



THE FIRST STOP ON THE PARENTING JOURNEY: PARENTING BEHAVIOUR IN THE POSTPARTUM PERIOD

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ABSTRACT

The postpartum period is a critical phase marking the beginning of parenthood, during which parents experience significant psychological, emotional, and social transitions. Parenting behaviours are shaped by multiple determinants, including sociodemographic factors, psychological conditions, obstetric history, social support, cultural values, and the attachment styles of both parents. Factors such as unplanned pregnancies, traumatic birth experiences, and the mother's knowledge level regarding prenatal and neonatal care significantly affect the quality of parent-infant bonding. Notably, the emotional representations of the infant formed by mothers during the prenatal period play a critical role in shaping postnatal parenting behaviours and attachment. Fathers also undergo emotional transitions in this period, and their need for support should be acknowledged. Health professionals, particularly midwives and nurses, are essential in providing accurate information and guidance, helping families adapt to their new roles. Providing psychosocial support during the transition to parenthood improves parenting behaviours and promotes the healthy development of the infant. This review focuses on parenting behaviours in the postpartum period and explores the various factors influencing them, as well as their effects on child development.

Keywords: Postnatal period, parenting behaviour, psychosocial adjustment

EBEVEYNLİK YOLCULUĞUNDA İLK DURAK: DOĞUM SONRASI DÖNEMDE EBEVEYNLİK DAVRANIŞI

ÖZET

Doğum sonrası dönem, ebeveynlik sürecinin başlangıcında ebeveynlerin psikolojik, duygusal ve sosyal anlamda önemli değişimler yaşadığı kritik bir süreçtir. Ebeveynlik davranışları; sosyodemografik özellikler, psikolojik durum, obstetrik öykü, sosyal destek, kültürel değerler ve anne-babanın bağlanma stilleri gibi çok sayıda faktörden etkilenmektedir. Doğumun planlı olup olmaması, doğum deneyiminin travmatik olması, annenin gebelik ve bebek bakımı konusundaki bilgi düzeyi gibi unsurlar, ebeveyn-bebek bağlanmasını doğrudan etkilemektedir. Özellikle annelerin prenatal dönemde bebeğe yönelik duygusal temsilleri, doğum sonrası dönemdeki ebeveynlik davranışlarını ve bağlanma kalitesini belirlemede önemli bir rol oynamaktadır. Babaların da bu süreçte yaşadığı duygusal geçişler ve destek ihtiyacı göz önünde bulundurulmalıdır. Sağlık profesyonelleri, özellikle ebe ve hemşireler, ebeveynlere yönelik danışmanlık ve eğitim hizmetleriyle bu geçiş sürecini kolaylaştırabilir. Ebeveynliğe geçiş sürecinde bireylere psikososyal destek sunulması hem ebeveyn davranışlarını iyileştirmekte hem de bebeğin sağlıklı gelişimini desteklemektedir. Bu derlemede, doğum sonrası dönemde ebeveynlik davranışlarını etkileyen faktörler ve bu davranışların bebek gelişimine etkileri ele alınmıştır.

Anahtar Kelimeler: Doğum sonrası dönem, ebeveynlik davranışı, psikososyal uyum

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INTRODUCTION

Parenthood is a process that starts with the existence of pregnancy, develops and will continue throughout life (1). Being the parent of a healthy baby at the end of birth is a vital experience that expresses satisfaction and joy, as well as offering new roles and responsibilities to individuals (2).

With the birth, many physiological and psychological changes occur in the family. These changes are part of the journey of parenthood, which is a new process for men and women (3). The inclusion of a baby in the family structure, being a mother and father is a pleasant experience, but it is also considered a challenging situation because the parenting role is a new responsibility (4).

Parenthood is a lifelong process that creates permanent changes that will leave deep traces in the lives of women and men. The journey of parenthood begins when a woman and a man decide to become pregnant (3). In order to ensure a healthy and secure attachment, the attitudes of the mother, who meets her baby for the first time in the postnatal period and has her first experience of attachment, towards her baby are extremely important. In this first encounter, the first attitudes of the mother or father towards the baby are defined as parenting behaviour (2).

Current literature has predominantly focused on prenatal parenting attitudes or long-term child development outcomes. However, there is a notable gap in studies that specifically examine parenting behaviours in the immediate postpartum period. Understanding how parents engage with their newborns during this time is crucial for promoting healthy attachment and emotional development.

This review aims to address this gap by presenting an up-to-date synthesis of the literature on early parenting behaviours and processes in the postpartum period.

Factors Affecting Parenting Behaviour in the Postpartum Period

Every woman's birth experience is unique. For this reason, birth satisfaction is considered a complex concept as it may vary from woman to woman. With the acquisition of new roles by parents, the needs of individuals may change, and they assume responsibility for new tasks (5). Determining the factors that may affect postnatal

satisfaction is very important in this process (6). It is known that women's unplanned pregnancies, low socioeconomic status, multiparous pregnancies, low level of knowledge about prenatal neonatal care negatively affect the process of gaining the role of motherhood in the process after birth (7). Ensuring a positive prenatal attachment can help women manage the birth process in a healthier way and increase their emotional attachment to the unborn baby (8). It has been observed that the prospective father who observes the birth process has a positive effect on assuming the role of fatherhood in the postpartum period (9).

Parenting behaviors are influenced by multiple and interrelated factors. These factors are often categorized as sociodemographic, psychological, obstetric, personal, and environmental elements. In the literature, it is reported that mother-infant attachment is affected by these various dimensions (1).

Sociodemographic characteristics play a crucial role in parenting behavior. Maternal age, education level, socioeconomic level, employment status and family type appear as socio-demographic characteristics that affect parenting behaviour (10, 11, 12, 13).

In addition to sociodemographic characteristics, psychological well-being is another key factor that directly influences the parenting process. Psychological factors can be listed as depression level, stress and anxiety in the postpartum period (10, 12, 14, 15). Stress experienced during the gestational period is known to cause negative consequences such as abortion, premature birth, low birth weight and pre-eclampsia (16). In the postnatal period, it negatively affects mother-baby attachment (17) and the child neurodevelopmentally and physically in the future (16).

Alongside psychological factors, obstetric characteristics also play a determining role in the bonding process. Obstetric factors include whether there is a planned pregnancy, risk factors in pregnancy, gestational week, number of births, history of abortion, traumatic birth experience, sex of the baby and occurrence of pregnancy with assisted reproductive techniques (12, 18, 19, 20, 21). A difficult or traumatic birth experience is an important factor that negatively affects maternal attachment (22). This situation negatively affects mother-infant attachment, causing difficulties in establishing emotional bonding and preventing a positive maternal attachment (23).

Finally, personal and environmental factors also significantly impact parenting behaviors. Personal and environmental factors can be listed as social support provided, cultural values, mother's attachment style, marital satisfaction, relationship status between spouses, and the status of receiving birth preparation training in the prenatal period (10, 12, 13, 21). Supporting the mother by her spouse and relatives after birth, meeting the physical, psychological and social needs of mothers play an important role in the acquisition of a parenting role by mothers (24).

Adaptation to Parenthood in the Postnatal Period

The process through which a woman internalizes and adapts to parenting behavior is defined as the transition to the maternal role. It is at this stage that a woman grasps the existence of motherhood and acquires the role of motherhood. The first experiences between mother and baby are always of critical importance. The first minutes, hours, and days following birth are fundamental for initiating mother-infant bonding and establishing emotional synchrony. In the first few days after birth, the happiness and attachment between mother and baby show that they are compatible with each other. This attachment formed between mother and baby during pregnancy develops and progresses after birth. Nugent and Brazelton described the attachment that starts immediately after birth as 'touchpoint equal to perfection' (2).

Parents who meet their baby for the first time after birth examine the baby's hands, face and other parts of the body with curiosity, try to make eye contact with the baby and talk to the baby. Maternal behaviors including eye contact, attentive care, dressing and undressing the infant, physical touch, smiling, talking, kissing, hugging, comforting, and rocking in a face-to-face position are considered significant indicators of early bonding. In the first postnatal period, the mother's view and approach to the baby is a factor affecting the attachment between them. This situation ensures that the newborn's life continues emotionally, mentally and physically healthy and peaceful (7).

Recent meta-synthesis studies have emphasized that mother-infant bonding is not only instinctual but also shaped by sociocultural context, maternal mental health, and the support system provided during the perinatal period (25).

The transition period to fatherhood is known as a period of change that requires the acquisition of parenting skills and knowledge and adaptation to a new role. This period brings physical, social and emotional problems in prospective fathers, just like the transition to motherhood. The transition to fatherhood may cause anxiety, insecurity and uncertainty in individuals as it brings personal, family and social changes (26, 27). Consistent findings show that mental problems experienced by fathers negatively affect not only their own mental health but also the development of children, the psychological status of mothers and general family functioning. Therefore, it is frequently emphasized that special attention should be paid to fathers' mental health in perinatal health services. However, in order to effectively screen and assess fathers' mental status, there is a need to develop measurement tools that are sensitive to their psychological experiences, cultural context and specific needs. In addition, the processes and mechanisms explaining how fathers' psychological maladjustments in the perinatal period are reflected in their parenting behaviors need to be better understood (28).

The postnatal period causes various difficulties, especially for individuals who experience parenthood for the first time and have low self-efficacy levels, with the effect of the responsibilities brought by parenthood (29). Parenthood increases the anxiety levels of fathers whose individual needs are not adequately met and affects their attachment with the infant and their sense of security. In terms of approach, parents who acquire sufficient knowledge and skills in the prenatal period can find easier solutions to difficulties and feel more competent and secure (30).

In Erbaş and Demirel's (2019) study, it was observed that fathers who increased their knowledge and received support in the prenatal period felt more secure (31). This finding aligns with broader research suggesting that social support and psychosocial interventions are critical determinants of parental confidence and postnatal mental health (32). Support and care are among the main determinants of an individual's feeling secure as a parent. Considering that feeling insecure can turn into anxiety and depression in the postnatal period, especially inexperienced parents who do not have sufficient social support should be identified early and receive support from health professionals. Because feeling secure is a factor that directly affects the quality of parenting and thus the development of the newborn (33).

The Effects of Parenting Behaviours on Child Development in the Postnatal Period

The parental representation model refers to the totality of feelings, thoughts, and perceptions that parents develop about their children and the parent-child relationship. The parenting behaviours exhibited by the parents are related to the representations of the parents towards the child and it is stated that the relationship with the baby emerges even before the baby is born (34). It has been observed that mothers’ representations towards the baby in the prenatal period are effective on parenting behaviours (35). Fuertes et al. (2020)(longitudinal observational study) found that mothers with distant representations in the prenatal period were more insensitive during play with their infants. In contrast, mothers with positive representations in the prenatal period were found to have more secure attachment relationships with their infants (36).

In studies on prenatal representations, it was observed that mothers who were emotionally distant from the relationship in the prenatal period exhibited a more oppressive parental attitude after birth, and mothers with distorted prenatal representations exhibited a more hostile structure towards their children. On the contrary, mothers with more balanced prenatal narratives about their relationships with their children were found to exhibit more encouraging and sensitive parenting behaviours (37). In another study on the subject, Tambelli et al. (2020), using a prospective longitudinal design, it was stated that prenatal representations of parents were related to their emotional availability after birth. Accordingly, parents with positive prenatal representations exhibit more sensitivity, flexibility and appropriate boundaries in their relationships with their children. In addition, it was observed that emotionally available parents were more interested in the child’s ability to make decisions on their own and had lower negative thoughts towards children (38). In a pilot study, Terry et al. (2021) prenatal representations reveal that the removal of custody from the family in the first two years of the baby’s life is related to attachment development and emotional skills. Accordingly, mothers’ negative attitudes in the prenatal period are associated with neglect and abuse behaviours towards the child (35). To summarize the parental representation typology and its impact on parenting, Table 1 presents an overview.

Table 1. Parental Representation Typology and Postnatal Parenting Outcomes		
Representation Type	Definition	Parenting Behavior Outcome
Balanced Representation	The parent perceives the child and the parent-child relationship in a realistic, flexible, and sensitive manner. The child's autonomy and emotional needs are acknowledged appropriately.	Sensitive and responsive parenting; promotes secure attachment and healthy emotional development.
Disengaged Representation	The parent remains emotionally distant and unresponsive in their perception of the relationship with the child. The child's emotional signals are often ignored.	Emotionally neglectful or detached parenting; increased risk of insecure attachment.
Distorted Representation	The parent forms unrealistic or inconsistent expectations about the child, often misinterpreting the child's behaviors or needs. This may include idealization or over-pathologization.	Controlling, overinvolved, or hostile parenting behaviors; risk of maladaptive interactions and insecure attachment.

Postnatal Support for Parents: Programmes and Recommendations

Health professionals have important duties within the scope of support programmes for parents. Within the scope of family planning and counselling services, women and their husbands should be counselled to exercise their reproductive rights to have children at the time they want and in the number of children they can take responsibility for (7). The findings of this review contribute to the academic literature by highlighting the multi-dimensional factors affecting parenting behaviors and parent-infant attachment. This review addresses a significant gap in the literature by integrating recent findings on the psychosocial, obstetric, and environmental

determinants of parenting, providing a comprehensive perspective that combines maternal and paternal experiences in the postnatal transition. Healthcare professionals should observe parents' parenting behaviours in the postnatal period, assess risk factors, identify the issues that parents need support and support parents' adaptation in unplanned pregnancies. In addition, women with multiparous pregnancies, low socioeconomic status and women who have not received prenatal neonatal care training should be supported by allocating more time (7).

It is necessary to facilitate the transition period to parenthood in the prenatal and postnatal period and to provide training on the transition period to parental roles and responsibilities to expectant mothers who apply to obstetrics and gynaecology clinics for any reason. In this context, by aiming to develop positive maternal behaviours, parents should be supported with relevant educational materials (magazines, booklets, brochures, models, etc.) and should make this practice a routine. In the early postnatal period, initiating breastfeeding in the early postnatal period to increase mother-infant attachment enables mothers to accept and ensure the presence of their babies and improves the self-confidence of mothers positively (2).

Health professionals should support parents to express their feelings and thoughts for a healthy developmental period of the newborn, and their level of preparedness for motherhood should be evaluated. Ensure that parents receive comprehensive care services in pre-pregnancy, birth and postnatal periods and direct them to the relevant places. Mother-baby schools should be made widespread in prenatal and postnatal periods in order to support the achievement of the role of motherhood. In addition, support needs should be met in co-operation with parents and their immediate environment; parents should be supported both physically and psychosocially in baby care and in the process of adaptation to the parenting role (39).

Parent-infant attachment is shaped by a positive birth experience. For this reason, health professionals should observe the relationships of family members with each other during pregnancy, birth and postnatal periods,

evaluate the effect of these interactions on the development of the baby, and shape this process positively by providing the necessary interventions (40).

Beyond clinical interventions, recent meta-analyses underline the necessity of policy-level strategies to support parenting in a holistic manner. For example, Shorey et al. (2021) demonstrated that structured psychosocial interventions targeting both mothers and fathers reduce parental stress and enhance early bonding (41). Berger and Font (2015) emphasize the following: Strengthening family financial resources positively impacts child health and development. Protective and family-centered programs are effective in combating child abuse and neglect. Coordination of community-based and holistic services better meets the needs of families and children. Early intervention programs like home visiting improve parenting skills and support child health. Integration of mental health services enhances parental well-being and family functioning. Expanding parenting education programs increases parental competence in childcare. Early identification and support of at-risk families are critical for preventing negative outcomes. Cultural sensitivity in policies and services provides tailored solutions for diverse families (42).

CONCLUSION and RECOMMENDATIONS

Although parenthood is a process that causes permanent changes in the lives of women and men, it is very important in this process to determine the factors that may affect birth satisfaction starting from the prenatal period. In addition, risk factors should be evaluated by observing the parenting behaviours of parents in the postnatal period; the relationships of family members with each other should be observed, support should be provided in the relevant areas by determining the areas where parents need support, and parents should be supported to adapt to this process, especially in cases of unplanned pregnancy. It is very important that health professionals, especially midwives and nurses, provide accurate and complete information and counselling services to parents and support them with evidence-based training in the postnatal period.

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