations around early parenting represents a relevant educational opportunity for expectant first-time parents. While the experiences of the couples in the study clearly demonstrates that it is not possible to accurately predict the outcome of the postpartum experience, there may be value in exploring the range of expectations that couples have prenatally so that there is an increased awareness of what role expectations play in postpartum adjustment.

Participants reflected on the expectations they had and spoke about what kinds of factors influenced their expectations. For example, Tracy, a 21 year old mother of a 10 week old infant considered her expectations of parenthood and how they differed from her actual experience in the first several postpartum weeks.

Tracy like before when you're pregnant, you're like "I'm twenty years old, like I can handle my own self, I'm pretty sure I can handle somebody else", like I'm really responsible for what I do in a day and I think I'm good at what I do, so obviously, I think I'm going to be good at being a parent and it's just going to come naturally...you never realize just how much of a change it's going to be until it happens and then, once it did happen, you're kind of more like "oh, I would appreciate" like, I need more (support) than I thought; I definitely needed more support than I thought I was going to need...

While *Tracy* is a relatively young mother, older first-time mothers can also experience a discrepancy between expectations and reality as shared by *Josie*, a 38 year old first-time mother. There was a sense throughout the interview that *Josie* felt she should have been more prepared for parenthood.

I guess I had this pre-conceived notion in my head, I'm not sure, like ah, ...it just depends on our philosophy as parents, and maybe discussing that up front, before the baby was born would have been better, would have been more helpful, for us, so that's just lessons learned, it comes from experience

Expectations of early parenting can revolve specifically around the availability of social support and the attempt to predict how much and what type of support may be needed in the postpartum. Some parents had concerns about the level of support that they felt would be available to them after the baby was born and encountered feelings of apprehension about how they would cope with the demands on their own. For one

couple, Bonnie and Jacob, this fear was ameliorated by an abundance of unanticipated support from their existing social network. For another couple, Adele and Ethan their concern was diminished by their low expectations and their sense of personal capacity to cope with the demands in a manageable way.

Bonnie, a 37 year old mother and Jacob, a 41 year old father of an 11 week old infant, reflect on their prenatal assessment of the social supports available to them.

Bonnie I always thought we didn't have supports, I really planned thinking that it would really just be the two of us, really like sort of, battling it on our own...so I really thought you know, it's going to be tough, *Jacob* yah and it turned out anything but though, it was the complete opposite to what we thought it would be

Adele and Ethan, self-described "homebodies" who are recent immigrants with few social supports, viewed their situation as "lucky" in terms of the baby's temperament and their ability to meet the demands of early parenting. With a lack of family members living locally and no close friends with young children, they had anticipated and prepared themselves for a daunting challenge in coping which resulted in their experience of reality being more positive than expected.

Ethan ...and we were expecting much, much worse *Adele* oh, exactly *Ethan* so it's also like depends on what your expectations are, so if you expect it's going to be really easy and it will be wonderful...and it's all fun, and then we were expecting the worst, the living hell...so if you have a really low expectations then reality will be slightly better and then so that plays a role

Expectations played a role in evaluating not only the availability of social supports but also included knowing what type and quality of support was available through close ties. Josie, for example, came to recognize that her own parents were able to offer a specific type of support and expecting them to provide more or a different type of support would not be realistic. Josie's sigh at this point in the dialogue may have given some indication of her disappointment with this acknowledgement.

Josie I get their support just more...I don't get hands on support, I get, just a call "how's it going?" but not necessarily like a physical, active, helping out, kind of support...its jus...it's not going to happen, I... I just, I just don't have that expectation

For some mothers, challenges with breastfeeding were particularly surprising as breastfeeding was associated with being a natural and instinctive process. Adele and Ethan had thought about potential issues like having a colicky baby because a colleague had warned them of this possibility. Instead, they were surprised by the problems encountered with breastfeeding and acknowledged that the cultural taboo surrounding discussing breastfeeding had contributed to their lack of knowledge and preparedness.

Ethan the only thing that caught us by surprise was breastfeeding, especially to you I guess, that it was going to be easier and it didn't *Adele* nobody say no, it's very difficult *Ethan* it's a taboo I guess *Adele* exactly...it's like natural things, you have to know about breastfeeding...that's the feeling that, like obviously, you should be able to do it

Because of the breastfeeding difficulties they encountered early on, they accessed the expertise of a lactation consultant in the hospital which they felt had “eliminated, to some degree, the need for family support” around the issue of breastfeeding. Cara, a 33 year old mother of an 18 week old, also reflected on her expectations of breastfeeding. Her response to these challenges was to reach out to a public health nurse for assistance.

Cara I didn't expect that I'd need help with like breastfeeding, I don't know, I was just like, how could it be difficult? and ya, I didn't expect that...

For some parents, their expectation was that they wouldn't need a great deal of support and in fact they didn't; however, they were reassured by the fact that support was available to them if they needed it. The availability of support eased concerns and reduced stress, knowing that resources were there if required. Family and friends were often cited as the most accessible social support. Rachel, a 30 year old mother of an eight week old infant describes how she felt about the support she needed after her baby was born.

Rachel...I didn't think we were going to need a ton of support but I knew we had lots if we needed any

Formal prenatal education classes played a role in shaping expectations. Some couples admitted that they felt the content somehow did not apply to them and their situation. These couples were amused by their naiveté and chuckled as they shared their reflections. Natalie, a 28 year old mother of a 20 week old, recalls her reaction to some of the suggestions made at prenatal classes on how to prepare for the early parenting weeks. Her partner Brian also reflects on his thoughts about what supports

they thought they might need after their baby arrived. With no prior experience with infants and their child being the first grandchild on both sides of the family, Natalie and Brian have had to adjust their expectations to embrace their new reality but feel they have adapted well by allowing themselves to accept a variety of social supports and to “make it up as they go”.

Natalie I mean she talked about some of the stuff like the getting people to make meals and getting people to sign up for chores and that, and I was just like “that’s ridiculous” (chuckling) but no, and then you get here and you get into the thick of it and you’re like oh...*Brian* I had not a hot clue...you don’t realize what you’re getting into...

Shaping realistic expectations of early parenthood is a process that first-time parent couples all encounter in one form or another. Initiating a dialogue on the role of expectations and how they impact early parenting and planning for social support needs could facilitate first-time parents’ positive transition in the early postpartum period.

Knowing what we need to know; accessing informational support. Accessing accurate and useful information was viewed by the participants as a form of social support. Reaching out and finding answers to their questions or discovering options to consider, contributed to an emotional sense of control and relief. Informational support is particularly critical to first-time parents who must make important decisions and develop new skills on a daily basis. Informational support has been identified as one of four defining attributes of social support in the literature (Hinson Langford et al., 1996).

Accessing accurate information helped parents to better predict social support needs and prepare them for challenges and changes.

Many couples spoke about the need to gather information and be “informed” as they embarked on parenthood. Information was gathered from a variety of sources including health-care providers, the internet, prenatal classes, and books, as well as through family and friends. Perceptions of knowledge and readiness to be a parent varied among the couples with some parents feeling that they could have or should have been more prepared for the vast changes that they encountered. Other participants acknowledged that they just did not know how to be prepared and in fact, one father questioned whether one could be prepared for the leap to parenthood. There was a shared experience of having many questions and an acknowledgement of the considerable time spent in seeking answers. Casey’s reflection on the first days at home with their infant speaks to the feelings of first-time parents regarding their lack of experience and information. As Casey spoke, he looked to his partner Cara who smiled at the recollection with a sympathetic expression.

Casey it was kind of daunting, you’ve got no clue what you’re doing, you come home and shut the door and just don’t really know what’s about to happen

One of the aims of this study was to explore first-time parents’ use of the internet as a source of social support. The internet was often cited as a ubiquitous source of informational support but not emotional support. When asked about barriers to accessing informational social support Casey, a 31 year old father felt that any question could be addressed at least to some degree with an internet search.

Casey no, I think just because Google© is so good, because you can find anything, right, so anything we've needed to know, no matter how obscure, we've been able to find it

The internet was used by all couples to some extent; fathers were more likely to admit that their use of the internet for parenting matters was minimal. Many couples spoke about using a popular website, (babycentre.ca) to track weekly physical progress during pregnancy and to prepare them for expected changes and challenges. This website was primarily used by the mothers in the study, although they spoke about sharing information with their partner. The website was generally viewed as helpful and informative even though one parent did feel that at times the amount of information available could be overwhelming. Several times Josie switched from the use of "we" to "I", which was interpreted as a clarification of her own feelings versus those of her partner's.

Josie...we definitely used it and we've, we're better off for it, I suppose, to a point, and sometimes no, sometimes we've, I've used it too much and then I just...just kind of turn away from everything I've read

Another couple, Ethan and Adele, used the same website and identified the internet as a primary source of information and support, both before and after their baby was born. Their approach to using the internet as a source of support was one of finding evidence for decision-making but also seeking out the untold truths of pregnancy and parenthood. Access to the internet was crucial for this couple as it was identified as their main source of support outside of one another. As relatively new immigrants, their

perception was that the internet could provide them with informational support that was not readily available to them elsewhere within their limited support network. They also wondered about how “normal” it was for parents to rely so heavily on the internet.

Ethan it’s more of a scientific thing so it’s ...this is from a reputable source and then we verify...we try to do some research that is valuable, how you say, you trust, trustworthy, you cross check...*Adele* I was thinking those days I was out of internet I was kind of like ooohhhh PLEASE I need internet...*Ethan* maybe a weird thing but that that was it *Adele* I think it’s nowadays, it’s kind of normal

It was noteworthy that although Ethan and Adele had no outside support, they did not feel that they lacked support and in fact, were both satisfied with their current level of support. When asked about the kind of social support that they valued the most, Ethan and Adele placed a high value on internet information that they felt was not readily available from other sources of support in their lives. They spoke of their appreciation for knowing what to expect in the first few weeks with a new baby which they discovered through the babycentre.ca website and through a TED© talk.

Ethan well the things that don’t seem like nobody tell you...like that top five or top ten things that you should know...*Adele* the five things they never say *Ethan* this was so useful and now we know it

Parents also sought information from one another and from family members. Jacob, who identified himself as having no experience with infants or children, spoke

about having to “learn on the go”. His partner Bonnie, who has several friends with young children, has a list of contacts that she texts when confronted with a question.

Jacob it’s very foreign to me, (laughing) it’s been a bit, a big learning curve

Bonnie ya, steep *Jacob* steep... whenever I had a question I more or less ask, you know, or if I’m doing something wrong she lets me know *Bonnie* then when I don’t know the answer, I go find it... whenever I have a question, I’ve got like a list of like four mommies on my phone... I’m like texting them my question and usually within half an hour I have an answer

Tracy readily sought advice and information from an older sister who is an experienced parent of five children. When asked about how the support she has received has impacted her adjustment to parenthood Tracy commented:

Tracy I think it’s made a big difference... from like, from my older sister, I ask her a lot of questions and it’s like, its just made me so... I’m so much more of an educated parent

It is notable that Tracy was the only parent who viewed a sibling as a consistent source of informational and emotional social support as the majority of couples did not have siblings with young children. One other couple, Gina and Jon benefitted from the fact that one of Jon’s siblings had preschoolers so that the grandparents and extended family on his side were more accustomed to the idea of a baby in the family. Rachel appreciated the support of her sister-in-law who was a source of informational support since she had had a baby just two months earlier. This supportive relationship was also perceived by Rachel as caring and helpful.

Rachel my sister-in-law's been like a really good support...she's just such a thoughtful person...I was just thinking that he (baby) had his two months appointment for his shots and...I was texting her before like what to expect and then she told me, like a big long text message of what to expect and then again after, "How was the appointment?"

There was a shared sense that seeking answers takes time and new parents do not have an abundance of time to search for answers. There may also be an expectation that answers should be readily available, recognizing that this generation of parents has become accustomed to quick answers via the internet. Being able to get trustworthy answers efficiently from the internet or through communication with friends and family in a timely way was viewed as a major source of support for the parents in this study.

All couples spoke about prenatal education classes as useful and relevant with regard to information needs, to some degree, although limitations were identified. Parents who lacked prior experience with infants felt that the prenatal education was too heavily focused on childbirth and provided little preparation on how to care for the baby and manage the postpartum period. Josie who identified herself as "a little bit older" spoke with some frustration about unmet needs in the prenatal classes that she and her partner attended. There was a sense of exasperation as Josie spoke.

Josie everything's just so focused on the birth and not, okay, what do you do when you get home, like about sleep, and diapers and all that kind a, cues, none of that's ever talked about...and my labour was so fast that, that whole that we sat

through it didn't even matter (laughing)...preparing for that is probably more important than the labour

Tracy and Ron who took prenatal classes from a different agency felt that the classes were very helpful and relevant. They described the classes as “interactive” and “hands on”, and they appreciated the small group format with sufficient information on relevant topics such as breastfeeding and the postpartum period. Bonnie and Jacob described their prenatal class as a “good learning experience” and added that “we never would have known half that stuff”. Adele and Ethen found that the course condensed a large amount of information in a short period of time.

In contrast, Gina and Jon who took prenatal education late in the pregnancy found that much of the course content was no longer relevant to them as it related to the first and second trimester.

Gina a few things were useful *Jon* informative but overall I think if we had missed the class completely *Gina* we would have survived

Cara and Casey also identified limitations to the prenatal education that they accessed, disappointed with the lack of information about caring for baby and other issues in the postpartum. A lack of information can directly impact a couple's ability to manage and has implications for the type and amount of support that first-time parent couples get in the postpartum. As Casey and Cara reflected on their feelings, there was a sense of incredulity at the lack of relevant of information provided in prenatal education.

Casey it was all focused on the actual day of *Cara*, ya, it was all childbirth...*Casey* I guess there was no real discussion of after birth though, what

happens when you get home? *Cara* no, no one talks about it *Casey* everything's new, you don't know what you're doing *Cara* no *Casey* there's no book that says, do this and do that, so there's a lot of questions

In this case, *Cara* and *Casey* relied on the support of a public health nurse to answer many of the questions that they had at that time.

It is of interest that only two couples reported that they had close friends with young children who they turned to for social support. For the remainder of the couples, they were the first in their circle of friends to have children. For the participants who had friends with young children they often identified them as a key source of informational support. Parents spoke about how they evaluated the trustworthiness and validity of information they received, some considering the quality of their relationship with the provider and sometimes considering the source's education and experience. For example, *Gina*'s best friend wasn't a parent, yet she was identified as having valuable knowledge and more importantly an established level of trust that contributed positively to the exchange of information.

Gina I have to trust someone before I will accept support from them...like I have to trust that their knowledge is coming from a place that I agree with, I think and then, I will ask them questions...my best friend she's a doctor and...even if she wasn't a doctor, it's just that I have 100% trust in her opinion on things

Grandparents were generally not viewed as a source of informational support except in the case of *Tracy* who was the youngest mother in the study. Grandmothers were generally viewed as a source of instrumental or practical support such as providing

food, completing household chores, driving to appointments or childcare. Participants shared that grandmothers were not abreast of current infant caregiving practices or that they admitted to having forgotten what babies were like.

Natalie it was really nice to have the moms around, and even though you'd ask them and they'd be like "oh I don't remember what it was like" (laughs)

Jacob I'll say something she (own mother) might not necessarily agree cause like there's a gap, a generation gap, and things have changed and the way of how you do things nowadays *Bonnie* no disrespect to his mom but I'm in healthcare and so, I find I'm more up to date than her

Accessing informational social support was a prominent topic for first-time parents in this study as they sought to know what they needed to know. Participants' evaluations of where to access current information influences subsequent decisions about social support needs. Being able to access informational support in a timely way eased parents' frustration and anxiety which in turn facilitated positive adaptation and coping. Successful acquisition of timely informational support is key for first-time parents and contributes to parent and child well-being.

Assessing capacity to meet the demands of early parenthood. As Seidman (2013) states, a major theme in phenomenological research is the subjective understanding of the participant's experience. As first-time parent couples manage the transition to parenthood they are continually engaged in a process of evaluating their capacity to meet the everyday demands of caring for their newborn and coping with

changes. These evaluations are made both as an individual and as a couple, as parents respond to the needs of their baby and continue to maintain other important functions in their lives such as relationships, employment and community commitments. First-time parent couples both subconsciously and consciously sought to regain a sense of balance and equilibrium in the first months of parenthood. This process involves assessing one's own resources and circumstances so that parents can determine if they need external social support and how much or what type of external support they need. Contextual factors that parents considered in making this assessment included the ability to get adequate sleep, availability of the father and extended family members and the couple relationship. Other factors that were noted as being primarily individual factors included personality, energy level, age and experience, resourcefulness, skills and attitudes such as optimism. With these factors in mind it was perceived that participants could more accurately assess their social support needs and if need be, "outsource" or seek out social support.

Assessing capacity to meet the demands was perceived as a dynamic and disorganized process that involved three main themes. From the moment of their child's birth, parents are thrust into a new way of being and living. The upheaval was first and foremost described as a process of *grappling with time* as they sought to come to grips with all the changes. Participants then sought to *draw on their personal resources* to meet the needs. Lastly, participants embraced establishing an alliance or a co-parenting relationship and *working as a team* to fulfill their roles as parents.

Grappling with time. In the early months of parenthood, there is a sense that a profound experience is happening over a short period of time. There was a shared experience of the participants' struggle to gain a grasp on their sense of time. Despite the fact that participants were only a few months into parenthood at the time of the interview, there was a sense that much had transpired in that short period of time. Parents' sense of time was also impacted by a lack of sleep and disruption to their daily routine and lifestyle.

Participants' perceptions of the passage of time in the early parenting months, speaks to the temporality and transitory nature of this unique period in a parent's life. Even if they choose to have subsequent children, participants will only be a *first-time* parent this time around. Grappling with time directly related to the participants' ability to assess their capacity to cope with the demands of early parenthood and in turn, the potential need for social support.

Parents shared a variety of examples that spoke to the meaning of time as it was felt and perceived in the context of those first months of parenting. Time itself became a dominant yet elusive companion on their journey. Participants conveyed how time now dictates their daily life with a focus on feeding schedules, sleeping times and managing their infant's routines. In contrast, participants also spoke about losing track of time in the days and weeks since having their baby and having little time to do things they wanted to do. It was interesting to note parents commented about how things "used to be" when referring to events only a few weeks prior.

Time is an important contextual factor that has prominent implications for first-time parents and their experiences with social support in a number of ways. Participants were sometimes confounded by how quickly their support needs could change when they encountered problems. There was also the awareness that experience as a parent can only be gained over time and that going through that process of learning could not only be distressing but could again lead to shifting needs in terms of social support. There was a shared experience of how a lack of time had impacted their relationships with one another and with friends and family. The following examples illustrate the meaning of grappling with time and the changes experienced, both as an individual and as a couple and how this dynamic altered social support needs and wants.

Ethan, the father of a 20 week old infant reflects on his disrupted sense of time while spending the first four days with his partner and infant in the hospital coping with jaundice. His reference to not knowing if it is AM or PM illustrates the disorientation that often accompanies parents in the first days postpartum and while they felt that hospital staff were very supportive, the couple was anxious to establish their own routine within the comfort and familiarity of their home.

Ethan so we spent four days in the hospital right, so, ah, but it felt like a week or more, because I mean it was like *Adele* no sleeping *Ethan* 24 hours there, sleeping and like I don't know, it was all, like my, our daily routine was all broken, so we, so it's six...AM, PM, I have no idea, but the thing is by the time we left the hospital it was such a relief

Time was also represented within a positive frame of reference for participants when after several weeks they had achieved a sense of routine and familiarity with their role as a new parent. Five months later, now with a 20 week old infant, Ethan has gained valuable experience and can reflect on how he has come to recognize the cues that tell him when it is the best time to put his daughter to sleep.

Ethan there's a magical window where it's like, oh, it's just the right amount of tiredness, I don't know, like, so she will be able to sleep alone, you put her to sleep, and you will hear her playing and eventually she will sleep but if she stays awake, she stays awake for too long then she might get cranky and she won't sleep

With a 14 week old infant, Josie is already looking back at the early postpartum weeks with a clearer sense of how she needed to develop a sense of self-efficacy and learn to trust her own instincts as a parent. She reflects on how this impacted her need for help and support in the first weeks postpartum. This type of learning, as she relates later, can only be gained through time and experience.

Josie I think I needed a lot of help in the first, couple months, but I think, I was listening to a lot of different things and, I was listening to too many things, so, I mean the best thing is that we need to figure it out for ourselves...maybe it's just listening to your gut more, but we were like, we don't know what's going on for the first little while

Couples felt the pressure of time on their relationship with one another. For example, Ron, a young father of a 10 week old infant shared how the relationship with

his partner had changed in terms of the amount of time they are able to devote to one another, yet he recognizes that changes have already occurred in a few short weeks even though it feels like much more time has passed.

Ron like when he was six weeks old...like four to six weeks, I think, we were going to sleep at 8:30, 9 o'clock, and I'd be getting back from work at 6:00, you know and there wasn't time, I mean now it's...we're getting a little more time...I think we both enjoy a little bit more time

At eight weeks postpartum, Rachel and Mark are surprised by how little they remember of the first few weeks with their son despite the fact that they felt everything went "pretty smooth".

Rachel it just seems like so long ago now *Mark* ahum *Rachel* which is funny but at the same time it seems like yesterday we didn't even have a kid so ...*Mark* I don't remember too much but I had that week off of school so it was nice that we were both home, I remember that as being good, but what we did? We probably changed some diapers (laughs)

For Gina, social support in the way of practical support such as people bringing her food helped her to cope with the demands of baby care on days when simply finding the time to eat became a challenge.

Gina I really liked receiving food cause like in the beginning actually finding time to eat, like, was really kind of like, and remembering that I had to eat as well,

because there was so many things going on that, I, you know, could spend the entire day upstairs without realizing it

In terms of the pressure of time on social support relationships, Bonnie felt some angst about not being able to keep up with her friends in the same way she did before she had her 11 week old daughter. Bonnie's face did indicate some worry about how she would maintain important relationships in her life along with the responsibilities of being a parent.

Bonnie I just want to make sure I pay attention to the ones (friends) I do have, cause it's hard...especially my friends now that don't have kids, oh, I try to make the time and I don't think I'm doing a great job...I don't talk to them as often...I feel bad about that

Participants' descriptions of time and how time impacted their need for support, their ability to gain support and to maintain socially supportive connections was revealing. Time itself doesn't change; however, new parents perceptions of time are prominent factors in adaptation and coping, and subsequently accessing and maintaining important social supports.

Drawing on personal resources. It is common for people encountering major life transitions to question their capacity to cope. First-time parents also frequently face this question and particularly so, when they feel their energy and resources depleting. In this study, the researcher sensed that participants were evaluating their capacity to meet the demands and initially drew on their own personal resources to begin that evaluation. For example, most participants lacked experience with infants which was viewed as a deficit;

however, participants viewed themselves as capable adults who had overcome obstacles in life which was viewed as an asset. Participants had skills and abilities that were transferable to the parenting role such as being a good cook or researching topics on the internet. Participants frequently made statements regarding their personality and how it helped or hindered their adaptations.

For Gina whose husband works from home, her assessment of the family's support needs was tempered by the availability of her husband during the first month with their baby. As Gina spoke she looked at her partner with a sense of gratitude and he responded with a smile.

Gina I think for me the biggest support that I had was my husband and I was really lucky because of his profession he's at home, so...that for the first month, I think you were there every day right? *Jon* ahum *Gina* so...like mental health wise, that was wonderful because like nothing was as overwhelming as I thought it could potentially be or that it would have been had he been at work, I was never... ah, or I never felt alone

Gina's experience of never feeling alone is crucial since we know from the literature that feelings of isolation and a lack of support are risk factors for postpartum depression. Gina's use of the term "mental health wise" is evidence that she sees this connection between consistent support and positive mental health.

Personality played a role in parents' assessment of their capacity to cope. As Brian reflects on his and his partner's personality and how it has been a positive resource

in adapting. Rachel and Mark also viewed their approach and the baby's temperament as positive resources.

Brian I think that's part of it because we are both kind of just laid back, easy-going, so stuff doesn't usually, doesn't usually rattle us...

Rachel I knew that we had no idea of what to do with the baby, both of us hadn't really been around babies much at all, um, but I guess I thought we'd just figure it out ...*Mark* he's made it easier on us than some other stories we've heard

Mark's comment about what they have heard about other infants underscores the overlap of themes such as the role of expectations and evaluating personal resources. In other words, based on what Mark has heard from other parents, he appreciates his son's easy temperament and how it has facilitated their ability to cope.

Ethan and Adele, parents of a 20 week old daughter, considered the context of their lives and the impact it has had on assessing their personal resources. Their lives have been shaped by their experience as newcomers to the country and also by the fact that they had a planned pregnancy with discussions about what changes a baby would bring to their lives. They also consider their age to be an advantage and resource.

Adele and we're friends actually, (laughs) yes, I think it was because it was planned *Ethan* and again we're thirty something so I mean *Adele* ya *Ethan* I guess it would be, if you're twenty something and like, surprise! *Adele* ya, thirty four, yes, *Ethan* and then we came here with no family or friends, so that by itself, it, it that this seems easy

Existing relationships and friendships were not only viewed as a source of social support but were perceived as a personal resource, meaning that the quality and durability of those relationships provided a sense of capacity and strength for couples. Bonnie and Jacob viewed Bonnie's friends as a significant resource.

Jacob ...all of her girlfriends have kids who are six and under so, *Bonnie* that I spend time with, *Jacob* that she spends time with, she's grown up with and so, and still connects to and so there's that tight bond there, so we know we, where we can get the answers from so it's very comforting to know that you can do that

The first-time parents in this study provided several key examples of how the process of drawing on personal resources helps new parents to assess their capacity to meet the demands of early parenting.

Working as a team. The third aspect of assessing capacity to meet the demands of early parenthood was perceived to be working as a team. There are several characteristics of working as a team that gave meaning to the process. Couples spoke about the nature of their experience in shared decision-making, division of household tasks and infant care as well as the social emotional maintenance of their relationship. It was perceived that working as a co-parenting team, fortified the efforts of first-time parents and helped to build confidence and strength as well as enhance a sense of mutual care and concern. This subtheme focuses on the social support that couples exchange within their relationship. When asked about any changes in how they support one

another, Natalie and Brian identified shared responsibilities and a greater emphasis on an equal division of labour.

Brian probably like doing a lot more things together like grocery shopping

Natalie I think grocery shopping and even stuff around the house, house stuff, it's been more *Brian* more shared *Natalie* more 50/50

One major factor in establishing a successful co-parenting relationship is the extent to which couples know each other well enough to understand how the partner reacts in different situations. For example, Jon and Gina who have known one another for over ten years felt that their awareness and understanding of one another has promoted their successful response to parenting demands.

Jon we know each other really well...you learn to know somebody and how they react to change...we know how to support each other and not only for the specific things like changing a diaper but knowing each other and how to talk to each other and talk through the change

Jon's comments illustrate the connection between the theme of drawing on the personal resource of their strong relationship with the development of a co-parenting relationship with teamwork as a focus.

Adele and Ethan also spoke with pride about the length of their relationship and how they had overcome many challenges together including moving to a new continent where they did not know anyone. They have come to rely on one another for everything, viewing themselves as a team, particularly in the absence of other supports.

Adele and the other thing for me is like, we are like a team, like yes, if I can't look after her (baby) he's there *Ethan* I guess it's like both a problem and a blessing cause I mean if you know that you have no back-up plan or like, then you do have to cooperate more

A field note from Ethan and Adele's interview further describes the essence of their ability to work as a team. "There was a sense that this couple knew one another so well, a noticeable synchronicity between them, talking at the same time, sometimes finishing one another's sentences, constantly looking at one another, smiling, and reading each other's cues."

Jacob also knew his partner Bonnie well enough to know that she was working very hard to keep up with her daughter's needs which meant that at times her own needs were not being met. Jacob's acknowledgement of her efforts and affectionate compliment are also key ingredients of working as a successful parenting team.

Jacob...she's a rock star, like I can't believe, because before the little one, like if she didn't get her – she had to have so many hours of sleep, otherwise she just didn't function at all, right, and now, it's like nothing stops you, I can't believe some of the days, how she keeps going

Rachel identified that her partner Mark had been very supportive of her desire to be physically active since that is very important to her. Mark's response indicated that he felt that the feeling was mutual in that they support one another and work as a team. In

fact, working as a team for this couple has particular significance in that they are part of several sports teams and highly value teamwork.

Rachel...he's been really encouraging with that, to make sure that I am getting exercise cause he knows that's something I like to do...

Mark I don't know, I think we've made a pretty good team so far *Rachel* yup

Josie shares how she and her partner have come to learn how to share the childcare so that their daughter is accustomed to both of them. For Josie and Karl this is important since they do not have family that they feel are able to babysit for them and so they haven't left their 14 week old infant with anyone else as yet. Making sure that each of them can get respite from baby care, especially for Josie who is breastfeeding, is crucial. She speaks about the impact that having a break has had on her sense of self.

Josie... like we try to do things together, so she's (baby) familiar with both of us, so bedtime, bath time, that type of thing...now we have a routine, which took a while to figure out, but we talk about it...you know, made a decision together so I guess that's how we support each other *Karl* I think, between the two of us, we've kind of figured out what we need to support each other with the baby *Josie* I need to have my own, separate time away from the baby and asking for it and not assuming that it's not there...I've only been out three times by myself.

In the first week, Casey admitted to feeling "helpless" in not being able to soothe the baby when she wanted her mother, but Casey soon came to find his role in working as

a team and spoke about supporting Cara by looking after everything else so she could focus on looking after their daughter.

Casey after the first week it was just me and Cara just helping each other out, so...like Cara was with the baby more, because it was crucial like bodily contact and all that, I think for the mother, so I kind of left you (looking at Cara) to it and then I would just make sure that everything else was kind of taken care of so that Cara didn't need to worry about it

Many participants shared their experiences of trying to determine what their partner's needs were and sometimes not being successful. With time and experience participants came to have a better understanding of what their role was and how their actions supported those of their partner. Brian articulated how the smallest of actions could be perceived as very supportive and yet he acknowledges that these needs are always shifting. Brian's voice was quiet as he spoke, which was interpreted as a feeling of tenderness, reflecting on the nuances that couples' come to understand about one another through experience.

Brian just learning to recognize the needs, that's...those needs are always changing but you can see that some things need to be done, it might be the littlest thing but you realize when you do it, you're supporting and helping the other

Working as a team also involves meaningful communication. Communicating needs was not without its challenges as mothers and fathers sometimes perceived their communication patterns to be different from one another. Couples also identified

changes in communication since having their baby, often attributed to a lack of sleep and increased stress, along with changes in routine and roles. Bonnie and Jacob, parents of an 11 week old, who have struggled with their baby who doesn't sleep for more than a few hours at a time, shared some of their frustrations with communication.

Bonnie I would say something and I would expect that he understood exactly what I needed him to do *Jacob* ya just fly over my head kind of *Bonnie* no, he'd hear me, wouldn't process ...exactly that meant he needed to stop and do right then and there *Jacob* ya, it's definitely changed our communication...and then too because she's been sleep-deprived, there's times when she may be short-tempered, whatever, say something and I gotta realize okay, it's not, she'll say things that she normally wouldn't say *Bonnie* cause I've slept two hours in the last 24 *Jacob* it's not her character or anything like that, so ya, I try not to take it personally

In assessing capacity to meet the demands of early parenting, participants revealed that working as a team was a major aspect of establishing a co-parenting relationship. Working as a team was described as a feeling of mutual support, working toward common goals, sharing responsibilities and jointly striving to do what's best for their child and partner. The participants' efforts in working as a team is an example of the concept of bi-directionality as described earlier where there is a match or fit between the characteristics of the people and the context or environment with relation to social support. For example, couples attempts at being supportive and empathic toward one another's needs is likely to enhance a successful exchange of social support.

Feeling supported as a first-time parent. Feeling supported was a concept that was felt by participants in different ways. Two prominent subthemes in the data were *reaching out* and *the meaning of feeling supported*. Reaching out was a very personal experience with each participant having unique comfort levels with reaching out or requesting support. Reaching out represented not only asking for support, and communicating that to their partners and others, but also reaching out to community groups such as mothers groups, breastfeeding groups and parenting groups. As parents reflected on their experiences of reaching out, many thought about how different things would be if they did not have the supports that they had in the early months of parenting.

The meaning of feeling supported describes the essence of the impact of social support and the difference it makes in the lives of first-time parents. Participants were asked about what social supports they value most and the responses they shared were both enlightening and moving.

Reaching out. One of the aims of the present study was to explore the experience of requesting social support. Existing literature has identified that first-time parents may be reluctant to request support, perceiving that it reflects negatively on their capacity to cope as a parent. Within this study, participants were asked if they felt the need to ask for support or not and what that experience was like. There were parents who did not feel that they needed to ask for support because they felt their needs were being adequately met or there were only one or two things that they had requested of their social supports. Other parents admitted that they were reluctant to request help, often citing a personality trait of being an independent person. Jon's thoughts about independent people asking for

help were compelling. He and his partner, both educated and employed, recognized early in their parenting experience that the needs were great and help from others eased the burden.

Jon we're still independent people, independent people can ask for help I think...like first-time parents they have to accept that idea, that independent people need help, and can have and need support

His partner Gina, acknowledged that certain factors such as closeness of ties can influence the comfort level of requesting help. She recognized that at times she may be less likely to request assistance from outside the family.

Gina I'm pretty independent so I'm not really one who likes to ask for help, like from other people, like outside of our family, so um, but I haven't really felt the need to ask for help...I have to trust someone before I will accept support from them...I think that I'm more skeptical when it's strangers and I don't know them

Natalie, a mother of a 20 week old admits that asking for help isn't always a comfortable process for her either. Her experience was that there was a multitude of family members and community groups to provide a sufficient amount of support particularly during the first month. She identified that certain things are more difficult to ask of people, while her partner Brian felt comfortable asking for support pointing out that he knew that someday he could reciprocate.

Natalie I would say, I'm probably more reluctant to ask for help maybe (Brian nods) ya?, okay, but I think it just depends on like what it is, cause there's certain

things and I mean, it might change from day to day, certain things that I'm okay with asking for help and then there's things where I'm like "no" *Brian* I don't hesitate, if I need help I'll ask cause you know that someday that other person is going to need help in some way, so no ands, ifs, or buts, I need help, I'll find somebody...like our family is tight that we can, do you know, I could phone my brother right now and he'd be over here in five minutes?

The experience of reaching out and asking for support can also depend heavily on effective communication. Participants were asked about their experiences in reaching out to one another for support. There was a shared feeling among the participants that clear communication can facilitate having needs being successfully met. The mothers spoke about giving their partners clear instructions on what they could do to help and the partners welcomed the specific directions as it meant they could then more effectively meet their partner's needs.

Josie I have to say what I need, I can't, ah, assume (chuckles) others know what I'm thinking *Karl* I said just let me know, don't call me saying Karl, and I could be whatever like, no, tell me what you want!

Bonnie and Jacob have also learned how to communicate needs effectively as Bonnie stated, "He doesn't read between the lines".

Jacob ya I need to be...*Bonnie* told *Jacob* directly *Bonnie* specifically *Jacob* told to just... *Bonnie* do this now! *Jacob* ya (laughs) *Bonnie* and exactly what it is I

need him to do *Jacob* ya *Bonnie* and don't give him two things at once...cause he forgets what the first one was

Natalie also discovered a need to be clear about her expectations and requests for assistance, as her partner attests, assumptions can be incorrect.

Natalie oh I just ask, but sometimes it will be like an open, maybe like too broad of uh, like I'll suggest *Brian* like "have you checked (baby's) bum?" "no" and that's as far as it goes (laughs) *Natalie* so I think I've learned to be more direct, like not beat around the bush

There are contextual factors, such as the environment, that can impact reaching out. Tracy and Rob who live with their extended family are learning to be parents within an environment that has built in support; therefore, Tracy is learning to balance her feelings of obligation to care for her own child with caring for herself and her own needs. Tracy's facial expression was evidence of the internal struggle she experienced in asking for support.

Tracy I do feel like I have to ask for it sometimes, like sometimes, I just feel, he's mine, so I should be the one taking care of him and I should be the one to do everything ...and it should all be on me...like I try to avoid asking but I feel like I shouldn't ask

A number of mothers reached out to community groups and identified them as an important source of social support. Mothers or parent groups alleviate the isolation of being at home alone with an infant and are an important venue for normalizing the

challenges of mothering while building social connections that foster information sharing and companionship.

Cara ...they get everyone talking and all the moms talking about issues that we might not even think to talk about normally, but also just as a support for each other constantly just being there and feeling like you're not alone, like I never felt alone, I think that's why I can see how people like get depressed and stuff, cause if they don't tap into the supports that are available

Josie you just kind of listen and observe, and people are just so open about what goes on in their household and you just, it helps, it helps make you feel like okay, I'm not the only one when you hear that, I'm not the only parent whose child doesn't just go to sleep naturally

Tracy we do go every Wednesday, so it's something we look forward to every week like, we go and talk to other women, like see their babies and listen at what other people are coming across, I can see like oh, in five months he's going to be into this and doing that, so I find support, it's supportive knowing what's coming up

Community groups are not without their challenges. Participants agreed that the groups are only attended by mothers, although fathers viewed the groups as important support to their partner and family and talked about the content of the group with their partner who attended. One couple who described themselves as having an "egalitarian" partnership and parenting approach questioned the feasibility of parent groups that would

be comfortable for fathers as well, although they recognized that the numbers of fathers who would be able to attend might preclude this from existing in the community. This father suggested that a co-ed parenting group would have its own benefits and would be a welcomed addition to the range of community supports.

Jon I would like co-ed meetings...a co-ed community support group would be really interesting because you have that different perspective and you gain an even better idea of what parenting is if both mothers and fathers are there

In the process of reaching out, parents often encountered unwelcomed advice. Participants shared their experiences with handling unwanted and unsolicited advice from family, friends or colleagues, sometimes even strangers. Couples felt that while there were times when they sought out informational support, people's opinions or experiences, this process was differentiated from people telling them what to do or how they should handle a situation. Reaching out for information or support, in other words, occasionally resulted in people giving advice which was often perceived by couples as a negative experience, especially when it was presented as "this is what you should do". Unwelcomed advice from others was perceived as pressure to do things in a certain way, which in turn undermined the parents' sense of autonomy in decision-making for their family. Unwanted advice was identified as a barrier to accessing positive social support.

Josie...some friends are helpful, that, they have kids, some give too much advice, sometimes it's nice to hear, this is what worked for us, sometimes I hear, "you should do this" and I don't like that so much...

Bonnie I don't always appreciate this advice he comes home with...from the ladies in the office or whoever because it's not specific to our situation, it's their random advice

Tracy the only problem I find sometimes with family support is everyone has an opinion on how things should be done *Ron* that's absolutely true *Tracy* and so sometimes, it's a lot...*Ron* ya, you know some people are a little more assertive with their opinion

Adele ...sometimes it was kind of ah, I don't need that advice, but you get that advice and this kind of things yes, are kind of not nice...kind of aggressive maybe because you're not asking for that advice

While barriers to social support were not a prominent theme for the participants in this study, there were a few other challenges to acquiring positive social support. Due to the time of year and climate, simply getting out of the house in cold and inclement weather was cited as a barrier for mothers at times. *Bonnie*, who had a caesarian section spoke about the challenges with getting out to groups in the community in the first several weeks.

Bonnie...there's a lot of formal supports out there but you gotta get to them, so how do you get to them...with a kid that doesn't sleep and you can't lift the car seat for six weeks after she's born and you need other help

Josie also encountered struggles with getting out to community groups feeling that it was disruptive to her daughter's sleep schedule.

Josie...she's so little (baby), she can't stay up that long, so it was kind of like a stressful, (chuckles) so we'll go back when it's...they're too long, or they're not the right time and they're meant for when the...she just doesn't sleep wherever so we just don't have that kind of baby so we can't go...

Another potential barrier in terms of reaching out to positive social support is the geographic distance between parents and their supporters. In this sample of first-time parents, this barrier was overcome at least in part, by the use of Skype© as a tool for communicating with family and friends who lived outside of the province or country. At least three couples spoke about using Skype© to connect and reach out. This method of communication was a highly valued resource for communicating with grandparents in particular. In spite of its limitations, Skype© enabled face to face interaction with valued supports, that would otherwise be limited to telephone communication.

Mothers described the significance of reaching out to social supports and empathized with other mothers who may not have all the support they need. It was perceived that participants recognized the value and meaning of the supports they were able to reach out to or that were available to them and gave thought to what their experience would be like without those social supports.

Casey that's why you're lucky that two of your best friends have kids *Cara* very lucky, like I mean if people don't have parents or friends, like, I imagine there's people that get depressed honestly

They also recognized the benefit of the support they were receiving through the stories that others had shared with them. Rachel describes her reactions to what she

believed her family thought about her comfort level with requesting support. Rachel was also touched by her mother's stories about the challenges of raising her siblings in an isolated town many years ago.

Rachel I know that people were afraid for me, cause I'm kind of an independent person, when it comes to things like that, that they would think that I would need support, but not ask for it

Rachel she (own mother) talks about when she had my oldest brother, and how she, ...was all by herself and my oldest brother was the most colicky baby ever, and she probably had postpartum and, but back then it was, you know, whatever, and she just felt so lonely and isolated and um, she was a lot younger than we are too, so I always just feel so sad when she tells those stories and we're in like the completely opposite situation right?

The ability to reach out is a major theme in relation to first-time parents' sense of feeling supported. Overcoming discomfort in asking for support, clear communication, accessing community groups, handling unwelcomed advice and effective use of technology such as Skype© were important topics for parents in this study.

The meaning of feeling supported. Parents in the study all shared some aspects of the difference that social support made in their ability to manage the demands of parenting and in their positive adaptation to becoming a parent. There were no parents in this study whose predominant experience was one of not being able to gain social support that they felt they wanted or needed. All parents received some type of social support.

The specific responses were diverse. Social support in the early postpartum period eased the burden, reduced stress, provided encouragement, and increased a sense of self-efficacy.

Participants recognized the importance of having social supports available to them even if they didn't necessarily seek them out or take advantage of them directly. The perception that one feels supported is significant in that if a person knows that they are supported and can access support if needed, it can reduce anxiety or feelings of isolation. For some parents, knowing that they had people in their support network that they could call or knowing that there were services in the community that they could reach out to, instilled a feeling of capacity to meet the demands and deal with any situation that may have arisen. Natalie recognized the value of all the support she and her partner have received from family and friends as well as community supports and services. Natalie and Brian received an abundance of practical support from both sets of grandparents who live nearby and as well numerous siblings who are eager to participate in the lives of their new nephew and his family.

Natalie I think compared to other friends we have who have had babies, I think the transition was a lot, I feel it was a lot easier for me with all the supports, like I don't feel like I struggled very much

A field note from after the interview with Natalie and Brian describes their situation and the circumspect use of silence to elicit deeper thinking. "Natalie and Brian seemed to enjoy the interview, and did not have any particular struggles with social support so there wasn't a great deal of in-depth dialogue but I found that when I let the

conversation go silent for a bit they would reflect on something and then share more detail and personal perspective.” For example, Natalie was able to reflect on a situation when the public health nurse responded to her need for support around breastfeeding.

Natalie...so you know the cluster feedings, when they're eating constantly and they would just be like “oh, just sit there and do it”, “But I can't sit here and do it, I'm going to lose my mind, I need to sleep!” Ya, I think she helped a lot

In the case of Ethan and Adele who did not have an abundance of support, they still felt very much supported since their needs were being met and they knew that they could reach out if necessary.

Ethan so you know that these are there (services) and they also tell you that “oh if anything happens you can go here” *Adele* yes, *Ethan* and they give you all this paperwork and so you have ...like emergency plan, plan B go here, and so all of that even if you don't use it, makes it *Adele* you know that it's there *Ethan* ya it alleviates the, the... *Adele* stress? *Ethan* stress, I guess, the pressure...we felt like covered, like everything would be okay if you have any problems you can call or go

Cara it just seems like everyone in our life is just so supportive, if you ever needed anything there was always a place to tap into

For Rachel and Mark, parents of an eight week old infant, the value of feeling supported and knowing that supports were available to them if needed was of significant value.

Rachel I think if we didn't have any friends or family doing anything for us it would be really lonely probably and maybe we would feel kind of isolated...just like that reassurance that if we needed anything we could ask a number of people

Mark I don't know what I really had in terms of expectations of anything, I guess I knew both of our parents would be very willing to do anything, and all of our friends would be willing to help out, I didn't think we were going to need a ton of support but I knew we had lots if we needed any.

Bonnie and Jacob had expected that they would need support from others based on what Bonnie had learned from her friends who had had children, yet they did not realize that they in fact had a very robust support system available to them. This resulted in their deep gratitude for these supports being available to them as Bonnie recovered from caesarian section and dealt with her daughter's sleep schedule. Bonnie was very moved by the discussion around social supports and had tears in her eyes several times during the interview. The researcher attributed this new mother's feelings of vulnerability and tenderness of emotion to a sensitive personality which she herself acknowledged, along with a lack of sleep which often results in weepiness in postpartum women. Field notes provided this additional perspective, "It was somewhat surprising that this new mother started to tear up with my first question, but she and her partner did not seem overly surprised so I thought that perhaps she was frequently tearful. As the interview progressed I learned that she was lacking sleep and that she described herself as "a sensitive person." My prior experience with new mothers and my own experience with this sense of vulnerability influenced how I interpreted the tearfulness.

Bonnie see there I'll start crying (smiling) my parents are soooo amazing...they're the greatest...oh, I've got the most amazing friends, *Jacob* ya *Bonnie* oh, my god, like I couldn't have even fathomed ...I'm blown away, I love my girlfriends...they're like sisters

Sometimes social support appeared in unanticipated ways from unanticipated sources. When *Cara*'s grandmother passed away two weeks after her baby was born, a helpful neighbour came over and offered to watch the baby while she prepared for the funeral.

Cara the neighbour actually helped out and came in and looked after her while, just while I was getting ready for the funeral, like, ya, just little things like that

Participants had different views about what they valued the most in terms of social support which speaks to the idiographic and personal nature of the meaning of feeling supported as a new parent. Some parents valued the practical and instrumental support that was received while others gave more prominence to the emotional and appraisal support such as encouragement and positive feedback.

In assessing her and her husband's capacity to meet the demands, *Josie* identified a desire for increased support through encouragement and caring. She described how after 14 weeks with their daughter, as a couple they had come to "figure out" what they needed to do to care for the baby and support one another. Even so, they had little outside support which meant that at times their personal resources could become depleted.

Josie there's certain, times of the day or growth spurts, where being alone is not always ideal, but you can't always be two together, with the baby, right, it's just not realistic, so that ya, having other supports just to come in, just to...support you (chuckles) like love and support you, like not even necessarily to do anything

Josie it's the encouragement we get from people that I value the most, from him (partner) and our supports... or being able to talk to someone, without having them feel like they have to give me advice back, like just being able to talk and someone listens, that's what I value...I guess ya, maybe just hearing that from our family a bit more, would have been a little bit more helpful, and just saying it's okay if we fail, or make a mistake, I think that that, in my mind is the number one thing, It's okay if you don't figure it out right away...

Josie's desire to do the right thing for her daughter and family was evident in her reflections on social support. The type of social support that she valued the most and would have benefitted from having more of, was appraisal support and acknowledgment that she was doing a good job as a parent and that doing a good job means that it doesn't have to be perfect.

Tracy and Bonnie also shared that the most meaningful social support for them was being able to talk, have someone listen, and the thoughtfulness of others shown to them by having people check up on them.

Tracy being able to like talk, listen and then like give me answers to the things that I have questions about...also, like my parents, I appreciate like the support

they give, like if I wanted, they're there no matter what...like Ron's mom is like, she always texts me every day to see what I'm doing or like how I'm feeling or things like that so, that's been helpful

Bonnie they check on me every day, every day I get "how are things today?" or "how'd she sleep last night?" ...making plans so that I'm not trapped in the house, people calling and asking, when can we come by, what do you need? Or they don't even ask me, they'll just bring stuff

Mark and Rachel's participation in a faith group, as a couple, continued to be a source of meaningful social support for them during the pregnancy and after their baby was born.

Rachel I guess starting from even last year, when they found out we were going to have a baby they were all super pumped for us, and uh, they prayed for us and then when we had (the baby) that's when they gave us all the meals, they stocked our freezer with food

Rachel felt that she didn't require a great deal of emotional support per se, but was very appreciative of the material and practical support that was provided to her and her partner. When asked about the most valuable support she received her response was a salient reminder that early parenting is not always fraught with emotional upheaval.

Rachel like, I would say I want to value people's like emotional support and that, but I kind of feel that we haven't really needed it, does that sound bad?...but like

people are definitely supporting us emotionally but maybe I just haven't ya, felt that it was needed that much

Ethan and Adele also identified practical support as highly valued support, particularly informational support.

Ethan the things that don't seem like nobody tell you...this was so useful and now we know...I would say practical advice, something that really works...those things that are really practical and they actually make a difference

While most parents viewed family and friends as major social supports, many took advantage of community supports that occasionally fulfilled a need that family and friends did not. Different sources of support from friends, work colleagues, faith groups, sports teams, other parents (mom's groups/breastfeeding groups), volunteer roles, and neighbours were cited as additional forms of social support.

Some fathers spoke about the type and meaning of support that they received from their friends and peers. As there is scant research on first-time fathers' perspectives in relation to social support, this aspect of the study provided rich insight. Many fathers were surprised by the question of how supported they themselves felt as first-time parents. It was perceived that considering social support for the father was a novel perspective. When asked about the type of social support that he values the most, for example, Karl a father of a 14 week old, struggled to express what social supports were personally meaningful.

Karl most of my friends, let's say all the male friends I go hang out with don't "oh, so how did you breastfeed?" so there's nothing like that, you know what I mean, we don't talk about that stuff... so when I do ask someone for some information, I do value it

Several fathers felt that the support of their employer played a huge role in their ability to support their partner and tend to needs at home. Flexible work hours, working from home and time off for appointments were cited as helpful and supportive gestures from employers.

As a young father 20 years of age, Ron appreciated the opportunity to still be himself, and recognized that the social support that they received helped to make that possible.

Ron something that I really value, that giving confidence that, it's a change but it's okay to still be an individual, it's still okay to be an adult, to be a young adult doing the things that young adults do, whether you have a kid or not, right, and I think the reason we can do those things, is because we have such good support from both of our families

Jon related the meaning of feeling supported to how others treated his baby. When friends and family showed genuine interest, care and concern for his child, he felt very supported because it validated a context of love and a sense of community that he desired for his child. In contrast, Jon explains how when parents don't feel supported they can become frustrated and exhausted.

Jon I think when you have family and friends that, love the baby, it's like, it's a community of family and love and I think that's really useful and a great support for both us and our child, so I think family and friends, is a different kind of support, it's more emotional support

Jon it's a stressful event (having a baby) and if you don't feel supported, then not only do you, you become frustrated with your partner but you can become frustrated with your child because you don't have the necessary support to, to fulfill your child's needs without like giving it your all and like, being totally exhausted

Based on the interviews with this group of first-time parents, feeling supported had multiple meanings. The meaning of feeling supported is knowing that you always have someone to turn to if help and support is needed. Feeling supported means having people around you that care about you and show concern for you and your family. Feeling supported means not feeling alone.

Personal reflections. All eight couples who participated in the study showed interest in the topic of social support and some demonstrated keen interest in the research and the specific aim of this inquiry. Several participants commented during the interview debrief that they hoped they had been helpful in providing their perspectives for the study. The researcher genuinely enjoyed meeting the couples and hearing about their experiences. A field note from the seventh interview expresses the researcher's thoughts about the interview process for this couple. "Both parents took the time to reflect on the questions. Dad seemed to be very engaged in the process, Mom was too but was holding

the baby, Dad enjoyed (by appearances) putting his thoughts and feelings into words, he brought some novel ideas and perceptions to the interview, which I am looking forward to thinking about more closely.”

As a researcher, I appreciated the opportunity to meet with couples at this very important time in their lives. It felt I was given a special privilege to take a peek into their world as first-time parents, and was particularly honoured to have the trust of the participants as they shared some of their questions and struggles. As I prepared for each interview, I noted my own anticipation of venturing into the unknown as I showed up at the door at the designated time as a complete stranger to them, with only a few brief prior interactions over the phone or by email. I enjoyed the challenge of focusing on building rapport with each couple efficiently and doing my best to put them at ease with myself and with the interview process. As I did so, my thoughts invariably ventured back to a time in my own life when I was a first-time parent sharing many of the same feelings and experiences. Even when their experiences did not match my own, there were times when their experiences were a touchstone to experiences I had heard from other new parents over the years. It was at these times that I felt even more drawn into their specific situation, not wanting to make assumptions about their experience based on something that I had encountered in the past. I intentionally pursued a process of reflexivity as I questioned things that I thought I already understood both during the interviews and in the analysis.

My experience and technique grew as an interviewer throughout the study. In the first few interviews I noticed that in an effort to make the question clear I said too much

and in fact likely made the question sound more complicated. I corrected my approach after that reflection and kept my questions brief, which was more successful.

I was particularly rewarded when I was witness to couples sharing a chuckle or laughing together. It was at these times when I felt that the interview may have benefitted them in some small way, perhaps by being able to focus on one another and themselves more so than the baby.

With regard to the specific themes that were highlighted by the study, there was a sense that they were not particularly novel; however, I do believe that the perspectives of the participants in relation to social supports, especially in the context of their couple relationship, has provided rich insights. The excerpts included here have elucidated the known concepts and constructs of social supports in a way that is particularly meaningful in the lives of first-time parents. I was particularly struck by the perspectives of couples who at first glance seemed to have little in the way of social support yet their perspective was that they felt that they were adequately supported.

This study has underscored for me the importance of exploring with parents, what their feelings and perspectives are around social support since it is a construct that is very personal and unique to each person and couple. The first-time parents in this study had many successes and strengths in accessing and utilizing social support overall. The study has provided an important opportunity to examine what works and to learn from their strengths. This knowledge can then be shared and incorporated into existing frameworks so that other first-time parents can benefit.

CHAPTER 5

Conclusion

Discussion

The first-time parent couples in this study had many positive experiences with and perceptions of social support in the early postpartum period. Through the sharing of their experiences, these couples have provided an opportunity for us to learn from these strengths and to understand more clearly what the essential aspects are of gaining meaningful social support in the early months of parenting. This knowledge has implications for both first-time parents and healthcare service providers that interact with and support this population.

This study with first-time parents has confirmed that social support is a complex and multi-layered concept heavily influenced by a multitude of factors. This study has underscored the significance of contextual factors, such as time, culture and relationships and the role they play in the meaning making of social support amidst the transition to parenthood.

The experiences and meanings of social support for the participants in this study were primarily consistent with the existing literature. For example, participants described social support as a relational experience that was characterized by caring, trust, reassurance, validation, empathy, and helpfulness. Identified attributes of social support included practical or instrumental support, appraisal support, emotional support and informational support. The present study has deepened our understanding of how these

concepts and constructs of social support are enacted within the context of the lives of first-time parent couples.

Participants in this study confirmed earlier findings that positive social support is crucial to parental mental well-being. In particular, the mothers in this study spoke to the role of positive social support and how it decreased stress, lessened distress and protected their mental health. Validation and normalization of emotions and experiences was another valued role for social support in first-time mothers which was often provided by family members and other mothers with young children.

It was perceived that most couples in the present study were successful in acquiring a desired level of support; however, the participants did encounter some barriers to positive social support. Some of the barriers to accessing social support included practical barriers such as getting out of the house particularly during inclement weather, and infant routines such as sleeping and eating patterns that made it more challenging to leave the family home. Interpersonal barriers to positive social support that were highlighted were high personal expectations, unwanted advice from others, and in one case, a lack of awareness from family members.

The findings from the present study were consistent with Feinberg's co-parenting framework in several ways. Examples of Feinberg's four interrelated components of co-parenting were evident in the data collected from participant couples. The first component, *support versus undermining* related to the supportiveness that each parent demonstrated to the other. It was the perception of the researcher that the interview process itself gave the opportunity for parents to verbalize their appreciation and

supportiveness of their partner specifically regarding their parenting efforts and their adjustment to parenthood. Some couples took the opportunity to speak directly to their partner to provide this feedback and other couples addressed the researcher about their thoughts and feelings that described the supportiveness that they felt for their partner and from their partner.

Jon and Gina for example have been in a relationship for eleven years and spoke about the benefit of knowing one another well enough to know what is helpful in particular situations based on past experience. The level of mutual understanding and trust they have learned in their relationship has facilitated their ability to support one another through the challenges of early parenting. Rachel, an active mother of an eight week old, shared her appreciation of her partner's support and willingness to share the nighttime tasks despite the fact that he has to get to work in the morning.

The second component of Feinberg's framework is *childrearing disagreement*. Childrearing disagreement is important in co-parenting in that when parents disagree on approaches to discipline, values, standards and priorities, there is the potential for problematic conflict. Feinberg points out that couples need not agree on every aspect of parenting, the critical feature is how the disagreements and conflicts are negotiated and resolved. The participants in the present study did not focus their discussion on childrearing disagreements between themselves as a couple, as this wasn't asked of them. A few couples spoke about the challenges of dealing with advice from outsiders but none of the couples spoke directly about situations where they disagreed with one another about parenting topics. Many fathers deferred to the mothers expertise on baby care,

making comments that “she read all the books” or “if I don’t know how to do something I just ask her”. Since all of the parents were only a few short months into parenthood and were only beginning to develop their comfort level, there was a much more prominent theme of “lacking experience” and “learning as we go” from both mothers and fathers. It could be hypothesized that as parents gain confidence and experience they will come to find their own personal style of parenting that involves specific approaches which may at some point differ from their partners, at which time there may be greater negotiation and potential conflict.

Feinberg’s third component of co-parenting relates to *the division of duties, tasks and responsibilities*. This was not a specific question, yet it became evident that all eight mothers were breastfeeding at the time of the interview, although one was just converting to formula. Due to the nature of the breastfeeding relationship, mothers in this study primarily had the task of feeding. Some parents had used formula at some point to supplement the baby while overcoming breastfeeding challenges and many talked about using breast pumps to store milk and have the father feed the baby with a bottle for convenience. There were many examples of couples willingness and desire to share other parenting duties and responsibilities. The essence of this aspect of parenting for couples was twofold. Firstly, there was the realization and acknowledgement that there were many new and time-consuming tasks with early parenthood and secondly, the couples spoke about varying ways in which they had come to “establish” who was going to do which tasks. Cara, a mother of an 18 week old shared their realizations as a couple that it was almost impossible to complete household tasks while caring for a new infant in the

first few weeks. Gina spoke about how she and her husband had to work out sharing of duties.

One of the significant contributions the present study made to the literature was that several mothers spoke about having to communicate clearly to their partners about what needed to be accomplished with the baby and with household tasks. Several mothers discovered that in order to elicit their partner's help, they needed to be specific and direct about the needs in order for them to be filled. Husbands admitted to needing that direction and in fact welcomed it, since their desire and intent was to be supportive to their partners but didn't always know how to do that intuitively. Casey shared his sense of frustration in the first week or two with not knowing how to help out when their baby clearly wanted the comfort and food that only his partner Cara could provide.

The fourth component of the co-parenting framework is *parents' management of interactional patterns in the family* includes three aspects of conflict, coalitions and balance. The adaptation in transitioning from a couple to a family of three would be a process that would be relevant for first-time parents. It was found that since the participants were only weeks into their experience as parents and the dialogue focused around social support there wasn't specific examples of this particular component of the co-parenting framework. Again, one would expect this component to become more relevant as parents gained experience and as their child grew beyond infancy.

The present study found that parents valued the perception of social support which is consistent with the existing literature. The feeling of being supported and knowing that one can access support if needed is crucial for first-time parents who lack

confidence in their new skills and have to address many new questions and decisions in the early months of parenting. Parent couples confirmed in this study that even though they may not have accessed certain supports, their stress was eased by knowing that these supports were available.

One of the aims of this study was to explore the changing role of fathers in early parenting and the role this may have on social supports. There is some evidence that there is an expectation that fathers play an increased role in childrearing and that fathers are more involved in childrearing than in past. Fathers in this study were very involved in childcare routines, with mothers expecting fathers to change diapers, feed infants when possible and be active in infant-related decision-making. Couples spoke about their successes and challenges in defining roles and expectations within their relationship with regard to support and division of tasks. Mothers typically take maternity leave and are home with the infant on a full-time basis for the duration of the first year. Many women were appreciative of the maternity leave benefits. Challenges remained in terms of negotiating household duties and childcare duties when a mother is home all day with an infant and her partner is at work all day and then comes home to a spouse that needs respite. This is where other social supports can relieve some of the pressure on the couple relationship. Several couples benefitted from outside social support from grandparents for example, stating that it made a significant difference in the couples' ability to manage and allowed them to spend some on their relationship with one another.

A novel concept brought to light in this study with regard to fathering was the notion of parenting groups in the community that are co-ed and comfortable for both

fathers and mothers. One involved father held the perspective that co-ed groups would contribute to a greater understanding of the various roles of parenting and would facilitate a successful co-parenting relationship. Feinberg's model of co-parenting is in fact based on this notion and has been validated in the literature. The feasibility of such groups would be based on the challenge of finding a time when fathers could attend, as the majority of fathers would not likely have the flexibility in their work schedule to attend daytime groups with mothers who are taking maternity leave.

Another key exploration of the study was related to the use of the internet as a potential source of social support. The internet was viewed by couples in this study as an important source of informational support but not emotional support. The internet was viewed as a venue for interpersonal social exchanges that were superficial or "fun", such as sharing photographs on Facebook©. One mother described the internet as "impersonal". The internet however, was used by two couples to Skype© grandparents who lived outside of the country. This was a highly valued use of the internet. In relation to the internet, some mothers highly valued the ability to text key contacts who provided support, information and encouragement. Texting was viewed as a positive and caring way for supports to "check up on" parents to see how they were doing, sometimes on a daily basis. The literature on the use of texting, Skype© and internet is scant therefore the present research has contributed in a small way to that knowledge base.

One novel aspect of this study was the experience of the immigrant couple. Their story is somewhat unique in the sense that research has highlighted that recent immigrants are often at greater risk for postpartum depression due to isolation, a lack of

social support and other cultural factors (O'Mahony, Donnelly, Bouchal, & Este, 2012). The immigrant couple in this study relied heavily on one another for support. They chose not to make use of community groups and did not have family living in the country or close friends who they identified as social supports. They stated that they had all the support that they needed from one another, and from using Skype© to communicate with their extended families once a week. Their experience does provoke interest in what factors helped them to feel so supported. There was some indication in the interview that their expectations were low, they viewed their baby's temperament as easy-going and that they were "optimistic" in their overall outlook of their situation.

Strengths and weaknesses of the present study. The present study had several strengths. A major strength of the study was the diversity of the sample which contributed to the differing perspectives and unique viewpoints brought to the inquiry. The idiographic approach in an IPA study such as this one emphasizes the richness of the personal perspective and meaning. The age range, ethnic diversity and differing socioeconomic status of the participants provided varying experiences that afforded a broad range of perspectives for analysis.

Another strength of the study was the phenomenological and IPA approach and data collection method undertaken to explore the meaning and perspectives of first-time parents. Semi-structured interviews provide a rich opportunity to discuss the topics that are relevant to the participants. This study had the flexibility to honour the participants' lived experiences by exploring the topics around social support that were pertinent and

meaningful to them at a particular point in time. The benefit of this approach was evident in the data collected and the subsequent analysis.

The third major strength of this study was the focus on the couple. There are few studies that explore topics relevant to first-time parents in the context of their couple relationship. Including partners or fathers in a study on social support was fitting in the sense that social support is inherently a relational construct. To address this topic in isolation as an individual seems incongruent. The participants welcomed the opportunity to address the subject matter as a unified “team” or couple. They also were able to identify their own personal and unique perspectives as individuals and doing so in the presence of their partner in parenting was perceived as a beneficial experience.

There were also some potential limitations or weaknesses of the present study. This study had a small sample size; however, the sample size was appropriate for qualitative phenomenological studies of this nature. Phenomenological studies are focused on the particular and idiographic. Although the study findings cannot be generalized to the population it is feasible that the findings will contribute to a knowledge base and deeper understanding around early parenting and social support (Munhall, 2012).

This study was limited to normative parenting and did not include the perceptions of parents whose situations would be considered particularly stressful or unique such as parents of multiples, those dealing with a medical condition or mental illness, parents who have experienced a traumatic birth or whose infant has major health issues. It was perceived by the researcher that these situations would best be addressed in a separate

study since the nature of those experiences could have special implications for the meaning of social support.

Within this type of study there was the possibility of social desirability bias (Gottlieb & Bergen, 2010). When asked about their perceptions of support, parents may be reluctant to paint a negative picture of their ability to cope or they may not want to share their disappointment about the support they did or did not receive from their supporters. Parents may have also been reticent to admit to not living up to mothering and fathering “ideals”, especially for first-time parents (Xuereb et al., 2012). This possibility was addressed by encouraging participants to be as open as possible with regard to their responses. In addition, all participants were given an introduction to the study with the aim of putting couples at ease by acknowledging and normalizing the range of thoughts and emotions that are typical during this transition.

Lastly, the participants self-selected to participate in this study, therefore, there may have been a sampling bias towards including parents who had the energy, time and confidence to respond to the recruitment poster or who had substantial social support.

Directions for future research. Further research on first-time parent couples and their experience with social support is warranted. While the present study provided a unique opportunity to hear the perspectives of first-time parent couples on their experiences with social support, future research could address the perspectives of couples representing other perspectives that were not included in this study. For example, it would be relevant to gather the perspectives of same sex couples, adoptive couples, couples of differing ethno-cultural backgrounds or faith groups, couples who are dealing

with medical or mental health issues and those who represent a broader range of socioeconomic status.

Recommendations

First-time parents represent a diverse group of people; however, this study has provided evidence for several important recommendations related to the successful acquisition of social support and the critical early postpartum period. This study, as well as others, has highlighted the need for an enhancement of current prenatal education curricula to include a greater emphasis on the transition to parenthood, expectations and support planning. While it is clear that not all first-time parents struggle with the transition to parenthood or with acquiring adequate social support in the early postpartum period, it is evident that discussing expectations and planning for support needs would be facilitative. Based on the findings in this study, more detailed discussions on breastfeeding, infant care and social support planning would be beneficial in preparing first-time parents for potential challenges and could reduce stress while increasing a sense of self-efficacy which is an important goal for this population. Initiating a dialogue on the role of expectations and how they impact early parenting and planning for social support needs could also facilitate first-time parents' positive transition in the early postpartum period. Encouraging expectant parents to assess their available social supports and resources and to evaluate their expectations around those supports could alleviate the distress of unmet expectations and better prepare parents for change and challenges if and when they arise. Greater emphasis on the acceptability of reaching out and asking for support could also be included. Furthermore, the successful acquisition of

meaningful social support in the early postpartum also has the potential to prevent postpartum depression and anxiety symptoms in new parents.

The present study illustrated that being able to access informational support in a timely way eased parents' frustration and anxiety which in turn facilitated positive adaptation and coping. Successful acquisition of timely informational support is key for first-time parents and contributes to parent and child well-being. There are many sources of informational support and recommended infant care practices continue to change as new evidence emerges. First-time parents' awareness of the available supports, particularly reliable internet information sources could alleviate stress and benefit parents' acquisition of knowledge related to important topics such as infant feeding and sleeping. Developing new and innovative parenting education sites that appeal to parents and their needs would also take advantage of parents' reliance on and comfort level with internet resources.

The present study has also highlighted the importance of 24 hour supports and information available for first-time parents. Parents who deliver their infants under normal circumstances and without complications are discharged from hospital often within 24 to 48 hours of birth. This reality means that first-time parents are discharged home with very little experience and confidence. As things can change quickly with a newborn infant and with a postpartum woman's health, it is critical that new parents have access to supports and resources 24 hours a day. With such early discharge, services and supports must be available around the clock to respond to the needs of first-time parents as they develop their skills to care for a newborn. These services could be provided

through 24 hour telephone access to healthcare professionals and after-hours and weekend availability of public health nursing services.

The participants in this study identified several benefits of accessible parenting groups in the community. It is recommended that parenting groups continue to be made available and accessible to parents with young children in all areas and neighbourhoods. Even though mothers were the most frequent users of community groups for parents, at least one father believed that co-ed parent groups would be a welcomed addition to the community and would offer particular benefits for all parents. The benefits of a co-parenting model have also been validated in the literature therefore, there may be merit in exploring the need and desire for co-parenting support groups in the community as an option.

The first-time parents in this study, particularly the mothers, underscored the value of being able to talk openly about their thoughts and feelings in a non-judgmental and accepting atmosphere. Existing literature also confirms the importance of parents being able to talk freely about the range of their experiences, which is known to facilitate parental adjustment. Open dialogue has the potential to reveal invisible barriers that exist for parents' in acquiring social support and can present an opportunity to facilitate connection to meaningful social supports. It is recommended that support services and informal supports be made more aware of the benefits of open dialogue and place greater emphasis on the importance of allowing new parents the opportunity to talk openly within an atmosphere of understanding and trust.

In this study, working as a team was viewed as beneficial to first-time parents' sense of self-efficacy and resilience. The literature also highlights the benefits of mutual support, understanding and effective communication for parent couples. Currently there are few resources in the community that highlight the characteristics of working as a team and the skills needed to establish a positive co-parenting relationship as first-time parents. It is recommended that prenatal and postpartum resources be developed and disseminated to prospective and new parents to provide guidance on key strategies that promote a positive co-parenting relationship.

Conclusion

The main aim of the present study was to better understand the meaning of first-time parent couples' experiences regarding social support both within and outside of the couple relationship, as well as their perceptions of the role that social support has played in their adaptation to the parenting role in the early months of parenting. The present study has revealed the diversity of parent's experiences and the multiplicity of contextual factors that impact the meaningful acquisition of social support. In conclusion, new parents highly value a variety of meaningful and timely social supports and confirm their influence on the positive adaptation to parenthood. Increased awareness and knowledge of the impacts of positive social supports for first-time parents has the potential to support positive coping strategies, parental mental well-being, and the development of a successful co-parenting relationship. Enhanced awareness and application of this knowledge within families and social support services can make a significant impact on

the experience of first-time parents and contribute to the overall well-being of families in the future.

References

- Aktan, N. (2012). Social support and anxiety in pregnant and postpartum women: A secondary analysis. *Clinical Nursing Research, 21*(2), 183-194.
doi:10.1177/1054773811426350
- Anderson, L.N. (2013). Functions of support group communication for women with postpartum depression: How support groups silence and encourage voices of motherhood. *Journal of Community Psychology, 41*(6), 709-724.
doi:10.1002/jcop.21566
- Bailey, S. (2010). Postnatal care: Exploring the views of first-time mothers. *Community Practitioner, 83*(12), 26-29.
- Bartholomew, M.K., Schoppe-Sullivan, S.J., Glassman, M., Kamp Dush, C.M., & Sullivan, J.M. (2012). New parents' Facebook use at the transition to parenthood. *Family Relations, 61*: 455–469. doi:10.1111/j.1741-3729.2012.00708.x
- Beck, C.T. (2001). Predictors of postpartum depression: An update. *Nursing Research, 50*(5), 275-285.
- Boivin, M., & Hertzman, C. (Eds.) (in press). (2012). Early childhood development: Adverse experiences and developmental health. Royal Society of Canada-Canadian Academy of Health Sciences Expert Panel (with R. Barr, T. Boyce, A. Fleming, H. MacMillan, C. Odgers, M. Sokolowski, & N. Trocme). Retrieved from: <http://cwrp.ca/publications/2571>

- Börjesson, B., Paperin, C., & Lindell, M. (2004). Maternal support during the first year of infancy. *Journal of Advanced Nursing*, 45(6), 588–594. doi:10.1046/j.1365-2648.2003.02950.x
- Bradley, E.H., Curry, L.A., & Devers, K.J. (2007). Qualitative data analysis for health services research: Developing taxonomy, themes, and theory. *Health Services Research*, 42(4). doi:10.1111/j.1475-6773.2006.00684.x
- Chin, R., Hall, P., & Daiches, A. (2011). Fathers' experiences of their transition to fatherhood: A metasynthesis. *Journal of Reproductive & Infant Psychology*, 29(1), 4-18. doi:10.1080/02646838.2010.513044
- Coffman, S., & Ray, M. (2002). African American women describe support processes during high-risk pregnancy and postpartum. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 31(5), 536-544. doi:10.1111/j.1552-6909.2002.tb00078.x
- Creswell, J.W. (2013). *Qualitative inquiry & research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: SAGE Publications Inc.
- Darvill, R., Skirton, H., & Farrand, P. (2008). Psychological factors that impact on women's experiences of first-time motherhood: A qualitative study of the transition. *Midwifery*, 26(3), 357-366. doi:10.1016/j.midw.2008.07.006
- Deave, T., Johnson, D., & Ingram, J. (2008). Transition to parenthood: The needs of parents in pregnancy and early parenthood. *BMC Pregnancy and Childbirth*, 8(30), doi:10.1186/1471-2393-8-30

- Dennis, C-L., Heaman, M., & Vigod, S. (2012). Epidemiology of postpartum depressive symptoms among Canadian women: Regional and national results from a cross-sectional survey. *The Canadian Journal of Psychiatry*, *57*(9), 537-546.
- Dennis, C-L., & Chung-Lee, L. (2006). Postpartum depression help-seeking barriers and maternal treatment preferences: A qualitative systematic review. *Birth*, *33*(4), 323–331. doi: 10.1111/j.1523-536X.2006.00130.x
- Dennis, C-L., & Ross, L. (2006). Women’s perceptions of partner support and conflict in the development of postpartum depressive symptoms. *Issues and Innovations in Nursing Practice*, *56*(6), 588-599. doi:10.1111/j.1365-2648.2006.04059.x
- Emmanuel, E., St John, W., & Sun, J. (2012). Relationship between social support and quality of life in childbearing women during the perinatal period. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, *41*: E62–E70. doi:10.1111/j.1552-6909.2012.01400.x
- Feinberg, M.E. (2002). Coparenting and the transition to parenthood: A framework for prevention. *Clinical Child and Family Psychology Review*, *5*(3), 173-195.
- Feinberg, M.E., Brown, L.D., & Kan, M.L. (2012). A multi-domain self-report measure of co-parenting, *Parenting: Science and Practice*, *12*(1), 1-21.
doi:10.1080/15295192.2012.638870
- Fitelson, E., Kim, S., Scott Baker, A., & Leight, K. (2011). Treatment of postpartum depression: Clinical, psychological and pharmacological options. *International Journal of Women’s Health*. *3*:1-14. doi:10.2147/UWH.56938

- Fowler, K., Wareham-Fowler, S., & Barnes, C. (2013). Social context and depression severity and duration in Canadian men and women: Exploring the influence of social support and sense of community belongingness. *Journal of Applied Social Psychology, 42*, E85-96. doi:10.1111/jasp.12050
- Gaynes, B.N., Gavin, N., Meltzer-Brody, S., Lohr, K.N., Swinson, T., Gartlehner, G., Brody, S., & Miller, W. (2005). Perinatal depression: Prevalence, screening, accuracy, and screening outcomes. Rockville (MD): *Agency for Healthcare Research and Quality*, Rockville, MD (US); (Evidence Reports/Technology Assessments, No. 119.) Retrieved from:
<http://www.ncbi.nlm.nih.gov/books/NBK37740/>
- Genesoni, L., & Tallandini, M.A. (2009). Men's psychological transition to fatherhood: An analysis of the literature, 1989–2008. *Birth, 36*(4), 305–318.
doi:10.1111/j.1523-536X.2009.00358.x
- Gottlieb, B.H., & Bergen, A.E. (2010). Social support concepts and measures. *Journal of Psychosomatic Research, 69*(5), 511-520. doi:10.1016/j.jpsychores.2009.10.001
- Haber, M.G., Cohen, J.L., Lucas, T., & Baltes, B.B. (2007). The relationship between self-reported received and perceived social support: A meta-analytic review. *American Journal of Community Psychology, 39*(1), 133–144.
doi:10.1007/s10464-007-9100-9
- Haga, S.M., Lynne, A., Slinning, K., & Kraft, P. (2011). A qualitative study of depressive symptoms and well-being among first-time mothers. *Scandinavian Journal of Caring Sciences, 26*(3), 458-466. doi:10.1111/j.1471-6712.2011.00950.x

- Hinson Langford, C.P., Bowsher, J., Maloney, J.P., & Lillis, P.P. (1997). Social support: A conceptual analysis. *Journal of Advanced Nursing*, 25(1), 95-100.
doi:10.1046/j.1365-2648.1997.1997025095.x
- Holt-Lunstad, J., Smith, T.B., & Layton, J.B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLoS Med* 7(7): e1000316.
doi:10.1371/journal.pmed.1000316
- Hopkins, J., & Campbell, S.B. (2008). Development and validation of a scale to assess social support in the postpartum period. *Archives of Women's Mental Health*, 11(1), 57-65. doi:10.1007/s00737-008-0212-5
- Howard, K.S., & Brooks-Gunn, J. (2009). Relationship supportiveness during the transition to parenting among married and unmarried parents. *Parenting: Science and Practice*. 9(1-2), 123-142. doi:10.1080/15295190802656828
- Jones, C.G., Jomeen, J., & Hayter, M. (2014). The impact of peer support in the context of perinatal mental illness: A meta-ethnography. *Midwifery*, 30(5), p. 491-498.
doi:10.1016/j.midw.2013.08.003
- Kingston, D., Heaman, M., Fell, D., Dzakpasu, S., & Chalmers, B. (2012). Factors associated with perceived stress and stressful life events in pregnant women: Findings from the Canadian Maternity Experiences Survey. *Maternal and Child Health Journal*, 16(1), 158-168. doi:10.1007/s10995-010-0732-2
- Kingston, D., Tough, S., & Whitfield, H. (2012). Prenatal and postpartum maternal psychological distress and infant development: A systematic review. *Child*

Psychiatry and Human Development, 43(5), 683-714. doi:10.1007/s10578-012-0291-4

Kluwer, E.S. (2010). From partnership to parenthood: A review of marital change across the transition to parenthood. *Journal of Family Theory & Review*, 2(2), 105-125. doi:10.1111/j.1756-2589.2010.00045.x

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis, *Qualitative Research in Psychology*, 3(2), 102-120. doi:10.1191/1478088706qp062oa

Lawrence, E., Rothman, A.D., Cobb, R.J., Rothman M.T., & Bradbury, T.N. (2008). Marital satisfaction across the transition to parenthood. *Journal of Family Psychology*, 22(1), 41-50. doi:10:1037/0893-3200.22.1.41

Leahy-Warren, P., McCarthy, G., & Corcoran, P. (2012). First-time mothers: Social support, maternal parental self-efficacy and postnatal depression. *Journal of Clinical Nursing*, 21(3-4), 388–397. doi:10.1111/j.1365-2702.2011.03701.x

Letourneau, N.L., Dennis, C-L., Benzies, K., Duffett-Leger, L., Stewart, M., Tryphonopoulos, P.D., Este, D., & Watson, W. (2012). Postpartum depression is a family affair: Addressing the impact on mothers, fathers, and children. *Issues in Mental Health Nursing*, 33(7), 445-457. doi:10.3109/01612840.2012.673054

Lopez, L.K. (2009). The radical act of “mommy blogging”: Redefining motherhood through the blogosphere. *New Media & Society*, 11(5), 729-747. doi:10.1177/146144809105349

- Manuel, J.I., Martinson, M.L., Bledsoe-Mansori, S.E., & Bellamy, J.L. (2012). The influence of stress and social support on depressive symptoms in mothers with young children. *Social Science & Medicine*, 75(11), 2013–2020.
doi:10.1177/0265407590074011
- McDaniel, B.T., Coyne, S.M., & Holmes, E.K. (2012). New mothers and media use: Associations between blogging, social networking, and maternal well-being. *Maternal and Child Health Journal*, 16(7), 1509-1517. doi:10.1007/s10995-011-0918-2
- McPherson, M., Smith-Lovin, L., & Brashears, M.E. (2006). Social isolation in America: Changes in core discussion networks over two decades. *American Sociological Review*, 71(3), 353-375.
- Miles, M.B., Huberman, A.M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook (3rd ed.)*. Thousand Oaks, CA: SAGE Publications Inc.
- Munhall, P. (2012). *Nursing research: A qualitative perspective (5th ed.)*. Mississauga: Jones & Bartlett.
- Negron, R., Martin, A., Almog, M., Balbierz, A., & Howell, E.A. (2012). Social support during the postpartum period: Mothers' views on needs, expectations, and mobilization of support. *Maternal and Child Health Journal*, 17(4), 616-623.
doi:10.1007/s10995-012-1037-4
- Nyström, K. & Öhrling, K. (2004). Parenthood experiences during the child's first year: literature review. *Journal of Advanced Nursing*, 46(3), p. 319-330.

- O'Mahony, J., Donnelly, T., Bouchal, S., & Este, D. (2012). Barriers and facilitators of social supports for immigrant and refugee women coping with postpartum depression. *Advances in Nursing Science*, 35(3), E42-E56. doi: 10.1097/ANS.0b013e3182626137
- Paulson, J., Dauber, S., & Leiferman, J. (2006). Individual and combined effects of postpartum depression in mothers and fathers on parenting behavior. *Pediatrics*, 118(2), 659-668. doi:10.1542/peds.2005-2948
- Paulson, J.F., & Bazemore, S.D. (2010). Prenatal and postpartum depression in fathers and its association with maternal depression: A meta-analysis. *Journal of the American Medical Association*. 303(19), 1961-1969. doi:10.1001/jama.2010.605
- Sarason, I.G., & Sarason, B.R. (2009). Social support: Mapping the construct. *Journal of Social and Personal Relationships*, 26(1), 113-120. doi:10.1177/0265407509105526
- Schmied, V., Beake, S., Sheehan, A., McCourt, C., & Dykes, F. (2011). Women's perceptions and experiences of breastfeeding support: A metasynthesis. *Birth* 38(1), p. 49-60.
- Seidman, I. (2013). *Interviewing as qualitative research: A guide for researchers in education & the social sciences*. New York: Teachers College Press.
- Shonkoff, J.P., & Garner, A.S., The Committee on Psychosocial Aspects of Child and Family Health, Siegel, B.S., Dobbins, M.I., Earls, M.F., Garner, A.S., McGuinn, L., Pascoe, J., & Wood, D.L. (2012). The lifelong effects of early childhood

adversity and toxic stress, *Pediatrics*, 129(1), e232-e246. doi:10.1542/peds.2011-2663

Small, R., Taft, A.J., & Brown, S. J. (2011). The power of social connection and support in improving health: Lessons from social support interventions with childbearing women. *BMC Public Health*, 11(5), Supp. 5. doi:10.1186/1471-2458-11-S5-S4

Smith, J.A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, 5(1), 9-27.
doi:10.1080/17437199.2010.510659.

Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: SAGE Publications, Ltd.

Statistics Canada, (2008). 2008 *General Social Survey Report: Social networks help Canadians deal with change*. Retrieved from <http://www.statcan.gc.ca/pub/11-008-x/2009002/article/10891-eng.htm#a4>

Stewart, D.E., Robertson, E., Dennis, C-L., Grace, S.L., & Wallington, T. (2003). *Postpartum depression: Literature review of risk factors and interventions*. University of Toronto, Women's Health Program. Retrieved from http://www.who.int/mental_health/prevention/suicide/lit_review_postpartum_depression.Pdf

Stewart-Brown, S.L., & Schrader-McMillan, A. (2011). Parenting for mental health: What does the evidence say we need to do? Report of Workpackage 2 of the DataPrev project. *Health Promotion International*, 26(S1), i10-i28. doi: 10:1093/heapro/dar056

- Taylor, B., & de Vocht, H. (2011). Interviewing separately or as couples? Considerations of authenticity of method. *Qualitative Health Research, 21*(11), 1576-1587. doi: 10.1177/1049732311415288
- Thomson, G., Dykes, F., & Downe, S. (Eds.). (2011). *Qualitative research in midwifery and childbirth phenomenological approaches*. New York, NY: Routledge.
- Vänskä, M., Punamäki, R.L., Tolvanen, A., Lindblom, J., Flykt, M., Unkila-Kallio, L., Tiitinen, A., Repokari, L., Sinkkonen J., & Tulppala, M. (2011). Maternal pre- and postnatal mental health trajectories and child mental health and development: Prospective study in a normative and formerly infertile sample. *International Journal of Behavioural Development, 35*(6), 517-531.
- Wang, H., Wu, S., & Liu, Y. (2003). Association between social support and health outcomes: A meta-analysis. *Kaohsiung Journal of Medical Science, 19*(7), p.345-351.
- Webster, J., Linnane, J.W.J., Dibley, L.M., Hinson, J.K., Starrenburg, S.E., & Roberts, J.A. (2000). Measuring social support in pregnancy: Can it be simple and meaningful? *Birth, 27*(2), 97-101. doi:10.1046/j.1523-536x.2000.00097.x
- Widarsson, M., Kerstis, B., Sundquist, K., Engström, G., & Sarkadi, A. (2012). Support needs of expectant mothers and fathers: A qualitative study. *The Journal of Perinatal Education, 21*(1), 36-44. doi:10.1891/1058-1243.21.1.36
- Williams, P., Barclay, L., & Schmied, V. (2004). Defining social support in context: A necessary step in improving research, intervention, and practice. *Qualitative Health Research, 14*(7), 942-960. doi:10.1177/1049732304266997

- Wilkins, C. (2006). A qualitative study exploring the support needs of first-time mothers on their journey towards intuitive parenting. *Midwifery*, 22(2), 169-180. doi: 10.1016/j.midw.2005.07.001
- World Health Organization, (2003). *Social determinants of health: The solid facts, 2nd edition*, Richard Wilkinson and Michael Marmot. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0005/98438/e81384.pdf
- World Health Organization, (2004). *Prevention of mental disorders: Effective interventions and policy options: summary report / a report of the Dept. of Mental Health and Substance Abuse; in collaboration with the Prevention Research Centre of the Universities of Nijmegen and Maastricht.*
- Wrzus, C., Hänel, M., Wagner, J., & Neyer, F. (2013). Social network changes and life events across the lifespan: A meta-analysis. *Psychological Bulletin*, 139(1), 53-80. doi:10.1037/a0028601
- Wynter, K., Rowe, H., & Fisher, J. (2013). Common mental disorders in women and men in the first six months after the birth of their first infant: A community study in Victoria, Australia. *Journal of Affective Disorders*, 151, (3) p. 980-985. doi: 10.1016/j.jad.2013.08.021
- Xuereb, R.B., Abela, A., & Spiteri, G. (2012). Early parenting – portraits from the lives of first-time parents. *Journal of Reproductive and Infant Psychology*, 30(5), 468-482. doi:10.1080/02646838.2012.744961
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, 15, 215-228.

APPENDIX A

New First-time Parents!

We are looking for couples
who are parents for the first time
to participate in an interview
about social support



Department of Family Social Sciences

I am a graduate student at the University of Manitoba doing a research study with couples who are first-time parents about their social supports during the first six months of parenting.

You are eligible to participate if you are:

- A first-time birth mother or father of one healthy baby 8 to 24 weeks old
- At least 18 years of age, living in Winnipeg, English speaking
- Can participate as a couple in a one hour interview at a location of your choice
- Are not currently being treated for a major medical condition

All information collected is strictly confidential.

A \$30 gift card is provided.

For more information please contact Laurie:

at -----

APPENDIX B

Introduction to the Study- Script

Becoming a parent for the first-time is a major life change for both mothers and fathers (partners). New parents experience a whole range of emotions, both positive and negative, as they adapt to this change in their lives. I am interested in the role of social supports by non-professionals, (not including doctors, nurses, social workers or other professionals) that first-time parents need, find or make use of, as they adapt to becoming a parent, particularly in the first six months. I am interested in how first-time parent couples attempt to get support or gain support from one another, and also how they get support from other people in their life such as family, friends, other parents, neighbours etc. and what kinds of social support they find helpful or feel would be helpful to them. The purpose of this study is to help us better understand how couples who are first-time parents find, gain and use social support in the first six months of parenting so that we may be more aware of how to help parents find the support they need and want.

APPENDIX CUNIVERSITY
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Department of Family Social Sciences

CONSENT FORM**Research Project Title: First-time Parent Experiences of Social Support in the Early Postpartum Period: A Couple's Perspective****Principal Investigator:**

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This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The **purpose of this study** is to gather the opinions and perspectives of first-time parents in relation to their experience with social supports in the first few months with their new baby. This information will be gathered in one interview that may take approximately one hour and will occur at the location of your choice. The interview will be audio-recorded. All information gathered will be kept confidential by assigning a number to each file. All identifiable information will be kept in a locked cabinet at the researcher's personal residence and only the above named researcher will have access to this cabinet. Once the study is complete, all identifiable written and audio data collected will be destroyed (August 2014).

In prior research of this nature, parents have often found it helpful to have the opportunity to speak openly about their opinions and experiences. Some parents may feel stressed or emotional when they talk about their experiences; a list of resources for new parents will be provided to all parents at the end of the interview.

Participants in this study will receive a \$30 gift card to BabiesRUs retail store. This will be provided immediately after the interview is completed.

You may withdraw from participating in this study at any time prior to July 1st, 2014 without consequence, by making your wishes known to the researcher. Should one member of the couple wish to withdraw, the entire interview will be withdrawn from the study.

After the interview is complete, there will be an opportunity for you to debrief the process with the researcher. Participants may choose to receive a complete copy of the interview transcript by indicating their preference on this form. If requested, transcripts will be sent by method chosen no later than June 1, 2014. Upon completion of the study, a brief summary of results will be made available to all participants either through email or mail by July 2014. The full completed thesis will be available on MSpace located at <http://mspace.lib.umanitoba.ca/> by October 2014. Information collected as part of this study may be presented at scholarly conferences or in an academic journal; no identifying information will be revealed. All information you provide is strictly confidential.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from the legal and professional responsibilities. You are free to refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way. This research has been approved by the University of Manitoba Joint Faculty Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC) at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

If you would like to receive a complete copy of the interview transcript, please indicate below. (Transcripts cannot be requested after the completion of the study.)

Yes

No thank you

Send by email, fax or regular mail. Indicate address or number below:

If you would like to receive a short summary of the study results, please choose one option and provide address. No thank you

Mail: _____

Email: _____

Participant's Signature: _____ Date: _____

Researcher's Signature: _____ Date: _____

APPENDIX D

Demographic Form



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Thank you for participating in this research study. The following information will be useful in analyzing the data. All information is confidential and optional.

Participant # _____

DATE: **DAY** _____ **MONTH** _____ **YEAR** _____

Your age: (years) _____ Male Female Other

Marital status: Married
 Divorced
 Separated
 Co-habiting
 Other

Your ethnicity or cultural background:

Who else lives in the home? (other relatives, etc)

What is the highest level of education you have completed?

- Elementary school
- Some high school, but did not finish
- Completed high school
- Some college, but did not finish
- Completed college program (e.g. Red River College)
- University degree
- Graduate degree or Ph.D.

Age of infant at time of interview (in weeks): ____

Infant Date of Birth: Month_____Day_____ Year_____

Infant: Male Female Other

What is your total family income? (before tax and prior to any maternity leave)

- less than \$20 000
- 21 000 to \$40 000
- 41 000 to \$60 000
- 61 000 to \$80 000
- 81 000 to \$100 000
- over \$100 000

Are you on parental leave? No Yes

How long do you plan to be on leave? _____

APPENDIX E

First-time Parent Experiences of Social Support in the Early Postpartum Period:

A Couple's Perspective

Interview Guide

Who has provided support to you? What type of social support have they provided?

What kinds of supports do you want or need now that you have your baby? Do they differ from your partner's ideas if so, in what ways?

What was going on that led you to want or feel you needed these supports?

Tell me about whether or not you feel you are getting the type and amount of support you need or want? What are some of the signs that would tell you that?

Are there any barriers to you getting the kind of social support you need and want?

What kinds of things make you feel supported? What supports do you value most?

Did you have to ask for this support or was it offered to you? Tell me about that.

Can you tell me about how this support may or may not have impacted your adjustment to becoming a parent?

Before your baby was born, did you think about, or plan for what kinds of supports you thought you might need or want? Can you tell me about that?

As a couple, how has the experience of having a baby affected how you gain support and give support to one another? In what ways? Has this changed over the last weeks since your baby was born?

Can you tell me about whether or not you have used web-based social networking sites such as Facebook© and if so, would you consider it to be a form of social support? Can you tell me more about that experience?

Is there anything else that you would like to share with me on this topic that perhaps I haven't asked about?

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