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Determining the Readiness of Women in the Third Trimester of Pregnancy for Life with a Baby: A Qualitative Study

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Abstract

The study attempted to explore how the family roles of expectant mothers in the last months of their pregnancy change, their plans for family in postpartum, how they prepare for incoming-newborn care and development. In this phenomenological study, a semi-structured interview-form was utilized and held interviews with 17-expectant-mothers. Results revealed that the majority of the participants did not receive training in pregnancy and life with a baby and experienced changes to family roles during pregnancy, and mostly adjusted their physical environments within primary newborn care. We determined that most participants were not prepared to support the infant's development and relied on the internet as a major resource for learning how to provide primary newborn care and support their development. The expectant mothers had worries about health, breastfeeding, and possible mental difficulties while this was health, financial issues, and ignorance for expectant fathers. We believe that training in pregnancy, birth, basic newborn care, and supporting infant development from the very beginning of the pregnancy needs to be disseminated and turned into national programs for expectant parents across the country.

Keywords: Parenthood, baby, parenting, preparation, pregnancy.

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Hamileliğin Üçüncü Üç Aylık Dönemindeki Kadınların Bebekli Yaşama Hazır Oluşlarının Değerlendirilmesi: Nitel Bir Çalışma

Öz

Bu çalışma, gebeliğin son aylarındaki anne adaylarının aile rollerinin nasıl değiştiğini, doğum sonrası için aile planlarını, doğacak bebek bakımı ve gelişimine nasıl hazırlandıklarını araştırmayı amaçlamıştır. Bu fenomenolojik çalışmada, yarı yapılandırılmış bir görüşme formu kullanılmış ve 17 anne adayı ile görüşmeler yapılmıştır. Sonuçlar, katılımcıların çoğunun gebelik ve bebekle yaşam konusunda eğitim almadıklarını, gebelik sırasında aile rollerinde değişiklikler yaşadıklarını ve çoğunlukla fiziksel çevrelerini birincil yenidoğan bakımı için ayarladıklarını ortaya koymuştur. Çoğu katılımcının bebeğin gelişimini desteklemeye hazır olmadığı ve birincil yenidoğan bakımı sağlama ve gelişimlerini destekleme konusunda öğrenmek için interneti önemli bir kaynak olarak kullandıkları belirlenmiştir. Anne adaylarının sağlık, emzirme ve olası zihinsel zorluklarla ilgili endişeleri varken, baba adayları için bu endişeler sağlık, finansal sorunlar ve bilgisizlik olmuştur. Gebeliğin başlangıcından itibaren gebelik, doğum, temel yenidoğan bakımı ve bebek gelişimini destekleme konularında eğitimlerin yaygınlaştırılması ve ülke genelinde anne-baba adayları için ulusal programlara dönüştürülmesi gerektiğine inanıyoruz.

Anahtar Kelimeler: Ebeveynlik, bebek, ebeveynlik hazırlığı, hamilelik.

Introduction

The prenatal period is not only among the critical periods in human life but also a transitional period in which prospective parents assume new roles and responsibilities. While having a child introduces parenthood as a unique role to spouses, preparing for parenthood makes it easier for them to adapt to this new role and contributes to the infant's development.

Preparing for parenthood begins with the onset of pregnancy and becomes practical when the infant arrives home. The factors facilitating the transition to parenthood include a planned pregnancy (Leathers & Kelley, 2000; Nelson & O'Brien, 2012), healthy pregnancy and birth (Fijałkowska & Bielawska-Batorowicz, 2020; Tunçel & Süt, 2019), continuity of rapport between spouses, recognizing/settling the relational needs, and adaptation to role changes (Røsand et al., 2011). Moreover, the above-mentioned factors allow spouses to experience a safe and prepared transition to parenthood and become protective factors for infant and child development in the long term (Saleem & Surkan, 2014).

Previous research on the factors affecting intra-familial relations during the postpartum period reported that responding to the infant's care needs, spousal relations, the mother's changing physical and mental state, the father-infant relationship, and the father's participation in the infant's care influence the intra-familial relations (Gültepe & Çalım, 2021; Karadağ & Kırca, 2019; Shapiro et al., 2011). Recognizing these factors and supporting prospective parents during pregnancy mediate strengthening family relations and fortifying the ground for being a "family."

In Turkey, birth preparation courses are among the leading programs that help prepare adults for life with babies. Birth preparation courses aim to reach parents directly in the prenatal period and inform them about baby care in the postnatal period. In these courses, the pregnant woman may be recruited for breathing and relaxation exercises, pregnancy yoga, breastfeeding training, and baby care classes (Aksoy et al., 2022). These courses help parents feel more competent, reduce their anxiety (Şayık et al., 2019) and transition to a more positive home environment. It was previously documented that birth preparation and breastfeeding training affect the demand and practice of skin-to-skin contact following birth help reduce the risk of postpartum depression and contribute to mother-infant attachment (Esencan et al., 2018; Gargari et al., 2021; Kuo et al., 2022; Nacar & Gökkaya, 2019). The programs called "bringing baby home" abroad were also reported to reduce spousal conflict and contribute to paternal engagement. Therefore, prospective parents' psychological, physical, and social preparations are likely to facilitate their adaptation to parenthood (Petch & Halford, 2008; Shapiro et al., 2020).

Adapting to parenting also brings strengthening impacts on the infant's development. An infant needs a stress-free family environment full of sensitive care for adequate cognitive and social-emotional development. Skills such as self-soothing, secure attachment, and focusing are rooted in the first three years of life. Therefore, being ready for life with a baby also contributes to the infant's development (Mughal et al., 2018).

It is evident that planning personal life after birth, enjoying time with the spouse, sharing domestic responsibilities, and seeking post-delivery social support affect their adaptation to parenthood. Thus, this study aimed to discover how the family roles of expectant mothers in the last trimester of their pregnancy change, their plans for family processes in postpartum, as well as how they prepare for incoming newborn care and development. In this way, it is thought that this research, which is important in terms of discovering parents' perspectives on preparation for parenthood, can make the scope of programs that prepare adults for parenthood in Turkey more supportive.

Methods

Design

We employed the phenomenology design, a qualitative research method, in this study. Phenomenology is often adopted in research to uncover in-depth insights into people's shared experiences (Starks & Brown Trinidad, 2007).

Participants

Multiple sampling techniques may be employed simultaneously to contribute to expounding phenomena and events in qualitative studies (Creswell et al., 2007). Accordingly, we utilized convenient sampling and criterion sampling - selection of the units satisfying the predetermined criteria - techniques in this study (Etikan & Bala, 2017). The selection criteria were determined as being in the third trimester of pregnancy, being pregnant under follow-up in the Family Medicine system of the Ministry of Health of the Republic of Turkey, and volunteering to participate in the study. The reason why choosing the third trimester that the third trimester of pregnancy often brings about more physical discomforts, alongside worries about the health of both the mother and the baby, as well as fears about the childbirth process (Dağlar et al., 2019). The exclusion criteria were foreign expectant mothers. Eventually, we recruited 17 participants for our research. We found the mean age of the prospective mothers to be 25.4±2.8 years and of the prospective fathers to be 27.5±3.3 years. All pregnant participants had no children, and it was the first pregnancy of all except two participants. All families recruited for the study were nuclear families consisting of a couple and their dependent children.

Table 1.

Participants' Demographic Characteristics

Variables		Mother-to-be (n)	Father-to-be (n)
Educational attainment	Primary school	1	2
	High school	3	4
	Associate degree	3	2
	Undergraduate degree or above	10	9
Employment status	Employed	5	16
	Unemployed	12	1

Data Collection Tools

We utilized a demographic information form and a semi-structured pregnant interview form to explore the participants' readiness for life with a baby.

Demographic Information Form: We designed a demographic information form to obtain data on the participants' demographic characteristics in terms of inclusion and exclusion criteria (age, educational attainment, family structure, etc.).

Interview Guide: We generated a pregnancy information form to collect pregnancy-related data (type of pregnancy, feelings about pregnancy, participation in prenatal training/course, etc.). In addition, a semi-structured interview form was prepared to gather information about the participants' pregnancy process. While designing the interview form, we initially reviewed the relevant literature in line with the aims of the study (Evcili et al., 2018; Kumcağız et al., 2017; Zengin et al., 2021). Then, 19 open-ended questions generated from the literature review were submitted to the opinion of five experts, including child development specialists, midwives, and psychologists, for suitability and clarity assessment. Experts responded with their opinions in writing in a table labeled as appropriate, not appropriate, should be changed. According to the opinions of the experts the questions revised. The number of basic interview questions is limited, and the semi-structured interview is shaped by deriving follow-up and probing questions from them. (Roulston et al., 2003). Finally, we performed a pilot study with the draft form and finalized it relying on expert opinions.

The semi-structured interview form conducted by researcher Ş.E. with the participants are presented below.

Table 2.
The Semi-structured Interview Form

A. Family Roles
1. How is your pregnancy progressing both mentally and physically?
2. What role does your spouse play during the pregnancy? Does your spouse support you, and if so, in what ways?
3. Have you made any preparations to meet your physical needs in the weeks and months after childbirth? What preparations have you made for your emotional needs during the same periods?
4. (If answered 'I am working') How do you plan to organize your work life during and after pregnancy?
5. (If answered 'Father is working') How will your spouse organize their work life during and after your pregnancy?
6. How would you describe your emotional relationship with your spouse during the pregnancy? Have there been any differences in their interest in you or their attitudes compared to before pregnancy? If so, what are these differences and how do you interpret them?
7. Has there been any difference in your sexual life with your spouse during the pregnancy compared to before? If yes, how do you interpret this difference?
B. Primary Newborn Care
1. What preparations or arrangements have you made in your home for the care and support of your baby before birth?
2. Are there any resources or individuals from whom you have sought information about baby care? If so, what are these resources and who are these individuals?
3. Do you have any close family members who will support you after childbirth? If yes, who are they and how will they support you?
4. Have you attended any training or courses related to baby care? If yes, could you provide information about the content of the training/course?
5. What aspects of baby care do you feel confident about?

6. What aspects of baby care do you feel less confident about?
C. Supporting Newborn Development
1. What preparations have you made to support your baby's development before birth? Are there any individuals, experts, or organizations from whom you can receive education or guidance about your baby's development? If yes, please specify. 2. Are there any resources or individuals from whom you have sought information about your baby's development? If so, what are these resources and who are these individuals? 3. What aspects of your baby's development do you feel confident about? 4. What aspects of your baby's development do you feel less confident about? 5. What concerns you the most about the postnatal period? 6. What do you think are the most concerning issues for your spouse regarding the postnatal period?

Data collection

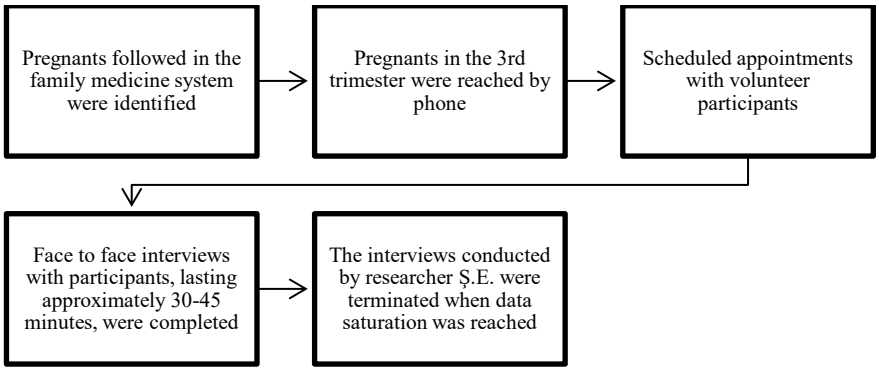
We collected the data between 12.06.2022 and 02.11.2022 through a face-to-face interview at a health institution providing primary health care center under the Ministry of Health of the Republic of Turkey in Balıkesir.

Ş.E., the researcher who collected the data, completed the qualitative interview course before data collection. She has been counseling pregnant women on child development in a health institution for four years.

The interviews were performed in a room allocated by the healthcare institution where one of the authors is employed. We interviewed each participant only once. A warning sign was posted on the door to avoid interruptions in the interviews and prevent distractions for the interviewee and the interviewer. The interviews were audio-recorded and transcribed verbatim by the authors. To enhance the validity of the research, the interviewer asked questions such as "*Did you mean xxx in your statements?*" and "*Am I supposed to understand xxx from your response?*" following each response from the interviewees. Therefore, the interviewer checked the members by asking questions such as. During the interviews, the researcher determined that the statements were repeated by 17 participants and ended the interviews. There is evidence that there are no strict rules about reaching data saturation in phenomenological research, participants can vary between 6 and 20, and flexibility can be made in the researcher's control. Each interview lasted 30-45 minutes. We quote the responses from the participants in italics in the findings section.

Figure 1.

Data Collection Process



During the interview, the researcher encountered statements from pregnant women that they

were worried about birth and needed to obtain more information. At the end of the interview, the researcher provided information and guidance about pregnancy information seminars conducted by family physicians and pregnancy schools in hospitals that could help pregnant women.

Ethical considerations

The Non-Interventional Clinical Research Ethics Committee of İstanbul Medipol University granted ethical approval to our study (No.: 6108 dated 30.11.2021).

First, we expressed the research purpose to the participants, informed them that participation in the research is voluntary and that their responses would be kept confidential and only be used within this scholarly work, and reminded them that they could withdraw from the study at any stage. Then, we had the participants voluntarily who accepted to participate in the study fill out an informed consent form.

Data analysis

We subjected the data to content analysis. In content analysis, identical or similar data are clustered under certain themes and codes and evaluated with a specific organization and interpretations appealing to any reader's understanding (Creswell et al., 2007). Accordingly, we transferred the raw data to the MAXQDA program using code names (e.g., G1, G17) to ensure the participants' confidentiality. Next, we analyzed and interpreted the participants' responses through content analysis to determine themes and sub-themes. As suggested by Braun and Clarke (2006), we adopted two-stage coding to enhance the reliability of the analyses. Three authors (S.Ö., D.Ç., and Ş.E.) discussed and settled on the common themes based on their independent coding (Miles & Huberman, 1994). Then, in the second stage, three authors (N.A., S.Ö., and D.Ç.) reviewed the themes to ensure inter-coder consistency. Finally, one of the authors, totally blind to the coding process (F.G.), cross-checked both the themes of the coding and the coded transcripts to enhance inter-coder consistency. All the authors set a consensus on the themes at the end of the process. In terms of reflexivity, the authors who were a part of the coding procedure are specialist on child development and psychology, and they have experiences about working with pregnant, mothers and children. The data analysis was done in Turkish, then translated into English by the corresponding author and checked by all authors.

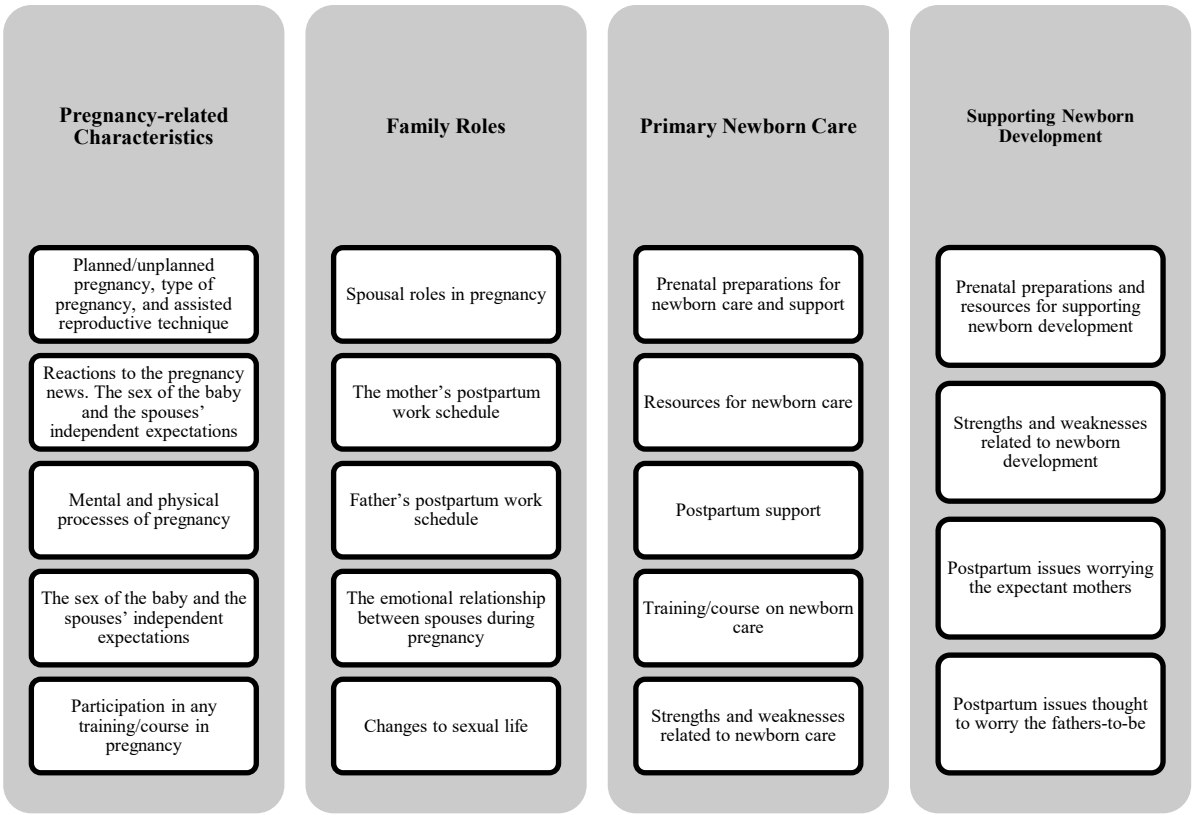
Findings

Aiming to discover the pregnants' readiness for life with a baby, we held interviews with the participants about their pregnancy, their roles in the family, basic newborn care, infant development, and how they prepare for them to ensure their readiness for life with a baby. The participants' responses were addressed in the following themes: pregnancy-related characteristics, family roles, primary newborn care, and supporting newborn development. Categories covered under themes and codes

pertinent to these categories are presented respectively.

Figure 3.

Themes and Categories



Pregnancy-related Characteristics

Planned/unplanned pregnancy, type of pregnancy, and assisted reproductive technique (ART), if any. The majority of the participants had a planned pregnancy. While one participant became pregnant through an ART, the others got pregnant naturally.

Reactions to the pregnancy news. We discovered that the participants often welcomed the news that they would have a baby and felt happiness and excitement as common emotions. One participant with an unplanned pregnancy felt excitement and worry. Another reported fear, possibly because the study was carried out during the COVID-19 pandemic according to the participant.

> "I was working when I learned about my pregnancy. I was a little scared and excited about how it would be." (Participant 13)

The participants got positive responses from their spouses to their pregnancy. Common emotions from the partners became happiness, surprise, and excitement.

The sex of the baby and the spouses' independent expectations. Considering the spouses' shared or independent expectations about the baby's sex, we found that a small group did not have any expectations about the infant's sex but only expected the infant to be healthy. On the other hand, the remaining parent candidates had expectations and reported common desires about the sex of the baby. Given the different expectations, we could not find any apparent preference between the sexes.

Mental and physical processes of pregnancy. The participating pregnant were asked what the mental and physical reflections of their pregnancy were. The majority reported being sentimental/extremely sensitive in the substantial part of the process. In addition, some participants experienced the process as anxious, angry/aggressive, or relaxed/happy.

> "We went through tough times at the beginning of my pregnancy. Actually, I had a risk of miscarriage. The result of the detailed ultrasonography made me a little relieved. It was too exciting and distressing for me." (Participant 4)

> "I have cried more and more. Almost everything makes my eyes filled with tears. I am now offended quickly." (Participant 10)

Given the physical aspects of their pregnancy, the expectant mothers generally stated never experiencing a disruption in their comfort or complained about the weight change due to pregnancy. Those experiencing no physical problems in their pregnancy attributed it to no complaints such as nausea and vomiting. The others, on the other hand, mentioned smell sensitivity (hyperosmia), constipation, pain, skin problems, and nausea/heartburn.

> "I have experienced a substantial physical change. Despite being relatively thin before, I have gained a lot of weight." (Participant 12)

> "Particularly, my back hurts a lot. I have pain in my groin. I find it very difficult even in daily movements. I cannot get up from the seat on my own." (Participant 6)

Participation in any training/course in pregnancy. The majority of the pregnant reported not attending any training or course in pregnancy or birth. We found that those who reported receiving training in pregnancy attended pregnancy schools, childbirth training, pregnancy pilates, online courses of the hospital they were followed up with, or mindfulness-based childbirth preparation training.

> "I have attended pregnancy school at the city hospital. It was training in pregnancy. We have been shown breathing exercises." (Participant 3)

Family Roles

Spousal roles in pregnancy. The pregnant were asked whether their spouses supported them during pregnancy and, if so, what kind of support they gave and the roles they assumed. All of the participants stated that their spouses supported them during pregnancy. They addressed the types of spousal support in two groups: physical and emotional.

The pregnant receiving emotional spousal support stated that they felt their spouses were always with them, that their spouses tolerated them in the case of intense emotions, and that their spouses became more understanding toward them and shared their concerns. The participants with physical spousal support reported that their partners provided them with support in work requiring physical strength at and out of the home.

> "My husband has held me the same way I have carried our baby. He has provided me with moral support as much as possible." (Participant 2)

> "My husband has gone shopping and helped with chores. Of course, he has helped me a lot. My husband has always been with me during our hospital visits." (Participant 5)

Physical and mental preparations for the postpartum period. The pregnant were asked whether they had physical and mental preparations for the postpartum period and, if so, what these preparations were. The emerging themes related to childbirth preparations were grouped under spiritual and physical preparations. The findings revealed that the spiritual preparations were generally aimed at getting through the puerperium period without any problems. The pregnant woman attempted to obtain information about the puerperium period, gave self-advice to prepare themselves for motherhood, prayed, and took their own mothers as their role models.

> "I read articles on the puerperium period to satisfy my emotional needs. I also read others' experiences to understand their psychological state." (Participant 15)

Regarding the participants' physical preparation processes, we concluded they mostly tried to obtain the materials and breastfeeding products they might need. In addition, they tried to make clothes and other stuff ready for the newborn. Yet, some participants stated that they did not start to make any preparations and would act according to the baby's needs after birth.

> "I have started buying comfortable clothes." (Participant 8)

> "I have bought breastfeeding supplies." (Participant 10)

The mother's postpartum work schedule. We asked the expectant mothers how they would organize their work schedule and whether they would return to work following birth. Most participants stated that they would return to work, but some mothers reported that they would return to work when their baby turned a specific age (e.g., 5-6 years, 2 years, and 4-6 months). Besides, some would not return to work since they would like to care for their child.

> "I do not plan to return to work right away. I may think of it when my child turns two years. I want to be with my baby in their early times." (Participant 5)

> "Yes, I plan to return to work. I will resume after six months of the birth." (Participant 4)

Father's postpartum work schedule. Examining how the prospective fathers would organize their work schedule during pregnancy and after birth, we found that the majority would have no change

to their working order. Yet, some reported having a flexible working setting where they could support their wives. The remaining planned to return to work following paternity leave.

> "My husband is an electrician and runs his own business. I mean, he only works when called for work. He stays at home when there is no work. He can quickly come to us when we need something." (Participant 5)

The emotional relationship between spouses during pregnancy. We asked the participants about their emotional relationships with their spouses during pregnancy and whether there was a change in their spouses' attitudes and behaviors compared to the pre-pregnancy period. A small number of them reported no change in their spouses' attitudes and behaviors during their pregnancy. Yet, the majority experienced the following positive changes to their spouses' attitudes and behaviors toward them: feeling closer, more understanding and tolerance, more attention and care, and calmer and more thoughtful behaviors.

> "I feel like his emotional interest in me has increased even more. He is trying to understand the baby and me. We have got closer." (Participant 2)

Changes to sexual life. The expectant mothers reported a decrease in the frequency of sexual intercourse during pregnancy compared to the pre-pregnancy period. While most were satisfied with this change, some participants expressed their discontent. Some wanted a further decrease in its frequency during pregnancy.

> "It becomes, of course, fewer than before pregnancy. Since working three shifts, I get exhausted and sometimes do not want it. My husband does not insist on it or force me, either, which is better for me." (Participant 12)

> "There is a difference; its frequency has decreased. My husband is being protective because being worried about the baby. I am not satisfied with it, but I cannot reveal it to my husband." (Participant 6)

Primary Newborn Care

Prenatal preparations for newborn care and support. The mothers' prenatal preparations for newborn care and support were mainly aimed at meeting the baby's physical needs. The participants' responses were addressed within the baby's room/cradle and the baby's care needs/clothing.

> "We have arranged a room for our baby. I have bought a bedside crib for the bedroom." (Participant 14)

> "We have bought everything; they are looking forward to my baby. For example, we have prepared everything in our hospital bag in case birth is initiated." (Participant 7)

Resources for newborn care. The participants were asked whether they had resources or people they resorted to for newborn care. They generally reported to the internet/social media and family elders. The others pointed out books, friends, midwives, or their practitioners.

Postpartum support. The majority of the participants reported that their family elders would

support them in the postpartum period. These family elders were often referred to as mother and mother-in-law. Other participants would receive this support from their spouses. The remaining reported not having family elders to support them, not making any plans yet, or not wanting to receive support from anyone.

> "No, not. Both of our mothers are employed. I also want to care for my baby on my own." (Participant 4)

Training/course on newborn care. The findings revealed that the majority of the participating mothers-to-be did not attend any training or course in newborn care. However, a few participants attended a pregnant school or participated in a group-sharing activity with other pregnant women.

Strengths and weaknesses related to newborn care. The prospective mothers' strengths and weaknesses regarding newborn care seemed similar, which primarily stemmed from the way the mother candidates described themselves as physically resilient and how they perceived themselves socially and emotionally. Those perceiving themselves as strong about newborn care defined themselves as patient, compassionate, problem-solving, self-confident, brave, calm, or knowledgeable.

> "I am compassionate, so I believe that I will willingly care for my baby." (Participant 6)

Another factor making the participants feel strong was their experience in baby care. The mother candidates having cared for a baby due to any reason reported feeling alright about newborn care.

> "I am not an alien for babysitting because I have cared for my niece before. I feel strong. I can take care of and feed my baby and take them a bath. I mean, I know the stuff." (Participant 14)

Nonetheless, we concluded that those perceiving themselves as emotional, panicky, anxious, or inexperienced felt weak about newborn care.

> "I am rather sentimental. I wonder if I will be adequate for my baby, which makes me worry." (Participant 11)

The participants feeling strong on the grounds of their perceived physical endurance stated that they were resistant to sleeplessness and had manual dexterity.

> "I can resist sleeplessness. I am also skillful. I think I can change diapers and take my baby a bath." (Participant 5)

Those feeling weak about newborn care often pointed out the possibility of the inability to meet their babies' physical needs. Bathing and feeding the newborn, not knowing how to intervene in an emergency, and failing to care for the baby due to insufficient social support were among the reservations uttered by the participants.

> "Breastfeeding and nutrition issues... I do not know how to breastfeed my baby. I wonder if I can feed

him/her." (Participant 12)

Supporting Newborn Development

Prenatal preparations and resources for supporting newborn development. The prospective mothers were asked what kind of preparations they made before birth to support the baby's growth and whether there was an institution/organization/person from which/whom they could receive training/guidance on the subject. The findings showed that only a few mother candidates engaged in prenatal preparations for newborn development. Among these preparations, the mothers preferred using vitamins, adjusting their emotions, noting down the information they learned, and engaging in behaviors to contribute to mother-infant attachment.

> "We have bought educational toys. I have a notebook where I note down what I have watched and read. We have also bought a plush toy for my baby. Now, I sleep with it so that my smell can permeate it. I will use it to reassure and calm my baby." (Participant 17)

Some participants, on the other hand, most frequently mentioned family health centers, practitioners, and midwives as the sources that guide them on newborn development. Additional resources were voiced to be the internet, family elders, and other training. Some mothers-to-be did not know what resources they could receive training/guidance on the subject.

Strengths and weaknesses related to newborn development. This theme demonstrated rather a similarity to what was mentioned in the theme related to newborn care. Accordingly, we discovered that those describing themselves as knowledgeable, ready to have a baby, warm-hearted, patient, willing, and experienced in babysitting felt strong.

> "I love children very much. I believe I will love my baby very much, too. I will do for my baby whatever I can." (Participant 10)

> "I love kids so much. Since I took care of children before, I know how to approach them." (Participant 5)

Nevertheless, those who were anxious and overconcerned about the baby's needs and who stated to have poor knowledge about educational issues reported feeling weak.

> "Inability to notice or the possibility of overlooking some issues. What if I cannot notice or understand something? Failure to know what to do when confronting issues that I cannot help my baby." (Participant 9)

What also made some participants feel strong about newborn development is physical competence. Full support from the social environment, preparing their own body, and readiness for the baby's future needs were found to make them feel strong.

> "I have paid much attention to nutrition and water consumption for my baby's development. To have met all their material needs following birth...." (Participant 16)

On the other hand, financial difficulties, inexperience, health problems, and the possibility of the baby's being physically disruptive appeared as the main reasons for feeling weak about newborn development.

> "We now have some financial difficulties. I would regret not being able to fulfill my baby's wishes. I would like to be able to meet my baby's needs." (Participant 4)

Postpartum issues worrying the expectant mothers. The findings showed that health-related problems during and after birth were the most worrying issues.

> "Maybe misfortune during delivery... It is rather important to give birth to a healthy baby. I am afraid that my baby will have health problems." (Participant 7)

Breastfeeding problems and inadequacy followed the health-related issues.

> "Inability to breastfeed my baby... Inability to feed my baby enough...." (Participant 4)

> "Inability to understand why my baby is crying... Becoming mentally weak...." (Participant 16)

Other postpartum issues worrying the expectant mothers were mentioned as entrusting the baby to someone else, changes to life order, and financial difficulties.

Postpartum issues thought to worry the fathers-to-be. The mothers-to-be were asked about their thoughts on postpartum issues worrying their spouses the most. Health-related problems and financial difficulties became the issues uttered the most by the participants as those to worry their spouses in the postpartum period.

> "Difficulties at birth or health-related problems…." (Participant 11)

> "We talk about it maybe fifty times a day. Financial difficulties are those that worry us the most." (Participant 13)

The issues following the ones mentioned above were the ignorance and inexperience of the father candidates about newborn care. The expectant mothers predicted that their spouses worry about how to hold the baby, what to do when the baby cries, and how to approach the baby.

> "He is worried about how to hold the baby and his/her care." (Participant 2)

Some participants stated that their spouses would worry about the baby's education and changes to their life order. A mother-to-be claimed that her husband would not have worries about the postpartum period.

> "My husband is surprisingly daring about having a baby. It seems as if he had raised a child before. He is much more relaxed than me. I cannot think of anything to worry him. He is always ready to support me whenever something sudden happens." (Participant 7)

Discussion

The present study aimed to uncover the readiness of expectant mothers in the third trimester of their pregnancy for life with a baby. The findings were discussed under the themes of pregnancy-related characteristics, family roles, basic newborn care, and supporting newborn development.

In the theme of pregnancy-related characteristics, we understand that the participants mostly had a planned pregnancy. It is known that planned pregnancy highly relies on the expectant mother's educational attainment and level of knowledge about family planning (Ersoy et al., 2015). Besides, a planned pregnancy may be considered essential to be ready and organize resources for life with a baby. A planned pregnancy is also associated with prenatal attachment (Yılmaz & Beji, 2010), delivery satisfaction (Bilgin & Alpar, 2018), readiness for the motherhood role (Evcili et al., 2018), psychosocial health during pregnancy (Erdemoğlu et al., 2018), and marital satisfaction and maternal attachment (Durualp et al., 2017).

The first reactions of the majority of the mother and father candidates to the pregnancy news became joy, happiness, and surprise. Similar reactions from the spouses to a life-changing event may imply sharing feelings between them. Not surprisingly, couples experience emotions, including excitement, happiness, and joy when hearing about pregnancy, which also affects adjustment to pregnancy (Arslan et al., 2019). However, couples may have expectations regarding the baby's sex. It is thought that the similarity of expected sex between spouses may be counted among the factors influencing adjustment to pregnancy. A previous study concluded that expectant mothers with a different expectation of the baby's sex than the fathers had higher general symptom levels on a pregnancy symptom inventory (Mutlu et al., 2015). Therefore, expected sex may show up with adverse influences in countries with dominant gender roles (e.g., Turkey).

The findings also revealed that most of the participants did not participate in any training in pregnancy and newborn care. Although offering diverse content, the training for the pregnant aims to prepare them, their spouses, and family members for pregnancy, birth, the postpartum period, and parenthood (Yuen et al., 2022). Moreover, prenatal preparatory training brings significant contributions to ensuring skin-to-skin contact, deciding on the mode of delivery, breastfeeding (Esencan et al., 2018), the level of knowledge (Turgut et al., 2017), ensuring readiness for postpartum discharge (Burucu & Belgin, 2017), alleviating fear (Tok & Sakallıoğlu, 2021), anxiety, and depression, and, thus, managing a healthy and happy delivery process (Şayık et al., 2019; Tuna et al., 2021). Therefore, it may be considered important to support mother and father candidates in preparation for birth and the postpartum process, starting from the prenatal period.

Given the mental and physical pregnancy process, we discovered the participants were mostly sentimental, anxious, and aggressive. In fact, as one of the important life crises, pregnancy brings biological, physiological, and mental changes (Kuğu & Akyüz, 2001; Yılmaz & Yar, 2021). It then leads to emotional difficulties as it introduces many risk factors for anxiety and stress. The most

common affective problem in this period is depression (Rallis et al., 2014). In a study carried out with 117 pregnant to evaluate their quality of life in their third trimester and to uncover their problems during pregnancy, the authors concluded that the pregnant's physical and psychological problems reduced their quality of life (Can et al., 2019). Such undesirable situations adversely affect not only the pregnant but also their partners and the baby in the postpartum period. Hence, we believe that it may be valuable to provide the pregnant with preventive services to help them regulate their emotional state

In the theme of family roles, it is apparent that the roles of the couples may change, and both experience an adaptation process to the pregnancy. The participants stated that their partners granted emotional support, became more understanding, and shared their concerns. Apart from emotional support, the father candidates provided physical support to their wives. A previous study with 400 fathers in Turkey to investigate their feelings and support for their spouses during pregnancy suggested that 76.4% of the participants took responsibility for chores, and 41.4% became empathetic toward the mother (Özcan et al., 2018). Another study demonstrated that those problem-solving skills are associated with perceived social support to use strategies to cope with changes to life events such as pregnancy (Okanlı et al., 2003). Social support is also a factor affecting adjustment to pregnancy (Arslan et al., 2019). Overall, we think that fathers have a critical role in their support, adaptation to responsibilities, and restructuring of changing roles in both the prenatal and postnatal periods.

Pregnancy is a period of changes to the family life cycle, and this process indeed allows families time for physical and mental adaptation to these changes. In the preparation theme, we found that some participants were not totally prepared. While some were more emotionally prepared for delivery, the remaining engaged in preparations for the environment and material they would need physically for newborn care. In fact, it seems that preparation for delivery affects prenatal attachment and is associated with social support (Yuen et al., 2022). Culturally, "baby-shower" practices are held in many countries as a part of birth preparation. These and similar practices primarily serve as organizations to meet the baby's needs. In this respect, it may be asserted that some pregnant may satisfy their emotional and physical preparation needs through such celebrations (Töret, 2017). Any birth preparations will make it easier for the parents to adapt to pregnancy and birth without experiencing confusion. Ultimately, determining and satisfying the needs in the pregnancy may help promote readiness for life with a baby.

Prenatal and postpartum periods may mandate parents, particularly the pregnant, to take a break from working life. The maternity leave offered by workplaces differs by country. In Turkey, the country where the study was carried out, maternity and paternity leave are governed by the Labor Law and the regulations enforced by the Ministry of Labor and Social Security. Accordingly, mothers benefit from paid maternity leave for 8 weeks before and 8 weeks after the birth. In addition, mothers have the right to request breastfeeding leave, unpaid leave, or part-time work permits. Fathers can also take paid leave for five days following birth (Cumhurbaşkanlığı, 2018). Similar to our findings, a study

exploring the experiences of employed mothers during breastfeeding concluded that some mothers started to work after a while following birth, that they were granted only a short-time paid leave, and that they could not benefit from unpaid leave due to their financial conditions (Gökdemirel et al., 2008). The time for returning to work may vary by the mother's living conditions (financial conditions, the nature of the job, executives' attitudes, and family preferences).

We realized that most of the participants experienced increased emotional intimacy with their husbands and reported some differences in their sexual lives compared to times before pregnancy. These differences primarily stemmed from husbands' more cautious attitudes and decreased frequency of sexual intercourse. In a similar study, it was determined a decrease in the frequency of sexual intercourse and the rate of orgasm during pregnancy (Arıca et al., 2011). Another study investigated the myths among men about sexual intercourse during pregnancy in Turkish culture and concluded that around 17% of the participants thought that sexual intercourse during pregnancy could harm the fetus. In addition, 93% of men thought that sexual intercourse during pregnancy was a "shame." Overall, the study concluded that prospective fathers had myths about sexual intercourse during pregnancy and highlighted the importance of awareness-raising activities on this subject (Tandoğan et al., 2019). It is thought that families' beliefs, concerns and understanding of health affect sexual life during pregnancy. Informative practices can be carried out to increase adults' knowledge on this subject.

The participants mostly pointed out their preparations regarding the baby's room and clothing in the theme of basic newborn care. It was also determined that the majority resorted to the internet, social media, and family elders to obtain information on newborn care. The internet is now an unrivaled resource to be knowledgeable about anything worldwide. A review study emphasized that the pregnant primarily consult internet information about pregnancy, birth, and postpartum (Lagan et al., 2011; Emül et. al. 2022). Besides, the participants often pointed out their family elders as the ones who would support them in newborn care in the postpartum period. Apart from non-professional support, the majority of the participants did not receive professional training in newborn care except for attending pregnancy schools. In fact, it is known that professional training in newborn care promotes the self-confidence of prospective parents and reduces their anxiety (Kuo et al., 2022). Factors affecting self-confidence and anxiety about newborn care can be listed as receiving training or bearing experience in newborn care and feeling ready for the role of motherhood (Şayık et al., 2019). The significance of training in newborn care may be highlighted by the previous findings that both mothers and fathers have low self-confidence in newborn care (Kara et al., 2017) and that mothers often engage in wrong traditional practices (Yalçın, 2012). When asked about their strengths in newborn care, we determined that the participants often perceived themselves as patient, resilient, and compassionate. On the contrary, they felt weak in breastfeeding, nutrition, and lack of social support. Due to the uncertainty of the postpartum period, the pregnant are likely to be worried about the unknown. In this sense, the presence of social support may be considered a significant mediator in

overcoming such worries. We believe that the pregnant would both overcome the feeling of the unknown thanks to professional awareness-raising activities in pregnancy and go through a more joyful pregnancy process with relevant social support.

It was uncovered that the majority of pregnant seemed unprepared to support the development of their babies. Similar to the theme of basic newborn care, the internet and social media were prominent resources the participants resorted to about newborn development. A previous study suggested that more than half of the participating mothers had inadequate knowledge of newborn development (Şahinöz, 2020). Given their strengths and weaknesses in newborn care, we found that the participants perceived themselves as knowledgeable, resilient, warmhearted, patient, and with social support, while they felt weak due to financial difficulties, feeling of inexperience, changes to their life patterns, health, and sleeplessness. The issues creating worries about the postpartum period became health-related issues, breastfeeding, and mental difficulties for mothers-to-be and financial problems and ignorance for fathers-to-be. In summary, we determined that both mother and father candidates did not have adequate awareness and preparations in the prenatal period to support the development of their babies. Although this situation seemed like a process that parents would encounter and seek support in the postnatal period, we think that adequate awareness and preparations in the prenatal period would contribute to their and the baby's development.

Strengths and limitations

We believe that our research deserves scholarly attention since we explored the pregnant's readiness for life with a baby through one-to-one interviews with the participants. The present study, carried out in a developing country with a relatively high birth rate, also offers an opportunity to comparatively address the topic in different countries. Moreover, given the cultural aspects of birth and postnatal care, it would be noteworthy to reveal the situations in other countries.

Yet, this study was limited to the data collected by a single healthcare professional in a single health center and the views of 17 expectant mothers as of the study date. It is known that quantity of the data is challenging for qualitative methodologies (Rogers, 2018).

The role of authors could potentially affect data analysis process and interpretation of the finding's reflexivity as usual qualitative studies. The authors are experts on child development and psychology, their vision to pregnant women's developmental and psychological perspective.

The study was carried out in a center where primary health care services are provided, a wellness center. Studies to be conducted in higher level health institutions may provide different data. Additionally, since the study group is thought to have general characteristics of Turkish culture, it can be said that it cannot be generalized to other cultures.

Conclusion

Our findings suggested that the participants often had a planned pregnancy, and their spouses were always ready to support them. Although the expectant mothers went through a physically and mentally challenging pregnancy, they never stopped making preparations for the postpartum period. While the work schedule would change for the participants after birth, it would not change significantly for the fathers-to-be. We also concluded that the participants mostly had social support and resources but limited access to professional training in basic newborn care and development. Accordingly, their feeling of weaknesses related to life with a baby was rooted in the lack of professional support. To conclude, it seems critical for all pregnant and their spouses to attend training to be designed by a team of interdisciplinary experts in pregnancy, birth, essential newborn care and development, and supporting newborn development.

Contribution Statement/Araştırmacıların Katkı Oranı

All researchers contributed equally to the study. / Çalışmaya tüm araştırmacılar eşit oranda katkı sağlamıştır.

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Declaration of Competing Interest / Çatışma Beyanı

There is no conflict of interest. / Çıkar çatışması bulunmamaktadır.

Ethics Committee Approval / Etik Onay

Ethics committee approval was obtained for this study. This study was conducted according to the guidelines laid down in the Declaration of Helsinki and all procedures involving human participants were approved by The Non-Interventional Clinical Research Ethics Committee of İstanbul Medipol University. Written informed consent form was obtained from all participants. / Etik kurul onayı alınmıştır. Bu çalışma, Helsinki Bildirgesi'nde belirtilen kurallara uygun olarak yürütülmüş ve katılımcılarla yapılan tüm işlemler, İstanbul Medipol Üniversitesi Girişimsel Olmayan Klinik Araştırmalar Etik Kurulu tarafından onaylanmıştır. Tüm katılımcılardan yazılı bilgilendirilmiş onam formu alınmıştır.

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BAŞVURU BİLGİLERİ	**ARAŞTIRMANIN AÇIK ADI**	Gebelerin Bebekli Yaşama Hazır Oluşlarının Değerlendirilmesi			
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