Vulnerable Baby Perception and Self-Confidence of Primiparous Mothers: A Cross-Sectional Study

Primipar Annelerin Kırılgan Bebek Algısı ve Öz Güveni: Kesitsel Bir Çalışma

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ABSTRACT

In this study, examine the relationship between the perception of vulnerable babies and self-confidence in primiparous mothers with 7-30 days old babies after birth. The cross-sectional study was conducted with 334 primiparous mothers. The data of the study were obtained by using "Vulnerable Baby Perception Scale (VBPS)" and "Karitane Parent Self-Confidence Scale (KPSCS)". In this study, the mean score of the scale was VBPS 29.13±6.15, KPSCS 32.09±6.5, KPSCS Parenting Sub-Dimension 8.43±1.91, KPSCS Baby Care Sub-Dimension 23.65±5.16. It was determined that there was a significant difference between the VBPS, KPSCS and its sub-dimensions in working mothers, there was a significant difference between the KPSCS Parenting Sub-Dimension Total Score in mothers who gave birth by cesarean section, and between the KPSCS and Baby Care Total Score of those who did not have social support ($p<0.05$). In this study, the fact that the age of mothers is small and early postpartum, lack of social support and cesarean delivery increase the perception of vulnerable babies in mothers and decrease their self-confidence.

Keywords: Mother, Parent, Self-Confidence, Vulnerable Baby, Newborn

ÖZ

Bu çalışmada, doğumdan sonra 7-30 günlük bebekleri olan primipar annelerde kırılgan bebek algısı ile öz güven arasındaki ilişki incelenmiştir. Kesitsel çalışma 334 primipar anne ile yürütülmüştür. Çalışmanın verileri "Kırılgan Bebek Algı Ölçeği (KBAÖ)" ve "Karitane Ebeveyn Kendine Güven Ölçeği (KEKGÖ)" kullanılarak elde edilmiştir. Bu çalışmada ölçeklerin ortalama puanı KBAÖ 29.13±6.15, KEKGÖ 32.09±6.5, KEKGÖ Ebeveynlik Alt Boyutu 8.43±1.91, KEKGÖ Bebek Bakımı Alt Boyutu 23.65±5.16 olarak bulunmuştur. Çalışan annelerde KBAÖ, KEKGÖ ve alt boyutları arasında anlamlı bir fark olduğu, sezaryenle doğum yapan annelerde KEKGÖ Ebeveynlik Alt Boyut Toplam Puanı arasında ve sosyal desteği olmayan annelerde KEKGÖ ve Bebek Bakımı Toplam Puanı arasında anlamlı bir fark olduğu belirlenmiştir ($p<0,05$). Bu çalışmada annelerin yaşının küçük ve doğum sonrası erken olması, sosyal destek eksikliği ve sezaryen doğum yapmış olmaları annelerde kırılgan bebek algısını artırmakta ve özgüvenlerini azaltmaktadır.

Anahtar Kelimeler: Anne, Ebeveyn, Özgüven, Kırılgan Bebek, Yenidoğan

Haliç University Non-Interventional Clinical Research Ethics Committee Ethics Committee Date: 29.06.2022; No: 151

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Geliş Tarihi / Received: 26.09.2024
Kabul Tarihi/Accepted: 13.03.2025

INTRODUCTION

Pregnancy is a period of opportunities for many women that allows them to prepare for the role of motherhood. The mother's self-confidence in parenting is an important factor in the healthy growth and development of babies after birth. The lack of confidence that may occur in the mother during this period can adversely affect their ability to care for their baby. [1, 2] Some mothers may perceive their babies as "vulnerable" during pregnancy, at birth or at any postpartum period, due to various reasons related to the baby's health, to feel inadequate in understanding the baby's special needs and to lack of support systems.[1]

Following childbirth, all women strive to adapt to physical, social and emotional changes, to meet their own care and the needs of the newborn. [3] In the literature, it has been reported that in cases where parental trust is insufficient, babies do not show sufficient growth and development, an increase in maternal depression is observed, negativities occur in the role of motherhood and difficulties are experienced in the mother-baby relationship. In addition, it is reported that mothers with low parental confidence are more aggressive, punitive, low self-esteem and harsh temperament than mothers with sufficient parenting confidence. [3, 4]

The perception of vulnerability is known that causes the mother to experience excessive anxiety about the physical condition of her baby and the difficulty of separating the mother and baby from each other. As a result of these situations, it is reported that the baby has difficulty in adapting to the environment, to be behind in learning new behaviors/abilities, not to socialize as required, to cope with absences / frustrations, to be a self-confident individual, to academic failure, to engage in aggressive behaviors.[5-7] While it is stated that the mother's perception of vulnerability adversely affects the psychosocial development of the child, the effect of the perception of vulnerability on psychosocial development has not been adequately studied, and it is not fully stated which factors related to both the mother and the child contribute to the development of the perception of vulnerability in the mother in early childhood. [1,6,7] In addition, while the research conducted by Doğan et al. [8] and Metin et al. [9] in our country to evaluate mothers' perception of their children as vulnerable were found in children aged 4-5 years, a study evaluating infancy could not be reached. In today's studies, mothers' perception of their babies as vulnerable, mother's self-confidence and relationship with each other have not been examined sufficiently. This study was conducted to examine the relationship between the perception of vulnerable babies and self-confidence in primiparous mothers with 7-30 days old babies after birth.

MATERIAL AND METHOD

Study Design

This study was conducted in a cross-sectional descriptive type in order to examine the relationship between the perception of vulnerable babies and self-confidence of primiparous mothers with 7-30 days old babies after birth. For this purpose, the following questions were answered.

- What is the level of vulnerable baby perception in the postpartum period in primiparous mothers?
- What is the level of parent, baby care and self-confidence of mothers in the postpartum period in primiparous mothers?
- Is there a difference between the sociodemographic and obstetric characteristics of primitive mothers and parent, babysitting and self-confidence and their perception of their babies as vulnerable?
- Is there a relationship between the perception of vulnerable baby in the postpartum period and mothers' infant care and self-confidence levels in primiparous mothers?

Population

The universe of the study consisted of primiparous mothers in the first 7-30 days after birth, and it was planned to reach 323 data, which is the maximum universe and minimum total numbers that can be obtained with a 95% confidence interval and a 0.05 margin of error.[11] 334 mothers were reached during the 30-day period when Google surveys were open. In the post-hoc power analysis conducted after the research; it was determined that the sample was sufficient.

Criteria for inclusion; Mother between the ages of 18-35, having a single baby, mother having the first baby, postpartum 7-30 between days, the baby is with the mother, the mother does not have a diagnosed psychiatric disease (postpartum depression, depression, schizophrenia etc.), the birth weight of the baby is between 2500 g and 4000 g, the mother does not have problems with milking or breastfeeding, the birth week of the baby is 37 weeks or more, Turkish can be understood and spoken.

Exclusion criteria*;* Having been conceived through n Vitro Fertilization (IVF) or other assisted reproductive techniques. Having lost a child who lived before.

Data Collection Tools and Methodology

Internet-based survey technique, one of the electronic survey types, was used to collect the data. The data was collected by making announcements on social media and digital networks (e.g., Facebook, Instagram, Twitter) to reach participants. Data collection tools were created by one of the researchers (XXX) through "Google forms." On the first page of the forms, there were items containing sample selection criteria. Participants who were not eligible for sample selection could not proceed to the next page. The information was prepared based on the statements of the participants. The prepared forms were sent digitally to the mothers through links created by the researchers. At the beginning of the study, women who met the inclusion criteria were informed about the content and purpose of the study with a short text before the online survey. A voluntary consent form was obtained online from those who volunteered to participate in the study. After consent was obtained, participants were able to view the questions. The forms were left active for 30 days. In the pilot application, the 30-day postpartum limit and other selection criteria were placed on the first page of the Google forms survey and tested. Participants were required to check a box confirming they met all the criteria; those who did not meet the 30-day postpartum limit or other criteria were unable to proceed with the survey. Mothers completed a three-part questionnaire including demographic, KPSCS, and VBPS. After obtaining the necessary permissions, the data collection link was shared with a group of 50 mothers to assess the clarity of the questions. Since no corrections were required after the pilot application, the data collection process was initiated.

In collecting the data, the “Data Collection Form”, which was created by the researchers by scanning the literature, the “Vulnerable Baby Perception Scale” and the “Karitane Parental Self-Confidence Scale” were used.

Data Collection Form: In line with the literature [1,7-10] prepared data collection form consists of a total of 17 questions about the socio-demographic characteristics of women, the characteristics of the baby and the obstetric characteristics.

Karitane Parent Self-Confidence Scale (KPSCS); The scale developed by Crncec et al. [3] was adapted to Turkish by Yılmaz and Oskay. [4] The scale evaluates the self-confidence of mothers and fathers with 0–12-month-old babies in parenting and consists of 14 items. The scores that can be obtained from the scale are between 0-42, and high scores indicate that the parent's self-confidence is high. The scale Cronbach alpha value was determined as 0.93 for the scale-wide, 0.96 for the Care of the baby sub-dimension, and 0.71 for the Parenting role sub-dimension. In this study, 0.89 was found.

Vulnerable Baby Perception Scale (VBPS); The scale consists of 10 questions and is of the Likert type of 5. The total score of the scale is 50. The fact that the score taken from the scale is 27 and above shows that the

perception of vulnerability is high. It is not recommended to apply the scale in case of mother-baby separation for any reason. The Turkish adaptation of the scale was made by Yavaş and Çiğdem [1] and the Cronbach alpha value was determined as 0.84. In this study, it was found to be 0.79.

Statistical Analysis

First, it was checked whether the questionnaires were filled. IBM SPSS version 24.0 software was used for all statistical analysis. The Kolmogorov–Smirnov test was used to assess the distribution of the data prior to statistical analysis. Descriptive statistics were calculated, including frequency, percentage for nominal variables, and mean and standard deviation for continuous variables. Mann Whitney U and Kruskal Wallis test were used to test categorical variables and their VBPS, KPSCS and sub-dimensions, and Spearman Correlation Test was used to determine the relationship of continuous variables. The significance level was determined as $p<0.05$.

Ethical Aspects of the Research

Before starting to collect data, ask the Non-Interventional Clinical Research Ethics Committee (Ethics Committee Date: 29.06.2022; No: 151) was approved by the ethics committee. Permission was obtained from the scale authors. It was stated on the first page that necessary information about the study and participation in the study were provided on a voluntary basis. If they agreed to participate in the study, they were asked to mark the statement "I consent to participate in the study." No incentives were offered for participation in the study. The surveys were anonymous. The study was announced and promoted online through various platforms such as social media (e.g., Facebook, Instagram, Twitter), allowing participants to access the survey. During the study period, the principles outlined in the Helsinki Declaration were adhered to.

RESULTS AND DISCUSSION

The study was conducted with 334 primiparous mothers with 7-30 day old babies. It was found that there was a significant difference between KPSCS and its sub-dimensions in working mothers, and that there was a significant difference between the KPSCS Parenting Sub-Dimension Total Score in mothers who gave birth by cesarean section, and between those who did not have social support and KPSCS Total Score (Table 1; $p<0.05$).

In the postpartum period, parents encounter a new situation, the concept of being a mother and father.[11, 12] In this process, mothers enter a period of physical, social and emotional changes by taking responsibility for learning new roles, caring for the baby with their own care, communicating with the baby and coping with the problems related to the baby. This situation sometimes leads to the emergence of fear, anxiety and lack of self-confidence problems related to the process. [12,13] This study was conducted to examine the relationship between the perception of vulnerable babies and self-confidence in primiparous mothers with 7-30 days old babies after birth. In this study, it was found that mothers perceived their babies as vulnerable, and their self-confidence was above average.

When a working woman becomes a mother, she takes on new responsibilities and obligations related to the upbringing and care of her child.. [14] In this study, it was found that working mothers had a higher perception of vulnerable babies and lower self-confidence. In their study, In this study, it was found that working mothers had a higher perception of vulnerable babies and lower self-confidence. This finding is consistent with previous research, which suggests that the demands of balancing work and motherhood can increase stress and anxiety, potentially affecting self-confidence in parenting and perceptions of infant vulnerability.[15]

Table 1. Distribution of Categorical Variables and Comparison with VBPS And KPSCS Total Scores (N=334)

Variables	n (%)	** VBPS Total Score	*KPSCS Total Score	*KPSCS Baby Care Sub-Dimension Total Score	*KPSCS Parenting Sub-Dimension Total Score
Education Status					
Literate a	15 (4.5)	29.73±6.50	28.26±8.52	21.06±6.29	7.20±2.67
Basic education b	46 (13.8)	29.39±5.33	31.91±5.26	23.30±4.28	8.60±1.83
Secondary education c	102 (30.5)	31.70±5.19	31.50±6.53	23.05±5.18	8.44±1.99
University and above d	171 (51.2)	27.48±6.34	32.83±6.50	24.33±5.18	8.49±1.78
X^2/ **KW****		31.138	7.353	8.891	3.418
p		***.000***	.061	***.031***	.332
		c>d¥		***c>a¥***	
Working Status					
Yes	126 (37.7)	30.01±6.24	30.85±7.10	22.79±5.68	8.06±1.97
No	208 (62.3)	28.60±6.04	32.84±6.01	24.18±4.76	8.66±1.84
U**		11329.000	11048.000	11440.500	10889.500
p		***.038***	***.016***	***.050***	***.009***
Income Status					
Income less than expenses a	193 (57.8)	28.76±5.52	31.66±6.41	23.21±5.03	8.45±1.97
Equal to income expenseb	60 (18.0)	30.65±7.33	33.70±5.74	24.81±4.62	8.88±1.59
Income more than expensesc	81 (24.3)	28.90±6.52	31.93±7.14	23.86±5.74	8.07±1.91
X^2/ **KW****					
p		3.321	4.348	4.903	7.478
		.190	.114	.086	***.024***
					b>c¥
Family Type					
Nuclear	296 (88.6)	29.17±6.29	32.11±6.55	23.70±5.21	8.41±1.89
Wide	38 (11.4)	28.84±4.97	31.92±6.23	23.28±4.83	8.63±2.04
U**		5450.000	5359.000	5206.500	5328.000
p		.756	.636	.455	.592
Pregnancy Planning Status	250 (74.9)	28.74±6.09	32.14±6.69	23.66±5.31	8.47±1.89
Yes	84 (25.1)	30.29±6.21	31.96±5.96	23.63±4.72	8.33±1.96
No		9119.000	10115.000	10253.500	9975.000
U**		.071	.615	.747	.487
p					
Mode of Birth					
Vaginal	157 (47.0)	29.31±5.99	31.82±6.69	23.63±5.35	8.19±1.87
Cesarian section	177 (53.0)	28.98±6.29	32.33±6.35	23.68±5.00	8.65±1.92
U**		13521.500	13334.000	13790.500	12073.500
p		.671	.524	.906	***.036***
Smoking					
Yes	41 (12.3)	28.80±4.78	29.60±5.98	21.73±4.58	7.87±2.01
No	293 (87.7)	29.18±6.32	32.44±6.51	23.92±5.19	8.51±1.88
U**		5768.500	4359.000	4337.500	5010.000
p		.680	***.004***	***.004***	.081
Sex of the Baby					
Girl	162 (48.5)	29.72±5.38	31.95±6.54	23.29±5.08	8.66±2.00
Boy	172 (51.5)	28.58±6.76	32.22±6.49	24.00±5.24	8.22±1.80
U**		12434.000	13401.000	12465.000	12091.500
p		.089	.546	.095	***.034***
Baby's Diet					
Only breast milk	220 (65.9)	29.24±5.86	31.91±6.59	23.55±5.37	8.35±1.86
Formula	87 (26.0)	29.29±6.26	32.18±6.21	23.59±4.72	8.58±1.92
Mix (breast milk+formula)	27 (8.1)	27.77±7.92	33.29±6.86	24.66±4.87	8.62±2.27
X^2/ **KW****		.981	1.414	1.103	2.339
P		.612	.493	.576	.310
Pacifier/Bottle Use Status	114 (34.1)	28.71±5.56	32.04±6.33	23.47±4.81	8.57±2.12
Yes	220 (65.9)	29.35±6.43	32.12±6.61	23.75±5.35	8.36±1.79
No		12061.000	12354.000	11804.000	11362.000
U**		.566	.824	.377	.153
p					
Social Support Status	180 (53.9)	29.69±6.28	31.28±6.45	22.89±5.28	8.39±1.741
Yes	154 (46.1)	28.48±5.94	33.03±6.47	24.55±4.89	8.48±2.09
No					13277.500
U**		12425.000	11476.500	11299.000	.502
p		.102	***.007***	***.003***	

** Karitane Parent Self-Confidence Scale,** Vulnerable Baby Perception Scale, ***Mann Whitney U; ****Kruskal Wills p<0.05; ¥: Post Hoc Bonferroni*

These studies highlight the challenges that working mothers face in maintaining their confidence in caregiving roles, which can influence their perceptions of their babies' needs and well-being. A working mother has more responsibility for the care of the child, within the family, and may be inclined to blame herself for not being able to give her child adequate care. [16] In this study, it was found that the parenting role of women who gave birth by cesarean section and the self-confidence of mothers and their confidence in baby care were adversely affected in those who did not have social support. In another study, it was found that there was no difference between mothers' self-confidence and social support and delivery style.[3] In the study of Özkan et al. [17] women who gave birth by cesarean section reported higher functional application scores for baby care in the sixth month. Some studies report that social support in the postpartum period facilitates women's physical, social and emulation adaptation to the postpartum period. [18,19] While the research findings are parallel with the effect of working women on care and confidence in the postpartum period, the findings on the mode of delivery and social support are contradictory. These inconsistencies may suggest that factors such as personal experiences, cultural differences, and the type of support available may play a significant role in shaping mothers' perceptions and self-confidence. Further studies on this issue can be recommended.

The age of the mothers participating in the study was 27.44±4.91an it was found that there was a positive relationship between the weight of the baby and the weight of the baby with the VBPS, the age of the mother and the baby with the VBPS and their own sub-dimensions, the parenting and baby care sub-dimension of the VBPS and the age of the baby (Table 2; p<0.05).

Table 2. Distribution of Continuous Variables and Their Relationship with the Total Scores of VBPS, KPSCS and its Sub-Dimensions (N=334)

Variables	Mean±SD (Min-max)	r/p			
		*** VBPS	**KPSCS	**KPSCS Parenting Sub-Dimension	** KPSCS Baby Care Sub-Dimension
Mother Age	27.44±4.91	-.070	.200**	.093	.106
	(18.00-40.00)	.204	***.000***	.091	.054
Baby's Age (Day)	14.34±6.14	-.066	.201**	.181**	.190*
	(7.00-30.00)				*
		.231	***.000***	***.001***	***.000***
Baby's Birth Height (cm)	50.19±1.93	.212**	-.032	.017	-.029
	(47.00-56.00)	.000	.565	.758	.593
Baby's Birth Weight (gr)	3295.03±435.86	.120*	.089	.007	.109*
	(2510.00-4500.00)	***.029***	.105	.893	***.046***
***** VBPS**	29.13±6.15	1.000	-.033	-.110*	-.074
	(13.00-43.00)	.	.543	***.045***	.176
****KPSCS**	32.09±6.51	-.033	1.000	.779**	.967*
	(10.00-42.00)				*
		.543	.	***.000***	***.000***
****KPSCS Parenting Sub-Dimension**	8.43±1.91	.110*	.779**	1.000	.609*
	(4.00-12.00)				*
		.045	***.000***	.	***.000***
****KPSCS Baby Care Sub-Dimension**	23.65±5.16	-.074	.967**	.609**	1.000
	(5.00-30.00)	.176	***.000***	***.000***	.

Spearman Correlation Test, p<0.05 ** Karitane Parent Self-Confidence Scale,* Vulnerable Baby Perception Scale*

The way mothers perceive their babies and their expectations for them, and the fact that babies are at the early age stages and mothers are ready for parenthood are extremely important in their relationships with their babies. [20,21] In this study, it was observed that as the age of the mother and the postnatal days of the baby increased, the self-confidence levels of mothers in parenting and infant care increased. In a meta-analysis study, studies on vulnerability between 1989 and 2013 were screened and it was stated that factors such as maternal anxiety, health history, medical problems during birth, insufficiency in the role of parents, and the age of the baby were related to the perception of vulnerability. [22] According to the results of multiple regression analysis of a study, it is reported that the parenting behavior scores of mothers in the early postpartum period, maternal age and birth weight of the baby affect. [21] In another study, it is reported that postpartum functional applications are more successful in those whose maternal age is between 30-35 years of age. [19] It can be said that as the babies' postpartum day grows, the mother's adaptation to the new role increases and the mother's awareness increases as the age progresses. In this context, the research findings and the literature are similar. Since only mothers between the ages of 18 and 35 were included in the study, it does not include mothers over the age of 35.

Mothers' low self-confidence in the transition to the new role after birth can cause them to perceive their babies as vulnerable. [20,23] In this study, it was found that mothers perceived their infants as vulnerable. In addition to the negative impact on the growth and development of the baby, the perception of vulnerability also adversely affects the life of the parents and the role of the parents. [20] A meta-analysis study also reports that the perception of vulnerability may be caused by psychological factors such as anxiety in parents. [22] Insecure mothers who have difficulty adapting to motherhood after birth may have problems in the care of their babies. When the mother's self-confidence is insufficient; may not be able to fulfill the role of motherhood and this may have negative consequences for the health of the newborn and the mother. [24] It can be said that there is a need for postnatal longitudinal studies on the perception of vulnerability. In this study, it was determined that mothers' self-confidence in parenting and infant care was above average. In their study, Thomason et al.[21] reported that maternal beliefs are also highly affected by the perception of vulnerability, the perception of self-efficacy and the perception of social expectations of women are interrelated situations. The research findings and the literature show parallelism, and it can be said that as mothers' self-confidence decreases, the perception that their babies are vulnerable increases. This suggests that mothers who feel less confident in their parenting abilities may be more likely to perceive their babies as fragile or at risk, potentially leading to heightened anxiety and a greater sense of vulnerability regarding their infant's wellbeing.

Limitations of the Study

The study was limited to being conducted on an online platform and during a specific postpartum period. Additionally, the study sample was restricted to primiparous mothers with babies aged 7-30 days postpartum, which limits the generalizability of the findings to other maternal populations, such as multiparous mothers or mothers with babies outside this age range. The study's reliance on self-reported data from an online survey could have introduced response biases, including social desirability or misunderstanding of the questions, which may affect the accuracy of the responses. Furthermore, the study did not include a control group, which makes it difficult to establish causality between variables. The use of a cross-sectional design limits the ability to assess changes over time in maternal self-confidence and perception of vulnerable babies. Finally, the study's findings may not be applicable to mothers from different cultural, socioeconomic, or geographic backgrounds, as the sample was not diverse in terms of these factors.

Acknowledgment: None

CONCLUSION AND RECOMMANDATION

In this study, it was observed that as the age of the mother and the postnatal days of the baby increased, mothers' self-confidence levels in parenting and infant care increased. This suggests that with the passage of time and as mothers gain more experience in the early postpartum period, their confidence in handling infant care tasks improves. Additionally, it was found that while mothers perceived their babies as vulnerable, their parenting self-confidence was above average, indicating that despite perceiving their babies as vulnerable, many mothers felt confident in their ability to care for their infants.

A significant finding of this study was that working mothers had a higher perception of vulnerable infants compared to those who were not employed. This may indicate that external pressures related to work might influence how these mothers perceive their infant's vulnerability, possibly due to feelings of inadequacy or the challenges of balancing work and parenting responsibilities.

Furthermore, the study revealed that mothers who gave birth via cesarean section had lower parenting role confidence, specifically in the Parenting Sub-Dimension of the KPSCS. This suggests that the physical and emotional recovery associated with cesarean delivery might impact mothers' sense of efficacy and confidence in their parenting role.

Another important result was that mothers without social support experienced negative effects on their self-confidence, particularly in the areas of parenting and infant care. These mothers reported lower levels of confidence, indicating the crucial role that social support plays in enhancing mothers' self-efficacy during the postpartum period.

It was also found that mothers' perception of their babies as vulnerable was negatively correlated with their self-confidence levels. As mothers' self-confidence decreased, their perception of vulnerability in their babies increased, highlighting the interconnection between maternal self-perception and their perceptions of their infants.

Based on these findings, it is recommended that healthcare professionals and support networks focus on providing targeted interventions for mothers with low self-confidence, particularly those who are unemployed, those with limited social support, and those who have undergone cesarean sections. These groups may benefit from additional emotional and practical support to strengthen their confidence in parenting and infant care.

Interventions for Working Mothers: Considering that working mothers had a higher perception of vulnerable babies, it is essential to provide tailored counseling or parenting support programs that address the unique challenges faced by working mothers. Such programs could focus on stress management, work-life balance, and the development of coping strategies to improve their confidence in both work and parenting.

Support for Cesarean Section Mothers: Since mothers who delivered via cesarean section reported lower self-confidence in parenting, specific postnatal care and counseling should be provided to these mothers to address concerns related to recovery and parenting after surgery. Physical recovery support and emotional reinforcement could help increase their confidence.

Social Support Networks: It is critical to strengthen social support networks for mothers, particularly those who lack family or community support. Peer support groups, online parenting communities, and professional counseling could help alleviate the emotional burden and enhance self-confidence.

Long-term Studies: Given the cross-sectional design of this study, future research should explore the long-term impact of maternal self-confidence on infant care, including how changes in self-confidence

over time affect mothers' perceptions of their babies and their parenting behaviors. Longitudinal studies could help identify causal relationships and offer more comprehensive insights into the dynamic relationship between maternal self-confidence and infant care.

Public Health Campaigns: Public health initiatives aimed at raising awareness of the importance of social support during the postpartum period could be beneficial. These initiatives should emphasize the significance of community engagement and the role of family and friends in supporting new mothers.

Overall, further research is needed to explore the complex relationships between maternal self-confidence, the perception of vulnerable infants, and the various socio-demographic and obstetric factors that may influence these variables. Studies with more diverse populations, including mothers from different cultural, socioeconomic, and geographical backgrounds, would contribute to a broader understanding of the factors that influence maternal perceptions and self-confidence in the postpartum period.

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