

The relationship between maternal age, communication and supportive relationships in the neonatal nursery for mothers of preterm infants.

Nicola Sheeran^a, Liz Jones^a, and Jen Rowe^b

^aSchool of Applied Psychology, Griffith University

^bSchool of Nursing and Midwifery, University of the Sunshine Coast

Corresponding author

Liz Jones, School of Applied Psychology, Mt Gravatt campus, Griffith University, 176 Messines Ridge Road, Mt Gravatt, QLD, 4122, Australia

Ph: +61 7 3735 3365

Fax: +61 7 3735 3388

Email: l.jones@griffith.edu.au

Keywords: preterm birth, adolescent mothers, nurses, communication, supportive relationships

ABSTRACT

The birth of a preterm infant is associated with psychological distress and disruption to parenting for adult mothers but little is known about adolescent mothers in this context. This study investigated how adult and adolescent mothers experienced parenting in the neonatal nursery, with a focus on communication and supportive relationships. We conducted semi-structured interviews with 39 adult and 20 adolescent mothers of preterm infants at infant discharge. Interviews were analysed using inductive descriptive content analysis. Two themes explicated mothers' experiences of communication and supportive relationships: Facilitative and inhibitory nursing behaviours and Negotiating the nursery environment. Two contextual themes shaped mothers' experiences: Expectations and realities and Practical challenges. There were significant differences between adult and adolescent mothers for each theme. Communication was important for shaping mothers' experiences of parenting in the neonatal nursery. For adult mothers communication was mostly positive and they actively negotiated the nursery environment. Adolescent mothers experienced communication as more inhibitory and intergroup attributing the nurses' communication and unsupportive behaviours to their age. Health professional recognition of the influence of maternal age on communication and mothers' experiences of parenting would enhance interpersonal interactions with adolescent mothers and facilitate their parenting.

INTRODUCTION

Preterm birth is a stressful event, with acute and chronic difficulties for both mother and infant (Affleck and Tennen, 1991; Davis, et al., 2003; Doucette and Pinelli, 2000). Adult mothers have reported that it is the worst life event they have experienced (Whitfield, 2003). Preterm birth is associated with increased symptoms of depression (Miles, et al., 2007) and anxiety (Gennaro, 1988) in adult mothers and for many a delay in the development of maternal role (Griffin and Pickler, 2011; Jones, et al., 2009; Mercer, 1995; Rowe and Jones, 2010).

Particular stressors resulting from a preterm birth include the uncertainty of the infant's outcome, anxiety and fear over the health of their child, the foreign environment of the neonatal intensive care unit (NICU), the infant's appearance, the sense of loss associated with the expectation of giving birth to a healthy infant, being separated from their infant, and relinquishing control for care of the infant (Affleck, et al., 1991; Franck, et al., 2005; Miles, 1989; Miles and Holditch-Davis, 1997; Seideman et al., 1997). Further, mothers must negotiate the care of their infant with the nursing and medical staff within the unit (Lupton and Fenwick, 2001), sometimes struggling to mother and feel connected to their infant (Fenwick, et al., 2000). A large body of literature has accumulated examining how the neonatal nursery experience can help or hinder maternal transition at this time.

Cleveland (2008) found that accurate information, inclusion in the infant's care, and contact with the infant helped adult mothers. Further, adult mothers reported a need to have a relationship with nursing staff involving individualised care, being positively perceived by nurses, good communication between inter-professional teams and parents, and nurses facilitating parents to feel in control and to integrate into the unit (Cescutti-Butler and Galvin, 2003; Cleveland, 2008). Facilitative nursing enables mothers to develop caregiving actions and maternal confidence (Aagaard and Hall, 2008). Nurses' communication with mothers is particularly important and may be either facilitative or hindering (Cleveland, 2008; Fenwick, et al., 2000; Jones, et al., 2007), with informal chatting aiding relationship development (Fenwick, et al, 2000). These findings highlight

that nurses serve a primary support role for mothers in neonatal nursery settings, which include NICU and special care nurseries (SCN). Partners are also an extremely helpful source of support (Jones, et al., 2009), along with other parents in the neonatal nursery.

Little is known about how or whether adolescent mothers of preterm infants form supportive relationships, or which factors influence their experience and maternal transition in neonatal nurseries. However, it has been suggested that adolescent mothers may be at double risk for poor adjustment, as both adolescent maternal age and preterm birth are separate risk factors associated with increased maternal distress (Thurman and Gonsalves, 1993). In particular, no research has investigated social support for adolescent mothers in the neonatal nursery context. However, social support attenuates the effects of age on outcomes for adolescent mothers (Bunting and McAuley, 2004; Letourneau, et al., 2004), suggesting supportive relationships may be important for adolescent mothers of preterm infants.

The development of supportive relationships relies on effective communication (Jones, et al., 2007). Yet little is known about communication between adolescent mothers and nursing staff in neonatal nurseries, nor how this influences perceived support and adjustment to motherhood. Communication is a complex phenomenon influenced by both interpersonal as well as intergroup factors, such as the group memberships of both the sender and receiver. According to Communication Accommodation Theory, individuals identify themselves and others as members of social groups (i.e., ingroups and outgroups) (Gallois, et al., 2005). The salience of these group memberships differs based on context and the process of categorizing leads to stereotyping and to stereotype-based communication (Gallois, et al., 2005). Thus, communication between nursing staff and parents is influenced by the extent to which group membership rather than the person's individual characteristics is in focus, with previous research finding communication with nurses that is accommodative and more interpersonal is more effective than communication which is under-accommodative and intergroup (Jones, et al., 2007). In the context of neonatal nurseries and

nurse-mother communication age may be a salient group membership impacting on expectations and communication.

Research investigating adolescents' perceptions of communication with adults outside of their family suggests that both adults and adolescents are dissatisfied with the encounters (Drury, 2003). Explanations for difficulties include power imbalance, one-sidedness, and a lack of respect for the adolescent's point of view (Drury, 2010). For example, research investigating communication between doctors and adolescents found that adolescents feel they are not listened to, patronized, lectured, and given unsolicited advice (Wrate, 1992). Research also suggests that style and delivery of communication play a role in forming perceptions (Hopkins, 1994). These findings suggest communication between adolescent mothers and nurses may be problematic. It is important to investigate such communication given the lack of research into relationships which may support adolescent mothers of hospitalised preterm infants. The current study aimed to explore similarities and differences in the experiences of parenting for adult and adolescent mothers who had preterm infants hospitalized in a Special Care Nursery (SCN). The two research questions were:

- 1) How do adult and adolescent mothers experience parenting in a SCN?
- 2) In this context what is the role of communication and supportive relationships?

METHOD

Participants

The sample consisted of 59 participants comprising two groups: 20 adolescent mothers of preterm infants (aged 15-19) and 39 adult mothers (age > 20) of preterm infants. Participants were recruited from five SCN's in Queensland, Australia in both regional and metropolitan hospitals. Data for adult mothers were collected as part of another study (see Jones, et al., 2009). Demographic information for mothers and infants are provided in Table 1.

Insert table 1 about here

Materials

Mothers participated in a semi-structured interview exploring their experiences of having an infant in a SCN. There were slight variations in the protocol to make them age appropriate, however topics included the mothers' perceptions of the birth, their experiences in hospital, their expectations associated with parenting and the baby's discharge home, current or anticipated challenges, and what had been helpful and unhelpful to the mothers. Interviews ranged in length from 15 to 90 minutes.

Procedure

Prior to data collection ethical approval was obtained from each of the hospital's Human Research Ethics Committees, as well as Griffith University Human Research Ethics Committee. Adult mothers were recruited in the first stage of the study and adolescent mothers in the second stage. All mothers who met the eligibility criteria (see Table 1) during the data collection period were approached to participate.

Recruitment

Recruitment of both adolescent mothers of preterm infants and adult mothers of preterm infants was through weekly contact with the SCN's. In all cases, potential participants who met eligibility criteria were identified through consultation with hospital staff and were subsequently approached by a member of the research team. Once agreement to participate was established a meeting between the researcher and the mother was scheduled.

Data collection

Data collection was scheduled to take place during the week prior to the infant's discharge from the SCN. Additionally, mothers completed a questionnaire focusing on their adjustment to parenting. Results of the questionnaire data are reported elsewhere (Farnell, et al., in press).

RESULTS

Inductive descriptive content analysis was used to generate the key descriptive themes in the mothers' stories. NVIVO version 9 was used for the analysis. Descriptive categories were generated inductively rather than imposed apriori or deductively. Categories were then collated into

descriptive themes. There were two contextual themes: mothers' expectations and realities, and practical challenges. In addition, there were two themes which illustrated mothers' experiences of communication and supportive relationships in the SCN: facilitative and inhibitory nursing behaviours, and negotiating the SCN environment. All excerpts from participants' interviews have been de-identified and are designated either AM or YM to indicate whether they were offered by an adult mother or an adolescent (young) mother.

Mothers' expectations and realities

The experience of parenting in the special care nursery began for mothers with the preterm birth of their infants and, within a few days, their own discharge from hospital. All mothers struggled with leaving the hospital without their baby and talked about how emotional they were at this time. However, for adult mothers this part of the experience was one that was contrary to their expectations. Adult mothers described the experience as "not normal" or not the way things "should be", and one that left some feeling as if they did not have a baby. This loss of a normal birth experience was highly stressful, even "traumatic". They had an idealised expectation of having the 'big celebration' to accompany the birth of a baby that was denied by the reality of their experience.

"You can't describe it. I think the whole it is like your wedding day when you have your big wedding day and it is all a big fairy-tale and that is what it is like with your first child. You have your first child and you want to bring your child home and you come home and there is just no baby." (AM05)

For these mothers, then, developing relationships with staff became a way to manage the experience. Staff were integral in normalising their experience.

"That's right and no one was talking about it in hushed tones like it is a freaky thing. Everyone is just talking about it like yeah it happens deal with it and this is how we deal with it." (AM19)

Adolescent mothers held less clearly defined expectations and so experienced more 'in the moment' reactions to the challenges of the present rather than in comparison to any strong

expectations. Their narratives articulated their overwhelmingly positive experience of becoming mothers.

“Nothing like it’s like totally different to what I expected... Umm I didn’t really know what I was going to expect I just I don’t really even know how to explain it... it’s good being a mum now really good really happy. But beforehand I just didn’t know if I was going to be happy or not” (YM01)

They were making sense of their capacity to parent or how they would enjoy parenting rather than being overly concerned with rituals or norms associated with becoming a parent. Adolescent mothers were more likely to report that, though not planned, the preterm birth of their infant was not negative; they were mothers and their infant would come home at some stage.

Practical challenges

Mothers had to contend with practical challenges which affected their parenting. Travelling to and from the hospital was one issue particularly prominent for adolescent mothers, which affected their availability for their infant and caregiving. Several adolescent mothers struggled to raise money for public transport and/or had to rely on other people in order to attend the hospital. For others limited public transport options meant much of their time was spent getting to and from the hospital.

“...bus, trains, swap over train at [Regional centre] then go to [the city] and then another bus that goes [to the hospital] and then we walk up this massive hill. We had to leave early in the morning and then we’d be there 3 hours later..[we’d manage to go] about three or four times a week... It was about \$12.80 to get there and back”. (YM15)

For adolescent mothers this challenge impacted their parenting and their relationships with nurses in the SCN.

“...they just like called me like you’re supposed to be here and stuff and I’ve like called they know my situation and they’re like “sorry” but in like a real attitude kind of voice like they don’t really mean it I don’t think.”(YM03)

Practical challenges for adult mothers included managing other children and household/outside demands. However, for most, the father of the baby became responsible for all outside demands, while the mother focussed her attention and time on the infant in the hospital. These practical challenges highlight a difference that may impact on communication and supportive relationships in a SCN. Adolescent mothers had to contend with practical issues which made it difficult for them to be present and available to engage and negotiate participation and caregiving, while adult mothers were more able to meet the challenges and so be present to watch, give care, and communicate.

Communication and supportive relationships

Two themes help us understand factors that shaped communication and supportive relationship development for mothers in the SCN. Nurses were central in the mothers' stories. Both adolescent and adult mothers talked about helpful nursing practices and communicative behaviours defined as facilitative or supportive, but also ones which were unhelpful or inhibitive. In addition, mothers discussed strategies that they developed to negotiate their experience in the SCN environment, which reflected the influence of communication and relationships with nurses.

Facilitative and inhibitory nursing behaviours

Mothers described a number of facilitative behaviours. They appreciated nurses providing them with guidance and advice, answering their questions, encouraging them, supporting their caregiving and being available to talk to. Examples of each are provided in Table 2. These excerpts highlight the ways in which mothers engaged with nurses. Of note, all adult mothers (as compared to three adolescent mothers) spontaneously offered that nurses were helpful.

Insert Table 2 and 3 about here

Mothers also reported a range of behaviours they found unhelpful (see Table 3). Some behaviors inhibited the women's ability to care for their infants, for example, when they felt nurses were not adapting their work flow and schedule to mothers' needs to provide care for their infants. Inconsistent, incomplete, or incomprehensible explanations were also unhelpful and challenging.

Other behaviours negatively influenced the quality of interactions, for example, staff who seemed focused on the system and procedural information rather than the mother's specific and personal context, or when mothers felt excluded from decision making, which decreased their sense of control, and increased their frustration, powerlessness, and even marginalisation.

Power struggles, and the resulting feelings of distress and frustration, were reported more by adolescent mothers. They described a lack of control over decision making on how to parent their child while they were in the SCN. They identified specific restrictions, the rationales for which in their view were not clearly explained, nor potentially at least, necessary. These restrictions included when they could or could not pick up their infants, when and how to feed their infants, and not being able to bath their infants. Control resided with the nursing staff and the adolescent mothers reported difficulty reconciling their roles as mothers in this context. Other inhibitory behaviours reported only by adolescent mothers were their sense of being watched or under surveillance and their perception that they needed to ask permission to parent.

Adolescent mothers categorised staff more globally as either good or bad and negative aspects of interactions were taken personally, as insults to them as mothers. Adolescent mothers interpreted communication focused on system or procedural routines, which is by nature non-person centred, as unhelpful, rude or inappropriate. To adolescent mothers the procedural and systems focused communication positioned them as 'other' or outsiders. They felt categorised by their age and treated differentially because of it.

“Some of the other Mums, the older Mums are allowed to do stuff that I just, I feel like I'm being restricted to do certain things. Like normally all the other Mum's, they just get to wheel their babies over and give them a bath, but I always have a nurse next to me, like they think I'm going to drop him or something. ... I'm no different to all the other Mum's, just 'cause I'm younger doesn't mean I'm not learning.” (YM33)

Overall, adolescent mothers reported more inhibitory nursing behaviours than helpful ones, whereas inhibitory behaviours were reported less frequently by adult mothers.

Negotiating the SCN environment

Mothers' stories revealed how they responded to their expectations, the challenges they faced and their interactions with the nurses to negotiate their maternal experience in the SCN. It is here that the strongest differences in the experience of adolescent and adult mothers were seen. Table 4 provides excerpts from both adult and adolescent mothers exemplifying these differences.

Insert Table 4 about here

One notable aspect of supportive relationships between adult mothers and nursing staff was the intentional way adult mothers developed and fostered these relationships. They developed strategies for integrating and managing inconsistent information, learnt how to ask questions, and found ways to mother. Most were active agents in their child's care, finding ways to communicate effectively to get their needs met.

"I made sure I had a relationship with the nurses and I would always find out who had him for the day and what shifts they were on..." (AM05)

Even when difficulties occurred between mothers and staff, adult mothers attributed these to individual differences, thus persevering the 'goodness' and helpfulness of nurses as a group.

Adolescent mothers were less likely to find a way to integrate the information, system rules, or individual communication style of nurses, and were less self-reflective of their role in interactions.

"you do get confused because ...there'll be times when there's people you don't know so you don't know how to, you know, whether you should do that extra feed that you can do, or pick him up and it is, it's really confusing to do it." (YM 33)

Some adolescent mothers did not find a way to mother in the SCN environment. They were positioned, or positioned themselves, at the margins with minimal participation, with home being the place where they would be able to mother. A couple of adolescent mothers commented on 'going under the radar' or looking like they were complying, in their minds waiting to be free of the perceived scrutiny and unwanted advice. The strategies used by adolescent mothers may not,

however, be helpful as the adolescent mother may not ask questions or seek help. Some young mothers rebelled, stating that they risked poor relationships with nurses in order to preserve their parenting role. Young mothers also felt they had to prove themselves as mothers. However, this may have the unintended cost of jeopardising relationships with those who care for their infants.

Other parents were also discussed by adult and adolescent mothers and, again, there were differences in their perceptions of supportive relationships from this source. Adult mothers reported other parents with infants in the SCN as a source of support. They reported forming bonds with other parents that were unexpected, yet positive and helpful, normalizing their experience.

“...but it has also been really good sort of making a few friends or getting to know the other mothers. Just sharing our experiences” (AM04)

Adolescent mothers did not report this experience; rather they were more isolated in the SCN.

DISCUSSION

This study investigated how adult and adolescent mothers experienced parenting in a SCN, with a focus on the role of communication and supportive relationships. Our findings identified key differences between adult and adolescent mothers in the contextual factors that influenced their parenting experiences, as well their perceptions of communication and supportive relationships.

Adult and adolescent mothers perceived a preterm birth differently, with adult mothers experiencing preterm birth as more distressing and against their expectations. Our results support Farnell et al’s explanation for the lack of psychological distress found in adolescent mothers of preterm infants (Farnell, et al., in press); while adult mothers experienced preterm birth as contrary to their expectations, adolescent mothers were primarily happy to be mothers. For adolescent mothers the key contextual factor influencing their experience of parenting in a SCN was the practical challenges they faced to be able to visit, and hence parent, their infant. To date this factor has not been acknowledged in the literature.

Both adult and adolescent mothers spoke about communication with nurses as central to their experience in the SCN. Both groups spoke about facilitative and inhibitory nursing practice

and behaviours which, in turn, influenced how they negotiated the nursery environment. For adult mothers, consistent with previous research (Cescutti-Butler and Galvin, 2003; Cleveland, 2008; Farnell, et al., in press; Fenwick, et al., 2000; Jones, et al., 2007), nurses were a key source of support through the provision of information, encouragement and reassurance, as well as facilitating their parenting. Inhibitory nursing behaviours described, such as inconsistent information, are also consistent with previous research (Fenwick, et al., 2000; Jones, et al., 2007). Despite the preterm birth creating significant distress and disrupting their expectations adult mothers were better able to negotiate than adolescent mothers their place and mothering role in the SCN. They actively pursued interactions and relationships, particularly with nurses, but also with other parents. Although their parenting experience was more satisfying when communication and decision making processes were inclusive, adult mothers managed if the processes were not. In general, adult mothers experienced communication with nurses as what Communication Accommodation Theory (Jones et al., 2007) would describe as interpersonal, and difficulties were generally attributed to personality or nurses having a bad day.

In contrast, adolescent mothers spoke less about communication with, and support from, nurses and other parents. Where adolescent mothers did talk about nurses they spoke more about inhibitory nursing behaviors. In contrast to adult mothers, their narratives focused on how interactions with nurses made them feel; watched and judged, lacking power and autonomy. In combination with the practical difficulties they faced, these inhibitory behaviors resulted in adolescent mothers feeling marginalized and lacking control, and inhibited their ability to parent. Adolescent mothers of full term infants have been similarly described as lacking agency in the mothering role (SmithBattle, 2005). Adolescent mothers tended not to negotiate the SCN environment or their relationships with nurses. Instead they used resistance or avoidance. Through this we suggest adolescent mothers potentially disengaged from caregiving in a way that could interfere with their attachment with their infant, and their knowledge and skill development, in what should be the supportive and safe environment of a SCN.

Consistent with other research on communication between adolescents and non-family adults (Drury, 2003; Drury, et al., 1998), adolescent mothers perceived communication with nurses to be intergroup (Jones, et al., 2007), whereby both groups interacted with each other primarily as members of the out-group and based on stereotypes. Adolescent mothers perceived that they were labelled and treated as adolescents who did not know how to parent, rather than as mothers. Interactions or offers of assistance by staff were perceived negatively and interpreted as nurses regarding them as not knowing how to parent. This created a dynamic where adolescent mothers felt powerless, a finding consistent with other research on communication between adolescents and adults (Drury, 2003; Drury, et al., 1998). Our findings are also consistent with Peterson et al. (2007), who found that young women inpatients perceived nursing care as more positive when they were treated the same as adult patients, whereas being treated differentially due to age hindered the development of an effective nurse-patient relationship (Petersen, et al., 2007). The perceived stigmatization and feelings of discrimination in the SCN appears similar to that experienced by adolescent mothers in the general community (Fessler, 2008; Hanna, 2001).

In summary, despite their shattered expectations and higher levels of distress, adult mothers were able to negotiate involvement in caregiving and build supportive communicative relationships with nurses and other parents. Conversely, for adolescent mothers the experience was more about 'being' a mother and, as such, preterm birth had less impact on their expectations of motherhood. Maternal identity development following the birth of their infants dominated the young mothers' discourses, reducing the potentially stressful impact of the preterm birth. The issues for them were the lack of ability to negotiate adult to adult interactions and being categorized as a 'young' mother. However, adolescent mothers were also less available, had less material resources to fit into the system, and were more susceptible to practical challenges, such as transport, that inhibited their ability to parent.

CONCLUSION

This research highlights the prejudicial impact of the social construction of adolescents within the nursery environment. Further, it redresses a deficit of research on adolescent mothers' experiences of, and thinking about, communication. The findings are consistent with other research on communication between adolescents and adults, suggesting adolescents are acutely aware of the power imbalance in communication with adults and, in neonatal nurseries, this has negative implications for supportive relationship development with nurses.

Health professional recognition of how age can influence the development of supportive relationships would enhance individual level interactions. This has important implications for working with adolescent mothers, particularly in a SCN, as many resist being labelled as an adolescent mother, and expect to be treated primarily as a mother, with age a secondary consideration. Nursing staff need to be aware that subtle differences in treatment between adult and adolescent mothers will be noted, and interpreted by adolescent mothers as nurses perceiving them as incompetent. Accommodative, interpersonal communication may increase their sense of acceptance and engagement in the SCN, with potential benefits for mothers and their infants.

REFERENCES

- Aagaard, H., Hall, E. O. C. 2008. Mothers' experiences of having a preterm infant in the neonatal care unit: A meta-synthesis. *Int Pediatr Nurs.* 23, e26-e36. doi: 10.1016/j.pedn.2007.02.003
- Affleck, G., Tennen, H. 1991. The effect of newborn intensive care on parents' psychological well-being. *Child Health Care.* 20, 6-14. doi: 10.1207/s15326888chc2001_2
- Affleck, G., Tennen, H., Rowe, J. C. 1991. *Infants in crisis : how parents cope with newborn intensive care and its aftermath.* New York: Springer-Verlag.
- Bunting, L., McAuley, C. 2004. Research review: Teenage pregnancy and motherhood: the contribution of support. *Child Fam Soc Work.* 9, 207-215. doi: 10.1111/j.1365-2206.2004.00328.x
- Cescutti-Butler, L., Galvin, K. 2003. Parents' perceptions of staff competency in a neonatal intensive care unit. *J Clin Nurs.* 12, 752-761.
- Cleveland, L. M. 2008. Parenting in the Neonatal Intensive Care Unit. *J of Obstet Gynecol and Neonatal Nurs.* 37, 666-691. doi: 10.1111/j.1552-6909.2008.00288.x
- Davis, L., Edwards, H., Mohay, H., Wollin, J. 2003. The impact of very premature birth on the psychological health of mothers. *Early Human Dev.* 73, 61-70. doi: 10.1016/S0378-3782(03)00073-2
- Doucette, J., Pinelli, J. 2000. The effects of family resources, coping, and strains on family adjustment 18 to 24 months after the NICU experience. *Adv Neonatal Care.* 4, 92-104. doi: 10.1016/j.adnc.2004.01.005
- Drury, J. 2003. Adolescent communication with adults in authority. *J Language Soc Psych.* 22, 66-73. doi: 10.1177/0261927X02250057
- Drury, J. 2010. Identity development in Adolescent-Adult communication. In: H. Giles, S. Reid and J. Harwood (Eds.), *The Dynamics of Intergroup Communication.* New York: Peter Lang.
- Drury, J., Catan, L., Dennison, C., Brody, R. 1998. Exploring teenagers' accounts of bad communication: a new basis for intervention. *J Adolesc.* 21, 177-196.
- Farnell, L., Jones, L., Rowe, J., Sheeran, N. (in press). Effects of age and the preterm birth of an infant on adolescent mothers' psychological adjustment. *Child Health Care.*
- Fenwick, J., Barclay, L., Schmied, V. 2000. 'Chatting': an important clinical tool in facilitating mothering in neonatal nurseries. *J Adv Nurs.* 33, 583-593. doi: 10.1046/j.1365-2648.2001.01694.x
- Fessler, K. B. 2008. Reclaiming a spoiled maternal identity: Young mothers' experiences and rejection of stigma. Ph.D., University of Michigan, Michigan. Retrieved from <http://search.proquest.com/libraryproxy.griffith.edu.au/docview/304575273?accountid=14543>
- Franck, L. S., Cox, S., Allen, A., Winter, I. 2005. Measuring neonatal intensive care unit-related parental stress. *J Adv Nurs.* 49, 608-615. doi: 10.1111/j.1365-2648.2004.03336.x
- Gallois, C., Ogay, T., Giles, H. 2005. Communication accommodation theory: A look back and a look ahead. In: W. B. Gudykunst (Ed.), *Theorizing About Intercultural Communication* (pp. 121-148). Thousand Oaks, CA: Sage.
- Gennaro, S. 1988. Postpartal anxiety and depression in mothers of term and preterm infants. *Nurs Res.* 37, 82-85.
- Griffin, J. B., Pickler, R. H. 2011. Hospital-to-home transition of mothers of preterm infants. *MCN,* 36, 252-257. doi: 10.1097/NMC.0b013e31821770b8
- Hanna, B. 2001. Negotiating motherhood: the struggles of teenage mothers. *J Adv Nurs.* 34, 456-464. doi: 10.1046/j.1365-2648.2001.01774.x
- Hopkins, N. 1994. School pupils' perceptions of the police that visit schools: Not all police are 'Pigs'. *J Comm App Psych.* 4, 189-207. doi: 1052-9284/94/030189-19

- Jones, L., Rowe, J., Becker, T. 2009. Appraisal, coping and social support as predictors of psychological distress and parenting efficacy in parents of premature infants. *Child Health Care*. 38, 245-262. doi: 10.1080/02739610903235976
- Jones, L., Woodhouse, D., Rowe, J. 2007. Effective nurse parent communication: A study of parents' perceptions in the NICU environment. *Patient Educ Couns*. 69, 206-212.
- Letourneau, N. L., Stewart, M., J., Barnfather, A. K. 2004. Adolescent mothers: Support needs, resources, and support-education interventions. *J Adolesc Health*. 35, 509-525. doi: 10.1016/j.jadohealth.2004.01.007
- Lupton, D., Fenwick, J. 2001. 'They've forgotten that I'm the mum': constructing and practising motherhood in special care nurseries. *Soc Sci Med*. 53, 1011-1021.
- Mercer, R. T. 1995. *Becoming a mother*. New York: Springer Publishing Company Ltd.
- Miles, M. S. 1989. Parents of critically ill premature infants: Sources of stress. *Crit Care Nurs Quarterly*. 12, 69-74.
- Miles, M. S., Holditch-Davis, D. 1997. Parenting the prematurely born child: Pathways of influence. *Semin Perinatol*. 21, 254-266.
- Miles, M. S., Holditch-Davis, D., Schwartz, T. A., Scher, M. 2007. Depressive symptoms in mothers of prematurely born infants. *J Dev Behav Pediatr*. 28, 36-44. doi: 10.1097/01.DBP.0000257517.52459.7a
- Petersen, W. E., Sword, W., Charles, C., DiCenso, A. 2007. Adolescents' perceptions of inpatient postpartum nursing care. *Qual Health Res*. 17, 201-212. doi: 10.1177/1049732306297414
- Rowe, J., Jones, L. 2010. Discharge and beyond: A longitudinal study comparing stress and coping in parents of preterm infants. *J Neonat Nurs*. 16, 258-266. doi: 10.1016/j.jnn.2010.07.018
- Seideman, R. Y., Watson, M. A., Corff, K. E., Odle, P., Haase, J., Bowerman, J. L. 1997. Parent stress and coping in NICU and PICU. *J Pediatr Nurs*. 12, 169-177. doi: 10.1016/S0882-5963(97)80074-7
- SmithBattle, L. 2005. Examining assumptions about teen mothers. *Am J Nurs*. 105, 13. Retrieved from <http://find.galegroup.com/itx/infomark.do?andcontentSet=IAC-Documentandtype=retrieveandtabID=T002andprodId=EAIManddocId=A155895676andsource=galeandsrcprod=EAIManduserGroupName=griffithandversion=1.0>
- Thurman, S. K., Gonsalves, S. V. 1993. Adolescent mothers and their premature infants: Responding to double risk. *Infants Young Child*. 5, 44-51. Retrieved from http://journals.lww.com/iyjournal/Fulltext/1993/04000/Adolescent_mothers_and_their_premature_infants_.7.aspx
- Whitfield, M. F. 2003. Psychosocial effects of intensive care on infants and families after discharge. *Semin Neonatol*. 8, 183-193. doi: 10.1016/S1084-2756(02)00218-X
- Wrate, R. M. 1992. Talking to adolescents. In: P. R. Myerscough (Ed.), *Talking with patients: A basic clinical skill* (2nd ed.). Oxford, UK: Oxford University Press.

Acknowledgements: We also acknowledge the support for this project of Ms Kirsty Sloan, Ms Tara Taylor, Ms Anita Hosking, and Ms Lisa Farnell, and funding from a Griffith University Research Grant and a Queensland Government, Department of Communities Priority Research Program Grant. The Department of Communities did not have any input into this project.

Table 1. *Demographic information*

	Adult mothers ^a (n = 39)	Adolescent mothers ^b (n = 20)
Age (yrs)		
Mean	31	17.05
SD	5.91	1.23
Range	21-45	15 – 19
Infant gestation (wks)		
Mean	33.39	32.9
SD	2.07	2.77
Range	28-36	26-37
Infant birthweight (gms)		
Mean	2081.84	1859.36
SD	535.88	594.10
Range	1352g-3650g	781g-3317g
Relationship Status		
Single	3% (n= 1)	35% (n=7)
Married	70% (n=27)	-
De Facto	27% (n=11)	65% (n=13)
First Child		
Yes	69%	100%
No	31%	-
Yrs Education		
	12.88	10.2
Range	10-14	9-12

^a preterm birth defined as between 30 and 37 weeks completed gestation and >1500gms

^b preterm birth defined as < 37 weeks completed gestation

Table 2. *Facilitative nursing behaviors.*

Facilitative behaviors	Example excerpt
Guidance, Advice, Knowledge	<i>“They would give guidance and their opinions if you sought them, advice and of course we are knew at it so we asked a lot of questions and they were glad to give you their knowledge and pass that on so it was great.” (AM06)</i>
Answering questions	<i>“Everyone there and for myself up in the ward all the midwives were fantastic and all the nurses, a question never went by unanswered which was great.” (AM01)</i>
Providing encouragement	<i>“Dealing with the nurses mainly in that unit were very encouraging and supportive so I think they were a key element to us coming home as early as we did because we were told that we probably wouldn’t.” (AM11)</i>
Having someone to talk to	<i>“The girls in there were extremely helpful. If you were having a bad day or anything they were more than happy to listen and you could have a bawl and they were fine.” (AM03)</i>
Reassurance	<i>“When you know and you can trust them even though you are scared out of your mind they are reassuring you everything is going to be alright” (AM03)</i>
Explaining	<i>“It was, they’re all really nice, none of the nurses were mean or anything. They explained everything they were good...They were very helpful yeah” (YM18)</i>
Facilitating parenting	<i>“I, they got us, like most mum’s to do a lot of their own stuff, like they show the first bath and whatever, but then after that, it’s up to you”. (YM 26)</i>

Table 3. *Inhibitory nursing behaviors*

Inhibitory behaviors	Example excerpts
Poor communication between parents and nurses	<p><i>“Another midwife doesn’t like your style and sometimes it is the way it is put across to you.....where you sort of thing they could have handled it a bit differently (AM05)</i></p> <p><i>I don’t know what that was about but like they didn’t really explain it in normal English to me like they used all these massive words I didn’t understand and stuff like that. (YM15)</i></p>
Providing inconsistent information	<p><i>“One thing that didn’t really annoy us but was a bit confusing at some times is that each nurse has a different way of doing things and tells you different things.” (AM35)</i></p> <p><i>“Yeah just, I don’t know, the hospital, they’re just like, the midwives and all that, ‘cause they all have their own different opinion. So like, I’d be like, “Can I breastfeed her?” and one would be like, “No, you can’t,” and the other one would be like, “Yeah sure, you can try,” and I would be like, “Geez,” you know.” (YM32)</i></p>
Undertaking care that could have been done by the mother	<p><i>“They’d do it [bath the baby] about 10.00 at night so I wasn’t there to do it. And if I asked to do it during the day, the nurses, I’d like write down on the form, the parent’s form, saying do you want to bath the baby, and I’m like, “Yeah, I’ll bath him tomorrow at a special time.” And then I’d come in and they’d go, “Oh sorry, it looks like the nurse did it on the night shift last night, they didn’t read your form.” And I’m like, “Well it’s their job to read it.” (YM33)</i></p>
Power struggles	<p><i>“Yeah it is a bit harder because you go in there and it feels like the baby is not even yours you know because you’ve got to ask the nurse,</i></p>

“Can I change her nappy and can I do this and that,”(YM25)

Not allowing input by mother *“And the fact that they kept coming over and telling me no you’re doing it wrong try this way or do this or do this different it’s like give me a chance to try and do it myself” (YM03)*

Feeling surveyed and monitored *“I know it’s all hard when you go in there because you know they are watching everything you do. Like you go to pick them up and they are watching you pick them up and when you bath them they are watching you but like I don’t let them worry me. You know it’s my daughter so” (YM08)*

Table 4. *Negotiating the SCN environment*

Strategies used to negotiate the nursery environment and relationships	
Example excerpts	
Intentionally build relationships	<p><i>“I made sure I had a relationship with the nurses and I would always find out who had him for the day and what shifts they were on...”.</i></p> <p><i>(AM05)</i></p>
Ask questions	<p><i>“...I had any questions they could answer anything I wanted to ask.”</i></p> <p><i>(AM01)</i></p>
Integrate and manage inconsistent information	<p><i>“...everyone has their own advice to give and we took what of it we wanted”</i> <i>(AM06)</i></p>
Attributions of nurse behavior as ‘personality’	<p><i>“It is probably just minor like personality issues but you find that everywhere. It is probably different opinions but you find it everywhere and each one is different.”</i> <i>(AM02)</i></p> <p><i>“The staff have been fantastic and there has been one or two and I wouldn’t really say people but I would say occasions. Even these people I am sure just had bad days...”</i> <i>(AM04)</i></p>
Finding ways to mother	<p><i>“...as it sort of progressed and the nurses were sort of getting me to do stuff like change her nappy and do her cares and hold the feeding tube while she was being fed and that was while she was still in intensive care so I felt a little bit better but I still hated it...then she went into an open cot where I was able to pick her up and we had a lot more freedom with her.”</i> <i>(AM38)</i></p>
Rebellion or lying low	<p><i>“one nurse told me that I couldn’t pick her up just before she had a feed and I was a bit intimidated by that...I just let it go. That’s all you can do. You can’t argue back or otherwise they’ll report you or</i></p>

they'll put a little note in your file: (YM15)

Proving themselves

“Mmm, I just kind of put up with it and then I just, like I kind of just keep doing it to prove that I am doing it correctly and that I know what I'm doing...I've just gotta show them that I can do it. Prove them wrong.” (YM33)

Relationships with other

parents

“It was very communal with the mothers and you formed a few little bonds there, which I didn't expect to do. it was warm and natural and that was good.”(AM09)

I don't know just like when everyone else walks in there, like all the mothers they just stare and they go off in their own little world. You don't really get much time to bond with them heaps you know.”
(YM21)
