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Stories of Matrescence

A thesis presented in partial fulfilment of the requirements for the degree of Masters of Science in Psychology - Health Psychology

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Abstract

In Aotearoa, maternal mental health statistics are bleak, with the leading cause of maternal death being suicide. Maternal mental health has far-reaching effects, not just for a mother, but her children, whānau and the wider community. With maternal health being directly related to the outcomes of children, it is time to prioritise the health of our mothers. Mothers are not being supported as they need to be and rather than focusing on expensive psychiatric services, low cost, multidisciplinary, community-led interventions may be the answer. Matrescence, the developmental stage that a woman goes through in her transition to motherhood is largely unacknowledged within our culture and yet, could offer an opportunity to reframe motherhood as a time of growth and gain, rather than sacrifice and struggle. This research aims to explore the transition to motherhood for first-time mothers and to consider their experiences in relation to various domains of change and through the lens of matrescence. As motherhood is inherently stressful, the study also identifies perinatal maternal stress in the stories of participants and reviews how it is conceptualised. Qualitative research was used with a narrative theory framework to capture depth and context in the experiences of participants. The findings support the belief that the transition to motherhood is a developmental stage. Unrealistic expectations were identified as potentially harmful to positive adjustment; therefore, maternal education should be reviewed. Life complexities can be extensive and make it difficult for a mother to adapt without support. Effective support is essential, but there is no one size fits all and it can come from a range of places. The value of matrescence is evident as a strength-based framework that guides mothers through the transition, that understands the natural

process of change and adaption. Recognising matrescence is not only important for mothers but society as a whole, as it provides a specific language to acknowledge the transition to motherhood as a vulnerable period requiring timely and accessible support. As knowledge of matrescence grows there is potential for awareness and change at a societal and political level, where the work of mothers can become valued and honoured by all.

Acknowledgements

While this research focuses on mothers and their journey of matrescence, I wish to acknowledge a father's journey into parenthood as also hugely significant. Patrescence is an important concept that requires more study, just like matrescence. A father's mental health and experience transitioning to parenthood can have as much impact on a child and family as a mothers', however for the purpose of this study, I will focus on mothers. I would also like to note this research has predominantly focused on conceptual issues associated with maternal mental health by exploring maternal ideologies, ways of thinking, doing and being rather than negative social and environmental factors that can impact a mother's journey through matrescence. I acknowledge structural racism, poverty, violence and other oppressive situations that can have a significant negative impact on a mother's mental health; however, these issues were not the focus of this research.

I would like to acknowledge the support of Kathryn McGuigan, my academic supervisor and Ahnya Martin, my cultural supervisor. Kathryn has journeyed alongside me throughout this study, offering dependable guidance and wise counsel at every step. Ahnya ensured my approach to this study was culturally appropriate by offering her time and knowledge, which was particularly valuable in the planning stages.

I would like to acknowledge the wonderful mothers who participated in my research, who were so giving with their time and willing to share their experiences with

me. The information that they provided has been incredibly valuable, and I cannot thank them enough for being open to share these, sometimes vulnerable, stories with me.

Lastly, I would like to acknowledge my family who have journeyed with me over the last few years of study. Master's study at home has felt like a team effort, and this experience would have been infinitely harder without the unwavering support of my husband, Simon and my mother, Irene who provided endless amounts of practical and emotional support. My three children Keira, Soreya and Logan always believed I could do it and were my biggest cheerleaders. A special mention to my oldest, Keira who took my scribbled, messy drawings and turned them into the beautiful diagrams that are present throughout this research.

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Glossary of Terms

Antenatal: Relates to the period during pregnancy, before the birth of a baby.

Domains of Change: The interconnected areas of life that are transformed during the transition to motherhood. These commonly include physical changes, psychological, relational, cultural, economic, political, spiritual and career changes.

Intensive Parenting: A culturally dominant model of parenting that expects parents, particularly mothers, to devote significant time, emotional energy, and financial resources to raising children, often prioritising children's needs above their own.

Maternal Ambivalence: The simultaneous experience of positive and negative emotions in relation to motherhood which reflects the complex and often contradictory feelings that can arise within motherhood.

Matrescence: The developmental process of becoming a mother, encompassing the physical, psychological, social and identity transformation that occurs from pre-conception, through pregnancy, early motherhood and beyond.

Perinatal: The period surrounding childbirth, typically including late pregnancy and the early weeks following birth.

Postpartum: The period following childbirth, during which the mother experiences physical recovery and psychological adjustment after pregnancy and birth.

Introduction

"**Awareness** is the greatest agent for change" - Eckhart Tolle

Drive for this Research

We cannot change something which we do not know, or something that we do not understand. Therefore, I hope that this thesis can be a small piece of the puzzle that contributes to the awareness of matrescence and that we can work towards a future where the deeply important transition to motherhood is acknowledged, understood, highly regarded and well supported by all.

While the transition to motherhood has long been recognised in academic and popular media as a challenging experience, the full extent of the changes women experience during this stage of life are often underestimated. Society still views motherhood as an event that a woman can 'bounce back' from, that she will inevitably return to her pre-baby self as a productive member of society, that is raising her children to be good future citizens. The maternal research and mental health statistic in Aotearoa New Zealand indicate that this view of motherhood is misguided and as a society, not enough is being done to support mothers during this vulnerable time. When a mothers mental health suffers, much is at stake, with studies showing the direct link between maternal health and the healthy developmental outcomes of their children. The message is clear, to ensure the healthy development of children, it is essential to protect the mental health of mothers (Walker, 2024). This thesis research seeks to

explore the transition to motherhood and shed light on this important journey. The more that is known about how a mother adapts to motherhood, either positively or negatively, the more that can be done to support her. Seven first time mothers were interviewed and were asked to share their story of transitioning to motherhood. What they shared were 'Stories of Matrescence'.

I first heard of matrescence in 2024 when I was working for Whānau Āwhina Plunket as a Community Karitane Health Worker. My role was to support mothers as they transitioned to motherhood offering education and practical and emotional support, through home visits. Midway through 2024, I attended a professional development day for Plunket Health Workers and one of my colleagues did a very brief presentation about a concept called matrescence. I had never heard of this before and after her presentation, I was completely confused as to why I was only just now hearing about something so important, especially as I was a frontline worker of motherhood journeys. Following this presentation, I asked all the Plunket nurses I worked alongside if they had heard of matrescence, and none of them had. Considering we were at the coalface of supporting mothers through this stage of life, I could not believe that this was not motherhood training 101 for all health professionals working alongside mothers. I knew the following year I would be tackling my thesis as part of my master's study, so I decided that I would focus my thesis around matrescence so that I could be a part of ensuring that this very important information started to become more common knowledge.

At the beginning of 2025 when I started my thesis study, I found that there was very little written academically about matrescence, apart from some prominent work by

Dana Rachael (1975), who was the founder of the term matrescence 50 years ago, and Dr Auréilie Athan, a psychiatrist whose work is focused on a renaissance of the term in modern times. Dr Athan's (2024) article, *A critical need for the concept of matrescence in perinatal psychiatry*, became foundational for the development of my thesis. From this starting point, I explored matrescence within popular media, which included podcasts, TED Talks, and online platforms such as Matrescence NZ (see www.matrescencenz.com), which reflected the broader cultural discourse around the concept. My hope is that my thesis will contribute to the growing awareness of matrescence as a small piece of the puzzle to start to bring this language to our vocabulary and to create awareness within society. As I near the end of my thesis and the due date looms, more academic articles have emerged at the end of 2025. A pilot study of matrescence education has been conducted under the guidance of Dr Auréilie Athan (Trinko et al., 2025). This month a full-page ad was taken out in the New York Times stating that matrescence should be a term included in the dictionary and I signed a Change.org petition to that effect. Image 1 shows a photo of the matrescence advertisement in the New York Times.

Image 1: *Photo taken of the New York Times, matrescence advertisement*



Momentum is building for matrescence, and awareness is starting to grow internationally. I am excited for what is to come as matrescence becomes more understood and used practically as a strength-based tool to support mothers through the transition to motherhood, and I am happy to be a contributor to the cause. Over the last year, I have been asked by countless people what my thesis research is about. When I tell them it is about matrescence, not a single person has understood the term, therefore, I took this as an opportunity to explain it to them to raise awareness. The more this language is used in everyday society, the more attention will be drawn to this important cause, and the more change will occur. This is part of my aim for this research, to get more people talking about and using the language of matrescence.

I was interested in incorporating the discussion around stress and distress in this study, because from working at Whānau Āwhina Plunket, I saw endless stressors in the

lives of the mothers that I supported. Often these were external stressors, like socioeconomic challenges, single parenting, disharmony within relationships, cultural pressure and many more, that were often not even related to the baby. Motherhood is inherently stressful and in my line of work at Plunket, usually my biggest challenge was, how can I acknowledge the stress that this mother is feeling and help her to find a way through it? I believe that understanding matrescence could mitigate some of these stresses. Often what the mothers wanted was to know that what they were feeling and experiencing was a normal part of the transition to motherhood, and reassurance was enough. While matrescence cannot remove all factors that contributed to stress, understanding matrescence could potentially help mothers to realise it is okay to feel like they are struggling, as this is a natural part of the process as she adapts to this new stage of life.

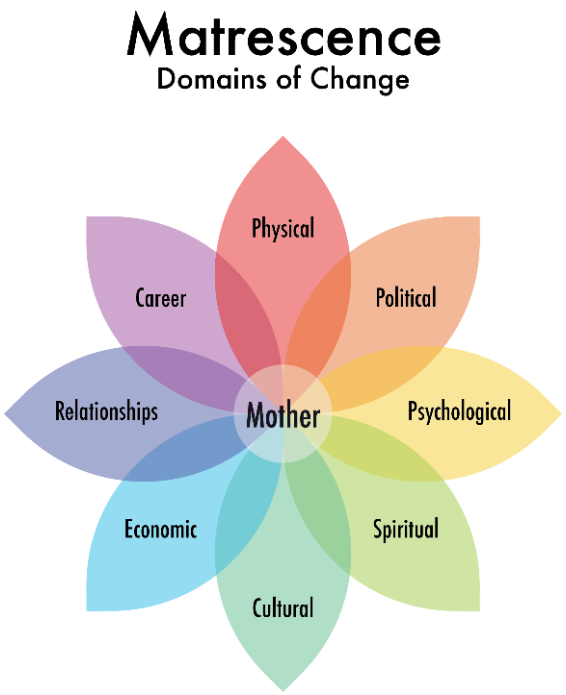
Matrescence gives us language that is easily understood, because it is likened to a term that as a society, we are already aware of, adolescence. It also gives us a different view of motherhood, we can understand this is a developmental stage and give a mother space, time and understanding to adjust, just as we do a person going through adolescence. Matrescence invites a new way of viewing this time, one of growth and advancement, new knowledge and skill adaption, which helps to find strength-based approaches that support a mother through this challenging time. It is also important to note cis-gender woman who get pregnant are not the only people who become mothers, parents and caregivers of children. Understanding matrescence is useful to recognise this as a time of transition for anyone in the role of parent or caregiver, as it will be a period that involves significant change. While matrescence does consider the

physical changes during pregnancy and birth, it also acknowledges other physical changes such as the impact of sleep deprivation and stress responses on the body. The other domains of matrescence are applicable to all mothers, parents and caregivers who are transitioning to parenting for the first or subsequent times. (Parimi et al., 2026).

Matrescence

Parimi et al. (2026) define matrescence as "a developmental passage where a woman transitions through pre-conception, pregnancy, and birth, surrogacy or adoption, to the postnatal period and beyond" (p.3). Matrescence is not confined to a specific time period, it is a developmental process that goes beyond physical and clinical factors capturing complexity across multiple domains of a woman's life.

Figure 1: *Matrescence and the domains of change*



Matrescence looks at change across multiple domains to recognise the rapid transformation of a woman, physically, neurologically, psychologically, socially and spiritually (Parimi et al., 2026). It also acknowledges politics and work changes and that each of the domains are integrated and continuously impacting on each other. The significance of each domain is dependent on the mother and her unique life circumstances; therefore, some domains may be more impacted than others. As matrescence is predominantly unknown within western culture, recognising matrescence as a developmental stage and acknowledging this as a holistic and strength-based experience, could have a significant positive impact on maternal wellbeing and wider society. Matrescence is not culturally specific and understanding matrescence could greatly improve health literacy for parents to support a positive adaption throughout their transition to parenting (Trinko et al., 2025).

Much is written regarding each of the domains of change individually in the motherhood literature, although it was difficult to find literature that related to the overall changes experienced by a mother from a holistic perspective. With the transition to motherhood being such a vulnerable stage of life for a woman, the culmination of all these changes occurring simultaneously has a significant impact and it is important to understand as a holistic experience. The literature highlights the importance of improvement to self-efficacy for a mother with an emphasis on social support, including families, friends and communities. But it is also clear within the literature that there are significant challenges for mothers to develop confidence, considering the deeply intrenched societal beliefs about intensive parenting practices, baby brain deficiencies, and bounce back culture (Ettinger & Geller, 2025; Horton et al., 2024;

Verniers et al., 2022). In terms of support, this can be a 'lottery' (Doherty et al., 2025). Society often appears to have very little interest in the experience of motherhood, with Jolly (2017) declaring motherhood as a marginalised identity, highlighting the invisibility of mothers and the work they do. Yet society also holds strong opinions about motherhood, and mothers are often publicly scrutinised and evaluated, which can leave a mother feeling judged, like she is failing, unable to cope and a lesser human being than those without children (Sharmin, 2026).

Mothers are also held highly accountable for the quality of a child's upbringing and future outcomes, where the literature positions mothers at the source of any negative developmental outcomes for their child (Walker, 2024). If the goal is to raise children to become well-adjusted and contributing members of society, then the key is to support parents to be able to support their children. Negative early experiences for a child leads to childhood adversity on health and psychosocial outcomes in adulthood, which can be intergenerational (Han et al., 2023). With so much at stake, I pose the question, when will society acknowledge that raising a child is not a one-person job? As a society, we all hold the responsibility, even those without children are responsible, in that their role is to know what an important job it is to raise a child and to show some understanding for the challenges that parents may face. Sadly, the literature shows that this is not the case, when considering gender pay gaps, limited maternity pay, no paternal pay at all, a lack of accessible maternal support and an overall societal dismissal or judgement of mothers (Cukrowska-Torewska & Matysiak, 2020; Employment New Zealand, 2026; Ministry of Health, 2021; Sharmin, 2026). All of these factors inevitably contribute to why mothers can feel undervalued within society.

Aotearoa New Zealand

In Aotearoa New Zealand, we have appalling statistics in relation to maternal mental health (Ministry of Health, 2021) which is covered in more depth in the literature review. District Health Boards are overflowing with referrals to maternal health services, and yet most mothers are denied, as only the most acute cases are accepted into professional service. Taynton et al. (2024) state that in Aotearoa, barriers for mothers accessing appropriate mental health support include fractured and under-resourced services, long wait lists, culturally inappropriate care and language barriers. Their findings from a scoping review point to financial, geographic and restrictive inequities across New Zealand. They believe funding must be increased to prioritise education of maternal mental health for healthcare professionals to broaden eligibility and access to services. Women who are most impacted by the inequities are Māori, Pasifika and minority groups such as LGBTQIA+. The Maternal Mental Health Service Provision in New Zealand (2021) highlights the fact that specialist services in Aotearoa are overburdened and attribute this to a lack of community and primary care support. Due to a shortage of psychologists and psychiatrists there is a huge need for a peer and community support workforce to fill the gap. Māori are significantly impacted by the inequities within the health care system due to the cultural misalignment with Westernised biomedical models. A shift towards community-based and whānau centred care is critical (Ministry of Health, 2020).

This all paints an unfortunate picture for the experience of mothers, therefore the need for matrescence is well placed and well timed. Although the term matrescence has been available for over 50 years, it has remained unrecognised within our culture

until now. Dr Aurélie Athan (2024) an American Psychiatrist has been a leading advocate for matrescence awareness and now a growing body of scholars and health care professionals are contributing to this important work. As awareness of matrescence grows, even basic knowledge of matrescence can enhance mothers' recognition and help them to navigate the transition to parenthood. A wealth of knowledge is becoming available online which provides the opportunity for anyone to learn about matrescence. Although, Athan (2024) warns about the commercialisation of matrescence noting that it has caught the attention of the private sector and has been used for profit in the form of luxury wellness services, expensive online educational programs and beauty products. As there is no ethical supervision for this yet, Athan (2024) stresses how critical it is to protect and ensure reliable support for all new mothers, not just a privileged few.

Research Aims and Rationale

The guiding principle of this research is that matrescence, is a holistic and strengths-based framework, that can reconceptualise the transition into motherhood. It acknowledges this as a significant developmental stage for a woman and seeks to provide a greater depth of understanding to empower mothers and to guide health care professionals working alongside mothers.

My research aim is to: "Explore narratives of first-time mothers about their transition into motherhood."

The objectives included:

- Explore the following domains of change within the transition to motherhood: physical, psychological, cultural, relational, economic, political and spiritual, to discover how the participants experienced each of these domains.
- Consider perinatal maternal stress in the stories, to identify how participants talk about stress and cope within the domains, and more broadly.
- Examine the stories through the lens of matrescence.

This research used a qualitative method of research with the intention of revealing depth and contextual experiences relating to the lives of participants as they transitioned to motherhood. It is grounded in social constructionism, with the understanding that the world we live in is constructed through our social lives, interactions, language and how we make meaning of our experiences (Lyons & Chamberlian, 2006). Narrative theory was chosen for this research to allow for deep exploration into feelings and identity through meaningful stories. It was also fitting due to its ability to acknowledge temporality, as matrescence is not a one-off event, but a process and narrative theory recognises changes in thinking, emotions and behaviour over time (Ntinda, 2018). I took a narrative methodological approach to interview seven first-time mothers and asked them to share their stories of transitioning into motherhood. Their stories were examined in relation to the domains of changes and through the lens of matrescence as a developmental stage. Due to matrescence being a time of rapid change and growth, women can be vulnerable to maternal distress, therefore a further aim of this research was to explore the concept of 'perinatal maternal stress' in the stories provided by the mothers.

I was fortunate to find seven first time mothers, who shared their stories of matrescence with me openly. The women were incredibly articulate, and I was impressed with their insight into their own thoughts and feelings as they shared their journey with me. The participants bought a rich cultural aspect to my research in that they came from four different countries and freely shared how their culture had impacted their parenting journey. Each of the mothers was also coping with a range of life complexities which contributed extensively to the depth and value of knowledge they shared. I took care to uphold respect for my participants, and I am hugely grateful to them for their contribution. I hope that this research does justice to the incredible stories that they shared with me about their journey through matrescence.

With this work, my goal is to help mothers to feel seen and understood, knowing through this research that mothers are still battling to be recognised and heard in society today. As someone who struggled with the transition to motherhood myself, it has been cathartic to conduct this research and to learn about matrescence as a holistic developmental stage of life. In the words of my own mother after she read my thesis ‘I realise now that I wasn’t wrong for the way I was feeling’. This was the best feedback I could have received for my work, and I will continue to raise awareness of the benefits of understanding matrescence with as wide an audience as possible.

Literature Review

Maternal Mental Health

'The leading cause of maternal death in Aotearoa New Zealand is suicide'.

- Maternal Mental Health Report, 2021

While public knowledge of this disturbing fact may be low, within health care systems, it is known that maternal mental health is a serious concern, which is backed by the statistics. For Māori and Pasifika women, suicide rates are significantly higher. Eleven thousand women each year are estimated to experience perinatal depression and/or anxiety, and of those an average of 75% do not meet criteria for mental health support, due to their symptoms not being 'severe enough'. In some areas of Aotearoa, it is likely that up to 95% do not meet criteria, due to the District Health Boards system being flooded with women suffering severe symptoms, and a budget that does not allow them to accept more referrals. The impact of mental health issues for mothers can have far-reaching consequences, not only for the mother themselves, but also her baby, whānau and the wider community (Ministry of Health, 2021).

The first 1000 days of a child's life (conception to two years) have been identified as critical for long-term emotional, mental and physical wellbeing (Ministry of Health, 2021). When considering the health and wellbeing of a child, we must also consider the health and wellbeing of their caregivers. Mothers are largely pinpointed as the primary beings in the developmental pathways of their children and are a source of negative impact on these developmental outcomes when they are in distress (Athan, 2024).

Wilkinson et al., (2022) describes perinatal mental distress as an under-recognised concern in Aotearoa, where perinatal mental distress can cause disabling effects on a mother's mood and her ability to function, which can lead to intergenerational cycles of compromised wellbeing. The impact of poor maternal mental health during pregnancy can impact babies weight gain, lead to underutilisation of antenatal care, continued use of harmful substances and potentially a pre-term birth. Postnatally, a mother's poor mental health can impact the mother/infant relationship, the infant's temperament, decrease their intellectual and motor development, lead to poor health for the baby and potentially long-term behavioural concerns (Ministry of Health, 2021).

Walker (2024) found in a study of maternal postpartum health and the healthy development of young children, that depression symptoms are associated with infant and child adverse outcomes, especially if maternal depression is untreated. Over two years of monitoring, depression was associated with reduced developmental milestones, with delays in language and social development. It also increased the odds by double of children having behavioural problems at age 3.5 years. The key message from this research was that to protect the health and development of children, we must protect the mental health of mothers. Additionally, Athan (2024) determined that promotion of effective maternal mental health needed to shift from pathology and a dysfunction model to an active promotion of positive experiences and emotions. There is a clear need for more research and better support for mothers, with suicide becoming the leading cause of maternal death and large numbers suffering mental health concerns who are unable to access support. The Ministry of Health has labelled these women the 'missing middle' (Ministry of Health, 2021) and advocacy groups and public

health systems have escalated the call to move from expensive and arguably ineffective psychiatry focused mental health services, to low cost and multidisciplinary approaches that focuses on prevention through community-based interventions (Taynton et al., 2024). In the past decade, progress has been made to recognise the challenges associated with the transition to motherhood, with an improved public and professional understanding that focuses more on compassion and mother centred care. However, the statistics show that these improvements are not enough and with as many as 80-90% of all women becoming mothers at some time during their lifetime, more needs to be done to understand and support maternal well-being (Parimi et al., 2026).

Perinatal Maternal Distress

Athan (2024) describes the term 'perinatal distress' as a vague catch-all that inaccurately suggests an impending illness, and she believes that perinatal distress should be recognised as a universal, psychological disorientation that occurs as a natural reaction to a major life changing event. However, she acknowledges, determining between an appropriate developmental reaction and psychiatric disorder can be challenging. Currently, researchers predominantly define perinatal distress as depression and anxiety, however it is not likely those two affective states alone can encompass the range of negative emotional experiences that can develop through the transition to motherhood (Rallis et al. 2014). Law et al. (2021) discuss traditional views of perinatal mental health as categorising women into those with mental illness, and those without and says that the depiction of mothers as 'well' or 'ill' fails to capture the full view of a women's mothering experience. Law et al. (2021) found mothers with no

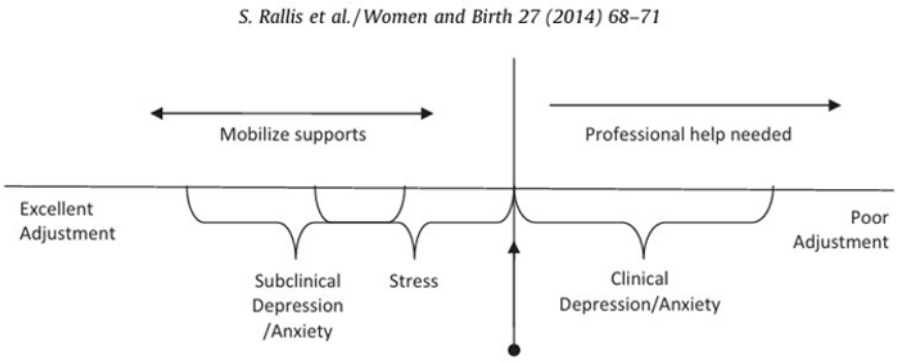
diagnosis who consider themselves to be well can still experience a degree of distress. Mothers are prone to negative thoughts in early motherhood as they begin to adjust, therefore Law et al. (2021) advocate for practices that support the *safe* 'normalisation' of negative thoughts, although it is important to note that to normalise distress is not to trivialise psychological distress, or to overlook symptoms that may warrant diagnosis. Their recommendation is to develop preventions that more widely recognise the normalisation of negative thoughts after birth, to help women and health professionals identify normative negative emotion versus diagnosable distress.

Matthey (2010) believes that motherhood is over-pathologised and that clinical practice does not effectively determine perinatal distress diagnoses. They argue that single risk factors or single high scores on self-report scales only form part of an assessment. They too do not wish to question the seriousness of maternal mental health but point out that women are potentially being incorrectly diagnosed with clinically significant distress. The DSM-5 clinical measure for depression requires five symptoms to be reported and yet four of the symptoms on the list could simply be a normative part of becoming a new mother, for example sleep disturbance, weight loss, fatigue and concentration difficulties (Matthey, 2010). It was not long ago that difficulties with the transition to parenthood were not acknowledged at all, and now with more understanding into maternal mental health, this may be a cause for the 'increase' in women being reported as having difficulties. However, if the pendulum has swung too far into pathology, with improvements in knowledge and assessment tools, it can swing back to a place that provides a more realistic picture of perinatal distress.

With a more accurate view, better allocation of resources towards women with diagnosable difficulties would be possible (Matthey, 2010).

Rallis et al., (2014) argues that it is time to consider maternal '*stress'* as a normative experience associated with a range of physical, social and psychological changes, and for it to be considered a distinct state *within* perinatal distress. They too believe assumptions regarding perinatal distress as being limited to depression and anxiety and may be missing a more accurate and comprehensive view. Having a broader view may help practitioners to understand what mothers mean when they say they are 'struggling to cope' or 'not feeling like themselves'. They proposed the following emotional health continuum of maternal adjustment (Figure 2). It aims to identify the line between stress, requiring mobilisation of a mother's support network and distress, requiring professional help.

Figure 2*: Emotional health continuum of maternal adjustment. Source: Rallis et al., 2014*



Acknowledging stress as a normative part of the transition to motherhood, encourages the promotion of support from partners, family and friends, which may lead to better outcomes rather than clinical treatment. Athan (2024) agrees, stating that it is

important to move away from just pathologising symptoms to focus on empowering and destigmatising.

Enlander et al.'s (2022) study focused on a relational approach to women who were experiencing perinatal distress and noted previous research found women struggled to share feelings of distress with people close to them, which left them feeling silenced. However, their recent study found women did not struggle to speak up about their concerns, but the people around them did not always support them or know how to respond. Feeling unheard contributed to their distress and often reinforced tensions between themselves and interpersonal relationships. By contrast, it was noted when friends and families were understanding and supportive, this was seen as a 'lifeline'. They point out that perinatal distress is often framed as an individual pathology, focusing on individual solutions, like one-to-one therapy and medication. Enlander et al. (2022) suggest that a focus on interpersonal relationships would be a more helpful way to understand a women's experience of distress in the perinatal period. They recognise a growing acknowledgment for the role of partner-inclusive interventions to support women, and their study showed including partners and even family members into intervention approaches may have benefits. They suggest rather than one-to-one therapy for a mother, that family therapy may benefit to improve family functioning overall.

Rockam et al. (2021) conducted an extensive study that measured parental burnout cross-culturally in 42 countries. They found that individualistic cultures showed a much higher prevalence of parental burnout, and that individualism played an even bigger role in parental burnout than economic inequalities. The results were clear that

Western countries put parents under higher levels of stress. This study was unique and highlighted the importance of conducting large-scale cross-cultural studies that go beyond the largely Western dominated literature. Considering the implications of this in practice, the findings highlighted the limitations of the individualistic culture and its adverse effects on parenthood. They recommend strengthening social networks and unity across families to help decrease parental burnout in Western countries. While collective cultures buffer against stress during the transition to parenting, the predominant culture of Aotearoa is currently based on a more individualistic approach. Traditionally, Māori are a collective culture, and yet due to the impact of colonisation and disruption to practice of traditional ways, they have been forced to mould to Western ways within society and the health care system, contributing to overrepresentation in negative health statistics (McIntosh et al., 2021). Many mothers in Aotearoa are navigating parenthood alone and their expectations will play a role in how they adjust, depending on how closely those expectations align with reality. How parental expectations can impact the transition to motherhood is explored further here.

Parental Expectation versus Reality

The transition to parenthood can be one of the most important stages of life for an adult and is a critical developmental period due to the considerable impact it can have for the parent, child and family wellbeing (Harwood et al, 2007; Mihelic et al., 2016; Sanders et al., 2023). Sanders et al. (2023) notes that it may be one of the most intense changes than an adult can experience in their life. Parenthood can bring significant life enhancing changes, although researchers have found that adjustment to the transition can be difficult due to its significant lifestyle changes. Adjusting to the

new role of a parent leads to a shift in identity and this shift may be associated with feelings of grief or loss of their former self (Sanders et al., 2023). While this is true for both parents, this research explores a mother's expectations of parenthood as the focus.

Mihelic et al. (2016) found that while positive parenting expectations have often been associated with a positive adjustment, and negative expectations have been associated with a poorer adjustment, their research indicates that it is more to the extent of how 'realistic' a mother's expectations are that is most important for impacting postnatal adjustment. Sanders et al. (2023) sought to explore factors that led to unrealistic expectations and discovered that various parenting myths within the broader community can often influence this. An example of a myth that was found in their research was that parenting was instinctual and would not require instruction. The ease of information sharing via the internet and other media has also contributed to the ways in which people think about parenthood. They sought to find out specifically what impacted preconceptions for parents and how to help better prepare them for the role. They found that while parents had an intellectual understanding of challenges they may face, for example crying and sleep disruption, the personal impact that this would have was not grasped. Parents often expected to be the exception to the rule.

Unrealistic expectations can lead to inadequate preparation and therefore left some parents doubting their abilities and questioning their normalcy, which impacted their confidence (Miller, 2007). McLeish et al. (2020) found in their study a distinct lack of information regarding postnatal care. They found that women wished they had more information during pregnancy about post-natal care and felt that health professionals

focused too much on pregnancy and birth rather than what postnatal life might be like. Sanders et al. (2023) discussed antenatal classes as an opportune time to share relevant information for parents to promote realistic expectations, but this has become a contested issue, with some believing that parents are not able to think beyond the labour. Others disagree with this and believe it is the ideal time to optimise parents' enthusiasm (and high attendance) and focus classes on pre- and post-natal information. Their study found that most parents would have preferred to have received parenting information during antenatal classes as this would have helped to prevent many unrealistic expectations that can lead to shock, confusion, isolation and a lack of confidence.

Doherty et al.'s (2025) study explored first times mothers' expectations in relation to their early months of motherhood and how these compared to their lived experiences. Several key themes were identified including, 'I wish I knew', which identified the need for early guidance and support. The 'lottery of support', which highlighted the inconsistent nature of support received by mothers, including professionally, from their partners, and support available from friends and family. 'Surviving and thriving' detailed the importance of self-care for mothers and community networks. They determined that a communal approach is key for positive adjustment and that social, family and especially partner support were needed to enhance a mother's self-efficacy to reduce the impact of maladjustment postpartum. Mihelic et al. (2016) also found higher social and family support were associated with maternal adjustment, which promoted higher self-efficacy, and was a significant predictor for positive adaption.

While a mother's expectations hold distinct relevance for adaption to motherhood, parenting idealisations can also have an impact on a mother's expectations of herself and how she sees herself as a mother. Intensive parenting beliefs have become prevalent in Western society, and this is examined further here.

Intensive Parenting

Hayes (1996) was the first to write about the notion of intensive parenting. She expressed concern regarding this socially constructed approach to motherhood that was neither natural, nor necessary (Verniers et al., 2022). Intensive parenting was defined by its emphasis on mothers investing immense time, energy and resources into raising their children. It includes the assumption that women are more capable and should hold the responsibility to provide care for their children, that mothers should provide stimulation for their children and that a 'good mother' should find child-rearing to be highly fulfilling. Additionally, a child's needs should be prioritised over the needs of all else with children receiving continued and unconditional maternal love (Barry et al., 2025). This extreme approach to motherhood risks isolation and overburdening of women and yet has become widespread through Western societies, while being particularly pervasive through a range of media, particularly online parenting blogs.

Budds (2021) describes how developmental psychology has perpetuated the pressure on mothers by highlighting the mother-child relationship and the importance of maternal practices for a child's healthy developmental outcome. Emphasis is heavily placed on the mother-infant bond for optimal mental health and wellbeing of the child and separation from the child is considered damaging, therefore implying that a good

mother needs to be continuously available. A mother may feel that raising concerns about her own wellbeing or interests could be considered 'selfish' since they do not align with notions of 'good' and 'selfless' mothering ideals. Due to the impossible standards set out by the intensive mothering ideals, mothers who feel they are not living up to these internalised standards can feel guilt and shame, and by forgoing their own wellbeing contributed to increased levels of stress (Barry et al., 2025; Budd, 2021).

Barry et al (2025) found that modern day parenting is complex and heavily influenced by societal messages, cultures and often an individual's past experiences. They found some mothers rejected notions of intensive mothering and redefined their own ideals, emphasising balance by encouraging autonomy for their children over structuring activities, and acknowledging their own wellness and self-care needs alongside raising their children. However, although intensive mothering was not entirely emulated in participants descriptions of motherhood, their findings reflected intensive mothering remained persistent as an enduring ideology for the mothers as a position to compare their own parenting beliefs. Some mothers found value in the intensive parenting ideology in that they tended to prioritise their children's feelings and autonomy, rather than traditional views of parenting which places the parent in an authoritative role (Barry et al., 2025). Budd (2021) advocates challenging this Western-centric model of parenting by highlighting the ways in which both mothers and children would benefit from wider social support systems and for mothers to feel able to access social support without compromising their identity as a 'good mother'.

There are a variety of concepts that can impact on maternal mental health, including individualistic cultures, unrealistic expectations and intensive parenting

idealisation, to name just a few. However, there is an opportunity to more fully understand and address the unique developmental needs of the maternal health and wellbeing journey through matrescence. Matrescence allows for considerations of maternal wellbeing across various domains of change, where the value of this understanding moves away from pathologising and moves towards acceptance and understanding of the motherhood journey (Parimi et al., 2026; Trinko et al., 2025).

Matrescence

'Matrescence is a universal experience, yet each journey through is completely unique. Becoming a mother leaves no woman as it found her. It cracks her open, takes her to her edges. It's both beautiful and brutal, often at the same time'

Nikki McCahon – matrescence educator

In the 1970's Dana Raphael, an anthropologist, coined the term 'matrescence', which she described as the critical transition of a mother-becoming. During this process she explained that changes occurred in a woman's physical state, her status within her group, in her emotional life, the focus of her daily activities, her own identity, and in her relationship with all of those around her (Rachael, 1975). Despite this recognition being available for over 50 years, matrescence is still widely unacknowledged within society today. Dr Aurélie Athan (2024) and others are now working to bring matrescence to the forefront of maternal wellbeing. Matrescence offers a strengths-based framework that acknowledges the challenges of motherhood but emphasises the normative aspects of becoming a mother and recognises opportunities for self-development.

Matrescence shifts the predominant focus from biological factors, to understand the holistic development of mothers, considering the ecological and historical contexts of her being, including psychological, emotional, social, cultural, economic and spiritual, and identifying the need for a compassionate and comprehensive healthcare service (Athan, 2024). As matrescence is a strengths-based framework it provides an opportunity to empower and enhance new mothers to understand the complex changes associated with the transition to motherhood and to foster resilience. Becoming more aware of the nuances associated with motherhood development offers an opportunity to advocate for maternal health, reframing it as more than just the absence of illness to focus on encouraging a state of flourishing (Trinko et al., 2025). Matrescence includes the transition to motherhood, preconception, pregnancy, birth, surrogacy, adoption and the post-natal period. It also encompasses the transition to subsequent children. Pregnancy and postpartum are concepts that mostly only focus on the pregnant or birthing woman, and while some of the elements of matrescence do affect the birthing parent, for example the biological domains, matrescence is applicable to non-birthing parents, where other domains such as psychosocial factors will impact a parenting journey (Parimi et al., 2026). The intensity of how matrescence is experienced can change and may often be the most pronounced with a first child, but the matrescent transformation will continue with the need for new adjustments, changes to relational dynamics and family structures continuously throughout the motherhood journey (Parimi et al., 2026). Because matrescence takes a long term view of maternal health and wellbeing, support and policies should be considered for a prolonged period following birth, not just the ‘fourth trimester’. Trinko et al. (2025) consider matrescence as a ‘disorienting dilemma’ as mothers are forced to challenge their self-understanding

and are required to construct new worldviews that are more in line with their emerging reality as a mother. Similarly to adolescence, matrescence can come with its own unique set of growing pains, it is a time to reassess roles, identities, and priorities and discover their own personal strengths.

Matrescence as a Developmental Stage

'Like adolescence, this developmental transition is hormonal, physical and emotional – all at the same time. But unlike adolescence, this transition hasn't been part of the public discourse, and new mothers end up judging themselves for these natural feelings' – Dr Alexandra Sacks

A core aspect of matrescence is that it is a developmental stage usually likened to adolescence. The advantages of considering adolescence and matrescence as a specific stage of life is that it allows for policy making and societal reform that recognises the significance of these developmental stages and can lead to much needed support and community resources (Steinberg & Lerner, 2004). The World Health Organisation (2025) describes adolescence as a period of life with specific health and developmental needs and rights. It outlines the rapid physical, cognitive and psychosocial growth which affects how young people feel, think, make decisions and interact with the world around them. When considering maternal health, the World Health Organisation (2025) primarily focuses on biomedical factors and reducing infant mortality. In the 2022 recommendations on maternal and newborn care, 63 recommendations were made. Only two of these related to maternal mental wellbeing,

which included screening for postpartum depression and prevention of postpartum depression and anxiety, with emphasis on pathology (World Health Organisation, 2022).

Newman and Newman (2020) believe that adolescence deserves its own theories of development, and the study of adolescence should focus on each of the domains of transformation and the interactions between them. They stress the importance of understanding the factors that either support or obstruct these changes, for example the environmental conditions, relationships and behaviours, changes in motivation or self-identity, and numerous societal circumstances. In turn, each of these domains can be impacted by a variety of things such as available resources, current pressures, family and peer groups, social norms, cultural expectations and work setting. The same is precisely true for matrescence. A recent study by Carmona et al. (2018) explored the neurological processes of first-time mothers and adolescent girls. The authors found changes associated with pregnancy did not differ from any of the changes experienced neurologically by the adolescent girls, therefore adolescence and pregnancy reflect a similar hormonally primed biological process. Society offers space and acceptance of the rapid changes that adolescents go through, and yet despite the similar experience of mothers, society expects mothers to 'bounce back' to pre-baby bodies, careers and unchanged mentalities (Horton et al., 2024). A child who has reached their adolescent developmental stage is not expected to 'bound back' to childhood, their new status as a young adult is accepted, embraced and celebrated. The extensive and rapid changes experienced by a mother should also be accepted and embraced, as no women is ever the same following her transition to motherhood. The

similarities and differences between adolescence and matrescence are displayed here in Table 1.

Table 1: *Adolescence vs matrescence. Source: Matrescence NZ website*

Adolescence vs Matrescence	
Similarities	**Differences**
• Developmental progression • Changes take place across many domains; physical, social, emotional, spiritual • Changes can be both brutal and beautiful • Experiences different for each individual • Experienced cross culturally and throughout time	• Recognition, understanding and support • Timeframe • Research and resources to support transition • Rite of passage celebrated

Intervention

Maternal mental health statistics in Aotearoa are disheartening, and many mothers will experience barriers to effective support within the current health care system approach. As highlighted by Taynton et al. (2024) it is time to move away from expensive and inaccessible psychiatric maternal mental health support and move towards accessible, community-based interventions. As matrescence becomes more widely recognised and accepted within society, positive changes will emerge for mothers. Upping the ante on awareness of matrescence offers a framework for moving into a future where motherhood is better understood and more effectively supported. Trinko et al. (2025) suggest that resilience may be a key factor to preventatively target mothers in support of the stresses of parenthood and argues that matrescence can

provide a model to support this. Research shows the benefits of resilience and its strong correlation to support stress management, emotional stability and recovery from trauma. Fergus and Zimmerman (2005) explain resilience as a process of overcoming the negative impact of risk and the ability for healthy development, despite risk exposure, with a focus on strengths, rather than deficits. Holistic interventions and programs have used models of resilience to support adolescence through their transition to adulthood. These can provide useful examples on how to design educational programs that can support mothers with matrescence. As Athan (2024) explains, educational programs can be used to help women to adopt a growth mindset during their transition to motherhood, as it has been done with adolescent approaches. Matrescence can be a time of self-discovery, experimentation and subsequently mastery of motherhood.

A recent study by Özcan and Temiz (2025) created an eight-week education and counselling course for mothers, which included four sessions prior to birth and four sessions postpartum, up until the baby was four months old. This was based on Meleis' Transition Theory (2010) with the course designed to help first time mothers to feel competent as parents, to understand the transition to motherhood and their maternal role in a healthy way and helping them to adapt to their new identity as a mother positively. Melei's Transition Theory (2010) defines transition as a process of moving from one state, condition or place to another. The core concepts encompass the nature of transition conditions, facilitators and barriers, response patterns and physical, psychological and spiritual interventions. Their research found that integrating this intervention pre and *post*natally successfully promoted effective transition to

motherhood by enhancing maternal role satisfaction, parental self-efficacy and providing a potentially valuable tool for healthcare institutions. Trinko et al. (2025) also conducted a pilot course based on the fundamentals of matrescence, the first of its kind, and found that mothers experienced a smoother transition to motherhood with a significant improvement in confidence and self-efficacy. The findings of these initial studies, both published late in 2025 indicate that pre- and post-natal education that has a strong theoretical basis focusing on the transition to motherhood from a developmental perspective, rather than a biomedical perspective, can help mothers to understand what to expect on a more holistic scale and adjust to the transition more positively. It is also clear within the research that social support can help to inoculate against maternal mental health concern and parental burnout, therefore understanding matrescence is not just for mothers, but for everyone.

Domains of Change

Newman and Newman (2020) explain in their article relating to adolescence development, that theories of development should focus on the domains of transformation and the interactions between them. It is essential to understand the factors that can help or hinder these changes, so that barriers can be acknowledged and addressed. Matrescence as a development stage encompasses multiple domains of change (Athan, 2024). These domains include political, sociocultural, career, relationships, spirituality, physical and psychological changes. This review explores these changes through different areas of research into motherhood and highlights the effects of matrescence, which can be widely spread and deeply impactful for a mother. Although the domains have been broken into headings for the purpose of this review, it

is important to consider that each of the domains will impact on each other with a continuous nesting and knock on effect.

The research below aims to highlight how significant the transition to motherhood can be on the various domains of a women's life. It is not possible to cover all the research in the domains, but I point to some literature that outlines how matrescence can capture the different sorts of changes, stressors and adjustments that are common for mothers.

Physical Impact

Table 2: *Physical changes overview*

Biomedical Focus	Matrescence
Pregnancy and birth experiences. Breast care and breastfeeding. Predominant focus on baby, and the first six weeks only.	Understands changes a pregnant and biological mother might experience, without time period limitations. Recognises 'becoming' a parent, which includes biological changes such as sleep disturbances, breastfeeding challenges and physiological stress responses. Acknowledges significant perinatal neurological developments.

Table 2 is an overview of some physical changes that can be experienced by a mother and how matrescence can support these changes. Physical health problems postpartum are common with 94% of women reporting at least one problem in the first six months following birth. Experiencing maternal health problems after childbirth can impact a mother's wellbeing and in turn their ability to care for their newborn baby (Cooklin et al., 2015; Ng et al., 2024). During the recovery of childbirth, common health problems that a mother experiences may include fatigue, back pain, caesarean wound pain, perineal trauma, haemorrhoids, constipation, urinary and faecal incontinence. Ng et al. (2024) argue that women are often unprepared for what postpartum recovery may look like and challenge the assumption of a six week 'recovery' period. Maternal health problems can continue long into parenthood for some women and morbidity of symptoms is more likely in the early weeks postpartum. das Neves Carvalho et al. (2017) found that although motherhood can be an event that is marked with positive emotion, the presence of maternal health problems creates difficulties that interfere with a mother's ability to function well and negatively impact the quality of care for their baby. Other physical concerns can arise as women establish breastfeeding including cracked nipples, engorgement, milk supply issues and mastitis. Changes to a women's physical form following pregnancy and birth may cause a negative self-image, and the restarting of a sexual relationship can also be difficult due to pain and discomfort (das Neves Carvalho et al., 2017). Physical health problems can lead to worsening emotional health; therefore, it is important that women have realistic expectations about the recovery process and that supports are implemented by clinicians, family and community during those crucial stages of recovery.

Neurological changes are also significant with Ettinger and Geller (2025) noting that the transition through the perinatal stage can be a tumultuous time. It demands rapid adaption to responsibilities during a time of challenging physiological changes. Up to 80% of women reported some degree of memory loss and brain fog throughout the perinatal period and Ettinger and Geller (2025) consider this to be related to neurological adjustments during this time. As previously noted, adolescence and matrescence are sensitive stages of life for neuroplastic development, characterised by hormonal shifts, cognitive and behavioural adaptions (McCormack et al., 2023). It is a time of heightened neuroplasticity where the changes that occur are coinciding with the shift in a mother's new social and emotional role and is in fact creating cognitive enhancements, according to recent studies (Ettinger & Geller, 2025). This challenges 'mummy brain' narratives which dominate the motherhood discourse and view these changes in cognition as a weakness. Deficits characterised by a brain that is no longer functioning well leading to brain fog, memory loss and silly mistakes is proving to be scientifically untrue (McCormack et al., 2023) What is now believed is that neurological changes are priming the brain to acquire skills and knowledge suitable to this new role, therefore can be viewed as a strength in neurological flexibility that gives mothers the unique capacity to adapt.

A study by Kim (2021) shows that due to the brain plasticity of a woman in the perinatal stage, this may increase neural vulnerability to negative experiences when exposed to stress, impacting neural circuitry relating to stress regulation and maternal motivation. This applies to severe stress in the environment, beyond typical demands associated with parenting, including marital conflict, low income or unsafe

neighbourhoods. Severely stressful experiences, either past or present are associated with altered responses in brain circuits that affect maternal motivation, emotional regulation and empathy. Due to the findings of this study, Kim (2021) stresses the importance of a successful adaption to motherhood, as it can significantly impact a mother's wellbeing or the development of her child. Kim (2021) argues that supporting a mother for optimal transition to motherhood is insufficiently recognised within society and hopes that the findings of the study highlight the physiological impact a stress response can have and this contributes to a more robust approach to social support for mothers.

Because of the extensive nature of the physiological changes that occur during the perinatal period for women, evidence is clear that it is essential to identify effective ways to support mothers during this vulnerable stage. Investing in support for mothers leads to empowerment, development of knowledge, skills and motivation so they can feel confidence in their role as a mother (das Neves Carvalho et al., 2017). It is the responsibility of clinicians, communities and families to pre-empt this physically challenging time and provide necessary support for healthy adaption.

Psychological Impact

***Table 3**: Psychological changes overview*

Psychological Perception	Matrescence
Known to the unknown Negative thoughts of guilt & shame Loss of control, weight of responsibility Motherhood idealisation, self-sacrifice and balancing self-care Ambivalence	Recognises motherhood as a fundamental transformation Normalises feelings, good and bad Reframes motherhood experience to focus on growth rather than loss

Table 3 is an overview of some psychological changes that can be experienced by a mother and how matrescence can support these changes. Becoming a mother, especially for the first time, involves '*an exchange of a known self in a known world for an unknown self in an unknown world'* (Finlayson et al., 2020. p.16). Studies show that women recognise becoming a mother fundamentally transforms them as they navigate the various demands and challenges of the postnatal stage. A new identity emerges as they begin to recognise themself as a 'woman' and a 'mother' (Darvill et al. 2008; Finlayson et al., 2020). Darvill's (2008) study identified multiple areas of change perinatally in a woman's self-concept. This included feeling like they had lost some control of their lives, the need for guidance through unfamiliar territory, the necessity to 'normalise' what they were feeling and experiencing, and the weight of responsibility.

A study by Finlayson et al. (2020) focused on finding out what women wanted in the postnatal period, rather than what systems believed they needed. What mattered to women was to achieve a positive transition into motherhood including feeling competent, autonomous and having a sense of maternal self-esteem. While this is what women would want for themselves throughout their transition to motherhood, this reality is not always reflected in their experiences. Law et al. (2021) found that motherhood related negative thoughts were much more frequent in non-depressed new mothers than had previously been reported. New mothers found it difficult to share with others about their negative thoughts and that the frequency of these negative thoughts could lead to feelings of guilt and shame. Experiences of guilt and shame were often found to be related to preconceived ideas of an 'ideal mother' (Finlayson et al., 2020).

Hwang et al. (2022) found that women often feel different emotions simultaneously. They point out that positive and negative emotions can coexist, which for mothers transitioning to motherhood can include joy, fulfilment, anxiety, helplessness and loneliness. Raneberg and MacCullum (2024) conducted a study that explored first time mothers' experiences with maternal ambivalence. Maternal ambivalence describes the contradictory emotional responses that a mother may have for her children. While ambivalence is situated in the relationship between the mother and child, it is important to acknowledge the social context and idealisation of motherhood that can impact a mother's experience of ambivalence. Societal ideals focus on a harmonious union between mother and child, therefore ambivalent feelings may lead a mother to believe that she is 'bad' for having negative feelings, which can result in anxiety, self-doubt and feelings of failure. Raneberg and MacCullum (2024)

assert that ambivalent feelings are normal and can in fact have a positive outcome for maternal development. They believe that feelings of ambivalence can promote reflection, opening mothers up to a greater understanding of their own and their child's needs. Their study highlighted the value in providing information to mothers around emotional disruption and parenting interventions that can promote self-compassion for mothers who are struggling to cope with their feelings of ambivalence. They found that resilience grew as mothers were gradually able to accept their feelings of ambivalence. Letting go of the resistance that ambivalence prompted led to improved emotional wellbeing and improved competence. Crucially, this was only achieved by mothers taking a self-compassionate approach.

Barkin and Wisner (2012) in their study, explored mother's perceptions of self-care and found that two distinct ideologies emerged. Some mothers placed self-care as a primary importance with participants explaining that a mother should take care of her physical and emotional needs, as an unhealthy mother would be a less effective mother. However, in contrast, other participants associated extreme forms of self-sacrifice as being synonymous with good parenting. While self-care has been identified as an important part of motherhood, some women find it difficult to practice good self-care regularly. Often the demands of work and/or family life leave little time for women to engage in self-care activities. Some women displayed an unwillingness to delegate childcare tasks (although this remained unexplored in the study) and it was also found that sometimes lower socioeconomic factors became barriers to self-care practices.

While many mothers find the reality of motherhood to be different from what they expected, an array of literature describes this time as an opportunity for growth due

to an increase in complex thinking needed for parental adjustment (Darvill et al., 2008; Finlayson et al., 2020; Rogan et al., 1997). Again, many studies identified social support as a positive intervention to ensure the positive adjustment to motherhood (Barkin & Wisner, 2012; Darvill et al., 2008; Hall et al., 2021). Finlayson et al. (2020) discussed an adaption to the often used phrase 'it takes a village to raise a child' and turned it into 'it takes a community to raise a mother' (p.15). They hoped to capture the key elements of support and growth for a new mother during this time and the importance of family and the local community as the primary source of support. Loneliness can be prevalent for mothers as they often spend significant time alone, which can lead to mental illness. Research shows that half of depressed new mothers believed that isolation was the main cause (Ken-Marvick et al., 2020).

Relationship Impact

Table 4: *Relationship changes overview*

Changing Realities	Matrescence
Role changes Changes to connection – time together and intimacy Family dynamics and social connectivity	Draws attention to relational changes as holistic development of new identity as mother Motherhood as a family focus and collective responsibility

Table 4 is an overview of some relational changes that can be experienced by a mother and how matrescence can support these changes. Although it is a common occurrence, the transition to parenthood is a significant rite of passage and major developmental stage. This life event impacts individuals, couples and families alike, bringing with it new experiences, new skills and increased responsibility that shatters daily routines (Lévesque et al., 2020). Kluwer (2010) discusses the impact of parenthood on the intimate partner relationship stating that having children can be seen as one of the most challenging experiences in the early stages of marriage. Research has repeatedly shown that a decline in relationship satisfaction occurs for many couples due to the increase in stress and conflict when dealing with new parenthood (Doss & Rhoades, 2017; Lévesque et al., 2020; Spargo & Woodin, 2025;). Having a baby demands constant attention, along with coping with crying, breastfeeding and sleep disturbances, which all add to the challenges that couples must face in the journey to parenthood. Parenthood is often so romanticised within society that couples can be caught unprepared for what that transition will be like (Kluwer, 2010).

Lévesque et al. (2020) describe some of the contributing factors that can lower relationship satisfaction, including lower quality and frequency of couple time together, which can lead to less communication, combined with more negative or conflictual communication. Other factors that can contribute to relationship dissatisfaction can be reduced household income, painful or uncomfortable sexual relations and changing roles. Gender roles can become more differentiated, with the division of labour becoming more ‘traditional’ and women tending to take on the larger share of the family work. Women can be left feeling overburdened compared to the demands made on

men, which can contribute to conflict (Kluwer, 2010; Spargo & Woodin, 2025). Kluwer (2010) states that women often have an expectation that the division of family work will be more egalitarian but find that this is not the case and this crushed expectation can negatively impact marital contentment. Faircloth (2021) describes how it was the birth of a child and early motherhood that led to one mother in her study *seeing* her gender for the first time and that her bodily difference to her husband mattered more than it had in the past.

Leonhardt et al. (2022) point out that while extensive research does suggest that some couples experience significant challenges in their transition to parenthood, this is not inevitable and others can navigate this period while maintaining a good level of satisfaction. Some couples may even report an increase in marital status post parenthood. Couples who have a healthy relationship prior to their transition to parenthood may find they can navigate this transition with greater success. Those who have struggled in their partnerships prior to becoming parents may find it to be a rocky path. Faircloth (2021) describes how research shows parents can become caught between two conflicting discourses, ideals around relationships and ideals around parenting. On one hand they must be committed to an egalitarian partnership and on the other they must be parenting intensively. Lévesque et al. (2020) also note the paradox of parenting to social norms, to be fully invested in their new role by devoting themselves to their baby, while also facing social pressure to be more than just a parent and to continue accomplishing in their own lives. Parents find this balancing of different roles and identities complex, that of the parent, the self and the partner. Raising a child

does require extensive selflessness therefore balancing these roles is not easy. Parents will often describe the most difficult aspect as finding ‘me time’ and ‘time together’.

When a child is born, both parents are required to redefine their roles, expectations and interactions. Parenting takes priority as the baby’s needs can be demanding. Generally, the view is that becoming a parent entails mostly negative changes for a relationship, but as mentioned, this is not inevitable and there can be mitigating factors. To mitigate relational discontent and challenges Spargo and Woodin (2025) suggest empathy as an essential tool in fostering healthy relationships. Empathy is a complex skill that requires the ability to consider the emotional and cognitive perspective of another person. Empathy enables people to understand suffering in a way that can lead to compassion. Empathy is an important aspect of social support, offering benefits to parents as they navigate their transition to parenthood by acknowledging the role each other is adjusting to. Another more common form of social support that can be attributed to buffering against negative outcomes for relationships is practical assistance. Men are more likely to offer practical support, whereas empathy is more common for women as they are known to be more sensitive to the reactions of others. Empathy between partners could lead to a level of togetherness and strengthening of the bond for the family unit. Considering the significant stress that couples, particularly women, can experience in the transition to parenthood, an empathetic response and the use of acceptance-based interventions could be considered an important support and foster resilience for new parents (Spargo & Woodin, 2025).

The intimate partner relationship is not the only relationship that is impacted, many if not all relationships will be impacted once becoming a mother. Friendship groups and family groups also change. Social comparison and group belongings (peer pressure) relating to child-rearing opinions can contribute to social anxieties (Horton et al., 2024). A study by Gameior et al. (2010) found that following the birth of a first child, parents increased their contact with nuclear family members, including their own parents and siblings and decreased contact with their friends. This appeared to be evident due to the primary role the nuclear family members have in providing support in child-rearing. Bost (2002) confirms these findings stating that the immediate kin relationships are more durable than other network ties. However, Bennett et al. (2017) found social connections to be important for the transition to parenthood as they enhance parental health and contribute to wellbeing by reducing feelings of isolation. Changes to patterns of work and family structure can make it difficult for mothers to find opportunities to make social connections, especially considering the huge increase in women in the workforce from previous generations. The results of Bennett et al.'s (2017) study found benefits for parents who were able to connect within their communities, prenatal connections and internet connections. When considering the findings of these studies, it would indicate the immediate family as best placed for primary support, with wider social networks also holding a place of importance as the secondary support network. Social connectivity outside the immediate family could include informal linkages including friends, extended family and neighbours, or semi-formal, including community groups or social events arranged by volunteer organisations. Formal linkages would indicate professional or needs based services (Bennett et al., 2017).

Spiritual Impact

Table 5: *Spiritual changes overview*

Unacknowledged Wairua	Matrescence
Unseen or ignored - existential changes and the importance of wairua Spiritual disruption	Holistic approach acknowledges and support spiritual aspects of the transition to motherhood.

Table 5 is an overview of some spiritual changes that can be experienced by a mother and how matrescence can support these changes. Becoming a mother can be considered a pivotal life event and regarded by some as the greatest act of humanity. The transition to motherhood may lead to new ways of seeing and being in the world that open the door to existential contemplation. Values may be reorganised and questions about the meaning of life may be raised or renewed (Prinds et al., 2014). Martins and Gall (2021) regard the transition to motherhood as a deeply personal experience and explored the role of spirituality and how it played a role in that process. They determined that spirituality involves a mother's individual beliefs, values, attitudes, practices, goals and how they are oriented in the world. They explain how a person can affix spiritual meaning to nearly any aspect of life, and as they move through various transitions in life, for example, the transition to motherhood, their understanding of spirituality and what they consider to be sacred may change. The women involved in Martin and Gall's (2021) study all felt that the transition to motherhood had sparked a renewed spiritual awareness. For some the transition

involved a renewal or revision of their spiritual beliefs, a change in activities or their relationships. Spirituality can for some offer a source of strength and support throughout the challenges of motherhood as their connection to spirituality may help them to find comfort, meaning or control of their lives. While some mothers find strength in their spirituality, it is not always easy for all. The sheer responsibility and demand of motherhood can disrupt a mother's spiritual beliefs and/or inhibit her ability to be able to engage in religious or spiritual activities, for example attending church. This may cause some emotional struggle in connecting to spirituality.

Prinds et al. (2014) note that maternity services often focus on biomedical issues and although some emotional concerns are sometimes addressed, the consideration of existentially changing experiences may often be ignored by health professionals. Athan and Miller (2005) consider motherhood as an opportunity for spiritual growth. Mothers interviewed in their study discussed the lesson's they had learnt through the transition to motherhood, they considered it a rebirth for themselves which opened their eyes to a new reality that they had not seen before. They felt their values changed from trivial to a bigger picture where they could distinguish their true values in life that felt more authentic, honest and integrated with their new role as a women and mother. Although some women did mourn the loss of their old self.

In Aotearoa, Māori maternal knowledges are intimately tied to their ancestral knowledge, their whenua (land), iwi (tribes) and whānau (families). These knowledges are woven through their cosmologies, histories, carvings, waiata (song), places and karakia (prayer)(Simmonds et al., 2017). Acknowledging a mother-becoming in terms of wairua (spirituality) holds great significance for Māori. The impact of colonisation can

impede a Māori mother's ability to express herself spiritually in a way that feels authentic to her, especially as maternal services in Aotearoa are not necessarily suited to support Māori maternal practices (Dawson et al., 2022).

Sociocultural Impact

Table 6: *Sociocultural changes overview*

External Pressure	Matrescence
Social identity Hyper media focused society Pressure of societal norms Cultural identity, beliefs and values, own and others	Offers empowerment and opportunity for growth mindset amidst the pressures of society Culturally located, holistic understandings of motherhood

Table 6 is an overview of some sociocultural changes that can be experienced by a mother and how matrescence can support these changes. The transition to motherhood is shaped by many sociocultural factors including cultural identity, family structure, economic realities and societal norms. These influences can, at times be a source of support and empowerment for mothers, or they can contribute to stress and challenges. This is often dependent on their background, personal circumstance or their perception. Mary et al. (2025) states it is important to be aware that motherhood is a social invention, as opposed to just a woman with a child. Therefore, a mother does

not merely give birth, she must navigate a web of influences that will shape how she feels, is supported and how she perceives her new role as a mother. The hypermedia society that we live in today can impact how a mother constructs her identity, how she mothers and can dictate the parameters that others may use to judge her ability. Films, magazines, books and advertising have always contributed to the maternal narrative and now online platforms have enabled mothers to share their own experiences of motherhood (Mary et al., 2025). Tate (2023) discusses the highly romanticised versions of motherhood that may be portrayed on social media and how this can impact a mother's well-being negatively. Mothers may be overwhelmed by the information they are exposed to, with unprecedented access to other people's carefully curated online identities, which do not always portray a behind the scenes reality. Tate's (2023) study showed that mothers tended to use social media to gain parenting information and since the maternal identity can be sensitive and emotive, comparison to unrealistic depictions was directly related to maternal anxiety.

Social media can offer support, be an informative place for mothers and may be a place for them to seek a safe community. However, the lines can quickly blur, and toxic comparison and misinformation can fester. A study by Mary et al. (2025) determined that mothers are not exposed to a linear or cohesive narrative and that there is simultaneously a push and pull from traditional narrative expectations. Motherhood ideologies in the media are complex with some media domains featuring multiple ideologies at the same time, which are often contradictory. Societies interpretations of a woman's body can also impact the motherhood journey. Horton et al. (2024) discovered contradictory emotions regarding postpartum bodies, where mothers

experienced a dissatisfaction with their body image, but also an appreciation for its ability to bear and nurture their baby. Horton et al.'s (2024) study found that 68% of women were unhappy with their current body following childbirth and noted that a negative body image can lead to dissatisfaction and/or eating disorders. It was determined that media held the biggest influence for women's 'ideal body' internalisations, rather than influences from family, peers and partners. The inundation of the sociocultural pressure to 'bounce back' was cited as a cause for women's dissatisfaction. Some mothers reported stopping physical activities following birth, for recovery and while caring for their newborn. Horton et al. (2024) noted that motherhood identity can also often be cited as a relief to their current concerns regarding their bodies, for example stating, 'I'm a Mum, you can't blame me' (Horton et al., 2024, p. 5).

Another sociocultural factor that can have a significant impact on a new mother is her cultural identity. Cultural identity can influence beliefs, values, who is involved in the transition to motherhood, how babies are raised and what support will look like. Withers et al. (2018) found that many modern mothers continue to practise traditional beliefs and practices, which indicates that traditions still hold meaning and significance for them. These traditions may include food and behaviour taboos, birthing position, inclusion of family and practices following early stages of motherhood. As modern mothers are still practicing cultural traditions, health care providers need to be aware and respect common cultural practices. For some, the preference may be to have a less medicalised birth and therefore professionals should respect, understand and integrate cultural traditions where possible. Withers et al. (2018) found that many of the traditional practices are not considered harmful to women or the baby and that there

may even be psychological and physical benefits for the women, for example with regards to birthing position and acknowledging confinement periods.

Other sociocultural factors are at play for women as they transition to motherhood, including family structure, support networks, economic pressures, work life balance, healthcare and social services, however these are discussed elsewhere in different domains of change.

Career Impact

Table 7: *Career changes overview*

Motherhood and Discrimination	Matrescence
Motherhood penalty Gendered division of labour Balancing act Unseen work and undervalued	Offers language and understanding for society to acknowledge and honour transition to motherhood Empowers woman to continue advocating for the rights as mothers

Table 7 is an overview of some career changes that can be experienced by a mother and how matrescence can support these changes. Extensive research shows that mothers earn less than childless women who may hold similar characteristics, and this phenomenon is often referred to as the 'motherhood penalty' (Cukrowska-Torewska & Matysiak, 2020). In Aotearoa, becoming a mother has been associated with a 4.4% decrease in hourly wages, which becomes larger for mothers who are away from work

for more than 12 months, who then experience an 8.3% decrease (Manatū Wāhini: Ministry of Women, 2018). To determine the mechanisms behind this gap, further research has determined that it is most likely explained by the loss of human capital, due to a mother taking career breaks, and to some extent, the choice of jobs a mother may take which can correspond to lower pay. Mothers may choose lower paying jobs due to compatibility with childcare responsibilities, this includes part-times work, jobs that offer flexible working hours, minimal travelling requirements, weekend or evening work or positions that are not considered highly stressful, all of which may be considered more mother-friendly roles (Cukrowska-Torewska & Matysiak, 2020).

Some mothers may question if they can have both a successful career and a family as finding the balance has been an ongoing issue for women in all industries. The balancing act itself proves difficult for career opportunities, but a lack of support, toxic attitudes and biased perceptions towards mothers in the workforce can also create career obstacles (Delacruz & Speer, 2023). Yang et al. (2024) state that several studies have shown that even when mothers are equally productive or committed to an employer, employers may still consider them less committed and competent than women who do not have children. Interestingly, findings in the Modern Family Index (2018) found that despite the negative perception associated with mothers' efficiency at work, 84% of employed American's believed that having working mothers in leadership roles creates more business success. They felt that mothers could bring unique skills to these roles, such as having better listening skills, being calm under pressure, a more diplomatic approach and that they were better team players (Wang & Ackerman, 2020). A further study by the Federal Reserve bank of St Louis found that working mothers are

more productive than their peers, with mothers outperforming women without children at almost every stage of their careers. The reasons stated included improved focus, efficiency, resolve and motivation to be better (Wang & Ackerman, 2020).

Manatū Wāhini, Ministry of Women (n.d.) explain that women undertake a disproportionate share of the caretaking responsibilities, including childcare, looking after older people and those with disabilities, often managing this alongside paid work commitments. Although this unpaid work is an important contribution to the economy and is a pivotal role in society, it is not visible, often misunderstood or unrecognised as 'real' work. The division of labour in New Zealand remains gendered and the motherhood penalty has a significant impact on a women's financial security and her lifetime earnings as these are significantly reduced in comparison to men. To support women in the workplace, the importance of flexible working hours was noted, along with paid parental leave entitlement and access to childcare, although the cost of childcare has been identified as a major barrier for many mothers (Manatū Wāhini: Ministry of Women, n.d.).

Berger et al. (2022) explained why a mother may feel that it is so important to return to work. Often this decision can be based around family finances, or possibly because humans are occupational beings and have a desire to engage in meaningful occupations that are perceived as important or worthwhile by social standards. For some, work can provide a sense of belonging through social engagement, the chance to develop new skills and to feel valued. Social ideologies regarding motherhood presented in media, policy and Western culture has more recently shifted from a stay-at home Mum to a 'return to the workforce' era (Berger et al., 2022). Societal pressures still

firmly place a mother as the central being to child-rearing with intensive mothering notions at play, which assume that the child requires labour-intensive and emotionally absorbed attention from a single caretaker: the mother. The convergence of mothering responsibility and employment and the expectations associated with these roles can be at the heart of mental health and well-being concerns for mothers. Experiencing guilt about the time that they spend away from their children may be the product of intensive mothering expectations that may have been unconsciously normalised. The struggle of getting the balance right can be overwhelming and stressful (Barry et al., 2025; Berger et al., 2022).

Political Impacts

Table 8: *Political changes overview*

Systemic Injustice	Matrescence
Extensive systemic issues Widespread inequity Mothers feeling undervalued	Offers language and understanding for society to acknowledge and honour transition to motherhood Empowers woman and mothers to continue advocating for their rights

Table 8 is an overview of some political changes that can be experienced by a mother and how matrescence can support these changes. Women are greatly impacted by the structural and systemic factors at play within Aotearoa, and this affects their

ability to be able to adjust throughout the transition to motherhood. Studies show that there are several key concerns that impact a mother, which includes the political context, maternity care systems, physical access, colonialism and cultural factors (Dawson et al., 2019). Within these factors are issues such as paid parental leave, childcare access and affordability, welfare policy, workplace flexibility, gendered pay penalties and the vast inequality within our health care system. Maternal outcome inequities in Aotearoa are well documented throughout national reports and multiple research studies, and yet throughout years of recognising the impact of the inequities, little has been done to improve outcomes (Dawson et al., 2022). Māori and Pasifika women are more significantly impacted than Pākehā/ NZ European women. Also impacted by inequities are older mothers, or the very young in lower socio-economic circumstances, and mothers located rurally can also suffer from inequities. These barriers to equality are incredibly complex, therefore a path to repair will be difficult. Applying one single solution may eliminate one issue but could have negative consequences for another. Dawson et al. (2019) advocate for a holistic approach that addresses the structural barriers, for example by introducing wrap around programs of care that enhance self-determination for mothers and enlist community participation.

New Zealand is one of only three OECD countries that does not offer paid *partner* leave and evidence suggests that partner leave can be a protective factor for maternal mental health (Eggleton et al., 2023). Paid parenting leave has also been associated with improved infant and child health, which includes physical health and lower child mortality in the first five years of life. Eggleton et al. (2023) also discuss a lack of access to affordable childcare for many families which impacts a mother's

ability to secure work, therefore the decrease in income can result in reduced material wellbeing for families. For mothers navigating the welfare system, they are faced with a range of challenges where they may be subject to sanctions if they do not meet several social or work-based obligations (Haines & Grimes, 2022). Research into these welfare schemes has found them to be counterproductive to the wellbeing of mothers due to a lack of childcare, suitable and stable work or a lack of social or welfare support. Motherhood can leave women vulnerable and at the mercy of welfare policies that are often designed around 'assumptions' about the value of employment and the dangers of becoming welfare dependent (Haines & Grimes, 2022).

The World Health Organisation states with conviction that the underlying causes of inequity are social, as not everyone has the same opportunities due to a range of social factors (Dawson et al., 2022). With such a wide range of political and economic factors impacting on the transition to motherhood, and most, if not all these factors being out of a mother's control, there is a high possibility of mental health and wellbeing impact. This lack of acknowledgment for mothers within the political systems can contribute to feelings of being undervalued and lead to significant stress.

Summary

Despite these extensive findings in relation to the impact that the transition to motherhood has on each domain of change for a mother, matrescence as a holistic and developmental stage is still widely unknown. Matrescence is having an uprising academically and a growing amount of online information exists. There are TED Talks, YouTube videos, Podcasts, maternal wellbeing organisations and private educator

websites that talk of matrescence and recently a non-fiction book was published called Matrescence, by author Lucy Jones (2023). Matrescence has gained attention from the private sector in Aotearoa, with expensive online education programs becoming available. This has unfortunately opened avenues for its commercialisation with minimal ethical supervision (Athan, 2024). The benefits of matrescence should be available to all new mothers, not just the privileged.

This research about the transition to motherhood viewed through the lens of matrescence will contribute to the academic knowledge by understanding the unique experiences of mothers from a holistic approach. These contributions will explore the lived experiences of matrescence as a developmental stage. By normalising and discussing the good and the bad, matrescence can empower every mother to not just survive their transition to motherhood, but to flourish, regardless of their socioeconomic status. Matrescence as a biopsychosocial model of care offers a strengths-based framework that acknowledges the domains of change experienced by a woman and offers an opportunity to build resilience and opportunities for personal growth (Athan, 2024).

Method

This section outlines the methodological assumptions, followed by the procedure used for data collection. I also cover reflexivity, ethics and my data analysis process. To uncover the nature of a mother's experience through her transition to motherhood in context-specific ways and to get a deep understanding of their lives, stories, actions and behaviours, I chose a qualitative approach (Cypress, 2015). I sought to understand the transition to motherhood as it was perceived by the mothers themselves in a way that drew upon emotion, uncovered beliefs and values and discovered the meaning that they constructed to understand their experience. Therefore, I grounded this research in social constructionism with a narrative theory framework. Narrative theory felt appropriate to explore the transition to motherhood as it allows participants to construct and communicate through stories and focuses across time, which was important, as matrescence captures more than one time point.

The guiding question for my research was: "Explore narratives of first-time mothers about their transition into motherhood."

The objectives included:

- Explore the following domains of change within the transition to motherhood, physical, psychological, cultural, relational, economic, political and spiritual, to discover how the participants experienced each of these domains over time.
- Consider perinatal maternal stress in the stories, to identify how participants talk about stress and cope within the domains, and more broadly.

- Examine the stories through the lens of matrescence.

Social Constructionism

This research is embedded in a social constructionist ontology, with the understanding that the world we experience comes from social life, constructed through interactions, language and meaning-making processes (Lyons & Chamberlain, 2006). Social constructionism holds that reality is not 'waiting to be discovered' but a social creation formed by human activity. What we know as 'true' is constructed through language and shared discourses (Rohleder, 2012), which disputes the notion that knowledge is based on objective and unbiased observations (Burr, 2015). Phillips (2023) supports this view stating that social constructionism questions claims arising from objective observations and challenges declarations of truth and accuracy. Social constructionism argues that there will never be one true version of an event, and that multiple perspectives of accounts and knowledge are relative due to the existence of many different people in the world (Phillips, 2023). Social constructionism also opposes objective categorising and the description of 'things', recognising these as human constructions that develop based on the social context and culture of the time. Socially constructed categories in relation to mothering can include good and bad mothering, gendered constructs in relation to male and female roles, natural or unnatural mothering practices, selfish or selfless behaviour (Budds, 2021). This ideology has led to an imposing of ways onto other people, contexts, and cultures, for example colonising views that sought to replace indigenous ways of being (Phillips, 2023).

Social constructionism also suggests that realities are multiple, socially, historically and culturally specific, with interactions between people throughout their social lives creating knowledge, especially through language (Burr, 2015). Individuals cannot exist without a social network where they are immersed in the language, customs, social relations and cultural norms. A person's sense of self, beliefs and attitudes emerge through interactive encounters with those networks and the various voices of their past and present. The way that we evaluate ourselves and others can be dependent on these voices, or we can challenge and deconstruct these views of ourselves and others by becoming open to other perspectives, views and attitudes, based on all different kinds of social interactions (Phillips, 2023). This was important for this project as mothers navigate the landscape of mothering ideologies and how they apply this to their own self-concept and parenting practices.

Language holds significant importance for social constructionist research, with constructionists exploring the ways that language is actively involved in the construction of social reality (Tuffin, 2005). As this research is embedded in a social constructionist stance, it allowed considerations beyond participants personal narratives, to understand that their stories can be more broadly constructed within the wider context (Warnes & Diaches, 2011). Social constructionism understands that individuals learn and develop through participation in social activities within the world. The world continually influences the individual and their mind, and vice versa (Moen, 2006). Therefore, language constructs the world as we see it and provides us with a way to understand our experiences and words become meaningful in the context of a social situation that is mutually understood (Burr, 2015). Burr and Dick (2017) state it is also

important to note that some social constructionists allow for language to represent realities, while also acknowledging that things can exist outside of language. By overemphasising language, there is the potential to ignore concepts such as material and subjective realities, lived experience and embodiment. This is relevant to mothers due to the lack of appropriate language, because matrescence is not a common language used within society, what is not said may also be important for a mother.

Shared discourse represents the set of ideas that are considered the broader meaning systems that can be used to make sense of our life and the events within it (Burr & Dick, 2017). Discourse goes beyond the individual sentences, to incorporate patterns of language, meaning and social context. Discourses guide our knowledge to common understandings, constructing knowledge, identities, relationships and power dynamics within society (Burr, 2015). Burr and Dick (2017) states that discourses do not simply describe the world, they hold productive power and are what influence the things that people do and how they act. There are many prominent discourses in relation to modern motherhood, most notably the concept of intensive parenting and the ideas associated with what a 'good' mother looks like. This research uses social constructionism to emphasise an understanding of the language used by mothers and the assumed discourses that can shape their experiences. However, rather than adopting discourse analysis, I have used narrative analysis to privilege the stories and ideas within these socially shared understandings (Ntinda, 2020). Discourse is used to understand shared language and the impact of the dominant ideas about what constitutes motherhood and how this becomes meaningful in the narrative of mothers.

Narrative Theory

Narrative theory was chosen based on the epistemological belief that the world is created, understood and experienced by individuals through interactions with other humans and the broader societal context (Berger et al., 2022). Narrative is considered the way that experiences are organised into meaningful stories, and as we listen to these stories, we can learn about how people make sense of their experiences, create meaning and understand the social worlds they live in (Chase, 2003). By using narrative theory, I aimed to capture the multilayered and complex experiences that women have in their transition to motherhood. Narrative theory provides a deep look into participants social worlds including their worries, beliefs, expectations and values, which makes up the complexity of motivations that lead people to act and feel in a certain way (Berger et al., 2022). Josselson and Lieblich (2003, p. 260) consider narrative research as a 'voyage of discovery' which finds meaning for participants that is co-constructed with the researcher. Ntinda (2018) believes narrative research consists of two main elements, the participants account of their experience: the story, and the exploration of the meaning within that story. They highlight the fact that exploration of meaning can be evolving, and a person may recognise some meanings, but not others. Narrative research is centrally located with the participant and meaning is constructed through negotiation and collaboration between participant and researcher.

For this research narrative theory is not just about storytelling, but a method of inquiry that uses that story to discover nuances about the participants lived experiences (Ntinda, 2018). It is particularly useful to understand experiences of matrescence due to its temporality, where attention can be focused towards the past,

present and future of people, places and events (Ntinda, 2018). This allows for exploration of feelings and identity as it changes over time, rather than as a one-off experience, which is especially relevant for a mother transitioning through conception, pregnancy, birth and motherhood. Narrative theory also supports the investigation into both personal and social conditions where inquiry into feelings, hopes, desires and moral disposition can be captured, including contradictory feelings, such as ambivalence (Ntinda, 2018). Due to the collaborative nature of narrative research, the relationship between the researcher and participants is important. It was therefore important to develop a comfortable situation for the participant in which they could experience a sense of nonjudgemental attitude and a feeling of equality (Moen, 2006).

Recruitment

Following full ethical approval, I began recruitment using a poster (Appendix A), which I arranged to display on local community boards and at places that mothers with children 15-24 months may frequent. This included local play groups, local day cares, multiple local community libraries, Playcentre's, and in the waiting room at multiple Whānau Āwhina Plunket clinics. I was able to recruit some participants through this community advertising, but not as many as I had hoped, so I placed the poster on social media sites as well. This included community Facebook groups including my local neighbourhood community group, my own personal Facebook page and Massey Research Students Facebook page. Through this I was able to recruit a few more participants and reached my total of seven within a few weeks. The selection criteria for this research stated that participants must be 25 years (plus) with children aged between 15 and 24 months. As recruiting participants proved to be more difficult than I

had expected and time was a consideration, I relaxed the criterial for the child's age and accepted a first-time mother whose child was 9 months, as she was happy to participate.

I offered koha of a $50 voucher (either from The Warehouse, Woolworths or Petrol vouchers) for each participant in acknowledgement of their time. I also offered an extra $20 in cash for each participant as a contribution towards childcare costs for that time, as I preferred for their children to not be present during the interview. Having children present may have negatively impacted the ability to be able to gather the best data if there were interruptions from their child. I wanted my participants to feel comfortable enough to share their stories with me, even if these experiences have been difficult at times. For this reason, I was happy to travel to the mothers' home to conduct my interviews, as I felt being at home was likely to be the most comfortable place for them, unless they specifically ask to meet elsewhere. When I initially spoke to the mothers, I enquired if they would prefer to be interviewed at home, but I also provided the option to book a meeting room at the local library, if they wished to meet somewhere public but still felt private. Most of the interviews were held at the participants homes, one was held in a meeting room at a childcare centre where one of the participants worked and another was held in a café. I had hoped to avoid cafés due to concerns regarding the quality of the interview recording, but it was the preference of the participant, so I was happy to oblige this request, and the recording was fine for transcription. For the interviews that were conducted at home and at work I provided cookies and for the participant I met at the café, I bought her a coffee.

Participants

The participants for this research included seven women who were first-time mothers. The selection criteria stated that they must be 25 years (plus) with children aged between 15 and 24 months and this was stated in the advertisement and in the information sheet (Appendix B). I specifically wanted mothers to be over 25 years so as not to confuse interpretations of matrescence development with that of adolescence development. I also wanted mothers of children aged 15-24 months as they are through the first year, which is often the hardest. I hoped that their stories of transitioning to motherhood would still be fresh enough in their minds to be able to reflect on how their journey has been so far, but that they were not living in the 'thick of it', whereby being interviewed might have contributed to the difficulties they may be experiencing. The interview also offered the participants an opportunity to reflect on their first year or two as a mother. I did not seek to specifically recruit mothers who felt they 'struggled' with their transition into motherhood as any experiences of matrescence are valuable.

Beyond the age criteria I hoped to keep my participants as heterogeneous as possible. I felt that the research would benefit from a range of participants from various cultures and socioeconomic status. The reason for wanting variability in the participants was to identify different mothering perspectives, as a motherhood experience can be very different for woman from different cultures, contexts and socioeconomic status. Bouncken et al. (2025) believe heterogeneous research samples help researchers to identify multiple patterns and provide space for emergent insights, rather than focusing on a single explanation. Without diversity in a sample, new and

unexpected findings may be missed. With a range of perspectives, I hoped to ensure rich and inclusive data.

Four of the mothers interviewed were Pākehā (New Zealand European), one was Filipino, one was Indian and one was Korean. Having a range of cultural perspectives on the transition to motherhood was valuable and highlighted some key differences in mothering perspectives. This was particularly valuable to demonstrate matrescence is not confined to a single cultural context and can hold benefit for all cultures. Two of the mothers worked full time, alongside being the primary caregiver to their child. Two of the mothers worked part time from home and two were students undertaking post graduate study. Only one mother was a full time caregiver. All the participants had at least a bachelor's degree and one of the participants was a single mother. The complexity of their lives and their experiences of transitioning to motherhood provided a wide range of experiences and rich data. Table 9 summarises participants characteristics.

Table 9: *Participant table*

	Ethnicity	**Child Age**	**Marital Status**	**Employment Status**
1	NZ European	2 years	Married	Student
2	NZ European	2 years	Single	Student
3	Filipino	9 months	Married	Full time employment
4	Korean	2 years	Married	Full time employment
5	NZ European	2 years	Married	Part time consultant (home based)
6	Indian	2 years	Married	Part time business (home based)
7	NZ European	1.5 years	Married	Full time caregiver

Interviews

I conducted in person semi-structured interviews, as I felt it would be an effective way to explore the meaning that participants attributed to their experience of transitioning to motherhood, to capture emotion and to fully understand their lived complexity. Magnusson and Marecek (2015) believe interviews are a good way to explore the details of the participants personal and cultural existence that may be difficult to understand in other ways. Interviews can provide full and rich accounts of how a person sees the world, how they make sense, and what concerns they may have in their lives. The aim initially was to conduct between 10 to 12 interviews, but due to difficulty with recruitment and time factors, I reduced this expectation and was able to obtain seven participants for interview. The diversity of the participants provided a range of experiences that was sufficient to gather valuable information, especially with the use of narrative interviews, which focused on more than one specific time point for the mothers and was able to capture differing perspectives and nuances unique to each participant. Due to there being many domains of motherhood to cover, seven participants were enough to provide a large data set.

I began by asking the mothers to *tell me about their journey into motherhood*, in keeping with my narrative approach. By asking a broad question, I hoped to capture the essence of their personal story so that the participants had the opportunity to tell their stories in a way that they deem relevant. Using a free-flow narrative interview method ensured I did not dominate the narrative with my own agenda or frame of meaning (Boonzaier & van Schalkwyk, 2011). Follow up questions were structured to invite the participant to share their own personal experiences (Chase, 2003) and were designed to

be dynamic and potentially multi-directional to capture the nuances of the participants lives and perspectives (Agee, 2009). If a particular question invited a different, yet interesting line of enquiry, then I posed impromptu questions to obtain a clearer picture of the participants specific narrative. I had prepared follow up questions from the list below.

- Has becoming a mother aligned with what you expected?
- Thinking about various domains of change and your experience of transitioning to motherhood, what are some areas in your life that you noticed changed significantly? *(Participants were shown Figure 3)*
- What has been the biggest challenge for you in your parenting journey?
- What has helped you with that challenge?
- Do you think you could have been better prepared for motherhood? What do you wish you had known?
- In your role as a Mum, do any stressful situations come to mind?
- What has been the most rewarding aspect of your parenting journey?
- How do you feel about being a mother now?

Figure 3: *Domains of change diagram. Source: Colleagues PowerPoint presentation*



Reflexivity

Understanding positionality is crucial in qualitative research as the researcher is actively involved in the data collection and analysis (Aspers & Corte, 2019). It has been debated that qualitative researchers are unable to keep their inquiries free from biases. However, attempting to ignore the researcher's life experience and trying to create false distance between the research and researcher is unsustainable. Recognising the researcher as a vital part of the investigation is now considered an advantage (Strunel & Cordoba, 2025). Positionality refers to the researchers position within the study as either an insider or outsider, with an understanding that their own personal experiences can have an impact on the research outcome. I am a mother of three teenage children. I had no knowledge of matrescence as a first-time mother and my transition to

motherhood was difficult. Despite ample support from my husband and immediate family, I felt lost in the first year of my daughter's life and struggled to adapt to my new identity as a mother. Having had a challenging experience myself with the transition to motherhood, I hope to shed light on the significant changes that occur in this transition so that women can understand this better than I did. I believe that my journey into motherhood would have been a more positive experience if I had known about matrescence as a natural developmental stage and had been educated about the natural changes that would occur within me and around me during this time.

More recently I worked for Whānau Āwhina Plunket as a Community Karitane Health Worker. My role was to support parents who were struggling with various aspect or parenting, this often involved providing practical advice in relation to babies sleep or feeding, or it may be that the mother or father was struggling with their transition to parenthood, which was impacting their mental health. It was not my role to diagnose, but parents told me that having someone there who understood their experiences and who could offer reassurance helped them to feel better. If I visited a whānau where their circumstances were highly complex, or there appeared to be signs of mental health distress, then it was my responsibility to alert the Plunket nurse, who could engage social supports or mental health professionals as necessary.

My own experience as a mother and my work within Plunket meant that I felt comfortable undertaking these interviews. As a parent, I felt like an insider to the research, having experienced the transition to parenthood myself. Although it was many years ago that I was a first-time mother, I felt that being a parent was something that I had in common with my participants. Strunel and Cordoba (2025) highlight the benefits

to being an insider to research stating that it can lead to easier access to the group being studied, it can contribute to create acceptance, trust and rapport. However, being an insider can also be considered a disadvantage if the research is perceived to be based on the researchers own biased interpretations, or the researcher becomes too involved with the participants. These potential draw backs highlight the importance of acknowledging reflexivity to ensure transparency and to recognise one's own experiences, training and perspectives. As someone who spent multiple years visiting mothers in their homes and having one-on-one discussion while working at Whānau Āwhina Plunket, I felt at ease undertaking interviews at the participants homes, and I felt that I was able to establish rapport effectively with them.

During the interviews I did not introduce the topic of matrescence, just the domains within, and I also did not tell the mothers that I had worked for Plunket. I did not want their experience with Plunket to change how they interacted with me. I have found that some mothers have had good support through Plunket and others have felt judged and that the service provided is nothing more than 'tick box'. The only things the participants knew about me was that I was a mother myself and that I wanted to find out more about their transition to motherhood for my research project. During the interviews I tried to keep the focus on them as much as possible and asked questions about their experiences instead of sharing my own.

To manage my insider status as a mother and to ensure that any biases were minimised, throughout the research and analysis process I kept a reflexive journal. I also frequently discussed the findings and my interpretation with my supervisor. During data analysis, particularly familiarisation and coding, I was careful not to let my own

thoughts and experiences come into play while I was looking for significant topics. Managing the quality of research and ensuring trustworthiness is crucial in creating the reliability of qualitative research. Ahmed (2024) explains the key to ensuring quality in qualitative research is to focus on credibility, transferability, dependability and confirmability. To ensure I enacted this I used prolonged engagement with the data set during analysis, I felt that I focused in the interview on building rapport and understanding participants perspectives deeply, and I acknowledged personal biases through reflexivity and supervision. The method section is detailed to ensure that my decision making process shows dependability and reliability (Ahmed, 2024). I feel confident that I have been able to achieve these markers to assure quality of my research.

I am passionate about the topic of matrescence, and I was pleased to have an opportunity to explore this concept with this research. I feel that it has a lot to offer mothers, whānau and society as a strengths-based approach to understanding the transition to parenthood. Learning about matrescence led me to think that there were many benefits to it becoming more widely known. My enthusiasm for matrescence and the benefits that it can offer are based in my own experiences of transitioning to motherhood, where I lacked knowledge, appropriate education and had unrealistic expectations. I also think from working extensively with parents through my role at Plunket that a more universal understanding of matrescence could have helped many of the parents that I supported to ease their transition to parenthood.

Ethics

A full ethics application was prepared, submitted and approved by Massey University Research Ethics Committee, Ethics Application number OM2 25/22 (Appendix C). The primary ethical considerations were of informed consent, protection of participants, emotionally and culturally and confidentiality and anonymity. Researcher safety was also a consideration as I would be attending interviews in people's homes, which may have presented an element of danger to myself. I was careful to consider cultural aspects that may impact my research and worked through a cultural protocol document with my academic supervisor and my cultural supervisor. Although my research did not target Māori mothers, it was open to all first-time mothers who reside in Aotearoa, so I wanted to ensure that cultural safety was apparent. All Te Tiriti o Waitangi principles were applicable for the research, and I knew that it was important to act upon my responsibilities as a Treaty partner to ensure the benefits of my research for all and that my participants were treated with dignity and respect throughout the whole process. As I am a Pākehā women, I do not always know what I should do to honour Māori and other cultures, but I was open and willing to learn and adapt as necessary so that my participants had a positive experience being involved in my research study.

Participants were provided with an information sheet regarding the research (Appendix B). This information was first emailed to participants once they had contacted me in relation to my advertising poster. I then arranged a phone call to cover any questions they may have about the research and to ensure their understanding. At this time, we arranged a meeting at a location of their choice to conduct the interview.

Upon arrival at the meeting, participants were given a hard copy of the information sheet and another opportunity to go over it and ask questions. If they were happy to proceed, then I gave them a consent form (Appendix D) and asked them to sign as confirmation of their informed consent to participation.

As there was the potential for the topic to cause some emotional distress if mothers had difficulties with their transition to motherhood, I let them know at the start of the interview that they did not need to answer all of the questions if they had any concerns about doing so and that we could stop at any time. I drew their attention to the information sheet, where I had provided mental health organisations contact details. I had also offered for participants to see the questions I planned to ask them ahead of time so that they did not feel blindsided by them. Most participants did ask to see the questions, which I had emailed to them prior to the interview. All the participants throughout their interviews were happy to share their stories and did not refuse or avoid any of the questions I had. With regards to researcher safety, I enquired about dogs on the property and made sure that a trusted person knew where I was during the time of the interviews. Throughout the process of data analysis and writing my findings and thesis report I have been conscious to ensure privacy and anonymity of my participants at every step.

Data Analysis

Each interview was recorded using two devices, a phone and a Dictaphone. Interviews were then transcribed manually into Microsoft Word. After the interviews were transcribed, I emailed each participant with their own transcribed interview and

asked if they felt the transcriptions were an accurate representation of their interview. Each participant emailed back to confirm that they were happy for me to proceed with the transcripts as they were and no revisions were requested. I then began to review the transcripts, with the intention to familiarise, analyse and interpret the data. Thematic narrative analysis was used to analyse the data to identity themes across and within the participants stories and to determine how the participants constructed meaning around their transition to motherhood (Ntinda, 2018).

To guide the analysis process, I watched two Thematic Analysis Workshops by Dr Gareth Terry. I also referred to a step-by-step plan from *Thematic analysis techniques in qualitative research* by Özden (2024). The information I found to be most helpful for my analysis was based around thematic analysis framework in a broad sense, but I sought to apply a narrative analysis structure. Nguyen-Trung and Nguyen (2026) explained that while the coding approach has dominated data analysis, it is just one way to analyse qualitative data and other options include similarity-based relations, which aims to identify resemblances or common features within data. Initially, I used colour to highlight comments within the transcript which formed groups based on the domains of change. I then used short sentences to identify further themes, to group based on shared meaning and patterns. Therefore, a mix of coding and similarity-based relations was used to analyse the data.

To ensure a focus on narrative analysis, I sought to identify turning points and journeys and to determine what was being conveyed within the participants stories, rather than only noticing cross-cutting themes. Ntinda (2018) describes narrative analysis as the search for individual narrative accounts that relate to commonalities in

and across texts, this can include threads of emerging themes and temporal or spatial themes which relate to present and future contexts. My academic supervisor also helped to guide my analysis progress through regular supervision meetings. The steps I followed in practice are summarised in Table 10.

Table 10: *Stages of analysis*

Stages of Familiarisation, Analysis and Interpretation	
Stage 1	• To help with familiarisation, the first thing I did was create a short story for each of the mothers. Each short story was around 1000 words and was my own interpretation that summarised what they had told me about their transition to motherhood. • At this stage I chose pseudonym names for each of my participants to ensure the stories were anonymous. • I shared these with my academic supervisor as I felt it would benefit her to have a summarised overview of each of my participants 'stories' based on my perspective.
Stage 2	• The interviews had been transcribed into a Microsoft Word document, so I used different colours to highlight comments that related to each of the domains of change within the Word document. ○ For example, all comments relating to culture were highlighted green, all comments relating to relationships were blue, dark blue for intimate partner and light blue for any other relationship mentioned, yellow for career etc. • Some comments related to more than one domain, so I would highlight the paragraphs with a bit of each different colour as necessary.

Stages of Familiarisation, Analysis and Interpretation	
	• Nearly every comment could be related to one or other of the domains.
Stage 3	• In Microsoft Word, I used the comment function and began to include my own comments to the side of the document with a few words that gave me a quick reference to what the participant's comment related to. This gave a more specific marker of the context of conversation, rather than just the domain of change category it fell into. • I began to find at this stage that *within* the domains there were some similarities in what the mothers were expressing, but also some big differences too. • Some themes were starting to emerge.
Stage 4	• I began to take note of the discussion that signalled stress for the participants, either stress inducing or stress reducing. • I used the colour red to signify these comments, dark red for stress inducing and light red for stress reducing. • Again, I used the comment function to include my own comments in a couple of words to the side of the document as a quick reference to the discussion or context.
Stage 5	• Once I had all the comments categorised into each of the domains of change, I could see more clearly which data related specifically to the internal changes that were occurring for the participants, and which were related to external changes. I started to formulate a plan to make these my overarching themes.

Stages of Familiarisation, Analysis and Interpretation	
	• The data relating to stress was also important and so I wanted to include this as an overarching theme too.

Stage 6	• I created my overarching theme headings
	  ○ The Metamorphosis – relating to the internal domains of change.
	  ○ The Surrounding Currents – relating to the external domains of change.
	  ○ The Weight and the Wonder – relating to the conflicting experiences of motherhood where stress and joy co-exist.

Stage 7	• I created a visual mind map of each of my overarching themes.
	• In the mind map, I began to collate the data under each of these main themes, this included the following:
	  ○ Domains of Change became subheadings
	  ▪ Further themes were identified within the domains of change.
	  ▪ Sometimes themes were broadly felt by the mothers, or other themes more individually felt.
	• I made a list of standout quotes that vividly reflected overarching themes or held significance to the study focus.

Stage 8	• I started to write up the findings using my visual mind maps for each overarching theme as a guide. • Once I had a first draft, I sent this to my supervisor for feedback.

I believe that my methodological approach to this research helped to enable rich, contextualised narrative accounts of my participants experiences, which are explored in the following chapter.

Findings

Domains of Change

During the interviews participants were given a printout that showed a 'Domains of Change' diagram as shown in Figure 4. They were asked to consider the diagram and to discuss what within these domains had changed significantly through their journey into motherhood. When first seeing the diagram, most mothers commented '*all of them!*'.

Figure 4: *Domains of change diagram shown to participants*



The findings were grouped into three main narrative themes. The first narrative, The Metamorphosis, explores internal changes experienced during the transition to motherhood. Themes explored include changes to identity, psychological shifts,

physical and spiritual change. It was found that many of the domains of change continuously crossed over within the mothers' stories. The physical domain often intersected with the relational, psychological, social or political domain. The spiritual domain often intersected the relational and psychological domain. None of the domains could be considered solely as a separate entity, however, for this research the domains are often discussed individually. The continued nesting of each domain into another held true throughout each interview and into the second narrative theme, The Surrounding Currents. This theme explored the changes that shaped the major transition for mothers externally, including relational, sociocultural, career, economic and political domains. It was found that some domains impacted more than others and that each mother's experience was unique. The third theme The Weight and the Wonder identified the heaviness of motherhood across all domains in relation to levels of stress. This theme also reflected the duality of feelings mothers experience, the weight of responsibility intertwined with the wonder of love and connection. Table 11 highlights the themes that emerged throughout the interviews in relation to each of the domains of change.

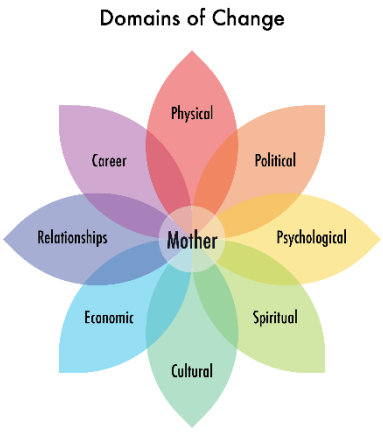
Table 11: *Impact on participants in relation to the domains of change*

Domain	Examples
Physical	Body, image, weight, function, exhaustion/fatigue, pain, recovery
Psychological	Identity, loneliness, blame, shame, guilt, joy, love, expectation, perception, history, sacrifice
Spiritual	Questions, confusion, reverence, faith, practice, doubt, protection
Cultural	Merging, practices, traditions, obligation
Economic	Vulnerability, tension, pressure, security
Relationships	Growth, deepening, resentment, disconnect, values
Career	Reassess, productivity, balance/juggle, authenticity
Political	Boundaries, perspective, undervalued, inequity

As the interviews began, participants were asked to tell the story of their journey into motherhood. This initially broad and open-ended question gave mothers the opportunity to tell their stories as it felt important or logical to them, in keeping with a narrative approach. Each mother's story was unique with layers and complexity relevant

to their own individual circumstances. The mothers drew extensively on each of the three primary narratives, The Metamorphosis, The Surrounding Currents and The Weight and the Wonder, where no aspect of their lives seemed to go untouched by this life transformation.

The Metamorphosis



This section explores the narrative 'The Metamorphosis' which highlights the significant internal transformation expressed by the participants as they navigate shifts in their identity, how they perceive themselves physically, psychologically and spiritually and how they make sense of their new identities in relation to societal expectation. The word metamorphosis, as used by a participant, is fitting to describe the significance of the personal transformations that were shared by the mothers. Table 12 shows the impact on the domains of change internally.

'I feel really different..... It's quite a metamorphosis, I would say.' Andrea

Table 12: *Impact on participants in relation to the domains of change: Internal*

Domain	Examples
Psychological	Identity, loneliness, blame, shame, guilt, joy, love, expectation, perception, history, sacrifice
Physical	Body, image, weight, function, exhaustion/fatigue, pain, recovery
Spiritual	Questions, confusion, reverence, faith, practice, doubt, protection

Transformative Outcomes to Identity: Woman to Mother

This theme acknowledges three time periods; not being a parent, where judgement was apparent, conception to birth, and then transitioning to mother following the birth of the baby. It also captures an overview of the initial period of transition. Every mother expressed feeling unprepared for motherhood and no matter what they had been told, they could only understand what it was like once they began to live it. The women talked of others trying to tell them what to expect, and they had not believed them, could not comprehend what they were being told, or felt that their experience would be different.

'I don't think anyone can prepare you for what it's gonna be like, because it's so dramatic, the change from being your own person and having your own goals and things you need to do, to all of a sudden, your world revolves around your child..... I don't think

that if anyone said what it would really be like that you'd really understand. You kinda have to go through it to get to that experience.' Maree

"Nothing can prepare you for being a mother, not unless you have them. No matter how much research, how much study, how many books you read, everything you can do, but nothing prepares you unless you go into it.' Roshni

Some of the participants admitted to being judgemental of mothers before becoming mothers themselves.

'I thought, you know, Mum's whose houses are a mess and were never caught up on washing, I was like, oh, they're just not organised enough. How wrong was I?' Andrea

'People tell you about being sleep deprived and you don't believe them, you're like ah, they are just soft, they can't hack it. And then you hit it and your like, it's pretty tough!' Maree

'I kind of understand the bitter Mum vibe sometimes. You know, like before I had kids, I kind of used to think of Mum's sometimes just being real, like strung out. But now I understand it, because I'm in that space.' Rebecca

The comments hold an insight into how non-parents can often perceive mothers as unorganised, slackers, not tough enough, or bitter and strung out. It undervalues the work that mothers do and criticises their character assuming they cannot cope with mothering. Society does not recognise how foundational caregiving is for the collective wellbeing and treats caregiving as a private burden. It does not honour the enormity of what it means to become a parent.

For three of the participants, becoming pregnant was difficult which meant their transition was further complicated.

I had a very, very difficult journey trying to conceive. So, I had five miscarriages. Trying to conceive for many years.... like even though I could get pregnant, it was very hard to keep the babies, and so I ended up doing IVF... There's a lot of anxiety.' Rebecca

Elena had polycystic ovarian syndrome (PCOS) and tried for many years to get pregnant. Becoming pregnant was bittersweet having just moved to New Zealand with her husband from the Philippines.

'It's a mix of a good one and bad one....so yeah, that's the happy thing like, we've been waiting for this for seven years and, finally, it's here...but the sad part of it is like, I don't have a Mum to ask, how is it going to be? I was happy. But then I'm also scared.' Elena

Kelly also had PCOS which led to a diagnosis of IIH (idiopathic intracranial hypertension) which causes fluid build-up in her skull. This put pressure on the back of her eyes and lead to her being unable to see for a while.

'Deciding to have a family was a lot different from I think a lot of people, because I had to get that under control before I could even get pregnant, because I couldn't be on the medication while I'm pregnant or breastfeeding.' Kelly

Matrescence acknowledges the unique context that surrounds mothers, even before conception, illustrated by these comments. All the participants talked of the transformative outcome of becoming a mother and described dramatic changes that

reflected how they now saw themselves. The following four examples show the depth of changes to self and identity.

'It's a new you…a baby is being born, but you are also being born as a mother.' Roshni

'I'd say becoming a mother has changed my life, like, quite literally in all aspects' Andrea

'I'm not going to go back to the person I was, ever, it's like, this is your life now'. Rebecca

'You kind of lose yourself and become this new person and you're never going to go back to what you were before, but it's just like a new normal'. Maree

How the mothers felt about this transformation varied. Some mothers welcomed the change and considered becoming a mother to have had an immensely positive impact on their life. Andrea who had been deeply unhappy in her life and employment prior to becoming a mother found meaning and purpose on her journey into motherhood.

'(Baby) is the best thing that's ever happened to me. Without him, I would have been in this life that I hated just carrying on and trying to make it bearable.' Andrea

Finding meaning in motherhood did not come easily for Andrea. In the first five months of her child's life, she experienced a mental breakdown due to a lack of support and was sectioned into a mother and baby crisis unit. Once admitted, feeling supported, safe and empowered by the medical professionals was where she was able to heal mentally and physically and found her joy of parenting. Contrastingly, Rebecca

was still struggling to come to terms with her transformation and missed having the freedom that she did before to do the things that she wants to do.

'I miss my old self a lot, like I missed having the time to spend on yourself……I miss being selfish and also less adulting and being more carefree and light and happy.'

Rebecca

Rebecca's use of the word selfish indicates that she feels spending time on herself is a selfish act now that she is a mother. Other mothers also talked of sacrifice and selfishness, which is discussed in more depth later. Rebecca feels the weight of responsibility, and this comment suggests she is unhappy with her transformation at this stage. Needing time to adjust to parenting was common for the participants. When mothers expect to feel like their old self after becoming a mother, it can be a shock and difficult to adapt once realising they will not be able to return to their life as they knew it. Andrea had assumed that her son would easily fit into *her* life but found that this was not the case.

'I thought, no, it'll be a breeze, I'll just drag him around like a handbag. He'll just fit in with my schedule. No! (Laughs)' Andrea

Most participants found that although parenthood was an initial shock, with time and support they were able to embrace the transformation. They found acceptance and acknowledged that it was an ongoing process. Maree's was accepting of motherhood and rationalised sacrifices she made for the love of her child, but was aware of the profound impact becoming a mother had for her.

'You're just constantly aware of someone else, you've constantly got to be thinking of what they need. And you want to, because you love them, but you don't really have the same time to just do the things you might have just wanted to do and enjoy before. And I don't think that ever goes away, because your someone's Mum now'. Maree

This theme highlights the importance of acknowledging the shifting realities of the different motherhood experiences and recognising the individual feelings that a women may have on her journey, each journey is unique, and not all mothers adjust to parenting as easily as others.

Psychological Wellbeing: Guilt, Isolation, Joy, Love and Sacrifice

In telling their stories participants explored psychological changes they had experienced and how these had affected them. They made sense of these experiences differently. The mothers often judged themselves for feelings which were a natural reaction to their circumstances and blamed themselves for not always knowing what to do as a mother and struggled with guilt.

'I'm a bad mum.....what's wrong with me? What am I doing wrong? How come I can't figure it out?' Rebecca

'And I did have to work through that... not feeling guilty if I wanted to drop her off to get some work done'. Maree

When mothers are bombarded by societal narratives that create an image of a perfect mother in their minds, living up to these expectations can be difficult. Roshni's describes her journey

'I feel you start using a different side of the brain…it had to be warmed up, you know, to a certain extent, it needed the ignition…I don't think anybody can integrate that kind of feeling within you'. Roshni

The notion of warming up acknowledges an adjustment phase and implies that they will eventually get there. Roshni also discussed various stages of her daughter's growth and how she will grow and learn alongside her daughter.

'I recognise every stage as a child grows requires a different view. A baby requires a different me and my toddler requires a different me…And when she's a teenager would be very different. You know so as they're growing, you're also growing. 'Roshni.

Roshni's comment highlights brain plasticity and the ability to grow and learn cognitively. This aligns with research that shows a mother's brain is in fact growing and enhancing. Therefore 'baby brain', a common motherhood discourse, is more accurately attributed to exhaustion, rapid transformation and the development of new skills (Ettinger & Geller, 2025). Roshni commented that one of her greatest joys of becoming a mother was the experience of learning and felt that her daughter was a wonderful teacher for her. In contrast, Rebecca was still struggling to adjust psychologically to how her life had changed since becoming a mother.

'The biggest challenge has just been like change but recognising that I'm not going back to the person I was, ever.' Rebecca

When asked how she felt about adjusting to her new life she replied

'I feel like I have no choice and it's an uphill battle.' Rebecca

The two conflicting perspectives may typify what many women experience, those who can adapt and grow as a mother and those who find it more difficult. A significant difference in the context of these two women is that Roshni had extensive support from her family in the early stages of her child's life and now employs a nanny. Roshni states that her nanny 'keeps me sane'. Rebecca moved to New Zealand from Australia and has little access to family support, which may contribute to her difficulties adjusting to parenthood. Julie found that one of her biggest challenges as a parent was feeling like she was enough.

'[My]Biggest challenge? Accepting that what I'm doing is enough….because you know Mum guilt.' Julie

Some mothers find their journey into motherhood helps them find a more authentic version of themselves, and some mothers blame themselves for not being able to cope. Without understanding why, they may reduce the feelings they are experiencing to a personal failing. Mothers are not failing, they are experiencing matrescence. Mothers do not recognise this transformation as a developmental stage and are unprepared (Athan, 2024). Without this essential understanding and language, they may feel they are failing or broken. Elena found it difficult to balance the needs of her daughter with being respectful of her flatmates who worked from home.

'So I feel like a really bad mum that day. But I was like, trying to balance everything, Think of them. Think of her as well.' Elena

'You always feel like you're failing at everything. Like oh god, I let her watch the Wiggles.' Rebecca

Notions of a bad mum and failing are often based in social expectations of how a mother should be with her child. Some mothers may feel they are not cut out for parenting, with intensive parenting contributing to these feelings if a mother thinks she is not meeting expectations of society or the expectations that she had placed upon herself (Verniers et al., 2022). Maree had to explore this.

'It's changed I guess some of the expectations that I had as a Mum, you know I'm never going to let her watch TV and all that kind of thing, but actually, sometimes.. I have to turn the TV on.....And one of my really good colleagues once said to me, if you let your kid watch TV once, are you really gonna let that be the biggest issue. And I think that was quiet good advice' Maree

Julie was most surprised by how lonely she felt as a new mother having not realised that just being with baby could be isolating.

'I was a homebody, I thought I'd be fine being home with (baby), but that loneliness kicked in and I was like wow, I thought I would be fine as, but it's not.' Julie

The support that a mother has around her will play a large role in the outcome of these feelings. For Julie, she had a mother's group that was formed through her antenatal class that supported her in her feelings of loneliness. Some participants talked about antenatal classes with varying experiences. However, in general, the participants indicated that despite attending antenatal classes they still felt very unprepared. Midwives visit regularly following birth for the first month and Plunket visits periodically thereafter. Comments from the participants indicate that this is not enough.

Plunket, they stop doing checkups and that sounds silly because it's like, I wanted a Plunket visit (laugh). But you know it's nice to have an outing.... I'd like to check it. Maybe it's that confirmation thing that I'm doing well.' Rebecca

New mothers face a range of challenges, guilt, isolation, expectations, comparison and some mothers feel that motherhood is the ultimate sacrifice and should be a time to put their lives on hold.

'You know and that's that whole sacrificial things right…It just seems like a natural part kind of progression that is how it would be, the circle of life, I guess. Obviously when she gets older, I'll be able to do things a bit more for myself.' Maree

Maree views sacrifice as an expected part of motherhood. She indicates things that are important to her are not a priority, and she will go back to these when her daughter is old enough. Trying to figure out how much time they can 'allow' themselves can be a cause of difficulty for some mothers. This can lead to feelings of guilt if they think they are spending too much time doing something that is not child related. One of Kelly's biggest challenges was figuring out the different between what she 'needed' and what she 'wanted' and establishing where the line was for that.

'There are things that we definitely need, and then there's things that we kind of just want. And I think balancing what I need versus what I want with having a kid like, I would love more time, but do I need it? So its kind of like, am I being selfish… So I think it's just figuring out the balance of what I need versus what she needs and what I want versus what, you know, what I need.' Kelly

When asked what the difference is for Kelly on a want versus need, she said she was still trying to figure it out. While Kelly acknowledged that she has needs, she describes her wants as selfish and yet was also confused over what *was* a need and what was a want for her. Elena's journey into motherhood was influenced by sacrifices she regularly made to meet the needs of her daughter and not bother those around her, including her flatmates and even her husband.

'So, I told him I'm not expecting you to do such things for us or to sacrifice your sleep for us. I'll do it.' Elena

She also talked of sacrificing her breaks at work to be able to breastfeed her baby.

'I sacrifice my own benefits for her, like my sick leave, even my breaks. So every time it's my lunch break, it's for like 30 minutes, half of it, or 20 minutes of it, I spend feeding her, and I have to eat fast through lunch time.' Elena

The participants comments show that mothers will often put others wants and needs before their own, especially their children, but also those around them. Making choices that may prioritise their own need or want often leads to feelings of guilt.

Physical Changes to the Body: Birth, Breastfeeding, and Sleep

Many of the women shared stories of traumatic, painful and complicated births, for some, this had a lasting impact on them psychologically. All the mothers except one had their babies via caesarean, of those, one was elective and five were emergency. The participants shared physical challenges of giving birth; however, the psychological

impact of a traumatic birth will be discussed further in the narrative The Weight and the Wonder. Andrea had a difficult birth experience that was long and intense.

'My labour and delivery were just horrific. I laboured on and off for three days.' Andrea

Julie suffered multiple birth complications and was eventually rushed to an emergency c-section. When she was discharged from hospital, she was sent home with a machine to help speed up her healing process due to her extensive surgery.

'I had a terrible first night home because I was like crying going, I just need to worry about (baby), I can't be worrying about this keep beeping and waking us up....we had one night at home and then we went back to hospital...It was a rough start.' Julie

The physical pain, complications, interventions and surgery that are involved in birth leave a mother exhausted, physically and mentally and in need of recovery, but mothers have minimal capacity for recovery as they need to care for their newborn baby, some with limited or no support. Maree described this experience as a big shock for her.

'I think it was just a big um shock really, of all of a sudden having a baby and then I had third degree tearing, so I was not really up to walking much.' Maree

The physical healing as well as other aspects of mothering meant that all the participants found the first 3-5 months of becoming a mother the most difficult. It is a time when support for new mothers is most essential, not just for the practical elements of caring for the baby, but emotionally as well.

Breastfeeding and other body changes

For many women breastfeeding can be difficult and painful. Society places a lot of pressure on women around breastfeeding, as described by Roshni

'When they came around and saying your baby has to be breastfed. So were just kind of really pushing something that I knew I wanted to do.' Roshni

Rebecca's breastfeeding journey was tough, and she felt physical pain from being engorged.

'I had a lot of struggles with over milk supply, which sounds like a weird thing to be like, oh, that's a bad thing, but it really was because it was, you know, I was like, engorged all the time.' Rebecca

A commonly known breastfeeding issue is to have limited breastmilk (Whānau Āwhina Plunket, 2026), but it is also common for women to struggle with oversupply. This is perhaps less widely acknowledged and may have contributed to Rebecca feeling like having too much milk was an unusual problem. Rebecca is a self-identified overachiever and struggles when she feels like she is unable to do something. The way she described this experience may be an indication of her frustration at finding breastfeeding difficult. Julie was anxious to be able to breastfeed her son and worried that she would not be able to meet this personal and societal expectation. She normalised and accepted the pain as just a part of the process.

'I really wanted to be that Mum who can feed the son….I was so worried that I won't be able to breastfeed him…I think all the Mum's talk about how painful it is …..you get used

to it. And I was the same….I guess it's the journey…other Mum's are going through it.'

Julie

Kelly's daughter had terrible reflux which was hugely challenging. Her comment shows how frustrated and emotionally fatigued she felt coping with these feeding issues.

'Feeding was really hard, I had to cut out a lot of things from my diet, which was really tricky. I wasn't able to eat dairy, any onion, like anytime I had just like a little bit of cheese, she would just be a nightmare. So I found that really hard on top of everything else.' Kelly

Breastfeeding is a skill that both mother and baby learn. Breastfeeding is physically demanding and can be exhausting, with the potential for birth complications and stress to impact milk supply (Doulougeri et al., 2013). A mother's ability to be able to breastfeed can often be connected to her ability to feel like a 'good mother'. Mothers can be quick to beat themselves up and feel incapable when breastfeeding does not immediately go well. When considering challenges such as these through the lens of matrescence, it is not about eliminating challenges that women face, as there will inevitably be many along the way, it is about finding compassion in place of criticism (Athan, 2024).

A women's body changes extensively throughout pregnancy, birth and surgery, and for some this has a negative impact on how they see themselves. Although, most of the women who participated in this research appeared to have found acceptance for

the way their bodies were now. During her complicated birth, Julie needed to have a wider than normal hip-to-hip c-section which impacted how she felt about her body.

'Body image wise, it was a bit damaging…I had to reconfigure how I dress, like all the type of clothes I buy…and I don't have time to go to the gym.' Julie

This was hard for her to accept in the beginning, but over time she found a way to be okay with her body.

'I mean, I've come to just go, well, that is there because we have (baby) now. And that's part of the story in terms of how he came to be.' Julie

Andrea had a military background before becoming a mother and was very appearance conscious but felt that now as a mother she had the opposite approach to her body.

'I was obsessed with my body, and I was obsessed with having a flat stomach, and now I don't. Like my stomach looks like an overstretched pizza base. But he massages, like a cat kneading at my bread dough. And instead of being like…oh it's so bad…I think it's really sweet that he's like using my body and touching my skin to kind of comfort himself.' Andrea

Both Andrea's and Julie's comments show the depth of bonding with their sons and how this means more to them than being worried about how their bodies look. All the participants talked of having little time to exercise due to being spread thin with their mothering duties and other responsibilities. Rebecca struggled with her body changes and was waiting for her 'bounce back', a comment based on societal ideals. Her lack of

ability to exercise was a cause of frustration for her and she indicates a sadness for the loss of her pre-baby self.

'Your body just goes through a lot of changes, and it is tied up with feeling older as well, because I feel like I'm never going to go back. You know, you hear about the body bouncing back, but I feel like, I'm still waiting for my bounce (laughs)...But I do not have time to do anything, like I miss working out and I don't at all, because I'm just so spread thin over every other aspect and like being a mum. So that's just like not even a possibility.' Rebecca

Maree and Kelly, both found it difficult to find time to exercise, but were accepting of this for now.

'Before having (baby) like I would get up and do exercise every morning and keep really physically fit, and I think that sleep deprivation thing, and having someone needing your attention 24/7, I just, that's gone, that's done. It will come back one day, and I've accepted that, but for now, done.' Maree

'I can't go to the gym....I feel like I'm pretty accepting of it, I feel, I think overall I'm kind of like this is what motherhood is, you kind of just roll with it. And so I feel like I don't take any of it too hard mentally.' Kelly

Society's perfect image of a woman can play a role in how a mother may see herself and can be linked to her self-worth (Budds, 2021). Surprisingly only one mother felt a sense of loss for the body that she once had, with all the other participants mostly

accepting their new bodies, even if just ‘for now’, with some even embracing the changes.

Sleep deprivation and exhaustion

The physical impact of sleep deprivation and exhaustion for mothers can have a severe impact on their ability to be able to cope with the demands of their lives. All the mothers found their sleep patterns had changed significantly since becoming mothers and many of them talked of this as one of the biggest challenges they had faced throughout this transition. Maree felt she could cope through the day, but nighttime’s turned into frustration and anger.

‘I love sleep and I miss it so much. Because most of the day, unless I’m really stressed out with work, I can actually remain relatively calm, but when it gets to the nighttime or the third or fourth wake up in the night, I am like so angry that you won’t just sleep. So, I have to like…deep breaths, so yeah, I find those bits the most challenging.’ Maree

Kelly also had sleep struggles and as much as she tried to adjust, she had been unable to so far.

I feel like physically, I feel like that's really hard. That's something that I've had to like, try and adjust to it without really adjusting to it, like I don't feel like I've adjusted to it, but I'm having to do it anyways.’ Kelly

Rebecca felt the lack of acknowledgement for the hidden work of motherhood was an injustice. Aside from the physical toll of having to wake in the night, it is

compounded by an emotional toll of unseen work and feelings of isolation caused by the lack of acknowledgement.

I remember one morning coming out and his mum was like, 'oh, how did she sleep last night? I didn't hear a thing like she must have slept really well (laugh). And he was like, yeah, yeah, I think so (laugh). Like, I overheard him and I was just like, oh my god, I've been up every two hours and you've been snoring your head off.....I think that invisible work is the hardest thing'. Rebecca

A lack of sleep can lead to issues for a mother, aside from the lack of energy to cope with the day, it can contribute to stress, can induce anxiety and have negative impacts on her cognitive ability and even immunity (Cooklin et al., 2015). All the mothers in this research shouldered the burden of waking in the night to allow their partners to sleep, although some wondered why when their babies were now bottle fed. As pointed out by Rebecca, a lot of this nighttime work goes unnoticed and unacknowledged.

Spirituality: Questions, Confusion, Reverence

When asked to consider the various domains on change, six out of the seven women discussed spirituality as having an impact during the transition to motherhood. Each mother's spiritual experiences were unique to the specific context of their own lives. It is not uncommon for a significant life event to be a catalyst for a spiritual awakening, and this was the case for Andrea who since becoming a mother felt open to new spiritual ideas and existential questioning.

'Spiritual for sure. Like I wouldn't say I'm any kind of religious denomination, but I'd look at him when he was this newborn and I'm like, how is he just here and he's got this soul and his life force. Where does it come from?' Andrea

Elena had a spiritual connection before motherhood and often prayed to God. Becoming a mother heightened her desire for prayer with her daughter.

'It's awkward for me now to sleep without praying.....and it's awkward for me now to pray alone without touching my baby. When I'm putting her to sleep, I also pray with her because I don't know, like she can't sleep very well if we forget to pray..... So, it gives me... uh.... pacifying feeling.' Elena

Elena works full time with little time for herself, this description shows how the power of spiritual connection between herself and her daughter helps to calm her in her busy life and is perhaps a protective factor for Elena as a way to centre and relax when things feel difficult. Kelly was already strongly connected to her faith and church community before becoming a mother, and yet she felt a deepening in how she viewed God and creation following the birth of her daughter.

'I think it's just giving me a whole different perspective, or just seeing how much more amazingly we're created, and how much thought was put into us being created and like how incredible God is.. I think that's just given me like a whole new reverence for God going through that.' Kelly

While internally Kelly's connection to God had deepened, as a mother she found it more difficult to practice her faith in the same way she had before. Kelly was aware of

how her physical presence to acknowledge her faith had changed but internally felt like her spiritual connection has deepened.

'I feel like trying to sit down and read my bible, is not even happening, you know what I mean? So, it's kind of like changed in multiple ways. Even going to church, I feel like I end up in the Mum's room because she needs to feed or nappy change or she wants to run around.' Kelly

Maree also came from a religious family and now felt like she had a complicated and somewhat confusing relationship with her faith due to losing her Mum to cancer and the birth of her daughter so closely timed.

'I think I question God, like I was definitely very angry that my Mum died, I don't know if not having the same desire to talk to God is because my Mum died or because I feel like I don't have that same ability to have quiet time.' Maree

Roshni left a career in sales and since becoming a mother is now a psychic and a medium. Although she always felt like she was intuitive, she credits motherhood as the catalyst for helping her to connect on a much deeper level, which led to her new career.

'Yeah, it's completely changed me I think…spiritually the connection has been much more deeper. And I think my, the voice within me intuitively has become much more stronger than ever. …She's actually my teacher and she's my guru…if it wasn't for her, I won't be here doing anything.' Roshni

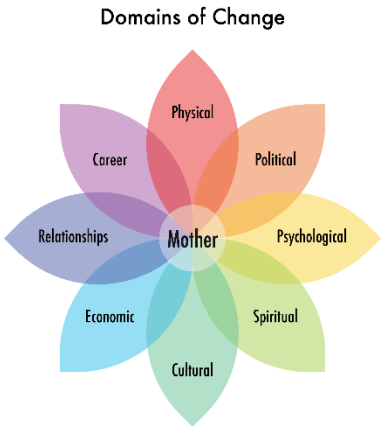
For the mothers who discussed their spirituality, existential changes were apparent, their minds were opened to new questions, thoughts, beliefs and for Maree,

confusion. These spiritual narratives highlight the unique experiences' the mothers had in their transition to motherhood.

Summary

The unique complexities of each mother's life was captured in The Metamorphosis theme. They did not struggle with the same things and yet there was a common undercurrent of the mothering experience, that all-consuming-ness that made managing the other complexities of their lives difficult. The Surrounding Currents explores the external aspects of a mother's life and how these interact with her transition to motherhood.

The Surrounding Currents



This theme discusses the external forces that shape the major transition of a mother's experience, including relational, sociocultural, career, economic and political domains. The metaphor of currents conveys both the push and the pull of support and challenge. It highlights how mothers are often carried along, or at times overwhelmed by factors that are beyond their control. The partner relationship was a core element to the interviews and every mother talked of significant changes to their relationship with their partner, as both began to navigate their journey into parenthood. This theme begins with an exploration of the relational domain of change. The partner relationship

was also the most synonymous for its nesting into each of the other domains of change. Table 13 shows the impact on the domains of change externally.

Table 13: *Impact on participants in relation to the domains of change: External*

Domain	Examples
Relationships	Growth, deepening, resentment, disconnect, values
Cultural	Merging, practices, traditions, obligations
Economic	Vulnerability, tension, pressure, security
Career	Reassess, productivity, balance/juggle, authenticity
Political	Boundaries, perspective, undervalued, inequity

Partner Relationship

The participant's stories showed the changes within the partner relationship presented challenges for the couples, and for one couple became too much to overcome and lead to the relationship ending. There were some similarities between participants, including the adjustment to new roles, the division of work associated with these roles and navigating different parenting styles. Some couples had to work through differences in values, changes to intimacy, and changes in financial situations.

Support and Role Division: Negotiating Resentment, Roles, and Responsibilities

An important aspect that contributed to a sense of wellbeing as a mother, and success of transitioning to motherhood was perceived support by the partner and how the roles were divided. These narratives show examples of when the participants felt inequity and lack of support and how important this is for transition. Andrea explains how she was living far away from her extended family and only had her partner for support, but this did not eventuate.

'I felt so lonely, because I had an unsupportive partner and I didn't have other woman around me supporting me.' Andrea

She wished that someone had helped her to understand how much things would change once she became a mother. She expressed how unprepared she felt.

I wish it had been given to me and like really impartial, this is going to be a very transitional shift, prepare for it. Yeah, and how much it would impact your relationship and if there were cracks in the relationship before, they're just going to be amplified.' Andrea

Andrea had felt unhappy in her relationship prior to becoming a parent and was preparing to leave her partner due to his cheating.

'He's never sorry that he did it, he's only sorry that he got caught….The very next day I found out I was pregnant with (baby). And I thought I can't, this is what I've been wanting for like 10 years, I can't. Yeah, and so, I kind of just put it to the back of my head.' Andrea

Andrea felt that the responsibility of becoming a parent was more important than her desire to leave the relationship, so she suppressed her feelings of betrayal. Couples may try to stay together for their children, but as Andrea explains, the cracks often just get bigger. The massive transition to parenting can be challenging even for stable relationships. Rebecca was not prepared for how unfair the role division would feel for her.

'Really big strain on the relationship.... It felt just really unfair that I had this role and he had that role, and things like, me changing my whole life. If you think about your whole physical body, your career...the sleep changes, the body changes, I didn't feel attractive anymore. And he just got to continue working his job and not change really'. Rebecca

Rebecca's interview often revealed feelings of struggle regarding traditional gender roles where motherhood becomes all-encompassing for the woman. Rebecca felt the weight of the responsibility of being the primary caregiver.

'You've just got a lot of pressure, and it feels like you're always the one, the backstop. It doesn't matter that I've got heaps of stuff to do....I fester resentment. I just often wonder like, will my husband ever get it. I just don't think he will. And I think that is hard.'

Rebecca

Rebecca's festering resentment indicates that this has moved beyond frustration to a deeply emotional undercurrent for the inequality in their roles. This was a common issue faced by the mothers. While it was, in most cases, the agreed plan that the mothers would be the primary caregiver to the children, the reality of this responsibility often become overwhelming. Elena and her husband had made the decision that she

would take most of the responsibility for their daughter, but her husband seemed to take this too literally which left her feeling frustrated.

'I'm not expecting too much from you because you work so hard, so I will not be expecting so much from you as a father. So sometimes he forgets that he's a dad, so he just lie down and have his time. And it was like, wait, I hadn't have my turn yet, can you just let me give a break? Because I do it all alone.' Elena

It upset Elena that her husband did not recognise that she also needed a break as Elena also works 40 hours per week as an early childhood teacher. Kelly expressed feelings of overwhelm for household work and her husband attitude towards this.

'I would say it's more like him being like, don't worry about it and I'm like, but I do need to worry, but he's like you really don't....I'd say he's almost like too lax.....so I think that probably adds more to that overwhelm, because I've got so much to do, telling him is another thing I have to do'. Kelly

Julie shared how significantly her relationship had changed with her husband to the point where it felt like they were now roommates.

'.... I think we became more like roommates, just getting stuff done ... I haven't had a day off to myself. Like (baby) is always with me if I'm not working, in the weekends I'm always with (baby). Can I please have a day off?' Julie.

The mothers expressed their frustration about being the default caregiver and having to carry the weight of household duties alone, even though most of them worked or studied. Rebecca previously talked of the invisible work that a mother does, the

waking in the night that fathers often do not realise, she also talked about the hours of breastfeeding that could equate to a part time job and the mental load that can feel 'next level'.

'I think that invisible work is the hardest thing.... it's like not being seen or appreciated or acknowledged when you're a Mum. If someone sees how hard it is, that makes a difference, even though they're not necessarily going to change it.' Rebecca

When asked 'who do you want to be seen by?' Rebecca said,

'Everyone, like the people closest to me, my husband, even my family, and surprisingly, a lot of political level'. Rebecca

Some of the participants felt financial vulnerability and found it difficult adjusting to relying on their husband for income, which impacted how they felt about spending money on themselves.

'He's the provider at the moment to greater extent. And that's been interesting one because I have never ever relied on anybody for money. So it has been for me as well a learning journey to accept.....my Mum has never done it...she was like, no, you got earn your own money, you gotta be independent. So I think it is the thought process that she had bought me up with.' Roshni

Roshni struggled with needing to rely on her husband and not feeling autonomous, which is a value that her mother held. Rebecca discussed how dependence on her husband lead to feelings of vulnerability.

'I think it's a little bit like a vulnerability, like I feel like I've gotta hoard money or something because it's easy for my husband, he's always had this job with this high income, and it's always come, it's always promised you know. Whereas like when you're a woman, you're just like, it's not guaranteed because you have these stop, start moments throughout your life, like having a kid. Well, you can't guarantee that there's money coming.....I think there is a real vulnerability being a Mum.' Rebecca

Similarly, Roshni preferred not to spend any money that her husband gave her and that she saved it as her 'safety net'. Maree also felt uncomfortable spending money on herself.

'I think when you're a Mum and you're not earning your own money, even though your married and its team money, I still feel really guilty spending money. If it wasn't for (baby) and it wasn't for groceries, or things like that, I didn't want to spend money on myself.' Maree

Becoming a mother had considerably changed the participants feelings towards money, and for many has left them feeling vulnerable.

Values and Communication: Priorities, body changes and intimacy

In partner relationships, challenges can become apparent when partners have different values with regards to parenting and intimacy. How they have been parented themselves can become something to navigate and when each parent comes from a different background or culture, this can have an impact on a relationship.

'Our priorities are really different .....he's never going to get that it's not about cash in hand money, and that education is an investment and raising a child is an investment. But he just doesn't understand it when it's not dollars and cents.' Andrea.

Andrea struggled with her partners view on money, which was just one example of how the differences in values between them was too great to align and the relationship ended. Roshni admitted to having a different way of approaching parenthood than her husband, but felt the differences were on a scale that could be managed.

'I'm very emotional and I'm very intuitive with going with my ways, my husband goes more into logical and research-based information.....of course, we had our differences here and there, but it's been part of it.' Roshni

Kelly was grateful that her and her husband had similar traditional upbringings, so it made it easier to combine their family values when Kelly wanted to be an at home Mum.

'I always kind of knew that's what I wanted and I was real pleased that my husband, he grew up with his Mum at home and his sister stayed at home with their kids, so it was kind of just like in that sense, our families just like mixed so well, because we kind of already had those values and ideas of what we wanted'. Kelly

However, a big change for Kelly in her relationship was the realisation that she would have less time with her husband,

'That's actually something I really struggled with the first like 3 months, is not being able to spend as much time with him.....I prepared for the fact that she would need me and I need to spend a lot of time with her, I think I just never really imagined how it would affect spending time with him.' Kelly

Kelly's experience highlights the restructuring of the partner relationship and the inability to dedicate as much time when parenthood becomes all consuming. Another area where values played out was around intimacy which was usually a result of the undercurrent of how the mothers felt about themselves physically, either due to weight gain or because of changes due to labour and pregnancy.

'That is hard being, like a bigger weight and not feeling attractive and that kind of thing ties into the relationship'. Rebecca

'And he was like why haven't we had sex, bla bla bla. I had a pelvic organ prolapse as well, so sex is the last thing on my mind'. Andrea

Andrea found her ex-partners lack of empathy for her physical condition following birth upsetting. For Elena the changes became evident during pregnancy and then changed again following birth suggesting physical boundaries may need to continually be renegotiated.

'He doesn't want to because he finds it really awkward to have, like, an intimate relationship with me while having a child inside my tummy, he doesn't like it. Now that I give birth and it's me who becomes quite cold.' Elena

Not all changes in relationships are negative, and Maree found that her relationship improved with her husband since they became parents.

'I think it's probably bought us closer, as a unit we are closer....I don't have a Mum to talk to about it ...and my husband is very supportive.....My husband and I talk a lot. Not to say we don't have fights, but I think communication has been a really big one, just talking about the way we do things' Maree

Many of the participants pinpointed the ability to be able to communicate well with their partners or husbands and considered this important to resolving tensions around priorities and values.

'I think one of the key things is because we talked about it and I guess even before our relationship started, (partner) and I, we always talked, and that really helped with our friendship, and then relationship.' Julie

In Andreas case she felt it was best for herself and her child to leave the relationship.

'(Ex-partner) and I get on better now and he comes up every now and then and sees (baby)....we're not like actively hating each other, but we're both on the same page that when (baby) is our age, we would like him to be able to say, my parents split up when I was really little, but they were friends and they were both really involved in my life, versus him being like, my parents were miserable they should have split up ages ago.' Andrea

Although Andrea had split from her partner, she indicates how important it is for them to be on the same page with regards to aspects of parenting and since they split, this seems to be something they have achieved.

Friends and Family: Changes and Connectedness to Generations

Other relationships that can be impacted through the transition to parenting are with friends and family. Kelly felt that her relationship with her friends who did not have children had changed and described feeling 'disconnected'.

'I just feel like I'm more socially awkward…I've got nothing to talk about but my child, you know… but I think it's just because I'm here with her and this is my life now where other people are doing other things.' Kelly

Although Kelly felt she had less in common with her friends who did not have children, she found her relationships deepened with those who did have children, particularly her sisters-in-law. Similarly for Rebecca who talked of her deepening relationship with her sister now that they were both mothers.

'Because she's the only other person that gets it. I feel like a lot of people just don't.' Rebecca

The participants were not asked specifically about antenatal classes, so not all spoke of their experience, but of those who spoke about it, there were mixed feelings. Andrea had chosen not to attend as she felt she knew what to do.

'I didn't do antenatal, I knew how to change a nappy, I thought all of that baby care stuff, like, you can figure it out' Andrea

As Maree's mother was terminally ill with cancer during her pregnancy, she found the questions raised at antenatal by the other attendees to be trivial compared to what she was going through. Postnatally, rather than finding support in her antenatal peer group, she found it stressful.

'Then they had like a chat group going after the babies were born, and it was so intense, there was like messages bang, bang, bang, bang, all through the day, all through the night. I was like, this is stressing me out, I don't want to be comparing myself, I don't care what these people are doing....I just deleted myself from the group and got rid of the noise of comparing myself to other parents in that way'. Maree

Julie had a different experience and found a lot of support in the connection that she had with her antenatal peer group.

'That loneliness kicked in....the Mum group definitely helped, it's the feeling of camaraderie, I'm not in here alone.' Julie

Whenever the participants talked about their past it was always in relation to their own mother. The significance of their historical context and relationships with their mothers began to show in how they perceived themselves as parents. Many of the participants talked of a deepening of understanding, appreciation and connection to their mothers now that they had become mothers themselves. Elena missed her mother who was still living in the Philippes and became tearful when she talked about her.

'Now that I have become a Mum, it makes me proud of my mum … Because now I understand…. it makes me really proud of what my mum is doing for us before, because it reflects everything'. Elena

She acknowledges how much her Mum has done for her and that she did not understanding this until now that she is a mother herself. When she says that this reflects everything, it could indicate that she realises how much of who she is was due to her mother and how she raised her. Andrea had a sometimes-difficult relationship with her mother before becoming a mother herself.

'We fought a lot. And we're both quite strong headed people, but I think having (baby) has, I think softened me towards her a bit.' Andrea

Andrea's father had passed away when she was five and her mother had to raise her on her own. Andrea expressed some frustration about the choices her mother had made but now felt like her mother had done her best under the circumstances.

'And I reflect a lot on, she could have done this, she could have done that, she didn't do this, and like actually she did a lot considering that she had a 5 year old, no house, nowhere to live and her husband had just died, and no family around.' Andrea

Kelly also felt a deepening in her relationship with her Mum once she became a mother.

'I've always had a pretty good relationship with my Mum, but just kind of seeing motherhood from a different point of view and like appreciating her so much more.' Kelly

When Kelly struggled in those first few months of motherhood, she did not find support in any services or health professionals, it was her mother who got her through.

'She was the one that was here, so I think Mum was probably the most supportive, which makes you feel really bad because there's a lot of women who don't have that sort of relationship with their Mum that go through that by themselves and it's just like actual hell.' Kelly

Roshni reflected on her own childhood and how grateful she was to have been born into her family. Coming from India, there was often stigma around having a girl child and being a mother to a daughter she was grateful for her upbringing.

'I'm very grateful that I've been born into such a family...who's never treated me differently to a boy and a girl, and who has been very accepting of me as a girl child and has given me freedom to do whatever I wanted to do.' Roshni

In contrast to the other participants Rebecca did not feel a deepening of her relationship with her mother and was not as supported as she had hoped.

'I saw this funny meme the other day and it was like about Boomer parents, like when someone was asking to babysit and the mum was like, oh, I don't know, I've got book club on Wednesday, but I've got like, yoga in the morning on Saturday (laughs)..... 100%, that's my family.....they've always got some social event..... they're not there to the level that you need them to be.' Rebecca

Although Rebecca laughs, she feels unsupported by her parents which is an example of the contrast in the different experiences between those participants who felt

supported and those who do not. Julie felt that her struggles with feeling 'enough' came from her mother.

'She was always telling me to improve myself in some way, from her point of view, she's like I want you to be better, I want you to be the best you can be like that's her way of saying things. But for me, when I received it, was like there's always something that I need to work on, so I never felt enough.' Julie

Maree, losing her mother to cancer 6 months after her daughter was born, often related the kind of parent she wanted to be to how she herself had been parented.

'My Mum was my best friend, so I kinda wanted to have that same experience'. Maree

While this was her wish, this was not always easy for her.

'Playcentre was an expectation that I was just like, well Mum did Playcentre with me, so of course I'll do Playcentre with (baby). And then I went and did a visit, and I was like...uh...is this what Playcentre is? How is this like....fun....I don't know if this is for me'. Maree

Maree also had an idyllic view of her childhood that she often compared her own parenting to.

'I did definitely struggle sometimes with the thought that, but how did my Mum cope, but my Mum did it, she kept the house running, cooked, cleaned, did everything and looked after me full time. That's probably the only thing sometimes I'd like to ask Mum, how'd

you do it?..... she probably didn't have it all together, but in my mind, it is that she did'. Maree

Memories of her mother featured prominently throughout Maree's retelling of her own motherhood journey. It sometimes appeared that she struggled to be the Mum that she thought her Mum had been. This highlights the significance of the relationship with a mother and how this can impact on how a mother will parent.

Some of the participants discussed their upbringing and how this related to their parenting beliefs. Julie discussed how she did not feel the need to compare her child to others due to her experiences as a child

'He'll just do it in his own time, because I think it also helped that I went through it myself. So, like, I didn't actually learn Korean, so my first language, I've learned to speak and hear and all of that stuff, but I didn't learn the written till I was like 7. So my mum did education herself and she was like, you have a life ahead of learning to go, I would rather you explore and play and whatever until it's necessary.' Julie

Julie feels safe in the knowledge that her child will do things in his own time, because she has lived this experience herself illustrating how parenting philosophies can be transmitted across generations. This was similarly reflected in that it was important to Roshni to spend the foundation years of her daughter's life at home with her because this is what her mother had done.

'I'm very grateful I'm able to spend first good foundation years with my child, because my mum did that. First three years she made sure that she was with us.' Roshni

Culture: Merging Traditions, Parenting Practices and In-laws

The cultural domain of change had a significant impact on many of the mothers during their transition to motherhood. Culture can be difficult to navigate into parenthood, especially if the parents have cultural differences. There is often the need to 'mesh' cultures to find a way forward that feels right for raising children together. Julie's husband who is Pākehā was keen to embrace Julie's Korean culture.

'He actually asked me, hey, what's in Korean culture with the babies and stuff.' Julie

They made decisions about what aspects of the Korean tradition suited the way that they wanted to parent.

'I guess the cultural thing kicked in with the three weeks in the beginning and it really helped us to find our rhythm....we had just three weeks of just us, my Mum and Dad and (husbands) parents wanted to come visit, but they respected that.' Julie

Maree also talked about how her and her Taiwanese husband work together as parents.

'Coming from quiet different ways we were raised, so we've sort of had to create our own way of doing things...He's from Taiwan and I don't even know if that is a Taiwanese thing, but just like the way his family was raised... but yeah, it was kind of figuring that out'. Maree

Although Roshni and her husband are both Indian, she still feels that they navigate cultural difference.

'He is Canadian Indian, but he is a brown man with a white coat on, that's how I look at it as. Very culturally different in that sense that we had an Indian wedding in all of that, but thought process of my husband very, I don't want to be putting skin colour tones or whatever, but he's very Westernised in his thought process, and he has never had experience with kids at all.' Roshni

While this comment speaks of the cultural difference that Roshni and her husband were navigating, it also highlights assimilation of Western ideals. Roshni describes his thought process as being Westernised and his lack of experience with children as challenges. Roshni also feels cultural differences impact her relationship with her parents in law, and felt her father in-laws' strong views impacted how she felt about him.

'My father-in-law made a comment to me saying, oh, girls are like this or something like that and he just went on this bit of a tangent…And saying that women are difficult and girls are difficult and whatever it was, and I think that put me off completely…because I just recognised that it's putting me into a negative spiral and I don't want to have those thought processes coming into me and my baby.' Roshni

Traditions and what they mean are important for the cultural domain. While Maree appreciated the Taiwanese tradition of her mother and father in-law bringing over soup every day for the first 30 days of her daughter's life, her own Mum and Dad were also visiting every day too, and with her Mum being unwell and Maree feeling she needed to look after her sick mother during this time, it was tough to have so many people around.

'It's like a Taiwanese tradition where they will make you a special soup for every day of the first 30 days. So, it was so nice to have that. Umm, and then I think I was just kinda like, I just want my own space (small laugh).' Maree

Maree's daughter is picking up words in Mandarin and Maree often feels left out of these conversations.

'I want her to learn and I want her to know about her culture and all that kind of thing, but yeah sometimes I do find that a little bit hard, if he's talking to her and I'll be like, oh, what are you talking about…and same with like she's talking to the grandparents I've got no idea what is being said, and that's a weird thing.' Maree

Maree is somewhat conflicted in that she hopes her daughter will have a strong connection to her cultural heritage, but it can make her feel like an outsider within her own family. Julie chose not to adopt some of the Korean traditions.

'And then I was like, I don't actually agree with not showering, I want to shower.' Julie

Julie felt comfortable to choose what felt right for her, and her husband was happy to embrace these aspects, and her family were respectful.

Social Media: Obsessive, Helpful, and Damaging

The participants described a range of experiences with social media. Some stopped social media all together and found peace in blocking out the 'noise'. Others found it validating at times but could also feel angered by it. Some felt they had a good relationship with social media considering it relaxing or 'me time'. All participants were

aware of its potential to be toxic and that it could have a negative impact on them if they were not careful with how they used it. For the first five months of her son's life Andrea used social media.

'I wish someone had told me to get off social media, because I was really cut up about, ohh my baby's not doing this and none of these tips are working....Fretting and using apps as well to track things. I wish someone had said don't ever track things, don't track sleep, milk, poos....Really obsessive.' Andrea

Things changed for Andrea for the better during her time in the crisis unit and she began to trust her own instincts as a mother.

'I'm a very instinctual mother...I'm totally off social media cause I don't want to be influenced.' Andrea

Maree had also come off social media completely and was happy to focus on trusting her gut.

'I think social media and all of those things don't help....when my Mum died, I got rid of all of it.... it's so much noise to try and navigate through and then its all of this comparing...But, actually you just kinda have to listen to your own baby and trust your gut.' Maree

Both Andrea and Maree experienced significant life events following the birth of their children, for Maree the death of her mother and for Andrea a mental breakdown. These events were the reason they came off social media and began to focus on themselves, their own instincts and listening to their babies. Coming off social media

helped to calm the outside noise to get them through these big events in a quieter, more authentic way without the external pressures associated with social media.

Roshni indicates that scrolling social media can be a way for her to disconnect but feels the content can have a negative impact.

'I think the content makes you think in a certain way,..it's absorbing into your body, into your subconscious...so that can be a bit more wrong for you as a person, I feel'. Roshni

Rebecca considers social media '*a double-edged sword'* where she often felt validated but also angry.

'It's a source of information; it can be a place where you're seen and validated. But at the same time, you do see a lot of stuff like you should be doing this.... sometimes you just get this, like, flooding of, like, parenting advice.' Rebecca

Rebecca goes on to talk about how it can also make her angry.

'My sister and I, we were getting more angry. Like angry at the world, we kept seeing memes and stuff that we were validating, but it was like about not being seen and heard like the political stuff and we would send it to each other. And then we kind of said, you know what, let's stop sending stuff like this to each other because it just makes me more and more mad'. Rebecca

Kelly was happy with her social media use, but said that she was cautious about the things that she followed.

‘I find there's some real toxic stuff that can get into like comparing and things like that. So, I feel like I'm quite cautious of like what I'm actually following on social media’. Kelly

She considered social media ‘me time’ but often felt like she was being selfish, unless it was before her own bedtime when her daughter was sleeping.

Career, Political, and Economic: Pressures and Tensions

The participants were all highly educated women with at least a bachelor’s degree. Two were full time students, two worked full time as teachers (one ECE, one secondary), two worked from home (one consulting, one a startup business), and one was a full-time caregiver. Although most of the women were still somewhat financially dependent on their husbands, only one of the participant’s lives resembled the traditional household set up of Mum at home and Dad working. Some of the mothers commented that while they felt they had more choices now, it also left them feeling spread thin, feeling the responsibility to be ‘productive with their own lives’, whilst also being the primary caregivers to their children. Finding the balance with work or study was often difficult for the mothers.

‘It’s that real challenge of finding the time to get someone to watch her, and then go and see the client and then like, where do I find the time to do the admin, so, yeah it’s a constant kind of …there’s part of you that almost misses that idea of like, oh you go into an office, you do your job and you come home.’ Maree

Roshni and Andrea felt that becoming mothers helped them to find a career that was more authentic to who they are as people.

'I did sales,... I wanted to go back, it just happened to be that they couldn't take me part time, and I didn't want to go back full time. And so I have made the choice of not going back to proper professional career work. I kind of found my calling as well since I had a baby.' Roshni

'I'm gonna go back to Uni, I'm going to do what I always wanted to do. And I'm just going to make it work.' Andrea

Elena's career plans had already changed when she moved to New Zealand, before becoming a mother. In the Philippines she was a teaching team leader but moved so her husband could find work.

'Sometimes I camouflage in here, you know, I'm not a team leader or, I used to be one, but now I'm not like that. I used to be at the top, but now I'm at the bottom'. Elena

Elena had been upset by this initially, but after becoming a mother these feelings changed, and she became less career focused.

'But then here comes my baby, so it changed, really my motherhood. Now I just wanted to be a cashier (laughing) so that I can have more time with my baby, you know.' Elena

Many of the participants indicated economic changes. Andrea intends to spend time with her son while he is young and worry about working longer hours later in life.

'I want to be secure, but my time with (baby) is more precious.... I can work all those stupid hours and stuff and do all those schemes, I can do it when he's old enough to be doing his own thing.' Andrea

Elena felt the economic impact of becoming a mother

Economically, it adds another, like, not a burden, but another, I mean, what do we call this one.... expenses for us.' Elena

Julie found the financial pressure to pay her mortgage led to her needing to increase her work hours, which limits her family time.

'My income is my mortgage! ... I've taken extra roles at school, I need the money to pay for mortgage. And without that, we can't make it work.... so, I need to then put in the extra hours in my own time' Julie

Politically a variety of subjects arose for the participants, different things were important for different reasons. Roshni and Andrea had made the conscious decision to shut themselves off from the news and politics as a form of self-preservation for themselves and their families.

'Once I got pregnant, I made a very conscious choice of not watching the news...because I think that sometimes there's a lot of negativity that goes around and we as human beings tend to absorb it quite a bit, and then we bring it into our families, into our homes.' Roshni

'I've always been a bit apolitical; I'm not that big into it... Even though I know that there are really important social issues, but I care less now.' Andrea

Other discussions regarding politics from the participants were contrasting, particularly with regards to the health care. Elena, coming from the Philippines was grateful for the medical system in Aotearoa.

'Because I came from the Philippines and everything there, even though you have an insurance or whatever, you still got to pay.....the health system here, is really good. So I don't have to worry about her bringing to the doctor, paying so much for that, because for us, it's free for her. And aside from that, even the medicines are free, and we have like 24 hour help coming from Plunket or Healthline.' Elena

In contrast, Kelly had developed a mistrust of the medical system, she preferred to do her own research and was more inclined to practice natural approaches to health.

'I feel like the doctor was quite dismissive when I went...I think, yeah, just doing heaps more research into stuff that's recommended for babies and like seeing how flawed systems are and how information that's given is not really accurate, and can be quite deceptive. I think that's probably given me quite a different view on things to take a more natural approach.' Kelly

This highlights a matter of perspective. Elena found a sense of security and stability in the care she receives for her daughter, while Kelly felt a growing sense of mistrust. Kelly chose not to passively accept the doctor's advice about her daughter and prefers to seek her own knowledge. Rebecca had strong political feelings about an overarching system that devalues the role of mothers.

‘The political stuff stands out to me….cause at the political level, it's basically an overarching message like, what you're doing is not of value you're not, you're worthless. Like just because you're not bringing in money, you know, because it's not measurable it is not important…. and it’s that overarching kind of system that speaks to everything ….being kind of like locked into a system. And that is what's hard, so I don't know if you can personally change that’. Rebecca

Rebecca describes feeling trapped in a system that makes her feel unworthy, she indicates a sense of powerlessness in that it cannot be changed by her personally and that it filters into ‘everything’. Roshni also talked of women being undervalued as mothers and how things had changed since the traditional gender roles of the past.

‘I feel women have been undervalued for a lot of things…..Women have ended up doing everything, they've become the breadwinners, they've gone to study, they're being very well educated now, they have working in very high paying jobs. They are working longer hours, but then when they come back home, they need to cook, clean, do everything else and as well, look after their children and then look after their husbands or whatever their families’. Roshni

Rebecca and Roshni point out the need for women to be productive in society, and yet paid work does not replace their domestic duties, it just adds another layer to it including a mental toll. Julie struggled financially as a teacher, working for the government, and felt she suffered from inequity during her maternity leave.

‘I didn't realise that, because being a school teacher having maternity leave meant that the holiday pay would come out, like I wouldn't get paid during the holidays…..Between

the term 3 and 4 holidays, my pay was reduced because I've only technically worked 8 weeks, not ten weeks. So I was like, oh, like, how are we gonna pay for mortgage?' Julie

Being on maternity leave was a financial struggle for Julie and she had to seek additional support from the community, yet she did not qualify for any additional financial assistance from the government.

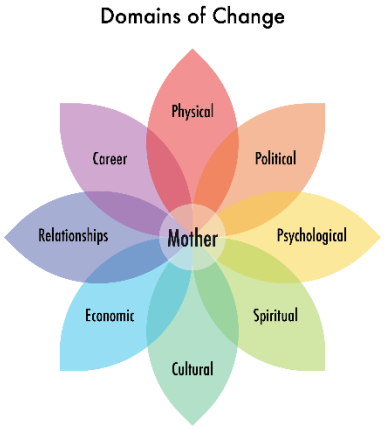
'I'm now in 2025, on top of my pay scale and I'm still having to ask for food parcels. And yet I'm not qualified to have family boost... on paper, we look like we earn a lot.' Julie

This highlights how complicated it can be financially for families, particularly if they have a mortgage, even for those in professions that could be perceived as stable, like working for a government agency.

Summary

The Surrounding Current highlights layers of complexities that can complicate the transition to motherhood outside of mother and baby, like the demands of a household, the role of wife, partner, friend, daughter, sister and employee, the financial pressure, cultural expectations, societal pressure and other factors. The Weight and the Wonder will consider the conflicting experience of motherhood, where the weight of responsibility can coexist with the love and joy of parenting.

The Weight and the Wonder: Overall Impact During Matrescence



The previous themes explored the internal and external domains of change that a mother can experience in her transition to motherhood. The participants shared how they were impacted by the various domains and how difficult these changes felt for them at times. Without understanding the natural process of matrescence and without appropriate support, the weight of responsibility as a mother can build and become heavy, which can lead to stress. If left unaddressed, this burden can grow into distress and potentially, clinical diagnosis. This theme considers the weight of motherhood by exploring levels of stress noted throughout the interviews, as participants describe what felt stressful for them in their transition to motherhood. This theme also reflects the duality of feelings that mothers can experience: the heaviness of responsibility intertwined with the wonder of love and connection. How support is experienced will be discussed, its power to inoculate mothers from some of the weight that the transition to motherhood can bring, but also how a lack of support can contribute to the weight of motherhood. This theme plays out across the domains of change and across time, demonstrating matrescence as a dynamic and fluid concept where transition is not a single event.

The Weight

When the weight of responsibility builds, this can lead to stress, and if unaddressed, this can grow into distress and potentially, clinical diagnosis. Some of the

weight of mothering found in this research came from miscarriage, pregnancy and birth trauma, some from complexities of life, external pressures, micro stressors and distress.

Miscarriage, Pregnancy, Trauma

Elena had tried to become pregnant for seven years due to PCOS. Kelly who also had PCOS suffered major health issues which affected her ability to fall pregnant. Both Rebecca and Andrea experienced multiple miscarriages which impacted how they felt about being pregnant and how they transitioned into motherhood.

'I was just devastated, like I never really came back from it…and I think I've been like, low key depressed ever since. I couldn't work with anyone who was pregnant, I would almost have a panic attack if I saw anyone who was pregnant. And I still kind of feel it, like I will see a pregnant woman in the supermarket and get that little feeling, and I'm like, oh, hang on, I'm actually holding my baby right now.' Andrea

Andrea experienced ongoing emotional disruption following her miscarriages and her description of low-key depression, panic attacks and feeling triggered were likely indications of a mental health disorder. Rebecca's miscarriages led to intrusive thoughts.

'It sounds really dark, but I always think of worst-case scenario, because I feel like I'm geared that way from that past experience…I'm always thinking like, is she gonna run out in the road and die…and I feel like that's not healthy, but that kind of what happens a lot.' Rebecca

Rebecca recognises the link between her history of miscarriage and how this has impacted her parenting journey. Both Andrea and Rebecca struggled with the expectation of happiness after such a difficult journey to becoming pregnant.

'I hated being pregnant, but struggled with that whole like, I should be grateful that I'm pregnant, and I've got this far.' Andrea

'You almost feel like you can't not be super happy for every little moment, you know.... But it was really hard, like, you almost feel like you can't say I'm struggling because it's like, well this is what you wanted right?' Rebecca

This reflects the ideology that becoming a mother should be met with constant happiness. Both women felt unable to share their struggles as it went against societal norms and having negative feelings made them feel ungrateful. Some participants experienced lasting stress and trauma associated with their birthing experience.

'Oh super traumatic, extremely traumatic.... there's a lot of grief around not being able to experience a natural birth, which is really what I wanted'. Kelly

Kelly felt like many of the decisions that were made during her labour were taken away from her.

'It was quite traumatic, just how quickly everything progressed from, this is a possibility, to Code Red and being rushed down the hallways.' Kelly

The trauma of birth and her daughters severe reflux made it difficult for Kelly to initially bond with her baby and she struggled mentally for the first 3-4 months, saying

she felt ‘mentally stuck’. Andrea’s trauma from her miscarriages continued throughout her birth experience and those feelings reactivated when she awoke from general anaesthetic following an emergency c-section.

‘I woke up thinking (baby) was dead, because the last time I came round from a general, that's kind of what was happening…they were like, we're taking you to see him, and I was just like, I've gotta go and like face my, they're taking me to see my baby's body?’ Andrea

Andrea’s comments reveal her deteriorating mental health. With appropriate support and people around who could have recognised these symptoms, Andrea may not have needed to be sectioned into care when her baby was 5 months, following a mental breakdown.

Life Complexity

All seven of the mothers found the first 3-5 months of their child’s life to be particularly overwhelming and stressful. Due to Maree’s mother having an aggressive relapse of cancer when Maree was 4 months pregnant, Maree left work early to care for her. Once her baby was born, Maree found it difficult to care for her mother and baby.

‘It was a very blunt transition between caregiving for Mum and then needing to care for (baby) and having to kind of set those really clear boundaries….Everyone had told me I would have to do it and I would have no choice, and I didn’t want to think about that at all, and just kept saying, no, no, no, I’ll be able to do it all. And then yeah, it was really sudden, I can’t do everything, I have to drop one…which was kind of a hard way to go into it.’ Maree

Her mother passed away when her baby was 6 months old which has been a big weight for Maree to bear. Women can often experience difficult life events and a range of life complexities while they are transitioning to motherhood which can add a significant layer of stress. When Elena's daughter was born, her and her husband were living in a flatting situation as economically this was what was affordable for them.

'Most of the people that we live with stay-at-home doing work from home and they were on the phone most of the time....They are not parents..., so they will not get it, understand. Although they say we understand, yes we do, but I can feel it, I can sense it, it quite irritates them. So, if possible, I don't want her to cry or whatever.' Elena

Elena bore the burden of having to prioritise others over herself and her child which led to her feeling self-conscious as a mother. Elena and her husband have little support as both their families live in the Philippines. When Elena's baby was a month old, she had a particularly stressful situation.

'We actually have an instant like 1.00am to 2.00am in the morning that we have to stay in the car, two of us because she's really screaming...and I don't know what to do and I'm also crying and I want my husband to have a rest, because he's working.... So what I do is just put a blanket together and then we just stay in the car. And my husband doesn't know about it. So both of us there, scream, she cried and I cried. But its really freezing...But I was thinking of like, they need to sleep. All of them. .... So I feel like a really bad mum that day.' Elena

When Elena's baby was 8 months old, her and her husband were finally able to move into their own house. Although it was a strain financially for them, it had a positive

impact on their everyday lives and Elena felt that her baby was more settled, which led to her feeling more settled. Rebecca found it stressful coping with having her daughter in a full body cast to correct her hip dysplasia.

'She was so heavy, my back was killed from it and cause she woke up every two hours the entire 3 months, because it was uncomfortable. Even if she didn't wake up, I had to wake up and change her position, so she didn't get pressure sores. Because it was like Christmas and hot, really hot. So that was hard'. Rebecca

When a child has medical concerns, this can be very stressful for a parent, but for Rebecca she felt that she was doing everything alone which added another layer that put strain on her relationship and contributed to her stress.

These examples show how the complexities of these mothers' lives have impacted on their journey into motherhood. Aside from caring for the baby, which is hard; the environment, the people in it, and all the aspects of their lives impact their ability to be able to parent effectively and led to each of them experiencing highly stressful situations.

External Pressures

All seven participants successfully breastfeed their babies, despite some finding it difficult to begin with. Some described feeling pressured to breastfeed.

'I knew I wanted to do breastfeeding, but I did not want to be pushed to it, because the more pressure you put on the Mum, the worse it gets for her' Roshni

Many participants commented how they were concerned regarding reduction in their milk due to feeling stress. In some cases, their stress became heightened when they realised it was contributing to their reduced milk supply. Four participants all attributed lower milk supply due to stress.

'I know stress can affect your milk supply too, so you're in this constant loop of like, trying to get your milk up, but your stressed about your milk, but your milks not coming up and then you stress about it more.' Kelly

Pressure for mothers to not 'allow' themselves to get stressed or else they will not have enough milk, can be counterproductive, especially when society values breastfeeding as essential to the essence of being a good mother. Pressure was also felt as micro-stressors which are described by Broll et al. (2025) as small everyday stressors that occur frequently. These stressors are often a minor annoyance, irritation or challenge, but over time can contribute to overall stress levels. Micro-stressors can eventually have a profound negative impact on mental health and wellbeing, especially when there are many and they are consistent. While some stressful situations described by the participants were related to specific events, some of the stress described was more a continuous undercurrent or came and went regularly. Rebecca found it difficult to be spread so thin while studying.

'And that's why you feel like you're failing because you're like, I've gotta achieve well here, but I've also got to be like 100% committed to you, you know.....But then because you're spread so thin, you are doing only partially well in every aspect.' Rebecca

Maree works as a consultant part time from home and talks about how she manages stress.

'Some days work better than others and I think I have to kind of bring myself back when I get really stressed out, oh I've got all these things to do and come back to, okay, but what is the priority things and how much do I really need to worry about and you know, I could push this to another day and things like that.' Maree.

Maree recognises the toll balancing work and motherhood takes on her. By reflecting she can reprioritise her approach which shows a good understanding of stress management. Roshni had to find acceptance for mess after having a child. She worked on adjusting her mindset to reframe the mess as exploration.

'But then I get irritated seeing the mess. And because you know when the child is not there, everything is trim and proper... but then I just have to like, no, just it's OK, it can be cleaned...She wants to make a mess, let her make a mess....it's what is having your child's exploration'. Roshni

A simple car journey can become a stressor, as described by Julie "*When he gets distressed and cries, it makes me distressed and I want to cry"*. Her comment highlights how his emotional state is tied to her emotional state.

Kelly did not identify one specific stressful situation but felt generalised stress.

'I think in general I'm quite a 'stressy' person... But I don't think it's particularly anything, I think it's just me, I'm kind of just like I gotta do that and I gotta do this and like I get quite overwhelmed.' Kelly

Kelly frames her stress as a normal experience for her and while this can be helpful to not feel ashamed of her stress response, the constant feeling of stress can accumulate and begin to negatively impact if not addressed. Other experiences described by participants as contributing to their stress included lacking essential support, living far away from their parents, feeling lonely. The list of potential stresses for a mother can seem endless depending on the complexity of their life.

While many participants talked of stressful situations, one participant experienced serious mental distress and needed urgent professional mental health support. A culmination of stressful situations can become overwhelming, as described by Andrea on her experience of early motherhood.

'*I was just seriously, seriously depressed. Like every time (baby) was awake, I'd just lay on the floor and cry. When I was in bed I would just think about like, hanging myself in the garage the whole time. And I'd go to the doctors, and they'd be like, oh yeah, well, like, this is a normal part of motherhood'..... 'I was so depressed, and I was getting quite like delusional.....I tried to jump out of a moving car to get away from (partner). And then he contacted a mental health crisis team. I thought they were coming to take (baby) off me..... I ended up being sectioned and admitted to the Mum and Baby Unit, which probably was the best thing that could have happened at the time.' Andrea*

Andrea's narrative of her early stages of transitioning into motherhood show significant mental distress. It became so intense for her that it was debilitating and showed strong association with post-natal depression and possibly even psychosis.

Each of the participant's stories show that motherhood can be incredibly stressful. There is potential for there to be some form of stress element present in any given day, sometimes this may be small and manageable, sometimes it may be bigger and a more impactful event, or a culmination of things that requires more effort to work through. Occasionally, as experienced by Andrea, the build-up of stress and a lack of appropriate support can lead to pathology.

The Wonder

While much of the interviews focused on the challenges associated with transitioning to motherhood, when asked, what do you think is the most rewarding aspect of your parenting journey, the participant's tone changed to one of love and gratitude for their children. Mixed emotion was common across all interviews where the struggle with fatigue, exhaustion and responsibility co-existed alongside the joy and love that the participants found in their children. Andrea talks of her son.

'All of it, just him…he makes my life so much richer….. (baby) is the best thing that's ever happened to me'. Andrea

Rebecca loved to see her daughter's personality emerge.

'She's amazing. Yeah, just having like another family member, you really like the little person and her personality and seeing her grow…I love that.' Rebecca

Elena found it rewarding to see her daughter meet her milestones.

'It was like very happy every time she meets her milestone and I'm there to see that. Yeah. So that's the very rewarding thing for me.' Elena

Julie enjoyed her son seeking her out to share in his victories which helps her to feel affirmed as a mother when he sought her approval.

'Just seeing (baby), how he is now.... And he's like, exploring himself and you know when he does something and then he looks at me, did you see that Mum, kind of vibe. And I love that.' Julie

Kelly and Maree found it rewarding to see their daughters learning and growing.

'I think just watching her grow and develop, like watching her learning these things is just, like, so amazing.' Kelly

'I think just watching a little human being grow. Like every stage has been so so cool... some people are like, oh, you know, the terrible 2's and things like that, but I'm always like, but it's the terrific 2's, because there is all these fun things to look forward to.' Maree

Support

All the participants faced challenges in their transition to motherhood and having appropriate support was integral to how they were able to face those challenges. It was notable that as the stories were told, those who felt supported in their parenting mostly described it as a positive journey. Often the participants talked of their relationships strengthening between themselves and those who were there being the most

supportive to them. For those without support, it was often defined more as a story of overwhelm and relentlessness.

Roshni found the most support from her parents during her transition to motherhood.

'It has been a beautiful journey for me, interestingly, because had a lot of support from my parents who came over to help me out and stuff.... it was really good because I had the help and support that I needed.' Roshni

Kelly felt that her mother was the most supportive to her during the early stages of motherhood, particularly for the first three months.

'It's kind of like getting chucked in the deep end.... Mum was really probably the most helpful with that because she'd actually experienced it.' Kelly

Now that her daughter is older, Kelly finds support from a mother's group that she started with a friend.

'I find it gives me someone to bounce my thoughts off for like, is this normal, did you go through this? I'm feeling this way...you know.' Kelly

Julie also finds her antenatal mothers' group to be supportive. Julie had talked of feeling isolated in the early days of motherhood and felt her antenatal group was a big help for this.

'I caught up with my antenatal group Mums pretty much weekly…It just makes sense to just have an open space where you can just come and go as you please… Yeah. It's the feeling of I'm not alone.' Julie

Maree found the most support in her husband. She misses having a Mum to talk to but feels that her relationship with her husband has grown stronger since she became a mother.

'And I think yeah, my husband and I talk a lot. Like every night … he's really good at reassuring me that, you know, it is just unpredictable and that's okay…I think it's probably bought us closer….as a unit we are closer.' Maree

Elena misses her Mum who lives overseas. She does not have many local friends and only has her husband for support. In the first three months Elena described becoming despondent to her daughter which was when her husband would step in.

'Like when he noticed like I'm so grumpy or when I'm about to…. what do we call this one? Because when the time comes, I just let my baby cry , cry, and I…. feels like I don't hear anything or whatever. So when he noticed that, he stepped in.' Elena

Rebecca moved to New Zealand from Australia and has minimal support here. She is closest to her sister who still lives in Australia. She struggles daily with juggling study and parenting.

'Yeah, it's just hard like, I feel like you have your village, but actually like, where is my village? In this day and age, you know, people live in different countries that are all dispersed.' Rebecca

Andrea did not have anyone to support her in the first few months of her transition to motherhood, and she eventually found the most support in the nurses at the crisis unit.

'I felt so lonely, because I had an unsupportive partner and I didn't have other woman around me supporting me…that's why I started to feel safe in the hospital because there were no men, and it was all supportive women, and I feel like, that those initial weeks are really important to have female support…..they empowered me to kind of feel, to realise that I was a good Mum.' Andrea

The participant's experiences show that support can come from a range of different places and that there is no one size fits all. Those who found support had a more successful journey into parenthood than those who did not. Support is recognised for its potential to be categorised within the theme The Weight or The Wonder. The Wonder acknowledges the value of support and its critical importance to the positive adaption to parenting and the potential strengthening of relationships that can occur when a mother feels supported. However, effective support can be a 'lottery' (Doherty et al., 2025) and not all the participants were able to find a suitable network of support. Therefore, for some, effective support is a barrier to a positive transition and could be categorised as The Weight of motherhood.

Summary

The weight and the wonder explored stress across all domains of change, as described by the participants. It is noted that not all mothers struggle with the same things and the complexity of their lives varied and contributed to how they navigated this journey. What is consistent across all interviews in that the transition to motherhood is always one of challenge and yet the feelings of frustration, isolation, stress and resentment usually coexist alongside joy, love and admiration for their children. Tipping the scale in favour of feelings of joy and love could come from a deeper understanding of this transition, having words to describe what is happening and the appropriate support put in place to assist this turbulent developmental stage.

Discussion

Summary of Findings

This discussion links the findings to literature to support the concept that the transition to motherhood can be conceptualised and understood as a developmental stage and should be recognised as such. The value of matrescence is in creating a framework and language where the wellbeing of mothers is fore fronted, as it considers the extent of the changes a mother experiences and how everyone who interacts with her will be impacted. The findings are summarised in Table 14, with the discussion exploring these themes in greater depth.

Table 14: *Summary of theme overview*

• Motherhood is a developmental stage
• Life complexities are extensive and can make adaption to motherhood difficult
• Unrealistic expectations can be harmful and maternal education needs review
• Motherhood is stressful
• Support is essential. There is no one size fits all and support can come from a range of places
• Matrescence is beneficial to all these points above

Figure 5: *Participants journey through matrescence*

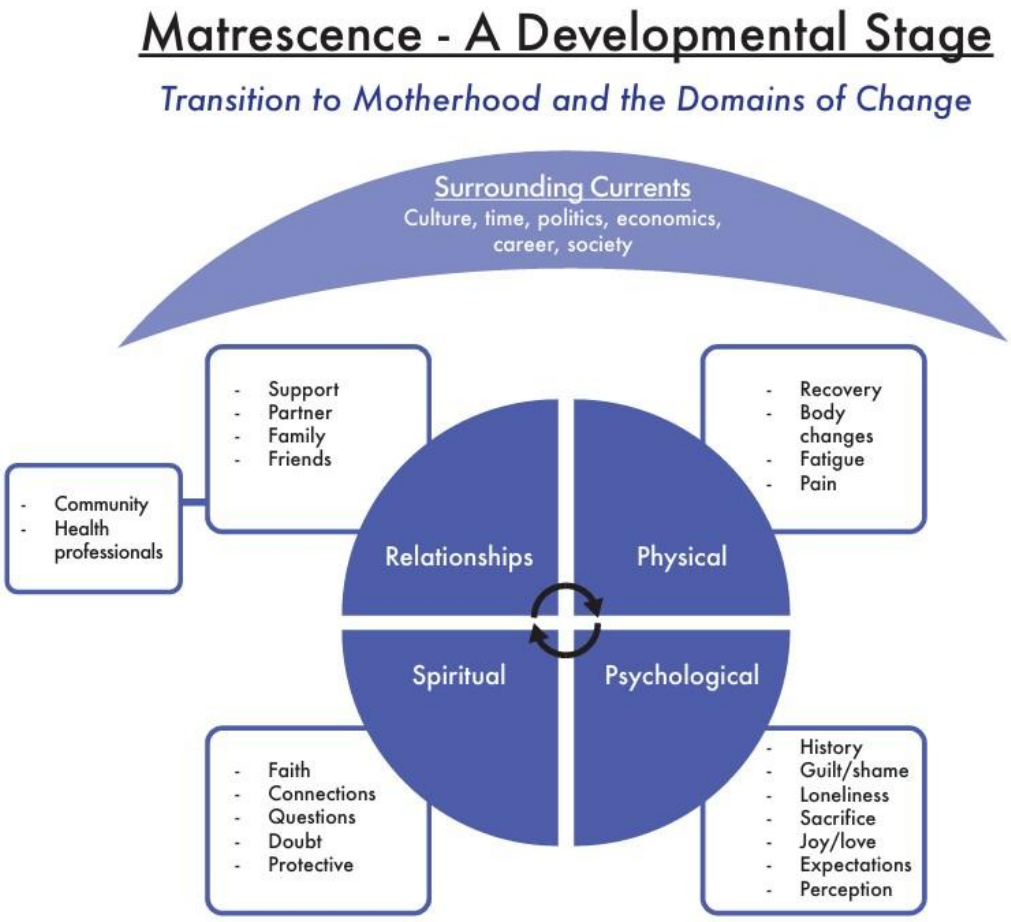


Figure 5 captures complexities of the journey through matrescence for participants in this study. Core themes for the participants included physical, psychological, relational and spiritual through their metamorphosis to mother. Surrounding currents included culture, time, politics, economics, career and society that pushed and pulled and influenced their ability to cope with the transition. The domains were impacted differently for each mother, but were all important, contributing to the 'weight' of transitioning and the 'wonder' of being a mother. Figure 5 provides a visual representation of how the domains of change can be conceptualised in the lives of mothers, particularly those in this study.

This discussion begins by arguing for motherhood as a developmental stage, establishing a foundation for the sections that follow. It then explores the complexities of life that can influence a mother's transition, including the internal, external, as well as the 'weight' and the 'wonder'. The discussion then considers the idealised fantasy of motherhood and recognises gaps in maternal education. Matrescence is examined in relation to its broader benefits and the importance of effective support networks. Finally, matrescence is explored as a strengths-based framework, followed by recommendations, limitations, future research and conclusion.

Motherhood as a Developmental Stage: Matrescence

This research shows that all participants were significantly impacted in their transition to motherhood with each experiencing unique challenges across and within all domains of change. The wide scope of literature explored, and the narratives of the participants have highlighted the gravity of just *how much* a mother's life will change during this time and how vulnerable it is for maternal mental health and wellbeing (Rallis et al., 2014). It was clear the mothers all felt a transition, but this was not encapsulated in a single event, for example the birth of their baby, but a coming to terms with the changes in all the domains, within the surrounding currents of their lives, along with the time and place in history. The value of matrescence, as argued by Athan (2024), Parimi et al., (2026), Trinko et al., (2025) and others, is recognising this as a period of extensive change, introducing the language and climate to reframe how mothering is perceived, from a fantasy ideal of the perfect mother, to considering mothering as a developmental stage. This will not remove stress completely or

ameliorate all risk of mental health concern, but it gives a better understanding of the natural process that a woman is going through as she transitions through matrescence.

To comprehend the developmental stage of motherhood in relation to matrescence, it is helpful to consider matrescence as a way of understanding the changes of becoming and being a mother (Parimi et al., 2026). It is an ongoing process and often begins even before conception, as was experienced by some participants who had lengthy difficulties with conceiving. The matrescence process began for them well before their child was even born. Every participant felt a significant shift in identity and while most had adjusted and described finding a new more authentic version of themselves since becoming a mother, other were still grieving the loss of their old self, highlighting the uniqueness of individual experiences and the shifting realities in matrescence.

The findings of this study concur with emerging research that becoming a mother can be conceptualised as a distinct developmental stage (Özcan & Temiz, 2025). It requires consideration of the holistic transition that occurs across the domains of a woman's life, the journey of matrescence, and the formation of an overall transition to mother. Each participant talked of how this transition felt to them; 'it's a new you', 'changed my life', 'a mother being born', 'not going back to the person I was,' 'lose yourself and become a new person'. These statements contribute to the understanding of motherhood as a developmental process. Becoming a mother is not an event, a role, or a set of tasks, it is a biopsychosocial transformation that impacts how mothers think and feel and how they relate to the world (Athan, 2024). Other developmental stages are recognised over the lifespan such as, infancy, childhood, adolescence, adulthood and

later stages (Newman & Newman, 2020). This study argues that motherhood is also among the major developmental life stages.

Rather than judging or misinterpreting stress responses that mothers may experience during matrescence, these can be reframed as the normative developmental process of maternal adaption. By normalising changes that are occurring for a mother, it helps them to understand their response and focus on resilience for positive adaption, which may be the key to emotional stability and stress management (Trink et al. 2025). It would be unusual for mothers not to have a reaction to the significant changes they are experiencing and matrescence provides a language for mothers to understand their stress. Adolescence holds similar dramatic and rapid changes (Newman & Newman, 2020). A young person transitioning through adolescence may struggle to adjust to the rapid changes they are experiencing but will often be given understanding and support. Adolescence is a widely used term and accepted as a developmental stage within society, it is recognised as a time of struggle, change and growth, it is expected and understood. While motherhood is also a developmental stage with comparable struggles, change and growth, awareness of this life change for a woman is largely misunderstood within society, where a mother is expected to 'bounce back' to her pre-baby self, physically and emotionally (Horton et al., 2024). Failure to do so can leave her feeling judged by those around her, she may feel like there is something wrong with her if she is unable to cope, or that she is not a good mother, wife, employee, daughter, sister or member of the community, which was supported through the narrative of participants.

While the research that defines motherhood as a distinct developmental stage is limited, Meleis' Transition Theory (Meleis, 2010) talks of motherhood as a major developmental transition from an existing known reality to a new, unknown reality. While Meleis' Transition Theory (Meleis, 2010) has been used at the foundation of a promising study regarding education for mothers in the transition to motherhood, it is a broad theory that relates to other life transitions, including situational transitions, health/illness transitions and organisational transitions (Özcan & Temiz, 2005). As matrescence relates specifically to the transition to motherhood, the language of matrescence is more effective in supporting the understanding of development specifically through motherhood. Parimi et al. (2026) outline key concepts of the 'life course theory' which define crucial time windows of development that recognise critical and sensitive periods of life. They argue matrescence meets the criteria based on evidence of rapid changes biologically, hormonally, neurologically and psychologically. And while these changes alone are enough to meet life course theory criteria, additional developmental domains such as cultural, economic, relational, and spiritual also contribute to this critical and sensitive period of life for women. Lucy Jones (2023) in her book Matrescence states that the first step to any transformative movement is to raise consciousness. First, we need to see the structures that we have inherited to break them down. 'Talking makes the structures of discrimination more visible. It allows us to identify what must change' (Jones, 2023, p. 259). This thesis aims to make matrescence more visible, creating space for these structures to be recognised and challenged.

The Many Complexities of Life: Domains of Change

The participants recognised becoming a mother had fundamentally transformed them, which was also shown throughout the mothering literature (Athan, 2024; Darvill et al. 2008; Finlayson et al. 2021; Rachael, 1975;). The extent of this change was captured in their narratives across the different domains of change.

Figure 6: *Domains of change*

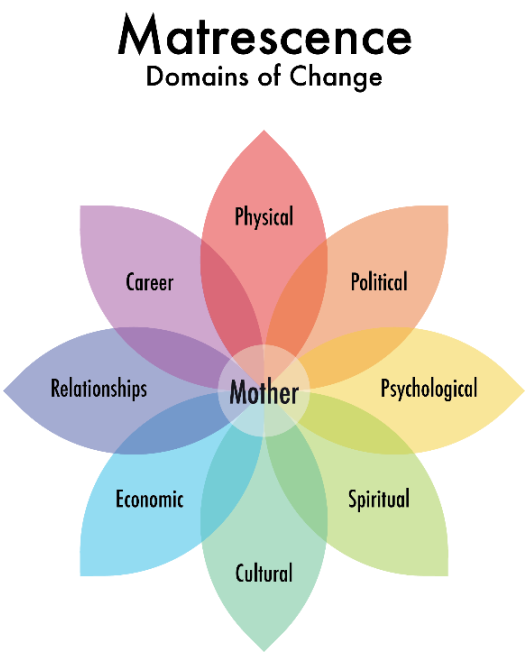


Figure 6 illustrates the domains of change and their interconnectedness. While the petals of the flower appear uniform in the image, the relative importance of each domain varies for individual mothers, some petals may be larger or smaller depending on their unique circumstances. The colours are for visual effect, rather than carrying any specific meaning.

The Metamorphosis

Participants discussed feeling unprepared for the physical effects of labour where they often underestimated the recovery period following birth. This is not a new finding (Ng et al., 2024) as it is known that maternal health problems can impact a mother's wellbeing and her ability to care for her baby, with birth injuries ranging from minor short-term injuries to severe and long-term health issues (Cooklin et al.,2015). While some of the mothers had come to embrace their post-baby bodies, some expressed disappointment regarding the physical changes of their bodies, which impacted their body image. Research has found poor body image can lead to maladjustment if mothers are expecting to 'snap back' or strive for 'yummy mummy' status often within weeks of giving birth (Horton et al., 2024).

Psychologically, all the mothers experienced some levels of stress including a range of emotions relating to feeling unprepared for the realities of mothering, healing and adjusting to post birth bodies, breastfeeding pain, sleeplessness, isolation and unfair division of labour, which were all widely experienced issues also reflected within the literature (das Neves Carvalho et al., 2017; Ken-Marvick et al., 2020; Sanders et al., 2023). Some of the participant's, following a period of adaption, attributed their wellbeing to their new identity and the joy and wonder of being a mother. Despite this, most of the participants regularly blamed themselves for failing as a mother. Part of this was navigating feelings of guilt and shame as they tried to figure out how much time they were 'allowed' to spend on themselves, or they had given up on their own desires because sacrifice is 'expected' as a mother. This mentality is often perpetuated through society, with notions of intensive parenting (Verniers et al., 2022) which was evident in

this study with some mothers identifying sacrifice as necessary. There was no obvious discussion about the image of a mother or intensive parenting practice and yet, the participants used words like 'selfish' when describing time they took for themselves and talked of 'failing' and being a 'bad mother'. This language indicates a view of what a 'good mother' should be in their mind. Intensive parenting idealisation can be a significant source of stress for mothers (Barry et al., 2025; Budd, 2021) and while the participants may not be overtly aware of subscribing to this ideology, the language used indicated an undertone of this belief.

All the participants felt they were shouldering the load as the primary caregiver, despite most working or studying. As domestic duties are often not recognised as 'real' work (Manatū Wāhini: Ministry of Women, n.d.) the mothers felt that shouldering the load went unnoticed by the people close to them, and this left them feeling overwhelmed and undervalued. Various other topics arose through discussion, identifying areas significant to the metamorphosis of the mothers. These included participants reflecting on their own upbringing as they journeyed into motherhood, for some this was positive, giving them a feeling of gratitude towards their own mothers. However, this was not always the case, and some found their past presented challenges to be worked through. Spirituality was recognised due to significant changes for the participants as they talked of existential questioning, deepening connection to faith, changes in practice, and for one mother, questioning of faith. The participants experience of spirituality was unique to their own life circumstances, aligning with Martins and Galls (2021) study which explains spirituality as determined by a mother's

individual beliefs, values and practices whereby spiritual meaning can be connected to any aspect of their life.

The metamorphosis theme captured extensive changes that were experienced by the participants including identity shift, changes to emotional state, changes to body, roles, expectations and realities. Critically, this is not just a one-off shift and will continue to be ongoing throughout motherhood. The value of matrescence is that it is not fixed in time, and it acknowledges the changes across all the domains of a women's life (Parimi et al., 2026). Awareness of matrescence can help remove some of the negative feelings by understanding these significant changes as natural as a woman becomes a mother (Trinko et al., 2025). Matrescence debunks the myth that motherhood is instinctual (Sanders et al., 2023). Motherhood is learnt, there will be challenges, but growth is possible and will be continuous through the life of their child. Matrescence helps a mother to understand enhancements are occurring within her, driven by maternal brain development (Parimi et al., 2026), so rather than seeing this as a deficit or 'baby brain', she can see it as a time of self-development. With matrescence education, women can be prepared for the changes their body goes through so they can determine what they need in terms of practical support, emotional support and acceptance for how their body is likely to change throughout the journey. Matrescence also brings an opportunity for spiritual growth, offering the potential for new realities, changes in values and where authenticity may be discovered (Athan & Miller, 2005).

The Surrounding Currents

There was considerable complexity that complicated the transition to motherhood outside of just mother and baby for each participant. The Surrounding Currents captured this through discussion regarding partner relationships, friends and family, culture, career, politics and economic pressures.

Significant changes were noted in relation to the partner relationship including intimacy, role division, and financial vulnerability. Many of the mothers felt the division of labour was unfair. Changes in their career had led to changes in their finances resulting in feelings of guilt about money, adjusting to not having their own money, changes in spending and the perceived need for financial safety nets (Berger et al., 2022). It was noted participants felt their gender more prominently as they realised their partners lives remained relatively unchanged compared to everything changing for them (Faircloth, 2021).

Other relationships also changed, including those with friends, where some mothers felt they had little in common with pre-baby friends, but had felt accepted and a camaraderie with other mothers. Family member relationship changed, often described as deepening, with their own mother or sister. Research shows that the relationship with immediate family tends to grow in the transition to parenthood, with friend relationships becoming less prominent (Bennett et al., 2017). Pressure from extended family such as in-laws was occasionally expressed, for example Roshni felt her father-in-law's strong views about girl children put her into a negative spiral.

The participants discussed how they often felt spread thin and found the responsibility to be productive in their own lives, on top of being a mother, difficult. Roshni and Rebecca discussed changes in societal norms from the traditional 'stay at home Mum' now meant that they 'get to work', and yet their responsibility to domestic duties and being the primary caregiver was not reduced. This is not a new finding as there are many tensions for families navigating economic pressure (Cukrowska-Torewska & Matysiak, 2020). The mothers felt this was not a new way of thinking about or supporting working mothers, rather it felt they were expected to do more. Career changes can be challenging for mothers, especially as many of these changes may also be out of her control due to societal and political issues, for example, the 'motherhood penalty' (Cukrowska-Torewska & Matysiak, 2020). Some participants sought work they felt aligned with their current life circumstances following the birth of their children. The decrease in pay, career stops and starts, feeling financially vulnerable, gender expectations, and societal expectation were all new situations that the mothers in this study had to negotiate (Berger et al., 2022). However, some mothers felt that their transition to motherhood had put them on a more authentic career path.

As the participants came from multiple different countries and some had married cross-culturally, managing cultural expectations, meshing of cultures and differing beliefs and values was something many of the participants were navigating. Withers et al. (2018) point out that a lot of modern mothers are still practicing cultural traditions, which was evident throughout the narratives of the participants. The participants found, in most cases, that with openness and good communication they were able to negotiate cultural differences and felt their children benefited from

multicultural experiences. However, navigating cultural difference is something that will continue to impact the couples in the longer term, as was highlighted by Maree, who felt like an outsider within her own family as her daughter began to speak mandarin. While the couples in the study appeared to have embraced their cultural difference, over time and in different circumstances this may change and for some families may present substantial challenge. Other areas that presented challenges for the participants related to social media usage, which for some had caused tension, with others considering it 'me time', but all acknowledged its potential to be toxic (Tate, 2023). The political domain caused contention for some participants, but most found they had become less interested in politics and found it protective to themselves and their babies to not engage in political ideologies.

Understanding the concept of matrescence is a step towards awareness that many areas of a mother's life are likely to be affected by this transition, not just internally, but externally too (Athan, 2024). Knowing that most, if not all the domains of her life will change can set mothers up with realistic expectations and aims to have a positive impact on her ability to adjust post-natally. Understanding relationships will change with those around her, along with how she sees and engages with the world can prepare her for when inevitably these changes occur and she can recognise this as a normal part of the process (Athan, 2024) and consider how best to approach this throughout the journey from a place of knowledge.

The Weight and the Wonder

Much of the weight of transitioning to motherhood was experienced through challenges with conception, during pregnancy, birth trauma, early postnatal stages and navigating the complexities of life (internal and external), which were unique to each participant. Some of the participants faced major life events in their child's first year, such as an infant with a significant health issue, the death of a parent, a mental breakdown, and a difficult living situation. Becoming a mother is stressful, and this was evident throughout the interviews and is also confirmed by the motherhood literature (Rallis et al., 2024; Wilkinson et al., 2022). The stress experienced by the participants of this study ranged from daily microstress to acute diagnosable distress. For some, it was hard to live up to the mothering myth that they should be happy and commented 'I should be grateful', 'this is what I wanted right?'. They found they could not show how they truly felt because they knew it was against social norms to be feeling unhappy (Barry et al., 2025). While each participant talked of the extensive changes experienced in becoming a mother, how they felt about this transition varied. Some mothers welcomed the changes and considered becoming a mother to have had a positive impact on their lives, and others were still finding it difficult to reconcile. All the participants had struggled significantly in the first 4-5 months of their child's life, a time when support networks are imperative. The transition to motherhood is a vulnerable time for mental health (Law et al., 2021) due to the rapid changes that a woman is going through. Stress was a common occurrence across all the domains and over time for all mothers in this study.

Trinko et al. (2025) highlight the stress that many parents and caregivers can face and state that most mothers experience a range of symptoms. This includes the extreme end of the spectrum of diagnosable mental conditions, to the other end of the continuum, perinatal flourishing. However, they believe most mothers are falling into what they call the 'messy middle'. The participants narratives aligned with this viewpoint and documentation also confirms this, with mothers often experiencing feelings of ambivalence where joy and satisfaction co-exist alongside apprehension and exhaustion (Raneberg & MacCullum, 2024). Ambivalence in motherhood is a normal occurrence and yet often leads to guilt and anxiety (Jones, 2023). It is critical to acknowledged that stress, though a normal reaction to the demands of parenting, still requires attention and should not be dismissed. Law et al. (2021) advocate for the *safe* normalisation of negative thoughts but note that is is important to not trivialise psychological distress or overlook symptoms that may be clinically diagnosable. Even microstress should not be ignored as it can turn into serious stress or distress if it accumulates over time (Broll et al., 2025). Essentially, health care professionals need to be educated to further investigate maternal stress and understand how to recognise normative stress, versus clinical distress and to not dismiss stress responses too quickly, as was experienced by Andrea. Some of the participants had effective support from those around them, including a close partner relationship, practical and financial support from parents, mothers' groups and health professionals. For those who had effective support, despite the struggles they faced, some of which were highly complex, they appeared to have adapted to motherhood successfully. For those who had lacked appropriate support, their ability to adapt was difficult and in some cases remained a struggle.

Woman who experienced trauma prior to becoming mothers may find that this impacts their journey through matrescence. This could include historical trauma, or birth trauma. Both Rebecca and Andrea had suffered devastating miscarriages which they felt impacted their transition to motherhood. Recognising matrescence as a vulnerable time may help mothers to identify how this trauma impacts them and notice if what they are experiencing is a normal part of transitioning to motherhood, or something more significant that requires professional support. Henson et al. (2021) consider post traumatic growth as a reframing for those who have suffered from post-traumatic stress in their lives. According to Henson et al. (2021) a mediating factor for post-traumatic stress, that can stimulate post traumatic growth, includes social support and optimism. The concept of post traumatic growth aligns with matrescence, recognising it may be helpful to increase optimism within the transition and highlights the need for social support at this vulnerable time. While post traumatic growth aligns with matrescence theoretically, again it is not specific to the unique maternal experience, which is why the language of matrescence is so relevant for maternal experiences and education.

Despite the stress the participants expressed throughout the interviews, the love and joy that they experienced as a mother was clear. While most of the interview focused on the challenges of parenting, once the mothers began to talk about their children, the love and adoration that was observed made it seem like everything else did not matter because of how they felt about their children (Jones, 2023). Other notable discussions focused on deepening relationships with people who were close to the mothers. While Roshni's transition was difficult at first, she appeared to be in a place of

flourishing and credited her adaption to parenting to the support she had from her parents. Although Andrea's experience with her mental health was acute in the beginning, now she felt she had found her true authentic self as a mother. Maree, after suffering the loss of her mother and a difficult start adjusting to parenting under highly complex circumstances, also appeared to have found an authentic version of herself, owing this to the effective support of her husband.

Reconciling the Fantasy of Motherhood with Reality: Education

Parenthood can often be romanticised in media as blissful happiness. Research shows unrealistic expectations about motherhood during the antenatal stage can have a significant negative impact on the adjustment of mothers into the maternal role (Mihelic et al., 2016) and these findings were confirmed within this study. Overwhelmingly, participants felt unprepared for the experience of motherhood and the significant transformation they experienced, one mother described it as 'a shock'. All had underestimated the challenges and considered they would be the exception to the rule (Sanders et al., 2023). Harwood et al. (2007) believe antenatal education places too much emphasis on the birth, which is a contentious issue with some believing parents are unable to think beyond the birth, therefore post-natal information is not a focus. Others feel it is an opportunity to capitalise on the enthusiasm of parents-to-be (Sanders et al. 2023). The participants expressed mixed feelings about antenatal classes suggesting there is not necessarily a one size fits all approach to parenting education.

A review of antenatal and postnatal education is necessary to ensure parents can access the right information for them, at the right time, to support a smooth transition to motherhood (McLeish et al., 2020). Currently, antenatal classes are around 12 hours, over six sessions with most post-natal topics focusing on biological factors (Health New Zealand Te Whatu ora, 2025). Mercer (2004) believes educational programs prenatally lack a solid theoretical foundation, missing the importance of the holistic transition of a woman's journey to motherhood. Despite the critical need for appropriate maternal education there appears to be a substantial gap between the information that mothers are needing and what they are receiving (McLeish et al., 2020), which was reflected in the narrative of participants.

Over the last decade, there has been increased awareness regarding the concerns around perinatal health care (Ministry of Health, 2021), although, any progress made does not reflect in the current statistic that show high incidents of maladjustment to motherhood and issues with mental health and wellbeing (Wilkinson et al., 2022). An opportunity remains to address the unique needs of mothers to support their journey into motherhood. Trinko et al. (2025) talk of advocacy efforts that move beyond focusing on pathologising motherhood to actively promote resilience. Matrescence offers opportunity to build resilience with a shift towards strength-based and holistic approaches to maternal wellbeing and provides a framework for future models of healthcare design (Parimi et al. 2026).

A pilot course grounded in the fundamentals of matrescence conducted by Trinko et al. (2025) highlights the effectiveness of pre- and post-natal education grounded in theoretical understandings of motherhood as a developmental stage,

finding that mothers experienced a smoother transition to motherhood. Maternal education needs to recognise the unique complexities and different ways that parents experience parenting, because although there are some things that parents experience that are common, how parents react to these things is different and how these things fit into the context of the parent's lives is different too.

Matrescence for Everyone: Support

Awareness of matrescence is not just for mothers, the people around a mother need to understand what is changing during this developmental stage. Partners, extended families, communities and health professionals need to better comprehend the journey into motherhood. Matrescence offers the language to recognise this major transition as it is likened to adolescence, an already widely known and understood developmental stage. Men and women alike have experienced this transition themselves, therefore matrescence lends itself to immediate understanding socially as it can be likened to an already understood term, adolescence.

While the partner relationship is important for a healthy developmental journey into motherhood, it is not just partners who need to understand matrescence. Extended families, friends, in-laws, communities and health professionals can all help or hinder this transition for a woman. In-laws and health professional relationships were both identified by participants as being a source of negative input in this study. Supporting a mother through matrescence involves family education, family understanding and family therapy (if necessary), the responsibility is not a mothers' alone (Spargo & Woodin, 2025). Matrescence can be applied cross-culturally, where other cultures

(particularly indigenous) recognise the holistic nature of becoming a mother and understand the principles of matrescence, even if it is not commonly known as such. In collective cultures, child-rearing is community work, and mothers can safely, without judgment, rely on others for help. Western societies tend to burden mothers with the responsibility of child-rearing and blame her for any negative outcome (Rockam et al., 2021; Walker, 2024). Matrescence acknowledges the complexities of motherhood development and calls upon those around her to also take responsibility. Pregnancy and postnatal stages are particularly vulnerable for stress (Law et al., 2021) which is a critical time when mothers need practical, emotional and psychological support.

As pointed out by Finlayson et al. (2020) it not only takes a village to raise a child, but it takes a community to raise a mother. Acknowledging the vulnerable aspects of motherhood can better prepare support networks in caring for mothers at this time. Without an effective support network, a mother's ability to adapt is much more challenging. Crucially, participants who had effective support networks were able to adjust to the significant changes they were experiencing, more so than those without support networks, which was also consistently reflected in the literature (Bost, 2002; Enlander et al., 2022; Gameior et al., 2010; Spargo & Woodin, 2025) It is easy to say mothers need support; however, Doherty et al. (2020) talk of the lottery of support, highlighting how mothers can experience inconsistent support from those around them, or non-existent support. This confirms matrescence education should not be reserved for mothers. It is important that all those around mothers know how critical this time is for adjustment and how essential it is to support during this time. When a mother is

lacking a social network, it is the responsibility of health care professionals to ensure she is linked into appropriate community-led initiatives.

Strengths-Based Framework: Matrescence

It is natural that becoming a parent changes a mother's life course, which was evident through the changes discussed by participants, and aligns with maternal research (Athan, 2024; Parimi et al., 2026; Trinko et al., 2025). Matrescence as a strengths-based framework offers an opportunity for women to embrace this time of evolution and acknowledge change and challenge as a natural part of the process as they grow into their new self as a woman and a mother. Although mothers cannot return to who they were before, they can become attuned to this new version of themselves. Understanding matrescence may help to improve confidence and self-efficacy showing a mother that she can adjust, she is resilient and this transition can be positive (Fergus & Zimmerman, 2025). Based on the findings of this study and current literature, Table 15 outlines the benefits of understanding matrescence.

Benefits of Understanding Matrescence

Table 15: *Benefits of understanding matrescence table*

• **Not fixed in time**
  ○ Begins preconception
  ○ Long term developmental process
  ○ Cohesive and ongoing process

• **Acknowledges motherhood as a developmental stage**
  ○ Holistic development across all domains of a woman's life
  ○ Not culturally specific
  ○ Recognises significant changes as a natural part of the process of motherhood
  ○ Understands the challenges of life complexities
  ○ Debunks the myth that a mother knows how to be a mother
  ○ Includes non-biological mothers

• **Provides a language to understand the development of motherhood**
  ○ Unique to the developmental stage of motherhood
  ○ Easily recognised within society as a developmental stage akin to adolescence
  ○ Normalises stress responses
  ○ Acknowledges ambivalence
  ○ Recognition of a vulnerable stage of life

• **Strength based framework for understanding the transition to motherhood**
  ○ Promotes resilience, adjustment and a positive transition
  ○ Reevaluate priorities, beliefs and values
  ○ Growth mindset
  ○ Authenticity

• **Mobilises support**
  ○ Awareness for all to acknowledge and understand the needs of a mother at this sensitive time
  ○ Expand child-rearing practices to those around a child (collective responsibility)
  ○ Establish appropriate support networks and fine tune them

• **Movement for Change**
  ○ Creating awareness of the importance of this developmental stage universally, to promote meaningful change to benefit mothers structurally
  ○ Honours motherhood as a 'rite of passage' (Rachael, 1975)

In the last year, academic literature in matrescence has begun to emerge, recognising it as a strengths-based and holistic approach to the transition to motherhood. Trinko et al. (2025) believe that holistic approaches used to support adolescents during the transition to adulthood could offer a useful design for educational programs that could support mothers through matrescence. Through their matrescence education pilot study, they found that introducing a matrescence informed maternal health education program to new mothers, that there were significant improvements in adaption to motherhood. Mothers reported an increase in self-compassion and gained in areas such as personal strength, improved relationships and spiritual development. Participants found the program to be useful in addressing the challenges they faced by enhancing their awareness of the concept of matrescence. Parimi et al. (2026) explain that due to the downstream effects of structural racism, mothers from minority racial and ethnic groups are faced with additional barriers to resources which makes them more vulnerable at this crucial developmental period. This statement holds true for Aotearoa according to local statistics (Ministry of Health, 2021), and Parimi et al. (2026) believe that public health initiatives need to focus on reducing structural barriers, increasing access to resources and ensuring targeted support to marginalised mothers during matrescence.

While understanding matrescence will contribute to meaningful progression for the adjustment to parenthood for mothers, environmental and social factors are crucial elements in maternal mental health (Dawson et al., 2022). For many mothers, there are factors that continuously work against them, many of which are outside of their control. This can include systemic racism, chronic health conditions, socioeconomic status,

unsafe environments, historical context, marital conflict, family violence and many other barriers that can contribute to a difficult journey through motherhood (Dawson et al., 2022). Matrescence education can support the transition for mothers in many ways, but structural issues remain, that need to be addressed. As awareness of matrescence gains momentum within society, political reform is possible. Steinberg and Lerner (2004) state that social policy and resources in relation to adolescence has improved as more is learnt about this developmental stage. In time and with effort, there will be opportunities to meaningfully integrate matrescence into public health practices, and as it is non-culturally specific it is well positioned to benefit all mothers regardless of race, ethnicity, or socioeconomic situation. Matrescence is also better aligned with Māori mothering perspectives due to its holistic and collective approach and is therefore more culturally appropriate than the current Westernised models of care. With the accessibility of online support and education, matrescence education is a viable option and is already available. Although, it is important to note that well designed community-led education is also necessary, to ensure health care professionals are equipped to provide matrescence based care. While there is the potential for matrescence education to become commercialised and targeted towards only those who can 'afford it', matrescence is a universal experience and it should be understood and implemented widely for the benefit of all.

Recommendations

The transition to motherhood is a vulnerable stage for mothers and this research has identified some of these risks including, unrealistic expectation regarding the significant life changes that will occur, a lack of appropriate education and resources,

ineffective social support including emotional, practical and culturally appropriate. Support for mothers needs to go beyond their immediate network and include co-workers, wider social support networks including quality caregivers, infrastructure such as libraries, childcare centres, child friendly transport, affordable childcare and investment in perinatal healthcare and paid partner leave. With a societal shift in how mothers are viewed, many of these things could be possible. Based on findings from this research and current literature, Table 16 outlines recommendations for introducing matrescence as a strength-based framework in the transition to motherhood.

***Table 16**: Recommendations for matrescence as a strength-based framework*

• **Create theoretical based education, designed using the strengths-based fundamentals of matrescence.** It will include: ○ Motherhood is a developmental stage ○ Understanding the domains of change and life complexities ○ Growth mindset in the face of adversity ○ Motherhood as a unique and holistic experience ○ Normative stress versus distress, coping strategies ○ The importance of support networks *Adolescent education frameworks may be appropriate as basis for design*
• **Pre- and post-natal education opportunities.**
• **Matrescence education for all** ○ Partners ○ Extended whānau ○ Health care professionals ○ Society ○ All mothers - regardless of socioeconomic status
• **The language of matrescence to become universally understood as a developmental stage, and acknowledged, just like adolescence.** ○ Create political awareness and push for reformed policy that enhances the transition to motherhood to response to this vulnerable time ○ Paid *partner* parental leave for support, effective immediately
• **Change in practice for health care professionals towards matrescence informed care.** ○ Raise awareness for health professional who support mothers ○ Raise awareness for all health professionals

Limitations and Future Research

There are some limitations to this research. All the participants were highly educated women, with a minimum of a bachelors degree. It is likely the design of the research targeted women who were educated, as many commented about wanting to 'help' as they know what studying is like from their own experiences. Another limitation to the research was that all but one of the mothers were in relatively healthy relationships. There were minor relational issues, however the participants considered their partners to be good fathers and a good support to them throughout their transition. One of the mothers was single but lived with her parents who offered effective support. This study also lacks a bicultural perspective, due to the absence of Māori participants and the reliance on predominantly Western-centric mothering literature. As a result, the findings do not adequately represent Māori experiences or ways of understanding motherhood. This reflects the dominance of Western ideals in literature, where Māori perspectives on motherhood are still underrepresented. This research also primarily emphasised conceptual issues associated with maternal mental health, rather than structural issues and explored ideologies, ways of thinking, doing, and being rather than focusing on the negative social and environmental factors that impact a mother's journey through matrescence. It is important to acknowledge structural racism, poverty, violence and other oppressive situations that can have a severe impact on a mother's mental health and experience of matrescence.

Thus, future research would benefit from a more diverse range of participants and a broader socioeconomic representation to explore the impact of varied social needs and relational challenges, and to better determine the role that matrescence

may play in supporting mothers experiencing more intricate life circumstances. Research into the experiences of fathers as they transition into fatherhood would also be a benefit. Fathers experience Patrescence and their experiences of this major life transition will also have a significant impact on their families and those around them.

Concluding Paragraph

For significant change to occur, it will take a societal shift and reconfiguration of how a mother is seen. As matrescence is uniquely tied to the maternal experience, over time language will change, momentum will grow, mothers will begin to do more than just survive, they will flourish. Matrescence can empower mothers, fathers and anyone who is in a position to be raising a child to better understand this journey they are on. Bringing matrescence into public awareness through health education programs and by training health care providers, mothers and their extended families can recognise the transition to motherhood as a developmental process that offers an opportunity for growth (Trink et al., 2025). This is essential to support parents health and wellbeing, and to support healthy and well-adjusted children for a much better society for the future.

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Appendix A – Recruitment Poster

MASSEY UNIVERSITY RESEARCH

PARTICIPANTS NEEDED



Seeking First-Time Mothers!

Are you a first-time mother, over 25 years of age and have a child between the age of 15-24 months?

Research

My name is Michelle Fox and I am a Health Psychology student at Massey University. I am looking for first-time mothers to share their stories regarding their experience of transitioning to motherhood.

I wish to explore various domains of change in relation to this transition, including the following:

- Physical
- Psychological
- Cultural
- Relational
- Economic
- Political
- Spiritual
- Career

Want to know more?

Contact Michelle Fox:
Email: michelle.fox.5@uni.massey.ac.nz
Phone: 09 414 0800 ext. 43115

This project has been reviewed and approved by the Massey University Human Ethics Ohu Matatika 2, Application OM2 25/22. If you have any concerns about the conduct of this research, please contact the Chairperson, Massey University Human Ethics Ohu Matatika 2, email humanethics2@massey.ac.nz.

Appendix B – Information Sheet

School of Psychology
Massey University
Private Bag 102-904
North Shore
Auckland 0745

TE KUNENGA KI PŪREHUROA
MASSEY UNIVERSITY
TE KURA PŪKENGA TANGATA
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES

Transition to Motherhood Thesis Research

INFORMATION SHEET

Kia ora, my name is Michelle Fox and I am undertaking a Master's in Science (Health Psychology endorsement) at Massey University. This research will help me complete the research competent of my degree.

Project Description and Invitation

The purpose of this research is to explore the stories of first-time mothers about their transition to motherhood. I am interested in the various domains of change within this transition to motherhood, including the physical, psychological, cultural, relational, economic, political and spiritual areas. Moving to motherhood can be joyful but also stressful and it is important that we better understand the experiences of mothers to better support them.

I would like to invite you to take part in my research study. Before you decide, it is important that you understand why the research is being done and what it will involve from you. Please take time to read this information and discuss it with others if you wish. If there is anything that is not clear, or if you would like more information, please do not hesitate to ask me.

Participant Identification and Recruitment

Participants in this research will be recruited through poster advertising. Posters will be placed on local community boards at places that first-time mothers may frequent, for example, local play groups, libraries and day care centers.

The criteria for participation in this research are as follows:

- A first-time mother
- Aged 25 years and over
- Have a child aged between 15 and 24 months
- Live locally to the Hibiscus Coast area, so that in-person participation is possible

I would like to talk with 10-12 mothers to gain a rich understanding of the experience. I will be able to offer you a $50 voucher in appreciation of your time. I can also offer an additional $20 to cover childcare costs for the duration of time involved in the research interview.

Project Procedures

If you decide that you would like to take part in this research you will be contacted via phone or zoom (your choice) to go over the details of the research, ensure that you are comfortable proceeding, and to answer any questions you may have. If you have any specific cultural

needs, please let me know at this initial phone/zoom contact as I am happy to observe any cultural requirements throughout the full process of my research study.

I will arrange an in-person meeting with you, either at your house or a private location that is agreed upon by you and myself. I will ask you to sign a consent form confirming your desire to participate in this research. The maximum expected time is one and half hours with me, where I will ask you to tell me your story of transitioning to motherhood. You are under no obligation to answer any questions that do not feel comfortable for you. We can end the interview at any time if you do not wish to continue. Please let me know if you would like to see the potential interview questions before the interview date. The interview will be recorded, and I may also take some written notes.

Ideally, I would like to conduct the interview without your child present so I can work with you to arrange a suitable time. I understand that it may be necessary for you to arrange childcare to ensure that we are able to talk freely without interruption and keep within the designated timeframe. As mentioned, $20 compensation for childcare will be available upon request.

Following the interview, I will transcribe the data you have provided from the interview. I will then send the transcript to you via email and ask you to read this. This is an opportunity to ensure that there has been no misinterpretation.

If being involved in this research leads to any adverse psychological concerns, please reach out to the following organisations for support:

- 1737 – Need to Talk (Free call or text 1737 anytime)
- 0800 LIFELINE (0800 543 354) or send a text to HELP (4357)
- PlunketLine – 0800 933 922

Data Management

Your privacy and confidentiality is important to me. All identifying information will be kept private and confidential in the research study and will be kept by me for the duration of my research (one year) on a password protected computer. In the process of transcribing your interview I will remove any identifying data (e.g. change name to pseudonym and take out names of places or other people). This de-identifiable data and consent forms are kept for 5 years (by me for the duration of my research and by my academic supervisor for the rest of the time). Only de-identified data will be included in my thesis research, which is required for completion of my master's in science (health psychology endorsement). Massey University one drive, which is on a password protected computer, and will be used for storing all data.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question
- withdraw from the study (any time up until two weeks following receipt of the interview transcript)
- ask any questions about the study at any time during participation

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Auckland 0745

- provide information on the understanding that your name will not be used unless you give permission to the researcher
- be given access to a summary of the project findings when it is concluded.
- ask for the recorder to be turned off at any time during the interview.

Project Contacts

Please feel free to contact me or my supervisor if you have any questions or concerns about the research:

Researcher:
Michelle Fox
michelle.fox.5@uni.massey.ac.nz

Supervisor:
Kathryn McGuigan
k.mcguigan@massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Qhu Matatika 2, Application OM2 25/22. If you have any concerns about the conduct of this research, please contact the Chairperson, Massey University Human Ethics Qhu Matatika 2, email humanethics2@massey.ac.nz.

Appendix C – Ethics Approval Letter

TE KUNENGA KI PŪREHUROA | MASSEY UNIVERSITY
UNIVERSITY OF NEW ZEALAND

14/05/2025

Dear: Michelle Fox

Re: Ethics Application - OM2 25/22 - First-time mothers transition to motherhood

Thank you for the above application that was considered by the Massey University Human Ethics Committee:

Ohu Matatika 2 at their meeting held on **Thursday, 17 April 2025**

On behalf of the Committee I am pleased to advise you that the ethics of your application are approved.

Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely



Professor Tracy Riley,
Acting Chair, Research Ethics Chair's Committee

Research Ethics, Graduate Research School and Ethics
Massey University, Private Bag 11 222, Palmerston North, 4442, New Zealand
E humanethics@massey.ac.nz; animalethics@massey.ac.nz
www.massey.ac.nz/research/ethics

Appendix D – Consent Form

School of Psychology
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TE KUNENGA KI PŪREHUROA MASSEY UNIVERSITY
TE KURA PŪKENGA TANGATA COLLEGE OF HUMANITIES AND SOCIAL SCIENCES

Transition to Motherhood Thesis Research

PARTICIPANT CONSENT FORM

I have read, or have had read to me in my first language, and I understand the Information Sheet attached as Appendix I. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time, up until two weeks after receiving the interview transcript.

1. I agree/do not agree to the interview being sound recorded.
2. I wish/do not wish to have my recordings returned to me.
3. I agree to participate in this study under the conditions set out in the Information Sheet.

Declaration by Participant:

I _____ hereby consent to take part in this study.
[print full name]

Signature: _____ Date: _____

Appendix E – Authority for the Release of Transcripts

School of Psychology
Massey University
Albany
Auckland 0632
+64 9 414 0800 ext 43116

TE KUNENGA KI PŪREHUROA | MASSEY UNIVERSITY
UNIVERSITY OF NEW ZEALAND

Transition to Motherhood Thesis Research

AUTHORITY FOR THE RELEASE OF TRANSCRIPTS

I confirm that I have had the opportunity to read and amend the transcript of the interview(s) conducted with me.

I agree that the edited transcript and extracts from this may be used in reports and publications arising from the research.

Signature: ..... **Date:** .....

Full Name - printed .....