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A Follow-up Case Study on Transition to Parenting on Meleis' Trail

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Abstract

Transition is a role change from a known state to another unknown state. Personal, social and community perceptions can facilitate or prevent the transition and transition. Nurses are at the center of these changes and transition. Transition Theory guides nurses to understand transition to parenting, a developmental type of transition. The transition to motherhood can reflect both the strongest and most vulnerable situation of a woman. By using Transition Theory, nurses understand the level of awareness of the individual, the responsibilities that she / she needs to take, the change to be experienced, the beginning and expected end time of the transition, the critical turning points, the important points, the impact of change on daily life, the stages of the individual and the reactions of the different stages of this process. In this study, the nursing approaches of the 18-year-old mother, RC, are discussed according to the Transition Theory. The transition from adolescence to adulthood, from celibacy to marriage and parenting was facilitated by appropriate nursing interventions and follow-up to a woman experiencing transition, and preventive factors were controlled by mobilizing support systems.

Keywords: *Transition Theory, motherhood, nursing*

Introduction

Transition refers to the role transition from a known state to another unknown state (Meleis 2010). Being a parent, adolescence, marrying all these life events may look different from each other, but the question a healthcare professional should ask is; what could all of these things have in common? All are the changes that initiate a transition. During transitions, individuals, families and communities experience unfamiliar environments, emotions, and then face different uncertainties about what might happen next. They may have expectations, be knowledgeable or uninformed, encounter disruptions in their daily lives and routines, all of which affect their health and well-being (Meleis 2019). Meleis defined the transitions available to nurses in 4 categories. These; developmental, situational, health-illness, institutional transitions (Meleis 2010).

Developmental transitions are related to periods of growth and development in the normal course of life. There are many different transitions, such as transition to adolescence and transition to parenting. The state of these transitions may be related to physiological and mental health problems (Meleis 2010). Being a parent is a transformative experience with personal changes, social roles and changes in daily routines. Although the birth of a baby is usually cheerful, there may be time for increased psychosocial stress and health behavioral changes in the postnatal period, including sleep disturbances and reduced physical activity (Saxbe 2018). The transition to parenting, where the majority of individuals live, is one of the most striking and intense transitions in the family life cycle (Martins 2018).

By using Transition Theory, nurses understand the level of awareness of the individual, the responsibilities that he / she needs to take, the change to be experienced, the beginning and

expected end time of the transition, the critical turning points, the important points, the impact of change on daily life, the stages of the individual and the reactions of the different stages of this process. In this study, RC, who has been an 18-year-old mother, is handled according to Transition Theory and nursing approaches are stated.

CASE REPORT

Descriptive Features and Story

Ms. RC is 18 years old, high school graduate, married and pregnant. She got married at the age of 17 and soon became pregnant. When we met at 36 weeks of gestation, she stated that she was very anxious and afraid of giving birth. *“In My friends haven't even married yet, and I became a mother, it seemed like a game to me, but real life was very different from what I thought”* she regretted. Ms. RC lives with her husband's family. The woman who lives with her husband's family in the tradition of her environment is responsible for the daily routine of the house. Ms. RC stated that since she didn't have to take on such responsibilities before her marriage, her new responsibilities made her quite a challenge.

Conceptual Framework of Transition Theory and Case

Transition Theory guides nurses to understand transition to parenting, a developmental type of transition (Barimani ve ark 2017). In the conceptual framework of Transition Theory, the transition experienced by Ms. RC is examined; In the last few years, it has started to experience the process from adolescence to adulthood, from celibacy to marriage, to parenting. The transition from adulthood to adulthood and parenting is a developmental transition and marrying is a situational transition. Ms. RC's transition to adulthood is still an ongoing process, so it was seen that she was experiencing multiple transitions. According to the nature of transition theory, the transitions of RC to marriage and parenting are consecutive and related transitions. Ms. RC's transition to adulthood is still an ongoing process, so it was seen that she was experiencing multiple transitions. According to the nature of transition theory, the transitions of RC to marriage and parenting are consecutive and related transitions. **Awareness:** Meleis states that awareness is not a necessary condition for the transition experience. Awareness is one of the basic concepts for achieving positive results at the end of the transition (Meleis 2010). According to her, Ms. RC was not aware of the transitions she had experienced before. She feels responsible for not realizing the situations in which she may live. **Taking Responsibility (Participation):** The level of responsibility taken is another feature of the transition. Responsibility is the degree to which one participates in the transition (Meleis 2010). Ms. RC's responsibility for the transition to marriage is higher than usual because she lives with her parents. It was seen that the level of knowledge about the responsibility to be taken during the transition to parenting was very low. She does not know what to take care of, care for, breastfeed, to breastfeed, to store, to support the baby's development and to ensure the safety of a baby. In a study, it was determined that women who are mothers for the first time (such as newborn bath, umbilical cord care, breastfeeding and colic) need information on many subjects (Silva ve Carneiro 2018). Trainings given to mothers on newborn care improve mother and infant health, increase mother's knowledge about newborn care and reduce anxiety in primiparous mothers (Shrestha ve ark 2016). Appropriate nursing interventions increase parents' compliance in safe sleep practices (Moon et al. 2017). Breastfeeding counseling given to mothers positively affects women's breastfeeding self-efficacy (Gölbaşı ve ark 2019) and breastfeeding rates positively (Gölbaşı ve ark 2019, Yılmaz ve Aykut 2019). It was found that the education provided by nurses working in primary care had positive effects on mothers' knowledge about infant health and infant feeding practices (Horwood ve ark 2017). **Change and Diversity:** One of the important features of transition. Although they may seem similar meanings, they are not synonymous. These features should not be used interchangeably. All

transitions have changes, but not all changes may be related to the transition. The transition to adulthood and parenting are long-term processes, and adaptation to new roles and situations requires change (Meleis 2010). Nurses are at the center of these changes and transition. It always supports individuals who are prepared and facing change. Difference requires individuality. Transitions provide a guide and tool for understanding, communicating, and interpreting theory when faced with changes that affect individual comfort. It provides a framework for assessing discontinuities and changes in valuable relationships in daily living routines. It also helps to learn the deficiencies and opportunities in knowledge, skills, support and resources. It also allows the assessment of ways in which change has changed a person's life in a positive way (Meleis 2019). *Time Flow*: Transitions are chronologically in motion and flow. In time, the transition is the beginning and the end. Transitions can be single, multiple, sequential, simultaneous, related and unrelated (Meleis 2010). While Ms. RC's transition to marriage and parenting is consecutive, multiple, related, her transition to adulthood is synchronized with other transitions. The limits of the transition experience over time may not always be clear. The transition experience of each individual is personal, private and does not end at the same time. It was considered that there were ongoing processes in assessing Ms. RC's transition experiences. The transition to motherhood begins with learning the pregnancy and continues until the baby is four months old (Barimani 2017). *Important Milestones and Events*: Critical or milestones need to be identified to identify appropriate interventions. Critical points can be different for everyone, reflecting the different nature and characteristics of change (Meleis 2019, Meleis 2010). Ms. RC stated that being the mother was the most important life event. However, according to our evaluations during the interviews, the problems experienced during the transition to marriage had the potential to be a preventive factor for the transition to parenting.

Health professionals should make the experience of motherhood different for each woman into a positive experience. Differences in the process of motherhood of women should be considered and individualized initiatives should be planned. Thus, the process of adaptation to the role of motherhood should be supported (Deliktaş ve ark 2015). By using Transition Theory, nurses understand the level of awareness of the individual, the responsibilities that she / she has to take, the change that will be experienced as a result, the beginning and expected end time of the transition, the critical turning points, the important points, the impact of the change on daily life, the stages of the patient and the reactions of the different stages of this process. With the attention of nurses, individuals can overcome important milestones and uncertainties in transitions (Barimani et al 2017).

Factors that Facilitate and Prevent Transition

Personal, social and community situations can facilitate or prevent the transition process and its consequences (Meleis 2010). Barimani et al. (2017) stated that transition to parenting may have positive / negative effects on family life, so understanding the factors that facilitate or prevent transition may help nurses to support the successful transition experience (Barimani et al 2017).

Personal Characteristics

The meaning given by the individual to the transition is important (Barimani ve ark 2017, Meleis 2010). Because Ms. RC had to live with her husband's family in our first meetings, she had negative implications for the transition. These are the factors preventing the transition. We planned to have Mrs. RC to see parenthood as part of her life, to enjoy the growth of her baby, to prepare for motherhood, to have knowledge and to be ready for the transition. Because Barimani et al. (2017) found that factors such as false / unrealistic expectations about parenting, stress-feeding and insomnia, being inexperienced and unprepared, and lack of knowledge about reality are the features that prevent the transition (Barimani ve ark 2017). We tried to create realistic expectations by addressing issues such as protection and improvement of the health of

the baby, baby care, which may have positive meanings in our education content, both the prepared mother and the common problems. Being a mother is a strong and vulnerable situation for a woman (Davis-Floyd 2003). We supported Ms. RC's strengths and prepared them for situations that could lead to weakness.

Community Features

The community transition in the living environment can be facilitating or complicating. Role models in the community, advice from trusted persons, healthcare staff, and reliable information obtained can facilitate the transition. Support and lack of information are among the preventive factors.

Social Features

Social conditions are important for transition. Although social rules and culture provide some information about what is expected of the new mother, there are no rules or guidelines about motherhood (Mercer 1981). Therefore, many women try to reach the right one through trial and error (Beck 1996). This can be a hindrance to the transition experience. Women who have experienced adolescent pregnancy, such as Ms. RC, may find it difficult to meet social expectations.

Physical, Psychological, Social, Spiritual Nursing Care According to Transition Theory

We met Ms. RC when she came to the family health center for routine check-up. We performed a total of six nursing practices at 36 weeks of gestation, first week after delivery, first month, second month, fourth month and sixth month.

In our first interview, we trained on breastfeeding, breastfeeding and storage, preparation for childbirth, support of infant development, newborn screening, vaccination, protection of infant health, common problems in infants and ensuring baby safety. We used power point presentation, breast model, baby model and development support materials. At the end of the training, we prepared the training booklet which we prepared and received the opinion of six experts. Parents' accessibility to nurses and short messages sent to parents for information provide continuity of care in pediatric patients and improve the quality of care (Ladley ve ark 2018). We gave him a telephone number and a training booklet when she needed it. We planned all our meetings in advance and made an appointment. Mrs RC had a daughter of 3200 gr. We met for the second time 6 days after birth. We took heel blood from the baby for newborn scans. We practically checked the baby's breastfeeding status. We received feedback from the previous training. She seemed pretty unhappy and tired. She stated that she could not make the necessary applications to support the development of the baby in the prenatal trainings, that his mother-in-law was interested in the baby around his community and that she should take care of the other chores of the house. After identifying this situation, we invited Ms. RC's wife to the training room as a social support system that would facilitate the transition stated by Meleis. Sitting away from her husband and child, we explained to her husband, who seemed rather timid and uninterested, the benefits of breastfeeding for the health of mother and baby, the importance of supporting baby development, and the important points of our educational content. We gave the father tasks to make a special contribution to the health, growth and development of his baby.

In the third meeting, Ms. RC came with her husband. His wife had fulfilled our responsibilities and her husband and baby were acting close and concerned. At the same time, knowing the importance of his wife in the house as much as possible to spend time with the baby. Ms. RC seemed pleased to have had the opportunity to spend time with her husband and baby. However, because the baby suckles for a long time, his mother-in-law wants to give the formula milk to the baby, babies who take the formula said she could get better weight. We repeated the training on breastfeeding and its importance and received feedback.

We did our fourth education at the end of the second month after the birth. Ms. RC stated that she was pleased with her marriage and being a mother. When we checked the mother-infant attachment with the mother-infant attachment scale, which was validated by Kavlak, we found that the attachment level was quite good. However, even though Ms. RC knew the methods of increasing breast milk, we found that she started to give formula milk to her baby while being influenced by her environment. In addition to face-to-face interviews, we stopped by breastfeeding for about three months, although we called and advised. We did not get positive results from our initiatives on this subject.

We did our fifth education at the end of the fourth month after the birth. We invited his wife and mother-in-law to this training program. However, only his wife came along with Ms. RC, her mother-in-law refused to come. In the feedbacks, they reported that her husband supported Ms. RC at home and allowed her to spend more time with her baby. His wife was impressed by the education she had participated in earlier and said that she didn't know the importance of spending quality time with the baby before.

We did our sixth education at the end of the sixth month after the birth. In this training, we first identified feedback and deficiencies in information and practices. We received positive feedback from Ms. RC. Unhappy and dissatisfied during the first interviews, his condition changed and she interacted with his baby.

Process Indicators of a Healthy Transition

According to Meleis, development indicators are measurable indicators showing how the transition progresses. *Development indicators*; interaction, attachment, positioning, self-confidence and coping (Körükçü ve Kabukcuoğlu 2015). *Interaction*; Meleis considered taking care of the baby as the mother's interaction with her baby (Meleis 2010). Ms. RC stated that she was able to take care of her baby and that she was satisfied. *Attachment Feeling*; One of the concepts of attachment sensation, Meleis, mentioned trust in healthcare workers (Meleis 2010). When she needed Ms. Rech, she reached out to us and answered her questions. Attachment to health personnel is an indicator of positive transition. Nasal congestion, rash problems, such as counseling instead of going to the health care institution easily solved at home. *Development of Self-Confidence and Coping*; Another aspect that positively reflects the nature of the transition process is the increase in the level of self-confidence with the participation of the individual. Ms. RC, who had increased self-confidence, was able to cope with the difficulties in caring for her baby.

Development (Result) Indicators of a Healthy Transition

The first of the two outcome indicators for healthy transition is the mastery of new skills, and the second is the development of a flexible integrative identity. These development indicators improve the quality of life (Meleis 2010). Ms. RC had her baby's vaccinations screened fully, coped with common problems, fulfilled the practices we suggested for her baby's development, paid attention to sleep safety, and took the necessary measures to prevent falls and accidents. These situations are indicators of mastery. However, we were unable to ensure that Ms. RC continued to breastfeed. In this regard, the community was under the influence of characteristics. If we could convince her mother-in-law to come to the trainings, our ability to cope with this negative effect could have increased. *Flexible Integrated (Adaptable) Identity Development*; The nurse should thoroughly assess the individual's health and make the right decision for the interventions. Women should understand how to integrate multiple roles despite social, cultural, political, economic pressures and constraints. The support we received from Ms. RC's wife facilitated the transition to marriage, while preventing the community from restricting and preventing the transition from parenting.

As a result;

The theory of transition seems to be a suitable tool for nurses to understand the transition to parenting. It also has the potential to help nurses identify appropriate strategies and practices to provide parents with adequate assistance and support. This is important because, as Meleis points out, an important function of nursing is to help people manage their life transitions. We recommend longitudinal studies over time to fully understand the transition experiences in future studies.

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