

**21st Century Motherhood:
Navigating Work, Family, and the Struggle to Have it All**

By
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»

This Haitian proverb has become my mantra in grad school and in life:

Piti piti zwazo fé nich li.

Piece by piece, the bird builds its nest.

»

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DEDICATION

This dissertation is dedicated with admiration and gratitude
to the brave women who paved the way before me.
From the countless women whose names and stories I will never know—
who marched and prayed and rallied and fought
for me to have the right to vote and study and have an opinion—
To my beloved grandmothers,
Lorraine Joanne Hoffman (1923-2013) and Evelyn Theresa Lewis (1933-)
who, by their love and courage,
made me believe this was something I could do:

Thank you.

I am here because of you.

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PREFACE

*“[Becoming a mother] is the best and worst thing I have ever done.
It's so, so great and so terrible all in one.”*

-Stephanie¹, 32, doctor and first-time mother

When I set out to study the transition to motherhood six years ago, I expected to uncover a story about how grueling, exhausting and impossible modern-day motherhood can be. It is a familiar narrative that many books, articles and blogs will tell, perhaps to counter glowing accounts of how fulfilling and soul-changing motherhood is. And yet, despite inevitable challenges, many of the women I interviewed described motherhood as gratifying, beautiful and joy-giving—even as they told me about struggles with loneliness, isolation, exhaustion, and boredom. For many women, it is not the process of becoming a mother itself that is the hardest thing—not the pregnancy, the months of growing a new lifeform in her belly, not the labor and delivery, not the sleepless nights, not the breastfeeding (although yes, all of those things can be excruciating)—but rather navigating the bureaucracy of an economic and social world that is not set up with them in mind. Despite advances in education, employment, relationships and economic opportunities for many women, there remain tensions between personal and professional selves.

The stories that stand out to me now, as I wrap up this project, are stories like this:

The 30-year-old teacher who would pump breast milk while driving 45 minutes to work each day on the highway, because she knew she would not have time to pump when she

¹ Names have been changed to protect respondents' confidentiality.

got to school. (I recently told one of my mentors about this, and she replied, “Oh yes, I did that too.”)

The 23-year-old social worker who was given “the opportunity to resign” when she had trouble keeping up with her new job because she was feeling so sick she was blacking out at work.

The 37-year-old accountant who cried herself to sleep at night because she was so desperate to find a way to cut her hours to part-time so she could have more time with her infant son.

Popular media accounts would have us believe that there is an ongoing “Mommy War,” where working mothers take sides against stay-at-home mothers, and breast-feeders wage war against bottle-feeders. I argue that the real Mommy War is not one of women against one another, but rather of women (and men) against a capitalist system set up to maximize financial profits no matter what the human cost. To claim otherwise is to distract us from the true problem. The so-called mommy wars framed as woman-versus-woman—besides being poorly substantiated in my empirical data—is a way of pitting women against each other, so that they are distracted from challenging unjust policies and turn to fighting each other instead. Beneath the battles about the best way to carry and birth and nurture and feed and educate your child, are really just a bunch of women struggling to do the best they can against a host of personal and structural challenges, to raise happy, healthy children.

Over and over, even as new mothers told me about the difficulties of pregnancy, birth, breastfeeding and self-doubt, they still marveled at the miracle of bringing life into the world. It seemed to be more than simply conforming to gendered scripts about what good moms are supposed to say: They loved their babies, they were in awe of the bond they were forming (even if that bond did not always come as naturally or as painlessly as they might have hoped); and many of them—though not all—celebrated becoming a mother as one of the best things they had

ever done. As one mother I interviewed put it: “The lows have sucked as much as I thought they would suck, like the sleep deprivation and all of that. But the highs have just been magical”

(Alice, age 38). I asked her to elaborate. She explained:

Like, the whole sleep deprivation thing sucks so bad, and he was a bad sleeper for a long time and he's still not great. But, it's like whatever. People get tired. They go on with their lives. The world doesn't stop, you know? But Just like every day that I get to see him, like when he gets up in the morning, or even when I lift him out of his carseat when we go home from daycare, every day again I'm just like so excited that he's *my* baby!

One theme throughout this research became the topic of maternal ambivalence. Like Alice and Stephanie, the mother I quoted at the start of this preface, for many women, the first year was a complicated, emotional journey. In the face of ongoing gaps in social and institutional support women and families, today's mothers are working hard to find creative, sustainable ways to “have it all”—build strong relationships, maintain meaningful work (or at least work that will pay the bills), and raise healthy, happy children, all while continuing to take care of themselves. Some of my respondents seemed to be doing this quite successfully, and I have been striving to understand *how*. For others, this proves much more challenging, and I strove to understand *why*. Here, then, are the stories of 21st century mothers confronting the transition to motherhood, and the supports and barriers they find along the way.

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ABSTRACT

This dissertation examines the experiences of first-time mothers' transition to motherhood in the 21st century United States. Based on interviews with 46 first-time mothers, as well as eight practitioners who work with new mothers, I explore women's experiences of the transition to motherhood. The research questions I answer are: (1) *How do women in the 21st century navigate the transition to motherhood?* (2) *What broader social issues are visible in individual women's troubles as they become mothers?* and (3) *What factors may exacerbate or mediate these troubles?* These questions are addressed in three distinct papers which explore, in turn, institutional (policy), interactional (technology), and cultural (ideology) factors impacting women's transition to motherhood.

In the first article, I explore how, in the absence of a federally mandated parental leave policy, American women's occupational group shapes their access to parental leave. I find that disparities in access to formal benefits, including job security and paid or unpaid time off, are exacerbated by inequitable access to informal benefits, such as flexible hours and accommodations offered by "understanding" bosses. Further, these differences are reinforced by women's ability to leverage cultural capital and knowledge to access (or fail to access) these informal benefits.

In the second article, I explore how women use social media and technology across the transition to motherhood. I find that while technology can fill a necessary gap—helping women stay more connected to social, cultural and material resources—paradoxically, it can also exacerbate some of the challenges of early motherhood, by heightening anxiety, fear and

insecurities of new mothers. I conclude that, despite technology's potential to extend social support and connectedness for first-time mothers, it may also create a new source of invisible labor for women, such as the need to manage and curate not only her own online presence but also that of her baby. Women who opt out of social networking sites also opt out of the social support they stand to gain from them.

In the third article, I examine how cultural scripts may exacerbate the transition to first-time motherhood. While the transition to motherhood can be difficult for many women, not all participants in my sample found it equally disruptive of their lives. Specifically, those women who had prior experience with children were often better prepared not only experientially but also with narratives to combat oppressive, dominant ideologies about motherhood. In contrast, new mothers with more limited experience with infants frequently turned to expert advice or social networking to learn how to mother, but often struggled with incompatibilities between their expectations and reality, which could result in a particularly disruptive and isolating transition.

In each of these studies, I explore how structural factors such as occupational group, social support and cultural scripts about motherhood shape the very personal and individual experience of the transition to motherhood. Through highlighting the strengths and challenges facing new mothers, I hope to push us to more critical conversations about how we as a society can support women who bear children.

CHAPTER I

Introduction

I am not a mother. Let me start with that. I have “mothered²” many children throughout my life, but do not have children of my own. So what prompted me, in my late 20’s, to embark on a multi-year research project that examines the transition to motherhood? This project was born, at least in part, out of my own ambivalence about the intersection of work and motherhood, after decades of watching other women struggle to make it work. For over 20 years now, I have cared for other people’s children. I have watched women experience the pains of pregnancy, miscarriage, and childbirth. I have held women’s hands as they give birth, cradled babies who were minutes old, and spent many long days and nights with crying infants (and their worn-out mothers). I have nursed sick children and laughed until my belly hurt with healthy ones. I have watched those babies grow up, and watched their mothers struggle to reinvent themselves as they approach midlife, trying to rediscover who they are when they are not raising children. And along the way, I have witnessed mothers and fathers ride the rollercoaster of emotions that comes with being a parent.

As I watched women wrestle with the inevitable challenges of motherhood—first from the vantage point of a babysitter and nanny, and later as a resident advisor to homeless teen mothers—I was continually struck by the apparent lack of great options for women with kids.

² I have a brother who is 23 years younger than I am. Once, in an effort to understand how he made sense of our relationship, I asked him who he thought I was to him—*a sister? an aunt? a mother?* He responded, “You’re a mom. There are moms who have kids, and moms who don’t, and you are a mom who doesn’t have kids.”

Some women stopped working altogether when they had young children, sometimes driving them into a deep depression. Some made their peace with staying at home—many even seemed to enjoy it—but struggled with finding their way back into the paid labor force once their children were grown. Others worked full-time and rarely saw their babies, who spent more time with nannies or daycare staff than with their own parents. Some mothers worked multiple jobs, relying on family or friends for childcare, but still struggled to make ends meet. The more I watched other women confront these dilemmas, the more I wondered how anyone pulls this off. Thus, the central research question driving this project became: *How do women in the 21st century navigate the transition to motherhood?*

Women growing up in the United States today are taught that they can do anything, be anyone—we are encouraged to pursue the same educational and professional opportunities as men, we are told we can play with Legos as well as Barbies, that we can go to college and follow our dreams, that we can be the hero of our own story, that we can find meaningful work pursuing our passions. But over and over, I have watched women’s professional trajectories veer off course (at least temporarily) when they decide to have children. What really drew me to this project, I think, was my own ambivalence about pursuing work and family—the fear that I could excel at one or the other, but not both—and a desire to figure out how anyone pulls it off.

Background

Women and Work

Most women growing up in United States today have the opportunity to pursue educational and professional opportunities far beyond what was available to their mothers or grandmothers. Across all racial groups, women are outpacing men in completion rates for high

school and college, and are pursuing graduate degrees in record numbers (U.S. Department of Education, 2017). As of 2017, 141 women per year will complete college degrees for every 100 men (U.S. Department of Education, 2017). Women today marry later, if at all—the average age at first marriage for women stands at an all-time high of 27—and they have time to pursue a variety of romantic or sexual relationships as well as satisfying professional work (Bell, 2013). Certainly, women work out of economic necessity, but many women also work because they find it gives their life meaning and purpose. And yet, when women welcome children into their lives, their professional pursuits continue to take the backseat—largely because social structures in the U.S. have been slow to accommodate women and work (Correll, Benard and Paik, 2007; Blair-Loy; Stone, 2007). As philanthropist and businesswoman Melinda Gates recently declared: “We’re sending our daughters into companies designed for our dads” (Gates, 2017).

Today, women make up nearly half (46.8%) of the U.S. labor force (U.S. Department of Labor, 2017). Among women with children under age three, 61.4% work outside of the home (Bureau of Labor Statistics, 2017). While some men enjoy a fatherhood premium, or pay boost, at work when they become parents (Glaubner, 2008), women continue to face economic and social costs professionally, plagued by what sociologists calls “the motherhood penalty” (Avellar and Smock, 2003; Waldfogel, 1997). Furthermore, while middle-class, educated working mothers wrestle with competing demands from work and family (Blair-Loy, 2009), low-income mothers often work multiple part-time jobs in an effort to make ends meet; they are confronted with an increasingly restrictive social safety net that denies access to basic assistance if they *don’t* work (Moffitt, 2014; Wright, et al, 1999; Danzinger, et al. 2016).

The intersections of race and class further complicate expectations about women and work. Whereas married middle-class white women are newer to join the paid labor force, women

of color and immigrant women have long has no choice but to participate (Glenn, 1991). From 1960 to 2011, the proportion of female-headed households (those households with a sole or primary breadwinner who is a woman) rose from 11% to 40% (Wang, Parker, and Taylor, 2013). Even among couples, the financial dependence on two incomes is also on the rise, with over 60% of married couples residing in dual-income households (Pew Research Center, 2015). The rise of divorce rates means even women who opt into stay at home motherhood and depend on a partner's income, may eventually find themselves single and in need of work (Warner, 2013); in fact, barely half of U.S. adults (51%) over age 18 are married, compared to 72% in 1960 (Cohn, et al, 2011).

As of 2018, the United States remains the only industrialized nation in the world not to offer compulsory parental leave (OECD, 2016). The lack of parental leave in the United States is a problem across the board, but its effects are unequally distributed by income and occupation type (Hoffman, 2017). Only 14% of full-time workers—and just 4% of part-time workers—in the U.S. have access to paid time off (Bureau of Labor Statistics: National Compensation Survey 2016). Nearly one-quarter of new mothers return to work after just two weeks (U.S. Department of Labor 2017). Evidence shows that returning to work too soon has negative outcomes for both parents and babies (e.g. Khanam, Ngheim, and Connelly, 2016). Yet policies to remedy this have been slow in coming; one of the latest federal proposals posits taking money out of women's already tenuous social security income to pay for parental leave (Shapiro, 2018).

Expectations about motherhood

Paradoxically, as women's participation in the paid labor force has grown, expectations about what it means to be a good mother have grown with it. While the physical labor of mothering—things like hand-washing clothes and cooking from scratch—has gone down in a

convenience-based economy, the emotional labor associated with mothering seems to be on the rise (Cowan, 1983). In 1996, Sharon Hays coined the term “intensive mothering” to describe the parenting style that has come to define contemporary U.S. motherhood, which she classified as “child centered, expert-guided, emotionally absorbing, labor-intensive, and financially expensive” (1996). Other scholars have shown how mothers within and beyond the U.S. have adopted, contested or enacted this parenting strategy (e.g. Elliott, Powel & Brenton, 2015; Murray, 2015; Verduzco Baker, 2011). The result of this ideology, they argue, is that even as women do more work outside of the home, the expectations of time and emotional commitment within the home are on the rise (Cowan, 1983; Friedman, 2013).

The Opt Out Revolution

While women’s rates of labor force participation rose steadily in the second half of the twentieth century, since the 1990’s rates have leveled off (U.S. Bureau of Labor Statistics, 2018). Too often, when weighing the costs of childcare, the emotional and physical exhaustion of raising a young baby, and the demands of an often unforgiving work environment, women today continue to “opt out” of the workforce—though sociologist Pamela Stone found that this opting out was less of an empowered choice than it was made out to be at the time (Stone, 2007). Stone argued that while “media stories typically frame these women’s decisions as choices about family and see them as symptomatic of a kind of sea-change among the daughters of the feminist revolution, a return to traditionalism and the resurgence of a new feminine mystique,” (Stone, 2007b, p. 14) in fact, women chose to leave their inflexible jobs only “after agonized soul-searching and exhausting [their] options.”

A similar story was uncovered in the popular press over the span of a decade. In the early

2000's, women who chose to leave the demands of a competitive workforce to focus on their babies framed it as a choice they made with their eyes wide open (Belkin, 2003). Yet ten years later, when journalists followed up with these women, many of them told a different story. What seemed like a liberating choice at the time ended up closing doors and making for challenging mid-adult years as women wanting to return to the labor force contended with gaps on their resumes and outdated skillsets (Warner, 2013) Suffice it to say, patterns and tensions that emerge at the point of the transition to motherhood have far-reaching impacts for couples and families.

In this project, I am interested in several questions: What happens when women in the U.S. become mothers? How are their choices constrained by, or challenging, traditional gendered expectations? What social and institutional supports are in place (or lacking) to help or hurt women through this period of transition?

Aims of dissertation studies

In this project, I sought to examine how the intersection of women's identities, including their education, occupation, socioeconomic status and race shaped their outcomes and experiences as new mothers. I was particularly interested in how the theory of intensive mothering was adopted or contested by women becoming mothers for the first time. Furthermore, I wanted to examine how women's ideologies about motherhood, when coupled with their social and material resources, impacted their first year as a mother. I wanted to know what "work-life balance" can look like in the best of circumstances, and what factors continue to make it so elusive. In essence, this research was a response to Arendell's quest in the early 21st century for more scholarship "bridging the schism [...] between the conceptual and the empirical [...] between the interpretive and the positivistic" (2000: 1193). Arendell argued that, at the turn

of the last century, theoretical scholarship was not necessarily substantiated with evidence, and positivistic studies were not sufficiently theoretical. This study was an effort to bridge that gap.

Ultimately, I am in pursuit of better options for myself and my peers, and for our daughters. I want women to be able to enjoy the same opportunities as men—to be able to earn money and engage with adults and contribute to the social world outside of their home, as well as in it. Women should still be able to exercise freedom about how much time they spend with their children, but there has to be a middle ground between full-time work and full-time daycare or excavating oneself from personal and professional ties in order to devote one's total attention to childrearing. And no parent should have to forfeit healthcare or a roof over her head in order to spend quality time with her infant during their earliest months. Nurturing babies can be beautiful, satisfying and life-affirming; it can also be dull. Many women describe feeling bored, lonely and socially isolated during the early months of motherhood. They do not want to miss the most important milestones of their children's lives, sending their babies to daycare for 40-50 hours per week. But that does not mean they want to curtail the other things in their life that give it meaning, either. And many of them cannot afford to forgo the income or benefits associated with full-time employment.

All of my respondents were working or in school at least part-time before they got pregnant. Some had been investing in their careers for decades, others were working several part-time jobs to make ends meet. Some were committed to their employers, others had had a succession of short-term jobs. What I am interested in is what happens at the point of having a child: who continues to work, who does not? What factors shape their decisions? How do 21st century women make choices at the crossroads of work and first-time motherhood?

In my first article, I examine structural factors shaping women's access to parental leave

when they become mothers. Specifically, I look at the intersection between policy and practice, and how women's social capital may help them to leverage benefits beyond those formally available. From my data, I distinguish between three archetypes of working mothers—the professional mother, the pink-collar mother, and the low wage mother—and show how their social location shapes their trajectories when they become mothers.

In my second article, I look at how technology impacts the transition to motherhood. I argue that while technology put social support at women's fingertips, filling an important need for social connection and support, it can also exacerbate some of the stresses and anxieties associated with first-time mothering.

In my third article, I examine how dominant cultural scripts surrounding motherhood may add to the disruptiveness of the transition to motherhood for first-time mothers. Based on specific examples from the 46 new mothers I interviewed, I argue that prior experience with infants may help mitigate the weight of these cultural scripts, while a reliance on expert-driven parenting advice can make the first year of motherhood feel particularly onerous.

Taken together, these three topics—parental leave, social support mediated by technology, and cultural scripts—offer a glimpse into the unique challenges and opportunities for women becoming mothers at this particular juncture in U.S. history. They reveal how women get by with limited state-sponsored support, how they build networks of care, and how broad social issues, such as childcare, poverty, and gender-based inequalities continue to be framed in popular discourse as individual troubles rather than social problems. In the individual stories of these women, we can see the travails and joys of motherhood. But it is only by juxtaposing these women's stories in relation to one another that we can come to see motherhood sociologically, as a nexus of factors internal and external, biological and cultural, ideological and political. When

we apply this sociological lens, we can get away from the vicissitudes and variables of the individual mother and child, and thus better identify the challenges continuing to plague new mothers as a group.

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CHAPTER II

“I got lucky:” Parental leave and class reproduction across the transition to motherhood

Abstract:

The United States is one of the few countries in the world not to offer national paid parental leave benefits. The lack of a national, universally-available parental leave policy drives women out of the paid labor force, with a disproportionate impact on low-income women. Yet, because benefits are expanding for some elite professional women, the continued lack of supports for some middle class and working class women may be easy to overlook. In this article, I illuminate the mechanisms by which structural inequality reproduces class inequality across the transition to motherhood. Between 2012 and 2015, I interviewed 44 first-time mothers from diverse class backgrounds. From their narratives, I identify three typologies of working women—professional, pink-professional, and low-wage workers—and show how formal workplace policies and informal practices, coupled with women’s cultural knowledge, shape new mothers’ employment trajectories when they have their first child. I find that while formal and informal structures help professional and pink-professional mothers retain stable employment or transition to stay-at-home motherhood when they become parents, low-wage women receive few of these benefits, and are frequently pushed out of already tenuous work positions. Policy makers and social workers serving new mothers need to be attuned to how women’s occupational group may

facilitate or inhibit access to parental leave, in order to pave the way for more equitable paid family leave for all women.

“I mean, I took disability. I took family medical leave. I had saved vacation time and sick time, so I was able to use that, and then, actually I got really lucky—the next three months, I worked from home for four out of the five days.”

-28-year-old social worker

“I never received one benefit, and you’re supposed to get your benefits after 90 days. I didn’t receive any benefits.”

-24-year-old home health aide

Despite unprecedented growth in women’s educational and career opportunities in the past century, accommodations for new mothers juggling the demands of work and parenting remain limited in the United States, particularly for low-income mothers. Scholars have called for deeper scholarly scrutiny of the class inequality effects of parental leave (McKay, Mathieu, & Doucet, 2016). In this article, I explore how occupational group, as a proxy for class, shapes both the benefits available to new mothers and women’s ability to leverage their cultural capital to access these benefits.

The United States is the only industrialized nation in the world without paid parental leave for new mothers (Addati, Cassirer, & Gilchrist, 2014). Under current policy, over half of U.S. women are ineligible for even unpaid time off following the birth of a child (Rudd, 2004). Among private industry workers, only 13% of Americans working full-time—and 4% of those working part-time—are eligible for paid parental leave (Van Giezen, 2013). With no federal, universally-mandated parental leave policy, women who get even a couple months off, often without pay, consider themselves “lucky.” This was a term used not only by the mothers I interviewed but also throughout popular media (Connor, 2016; Ludden, 2016).

Indeed, compared to the millions of women who get little to no time off and minimal flexibility at work, American women with any amount of job security or paid time off after

childbirth are fortunate. But, as I argue below, access to formal and informal parental leave benefits is not a matter of luck, but a product of systematic social and economic inequality, which protects privileges for the elite while denying benefits to low-wage workers. In this article, I draw on data from interviews with 44 first-time mothers to demonstrate how differences in access to benefits are exacerbated by differences in cultural knowledge among the women themselves, reproducing both class- and gender-based inequalities.

Parental Leave in the United States

Parental leave policies around the world are built around job protection and/or income replacement. Job protection means guaranteeing an employee's job during the time she/he is home caring for an infant. Income replacement means supplementing all or some of the income lost during that time. In most industrialized nations, and many developing nations, new parents are eligible for both job protection and income replacement; benefits range from 16 weeks of paid leave at full pay, to in-home help, to free or low-cost childcare, to up to three years of job protection (Addati et al., 2014). Paid parental leave is linked to many benefits, including increased labor force attachment, breastfeeding duration, and childhood vaccination rates (e.g., Khanam, Ngheim, & Connelly, 2016).

As of 2016, the United States offers no compulsory income replacement for new parents and only minimal job protection (Low & Sañchez-Marcos, 2015; White, 2009). Under the 1993 Family and Medical Leave Act (FMLA), eligible employees may take 12 weeks of unpaid leave for significant family and medical reasons, including the birth of a newborn. During this time off, employees are entitled to continued health-care benefits and the promise of the same or equivalent job when they return. However, to be eligible, a worker must be employed at a public or education agency or a company with over 50 employees (within 75 miles), for over one year,

for at least 1,250 hours annually (United States Department of Labor, 1993). Fewer than half of American women are eligible for the limited benefits offered by FMLA and that proportion is estimated to be as low as 20% for new mothers (Fass, 2009; Rudd, 2004). Low-wage workers, with high turnover and part-time hours, are particularly hard hit by this policy, and many who are eligible cannot afford to take FMLA for a full 12 weeks because it is unpaid (Earle, Heymann, & Mokomane, 2011). Among elite employers in the United States, there is evidence that parental leave for both mothers and fathers is expanding: large, global corporations like Google, Yahoo, and Netflix routinely offer three or more months of paid time off for mothers and fathers (Miller & Streitfeld, 2015; Steel, 2015). Yet benefits like these seldom extend to low-wage workers.

Social Policy, Socialization, and the Reproduction of Social Class

The history of the United States is replete with policies that, by design, extend privileges to some groups while denying them to others—from restrictive housing covenants, to the G.I. bill, to inequitable voting practices. Title VII of the Civil Rights Act (1964) and the subsequent Pregnancy Discrimination Act (1978) prohibit discrimination against, among others, pregnant women. Legally, women cannot be denied work due to pregnancy, nor can they be fired while pregnant or on maternity leave. However, equality in theory may be undermined by inequality in practice.

Scholarship on class reproduction has shown how wealth is passed down not just through social policy or exchange of money but also in the form of social capital and cultural knowledge (Bourdieu, 1986). Lareau (2003, 2015), for example, has shown how upper-middle-class adults rely on the cultural knowledge they acquired in their youth to help them navigate “complex, bureaucratic, and unclear” educational institutions in adulthood. In contrast, working-class and poor adults confronting these institutions “often felt uncomfortable and did not seek help, nor

were they usually offered help. In some cases, they were overwhelmed or confused” (Lareau, 2015, p. 21). Lareau explained:

These forms of cultural knowledge are not the same as academic knowledge [...] Rather, they consist of knowledge of the informal and formal rules of institutions, strategies for gaining individualized accommodations, and the timing and requirements for implementing any request for accommodation (2015, p. 21).

In this article, I argue that, in the absence of reliable support for new parents, inequitable access to both formal and informal benefits is reinforced by gaps in cultural knowledge—and that all of these benefits are associated with women’s occupational group. Identifying three archetypes of occupational groups—professional, pink-professional, and low-wage—I uncover mechanisms by which professional mothers are able to leverage their privilege to secure benefits beyond those formally offered, while pink-professional women are more likely to opt out of the workforce, and low-wage women are most likely to experience job instability. Furthermore, I posit that while professional women are often rewarded for enacting their cultural knowledge, low-income women who try to do the same may be met with punitive measures.

Method

To better understand the transition to motherhood, I interviewed 44 first-time mothers from 2012 to 2015. Participants were recruited online and through flyers in doctor’s offices, social service agencies, and baby stores. I ceased data collection when I felt I had reached saturation (Glaser & Strauss, 1967). Participants completed brief demographic questionnaires, followed by roughly 90-minute-long interviews. They were compensated with a \$20 Visa gift card. During interviews, we discussed conception, pregnancy, childbirth, social support, employment, and ideas about what it means to be a “good mother.”

Participants ranged in age from 18 to 41, with a median age of 29.8, slightly higher than the national average of 26.3 at first birth (Mathews and Hamilton 2016). Twenty-four participants were white; twenty were women of color. Thirty-two participants were married, five were cohabiting, two were partnered but did not cohabit, and five were unpartnered. While I did not inquire about sexual orientation, all of the respondents had male partners (or no partner) at the time of the interview. All participants had been working and/or in school at least part-time when they became pregnant. At the time of the interview, roughly one-third were not working, because they had not yet returned to work or had lost or quit their job. Thirty-two women had completed a Bachelor's degree, of whom 19 had a master's degree or higher. Nine had completed some college, two had just a high school diploma, and one had no diploma. Overall, my sample was older, more educated, and more financially secure than the national population.

Interviews were recorded, with consent, and were transcribed by a third party. Using a grounded theory approach (Glaser & Strauss, 1967), I open coded transcripts and field notes using Dedoose, a mixed methods qualitative coding software. I also created color-coded spreadsheets, highlighting demographic information and access to various benefits to denote trends among respondents. From there, I then created typologies of occupational groups and moved to closed-coding, analyzing trends in access to benefits among women with common occupational types.

Occupational Group and the Transition to Motherhood

While I was initially interested in class differences among women, explicit social class categories proved hard to define and failed to capture nuances distinguishing participants. For example, two women could both identify as middle class and have similar household incomes,

but have access to very different parental leave benefits based on their occupational group. Likewise, the terms “white-collar,” “pink-collar,” and “blue-collar” were inadequate to describe the variation I saw in my data; after all, this was not a story about prestige of work per se, but rather the categories of benefits associated with different types of work. Instead, I clustered women’s employment type into three occupational groups that arose inductively from my data. I call these groups: professional/ managerial; pink-professional; and low-wage (see Table 1). In the sections that follow, I describe differences observed between these groups in three key areas: (1) access to formal benefits (e.g., paid or unpaid time off and health care); (2) access to informal benefits (e.g., flexible hours and ability to work from home); and (3) cultural knowledge shaping employment outcomes. These benefits tend to exist on a spectrum, with professional women typically having the most access to formal benefits, informal benefits, and the cultural knowledge to navigate them; low-wage workers having less access to all three; and pink-professional workers falling somewhere in between. Taken together, policy, practice, and women’s own cultural knowledge significantly impact women’s employment trajectories and access to benefits when they become mothers.

Formal Benefits for New Mothers

While the professional working women I interviewed were almost all able to secure several months off, often at full or partial pay, not a single low-wage respondent received paid time off. Pink-professional mothers fared somewhere in between. Twelve weeks of family leave under FMLA were seldom sufficient, even for first-time mothers with professional/managerial jobs, given that time off is unpaid. Most professional mothers received at least eight weeks of paid time off, some as long as six months, through patching together various forms of leave, including FMLA, vacation days, and sick days, which they had often saved for years in advance.

Nearly all of the professional women were eligible for at least 12 weeks of time off. While not all of that time was paid, most professional women were able to secure at least partial pay during their time off. For example, Christy, a research administrator, received five months of paid time off—six weeks of medical leave, two weeks of sick leave, and ten weeks of saved vacation time.

Women used their paid time off to build new routines, bond with their baby, and attend to other complications such as breast-feeding difficulties, postpartum health concerns, and finding reliable childcare. They were spared the expense of paid childcare during those months.

Among pink-professional women, formal benefits varied. Like professional women, pink-professional workers often planned far in advance, saving up vacation and sick time to prolong the limited time off under FMLA. For example, Kerry, a middle school teacher, gave birth in late spring so her 12 weeks of unpaid time off extended into summer vacation. In contrast, Sarah, a private school administrator, said her employer offered no benefits. They said they would hold her job for six weeks without pay but made no promises past then. She decided to quit and stay home until her daughter is older. When women were able to secure time off, they considered themselves lucky, acknowledging that these privileges were not available to all women.

Nevertheless, pink-professionals, like professionals, said their commitment to work was called into question by their decision to become mothers.

Because of the constraints of FMLA, women who had been at their jobs for a shorter duration were less “lucky.” Kristina, a social worker, had been at her job for a few months when she disclosed her pregnancy. She was eligible for just four weeks of unpaid time off, plus one week of paid vacation; her job security was not guaranteed. Severe morning sickness caused Kristina to lose weight and experience near-blackouts. The day she was supposed to sign up for benefits— following a 90-day trial period without insurance—her supervisors gave her the

“opportunity to resign.” Kristina thinks they chose their words carefully, given the legal ramifications of firing someone for being pregnant, but the message was clear: She was told to empty her desk immediately and was not permitted to finish the cases she had been working on that day. Kristina tried looking for a new job but said most employers were not interested in hiring someone who was six months pregnant: “Every phone interview I had, if I let them know, I’m expecting—I never got a second interview.” Unable to find another job, she and her husband relocated hundreds of miles to move in with her mother and younger sisters. Although she held a pink-professional job, Kristina’s story resembles stories I heard again and again from low-wage mothers.

Low-wage mothers were the least likely of those I interviewed to have any formal benefits, paid or unpaid. Not a single low-wage woman I interviewed had the benefit of paid time off. Of the 11 low-wage women in my sample, five were working full-time when they became pregnant, while six had one or more part-time jobs; four were also in school. All but two ended up leaving their jobs during pregnancy. Reasons for leaving varied: Some were let go or phased out of the work schedule. Their bosses cut their hours or refused to accommodate their medical need for bed-rest. Others chose to leave due to the physical toll of pregnancy or the health hazards associated with their jobs. Three women worked with toxic chemicals, two had jobs that required heavy lifting, and two worked overnight shifts. Only two women took formal unpaid leave from their jobs—both had been at the same job, full-time, for over two years—but at the time of the interview neither had returned to her job. One found part-time work elsewhere, since she lacked reliable full-time childcare; the other was struggling with severe postpartum depression and decided not to return to work yet, since her company would not allow her to work part-time.

Trish was working 40-hour weeks of overnight shifts as a patient attendant at a hospital when she became pregnant. Having already suffered three miscarriages (including two stillbirths), she was faced with another high-risk pregnancy and asked to be switched to daytime hours. She was told her schedule would be changed in two weeks, but instead, her hours were gradually cut. She later applied for unemployment, only to be denied, accused by the Unemployment Office of lying, and hit her with a \$1,400 fine that she could not afford to pay; she is now accruing late fees on the fine. Low-wage women described a mutual lack of loyalty between themselves and their employers. Burdened with the physical toll of pregnancy and the financial and relational changes it brought to their lives, without the safety net of parental leave, low-wage women were quick to leave or lose jobs before they reached the point of giving birth. Most would have been ineligible for FMLA anyway because they were employed part-time, had not been at their job long enough, or worked for small companies, but many of them never found out because they left before they gave birth.

Under FMLA, employees with long-term employment are entitled to 12 weeks of unpaid time off, but for women already living paycheck to paycheck, 12 weeks without pay is almost impossible to sustain. Postpartum depression and the high cost of childcare pose two additional obstacles. Without reliable income or job security, many low-wage women found their pregnancy and postpartum period was marked by a string of changes—new jobs, new homes, and new communities—thus exacerbating a time of already heightened instability.

Informal Benefits for New Mothers

In addition to formal policies, occupational group also impacted women's access to informal benefits, including flexibility and autonomy at work. I define flexibility as the ability to dictate one's own schedule, take time off when required, and work off-site, and autonomy as

ability to work without direct supervision. Professional women tended to enjoy more autonomy and more flexibility before and after childbirth compared to pink-professional and low-wage women. But both professional women and pink-professional women frequently described their bosses as “understanding,” or “nice,” or “awesome,” which I came to see as a code for privilege.

Although pink-professional occupations lacked the autonomy and flexibility of professional jobs, I group them together in this section because women in both groups described access to informal benefits as essential in their transition to motherhood. While there was significant diversity in the types of informal benefits these women experienced, it is evident that class and racial privilege facilitated access to these informal practices in a way that allowed them to supplement or act instead of formal benefits; often, the informal supplement was the mitigating factor determining whether or not women kept their jobs.

Informal benefits became critical during pregnancy, particularly in the first and last trimesters. The physical toll of pregnancy varied significantly. Some women were hardly sick at all and were able to stockpile sick days to use for paid time off postpartum. Others felt awful, and, if able to do so, cut back on their hours or worked from home. Melissa, a PhD student who struggled with nausea, vomiting and gestational diabetes, reflected back on the privilege of flexibility during her pregnancy:

I was nauseated 24/7. I was throwing up a lot. Luckily for me though, I was on fellowship. [...] I was able to kind of stay on the couch for three months. Most women can't do that. If I had to get sick, it was the best way it could've happened, I guess, because I was able to be on the couch.

Even for those with flexibility, working under the duress of pregnancy was not easy—some women described vomiting into trash cans at work, others experienced preterm labor, some were put on bedrest. But differences in cumulative advantages or disadvantages between occupational groups was striking. While a few low-wage women enjoyed some flexibility early

in their pregnancy, health challenges during pregnancy often brought an end of their jobs. For example, Lakeisha, rehabilitation associate, suffered from morning sickness for the duration of her pregnancy; she also had a flare-up of scoliosis. She delayed notifying her employer of her pregnancy until she was bit by a client who was infected with Hepatitis C, which put her unborn baby at risk. I asked: “How did your work respond when they found out you were pregnant? Did they have any accommodations?”

No. They did nothing. They treated me like I was not pregnant, basically. I still had to work my hours. I was like, ‘This is exhausting. You have me working 18 hours a day, 12 hours a day. I’m lifting clients, moving them.’ If it’s wheelchair clients, you have to take them to the bathroom. That was just breaking on my back. I was so exhausted. I was either oversleeping, missing my alarm clock to get into work on time, or falling asleep at work. [...] Work was like, “If we catch you sleeping we have to let you go.” So I just put my two weeks’ [notice] in right then and there.

Unable to receive any accommodations at a physically taxing and health-hazardous job, Lakeisha “chose” to leave her job during pregnancy.

For professional and pink-professional women, flexibility and autonomy continued after their babies arrived. Besides receiving time off, they often had more flexibility when they returned to work, such as coming in late, leaving early, working from home, or taking a day off for a doctor’s appointment. Gina, the social worker quoted at the beginning of this article, recalled that careful strategizing on her part, coupled with an “awesome” boss, enabled her to work primarily from home for three months, following three months of paid leave. Similarly, Christy, a research administrator, was permitted to work from home part-time after her five months of parental leave ended. She said:

I work from home on Mondays. Which really means I work about four hours on Sunday night after he goes to bed, and then work a couple hours during each of his naps during the day and work a little bit on Monday night, because it’s kind of impossible to do anything while he’s awake. (Laughs.) But that is a nice perk of where I’m at. It makes it

easier to be a single parent It helps that one of the women that I work really closely with did the same thing. She's a single mom by choice, so she understands.

Situations like these, as well as words like “lucky” and “understanding,” serve as cues for how privilege operates to make retaining a job while mothering possible, or at least more bearable, among professional women. Even when policies were relatively inflexible, professional and pink-professional women described ways that their bosses accommodated them. Joy, a medical resident, was unable to be excused from long days at the hospital, routinely working 60–80 hours per week, but said her supervisor told her, ““Oh, I’ll hook you up.”” She explained:

There are rotations they could have put me on that would have been harder, but he specifically chose much easier rotations for me. Instead of being always at the university, he put me at the VA, which is much lighter, and then I don’t have to walk through the halls. Because the university hospital is super huge and very hard to walk around ... and imagine if you had to see like 30 patients, then you’re going to go through four to five floors.

Again, this did not excuse Joy from long hours or the demanding nature of residency, but it is an example of her supervisor being willing to work with her, if only in a limited capacity, to make her work less physically taxing. Other professional women described similar unofficial benefits. Natalie, the one professional mother who was ineligible for parental leave because she had been at her job for under a year, extended her two weeks of vacation and sick leave by working half days immediately following her birth. She also convinced her boss to buy her a laptop and let her work from home, although that violated official policy. She explained: “The hospital doesn’t have a work-from-home policy. I’m technically not allowed to work from home. I think [my boss] had to fight for me to do that. He fights with everyone about everything, so no one was surprised.” Alice, a proofreader, also benefited from an understanding boss. She said:

I have been at my job six years. I have a relationship with my boss. If I have to leave early, or stay home with [the baby], it's okay, we're going to work it out, because we have this relationship. I mean, there's been times I've worked from home because he was sick, or I can just leave early on a last-minute notice to take him to a doctor's appointment. And, God, I don't love my job, but we get freaking 25 days of vacation a year, which gives a lot more flexibility.

This "flexibility" did not come for free. It was often the result of an ongoing professional relationship and a mutual interdependence; professional and pink-professional women had valuable skills, and employers had a vested interest in keeping them. Nevertheless, working mothers often felt pressured to prove themselves to their colleagues and employers after having a baby, lest their commitment to their careers be called into question. The downside of flexible hours is that even time off is not necessarily off, and this was particularly true for professional women, whose work often spilled into their home life. Several women said they went out of their way to show their face at the office or respond to work emails at all hours to demonstrate their continued commitment to work. For example, Candace, a professor, described grading papers and responding to work emails while sitting beside her playing baby. She lamented that mothers are held to a higher standard than non-mothers:

I think it's just kind of [assumed] that when faculty have children, they're unproductive and they're not taking it as seriously as they were before, because they're moms now. They're not academics anymore... I feel like I have been more productive [since having my son]— and not in a good way. Kind of in a neurotic sort of way. Like, when I'm home with my son, I'm trying to do a million things while I'm playing with him, so that I can make sure to account for all this time I'm 'wasting,' according to them, being home with my son. I definitely feel like I have to overcompensate quite a bit, [even though] I wasn't productive all the time before he was born.

To reiterate, this flexibility and autonomy did not come without a cost; however, it did allow women some semblance of balance as they juggled the demands of work and parenting.

Because low-wage women rarely returned to the same job post-pregnancy, I found few examples of informal benefits they enjoyed. Angel, who worked part-time as a maid, recalled that, after she vomited in a kitchen sink, her coworkers offered to swap kitchen duty for

bedrooms, so she would not have to contend with nauseating smells while pregnant. Rosie, a florist who had worked at her job for eight years, was offered an extended period of job protection following her baby's birth. She said:

If you're a good employee, you can leave and always come back. [...] Like right now, I just have to go in and give them my availability; they'll work me in. I might not get the same position, but you'll always have a job. [...] It's like – I don't even know what the official policy is, but if you've worked there a long time, and you're a good employee, and they like you, they'll work with you. They'll just do what they have to do.

Rosie's long tenure at her job and being seen as a "good" employee brought some job security, though not compensation. While we could blame low-income women's lack of informal benefits on their "choice" to quit, in the case of a pink-professional employee with an understanding boss, the scenario played out differently. When Melanie, a teacher who took 12 weeks off (six unpaid) informed her boss that she did not plan to return after she finished the school year—the long days and hour-long commute each way were not worth it—her boss encouraged her to stay on the payroll through the summer, when teachers are off anyway, so that she would continue to collect pay.

“I wasn't going to argue”: Cultural Knowledge & Job Retention Among New Mothers

By highlighting the benefits or lack of benefits available to new mothers, I do not mean to suggest that professional women did not work hard for the benefits they received or that these privileges came without a cost. Indeed, many of the mothers I interviewed planned ahead for months or even years to maximize the amount of time off they could enjoy after giving birth. The timing of their first child was often (though not always) carefully strategized, childbearing was delayed, and women strove to prove to their bosses, colleagues, and themselves that having a baby did not make them any less dedicated to their jobs. As shown in the preceding sections, professional women not only had employers who offered better formal and informal benefits,

they also had the cultural knowledge to identify and capitalize on those benefits. Professional and some pink-professional women relied on insider knowledge from colleagues and supervisors about how to use the system to their advantage. They knew that the high-skill, specialized work they did was valued by their employers who had a vested interest in keeping them, rather than taking the time to recruit and train someone else. They could leverage this interdependence to their advantage. For example, Libby, a speech pathologist, negotiated a way to work part-time despite her employer's demands to the contrary:

I worked out with my boss that I was going to go back part-time, 20 hours a week, when [my son] was about four months. And then two weeks in—my boss was great, but her boss decided that she didn't want anyone part-time in our clinic. She agreed to it initially, [but] she came back to me and said we have to do full-time. I fought her on it, and I told her that I was going to –

Interviewer: Fought your boss's boss?

Libby: Yeah. I told her I was either going to leave or stay part-time, and she agreed to it staying part-time. I went back to part-time.

Likewise, Natalie convinced her boss to buy her a laptop so that she could work from home, although it was technically against policy. Barb, an office manager whose baby was born with birth defects requiring multiple surgeries, was permitted extra time off to be by her baby's side for his surgeries. Alice, a copy editor, was able to secure five months off and later fought to change her employer's leave policy—an effort ultimately met with success. For these women, formal policies were something to challenge and work around, rather than barriers to accept unquestioned. Whether professional or pink-professional, women doing more specialized work were better positioned to negotiate with their employer.

When unable to secure the benefits they needed, however, pink-professional women were the most likely to leave the workforce and opt into stay-at-home motherhood, at least short-term. Of the 19 pink-professional women in my sample, seven decided to quit their jobs to stay home.

These mothers often framed their decision to stay home as a choice. They talked about the importance of being their child's primary caregiver, and the investment of time in these early years. However, those who opted to stay home were also constrained by several common factors: inflexible jobs with little or no paid time off; exorbitant childcare costs; and a partner with a demanding, uncompromising job. This left the bulk of parenting on the mother's shoulders.

While some pink-professional women were able to leverage their cultural knowledge to secure a more manageable work schedule, those who were unable to do so often described their decision to stay home as a choice, despite workplace or family constraints that made juggling both almost impossible. In contrast, pink-professional women who were able to build more flexible schedules or who were dependent on their jobs for income or health-care benefits tended to continue working.

Not one professional woman I interviewed opted to stay home. At least two professional women had partners who stayed home for several months or longer, since the women had higher incomes and better benefits. For the low-wage women, stay-at-home-motherhood was not a viable option, although some said they would have preferred to stay home for their baby's first few months.

In contrast with professional and pink-professional women, low-wage women seldom described the same level of loyalty to their jobs. Most of the low-wage women I interviewed had already left their jobs by the time they gave birth. The process of their leaving work reveals the tenuous nature of their relationship with work and their employer. With few, if any, benefits and limited cultural knowledge about navigating bureaucratic institutions, low-wage women were rarely able to negotiate benefits like professional and pink-professional women did. Therefore,

they felt little incentive to stay at their job. They did not seem to feel entitled to take advantage of FMLA, if they knew about it at all.

Angel, for example, had three part-time jobs and was in school when she became pregnant. She quit her retail job and her restaurant job but kept her job as a housekeeper. As she neared the end of her pregnancy, she left that job too. She said, “I went on maternity leave, and it wasn’t paid. I had my doctor write down that I need maternity leave, but [my boss] didn’t actually say anything like, ‘You can come back. You get your job back,’ or ‘If you come back I will hire you.’ It wasn’t anything said, it was just, ‘Here’s my maternity leave. Bye.’” Rather than view maternity leave as a negotiation between herself and her employer, Angel saw it as an order from her doctor, to be followed at the cost of her job.

Ingrid, a hotel housekeeper who held the same job for two years, described a mutual lack of loyalty at her job. She was driven out of her job by a dispute with her manager about hours; though she wanted to remain full-time, her supervisor told management to cut her hours without consulting with her. Ingrid initially pushed back and attempted to advocate for herself, but after a similar event occurred months later, Ingrid said that she “wasn’t going to argue” with management that refused to consider her in decisions about her own work schedule. Ingrid left her job in the third trimester of her pregnancy, and immediately sought employment elsewhere. As with other interviewees, she said her visibly pregnant body deterred prospective employers:

I was like eight months pregnant, and in the interviews, I’m like, who is going to hire me? Because I’m about to be taking maternity leave anyway. [...] I went to a couple interviews. One of them, I had a second interview, and at that time I was really close to my due date. [...] They’re like, ‘Oh, thank you, we’ll just be in touch with you.’

She never heard back. These differential outcomes of each occupational group are not merely a reflection of inequitable policy or practice but also the result of women’s ability to leverage their cultural knowledge to negotiate with bureaucratic institutions. Unlike many

professional and some pink-professional women, low-wage women seldom saw their bosses as allies and did not feel empowered to advocate for themselves—nor were they necessarily aware of the legal protections they were due. Women like Angel, who were not particularly happy with their jobs to begin with, saw their doctors' orders as permission to leave unsatisfying work. They found little incentive to hold a job long enough to secure parental leave when job protection would still not provide financial compensation. Job loss late in pregnancy meant job hunting while visibly pregnant, and even if one managed to secure a job at the end of her pregnancy, she would be ineligible for benefits due to her short time on the job. Furthermore, unlike professional women, low-wage women were rarely rewarded for their attempts to advocate for themselves.

Sometimes efforts to stand up to an employer backfired, resulting in financial or social sanctions, as in the case of Trish who was accused of fraud when she filed for unemployment benefits. The lack of benefits for low-wage women was exacerbated by the lack of understanding bosses, lack of cultural knowledge about how to access benefits, and an emerging sense of constraint (see Lareau, 2003) that drove women to leave their jobs during pregnancy.

Discussion

While women's opportunities in the paid labor force have grown exponentially in the last century, accommodations for American women to balance their work and home lives remain limited. A lack of formal, federally mandated policy around parental leave has created a stratified system of benefits whereby "lucky" women are afforded a growing (though still limited) array of options, while less privileged women are pushed to the margins with little structural support. Occupational differences in access to benefits are exacerbated by differences in cultural knowledge on the part of women themselves.

For professional working women, although family-friendly policies in the United States still lag behind those of most other countries, work–life balance is becoming more attainable. A combination of formal policies and informal practices helped the women in my sample to maintain consistent employment across the transition to motherhood. Benefits when they returned to work were still limited, but the initial period of time off, often paid, allowed them time to acclimate to motherhood and set up the supports they may need when they returned to work. Furthermore, their cultural knowledge helped them to navigate complex bureaucratic systems and secure benefits beyond those formally offered from accommodating bosses.

For low-wage women, however, this support harder to attain. There was a mutual lack of loyalty between low-wage workers and their employers. Feeling undervalued and dispensable, and without the promise of any formal benefits after their baby’s birth, low-wage women had little incentive to stay at their jobs. Furthermore, low-wage work can pose risks to women’s health, due to harsh chemicals, heavy lifting, or overnight shifts. Given these risks, it makes sense that low-wage workers would leave their jobs during pregnancy—and that their employers might not try very hard to keep them. Yet, leaving jobs mid-pregnancy necessitated job hunting before or shortly after childbirth, limiting a mother’s time to invest in breastfeeding and caregiving, find affordable, high-quality childcare, and recover from the physical and emotional toll of childbirth. High turnover, dispensability of low-skilled employees, and limited cultural knowledge about navigating institutions drove the low-income women in my sample out of work at alarming rates. On the rare occasion that low-wage women did try to stand up to their employers and advocate for themselves, they were more often penalized than rewarded.

Pink-professional women, although better off than low-wage women, tended to lack formal benefits, such as paid time off or extended job security. They were also less likely to

benefit from the autonomy and flexibility enjoyed by professional women. However, compared to low-wage women, they were more likely to have the buffer of a partner with a financially secure job. Therefore, while they may leverage cultural knowledge when possible—to work from home short-term, or negotiate some workplace flexibility—they were also more willing to opt out of paid work, given the high costs and low rewards, especially when not dependent on their income or health-care benefits.

This study has several limitations. In part because recruitment centered around a Midwestern university town, participants were older and more highly educated than the average American mother. Low-income women are underrepresented in this sample, as are very poor or non-working women; therefore, the challenges facing poor and working-class mothers may be understated. Second, it is impossible to fully disaggregate the effects of occupational group from other factors, such as women's education, age, race, ethnicity, marital status, and work experience; occupational group is one part of the story, but it is certainly not the whole story. Furthermore, this study is not longitudinal, and it included only first-time mothers; therefore, it is impossible to know how these women's trajectories will shift over time or what will happen if they welcome multiple children. I hypothesize that the effects of occupational group would be exacerbated by the birth of another child, with women in the precarious pink-professional sector (and perhaps even some professional women) being driven out of work at higher rates due to the exorbitant costs of child care. Finally, every qualitative study is, to some extent, a social construction co-created between interviewer and interviewee at a particular time and place. Due to the complex nature of human subjects, it is impossible to know the one "true" story. Perhaps on a different day, or with a different interviewer, the participants would have told a different story, or perhaps some employers would contest my interviewees' versions of what happened.

However, the data I rely on here are the narratives of first-time mothers, as they understood and described their access to both formal and informal parental leave benefits. While they may not tell the whole story, they reveal an important part of it, showing how privilege reproduces social stratification at a key point of transition in women's lives.

Implications

I have shown how women's occupational type interacts with their cultural knowledge to reproduce class inequality among new mothers. While highly skilled, specialized workers are seen as valuable and worth holding onto—and are equipped with more cultural knowledge to negotiate working while parenting—low-wage workers often lack the structural and cultural support to keep working when they have children, despite the economic necessity to do so. In an economy that offers coveted jobs for the few and menial jobs for the masses, these differences will only be exacerbated.

Women's ability to access to these formal and informal benefits has implications for both their personal and professional lives. While for the professional women in my sample, the addition of a baby—the sleepless nights, the struggles with breastfeeding, the emotional demands of caring for an infant, and the physical toll of pregnancy and childbirth—was often the biggest challenge posed by the transition to motherhood, for low-wage women, the transition came with a host of other challenges of which caring for a newborn was only one small part. Without flexibility or understanding bosses, low-wage women were less likely to retain their jobs when they became parents. Lacking reliable income and job security, many low-wage women transitioned jobs and homes during their pregnancy and postpartum period. This period of geographic and social upheaval directly contrasts with professional women, for whom becoming a mother marked a period of nesting. While some might blame these challenges on low-wage

women's choices—after all, they were more likely to have children young, to have had shorter tenure at their jobs, and newer relationships at the time of conception—occupational group served as a buffer for professional and pink-professional women regardless of other considerations. That is, even when professional or pink-professional women had unplanned pregnancies, new jobs, or were unmarried, they still often reaped the benefits of their occupational group, just as low-wage women who were married, stably employed, or had planned pregnancies faced consequences associated with their occupational group.

These findings offer several implications for policy makers, social workers, and other practitioners who work with new mothers. First, policy makers should be aware of the ways in which existing policies may reproduce class inequality, as well as the way that tacit cultural knowledge may be deployed to facilitate access to policy. They should also understand that leaving parental leave up to the discretion of employers drives low-wage workers out of work at alarming rates; such important policies should not be left to “understanding bosses” alone; rather we need policies that will insure protections and provisions for all families, not just those with elite jobs. Social workers should be aware of the significant challenges facing new mothers who do low-wage part-time work. These challenges are not just the result of individual behaviors but are a product of structural inequalities that systematically privilege some groups of women over others. Practitioners should also be attuned to the way that privilege operates, in that it not only offers disparate formal benefits to women of different socioeconomic means, but also inequitable informal benefits. Finally, social workers and maternal health-care providers should help educate women about their legal rights during and after pregnancy and help them to access implicit cultural knowledge as they navigate complex social institutions across the transition to motherhood. Demystifying the way privilege operates can help level the playing field for all women.

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CHAPTER III

Mothering in the digital age: The paradox of social media as social support for first-time mothers

Abstract:

New mothers today enter into motherhood in a technology-saturated context that informs everything from conception to pregnancy to postpartum support. The ubiquity of smartphones, personal computers and other electronic devices put at our fingertips search engines, social networking sites, and a dizzying array of tools that track, measure and document our everyday actions. How do these technologies help or hurt new mothers? Do they lighten or add to the labor of motherhood? In this paper, I draw on interviews with 46 first-time American mothers to examine the paradox of engagement with technologies across the transition to motherhood. I find that while technology can help new mothers stay more connected to social, cultural and material resources, they may also heighten anxiety, fear and a sense of competition. I conclude that, even as technologies may help provide much-needed social support for new mothers, their benefits are inextricably linked to new challenges, creating another realm of emotional labor for women.

Introduction

Consider the new mother of the 21st century:

She uses an app on her smartphone to track ovulation. She buys a pregnancy test online, and texts her best friend a picture of the positive results. She uses an online search engine to find a local doctor, carefully reading reviews from other patients to find a good fit. She calls her parents using video chat to share the good news, so she can see their facial expressions when they find out they are going to be grandparents. She downloads another app that will help her track the growth of her fetus—last week it was the size of a poppy seed, now it is the size of a plum, soon it will be an avocado. She carefully curates her pregnancy announcement for social media, setting up the perfect shot with her partner’s hands on her swelling belly. As the end of her pregnancy approaches, she Googles childbirth classes, and watches videos of other women giving birth to prepare for labor and delivery. Late at night, she searches unexpected symptoms on WebMD—*Will this heartburn go away? How can I tell if my contractions are real?*

When the day finally comes, she texts her closest friends to announce that she is headed to the hospital. Within hours of giving birth, her significant other posts an announcement on social media to share their jubilation. Her friend sets up an online meal delivery schedule to coordinate meal drop offs. She joins an online support group for other first-time mothers struggling with breastfeeding. During lonely days at home alone, she posts wistful updates on her social media account, trying to convince herself that she will miss these sleepless days and nights, as her baby drools on her chest. During six weeks of parental leave, she periodically catches up on work emails from her laptop while her baby naps; she is simultaneously dreading the day she must leave her baby and looking forward to having interaction with other adults again. She checks her sleeping infant on the video monitor placed above the baby’s bed. Weeks

pass; she drops her baby off at her first day of daycare and cries. Her feelings of guilt are mildly assuaged by photos her childcare center sends to her phone, reassurance that her that her baby is alright. At night, she once again video chats with far-away family, grateful to know that even if her parents cannot be close, at least her baby will grow to recognize their voices and faces.

For millions of middle class American women, the pervasiveness of technology in their daily lives has become almost universal. Even before their babies are conceived, smartphones, laptops, monitors and tablets are part of women's journey to motherhood. These innovations have come with record speed; we are only beginning to understand how this technological revolution is quietly transforming our lives. In this paper, I explore the impact of the digital age on one particular group—new mothers—asking: What is the effect of pervasive digital technologies on the parenting experiences of new mothers?

I explore these questions drawing on data from in-depth interviews I conducted with 46 first time mothers. I argue that while technology has much to offer new parents in terms of access to information, resources and social connectedness during the sometimes lonely and isolating period of early motherhood (Drentea & Moren-Cross, 2005), it also introduces new realms of emotional labor for women. By widening the networks women turn to for support and advice, and blurring private and public spheres (Valtchanov, et. al, 2016), technologies can—and sometimes do—exacerbate new mothers' insecurities and heighten the gaze of the unknown other, at the same time as they may help women gain access to much-needed support during the difficult period of early motherhood. Because of the many benefits wrought by digital technologies, it can be easy to overlook the potential costs; but as these technologies became increasingly streamlined in our everyday lives, it is important that we take heed of the hidden costs.

Technology and everyday life

The widespread impact of the technological revolution over the past two decades cannot be overstated. Everything from how we communicate (Katz, 2017), to how we learn (Collins & Halverson, 2009), to how we work (Cascio and Montealgre, 2016), to how we date (Ansari & Klinenber, 2016; Baker & Carreño, 2016) has been affected. More and more of Americans' time is spent on devices—with average daily use nearly doubling from about 2.5 hours per day in 2013, when I began this research, to 5 hours per day by 2017 (Khalaf & Kesiraju, 2017). At the time I began collecting these data, scholars found that new mothers (with babies averaging 8 months old) spent roughly 3 hours per day on their computers, mostly on the Internet (McDaniel, Coyne & Holmes, 2012), and that women's daily time spent on social media increased after having a baby (Prior, 2016); today, some studies estimate that parents spend as much as nine hours per day on screens (Common Sense Media, 2016). As yet, we know little about the impact of information and communication technologies (ICTs) and social networking sites (SNSs) on our everyday lives, and in particular the lives of new mothers.

Prior research suggests that digital technologies may be beneficial to new mothers, increasing their feelings of connectedness (McDaniel, Coyne & Holmes, 2012), confidence (Gibson & Hanson, 2013), access to professional support (Campbell-Grossman, 2009; McComish, Groh, & Moldenhauer, 2013), and their an identity as more than “just” a mother (Gibson & Hanson, 2013). Yet despite evidence that specific technology-based interventions like blogging, may offer a source of support and connectedness for new mothers (McDaniel, Coyne & Holmes, 2012), recent research also suggest that social media use may heighten unhappiness among new parents by increasing a sense of comparison and competitiveness (Chae, 2015; Coyne, McDaniel & Stockdale, 2017). Existing studies about mothers' use of social media

typically focus on a single intervention, such as blogging or texting a nurse (e.g. McDaniel, Coyne & Holmes, 2012), or rely on large-scale survey data (Chae, 2015; Tomfohrde & Reinke, 2016), rather than in-depth interviews that examine how mothers themselves make sense of ICTs. Prior studies have also tended to draw on predominantly white, college-educated samples, in particular women who access mommy blogs or online support groups (e.g. McDaniel, Coyne and Holmes, 2012; Morris, 2014). Many of the current studies come from the field of communication—asking, *how can technologies better serve the needs of new parents?*—or the field of nursing, asking *how can medical care professionals leverage technologies to support or maintain contact with new mothers?* These studies often rely on small focus group samples—as in the case of Gibson & Hanson (2014), who conducted focus groups with just ten mothers—or on one-time surveys with a relatively small sample, McDaniel, Coyne & Holmes (2012) (n=157), which offer little insight into how women feel about the technologies with which they are engaging. While these studies offer some preliminary insight into how new mothers use technologies, they seldom take a critical stance, instead focusing on social support or access to medical care, without a more nuanced exploration of the negative consequences of technology use.

Outside the realm of motherhood, studies of social media and ICTs more broadly have raised concerns about the increasing use of technology. Emerging addictions research suggests that for many adults, habitual use of technologies has become almost involuntary and compulsive (e.g. Homgren & Coyne, 2017). Hiniker, et al. (2016) found that users of technology themselves feel ambivalent about its pervasiveness in their lives, and desire to curb its influence. One study found that after scrolling through friends' vacation photos, users felt lonely and envious (NPR). New parents, then, may find themselves in a double bind: on the one hand, ICTs offer new

avenues for social connectedness and support; on the other hand, its unregulated use can create new challenges.

What's different about technology & motherhood?

Rapid changes in technology affect many areas of our lives. Why focus on motherhood? One, the transition to parenthood marks a critical shift in the human life course (Nelson, 2003). Over the last half century in the U.S., becoming a parent has come to denote a more salient milestone of the passage into adulthood than marriage (Rossi, 1968). With the transition to parenthood comes a steep learning curve where the stakes are high: unlike other new experiences like, say, starting college or mastering a new language, becoming a parent requires a round-the-clock commitment one cannot easily escape. In a society where child-rearing is often left to nuclear families with limited social or structural support, there is a high demand for parents, especially mothers, to acquire the practical knowledge and skills to care for infants—skills that they may not yet have. While parents of any gender must contend with these demands, new mothers especially continue to be steered by patriarchal traditions into the realm of home and motherhood, where they are confronted with expectations about what it means to be a good mother, and by association a good woman. Furthermore, in addition to managing their own public personas, new parents—especially mothers—also have the unique task of building (or stymying other people's efforts to build) their new baby's online presence. As they introduce their babies to the world, they are also tasked with an unprecedented pressure to carve out an online presence for their offspring—or to justify their baby's absence from the digital world.

Motherhood in the 21st Century

The motherhood of today is not our mothers' mothering. Much has changed since the

preceding generation or two became parents. Over the past four decades, mothers' age at first birth has climbed steadily, from 21.4 in 1970 to 26.6 in 2016 (cdc.gov). It rose by a full year, from 25.2 to 26.3, from 2009 and 2014 alone (Mathews & Hamilton, 2016). Today's mothers are more educated than ever before (Bialik, 2017). Seventy percent of women with children under 18 are part of the paid labor force (Bialik, 2017), and four out of ten U.S. households have a woman as a sole or primary breadwinner (Bureau of Labor Statistics, 2016). Yet, structural support for working mothers—including paid parental leave benefits and subsidized child care—remains quite limited in the United States. Only 14% of full-time workers in the U.S. are eligible for paid time off, and those rates vary significantly by industry: for example, just 6% of hospitality workers are eligible for paid time off, compared to 37% of those working in finance (DeSilver, 2017). The lack of benefits for working mothers is part of what is behind the gradual rise of stay-at-home mothering in the last decade (Bialik, 2017; Stone, 2007).

Despite growing demands outside of the home, women are also subject to mounting pressures within the home. Today's mothers spend more time engaged in direct interaction with their children than the typical stay-at-home mother of the 1950's (Dotti Sani & Treas, 2016). "Intensive mothering," a set of cultural standards among middle class mothers that good parenting is "child-centered, expert-guided, emotionally absorbing, labor intensive and financially expensive" has become the expected mode of parenting (Hays, 1996, 8). While not all mothers consciously subscribe to this ideology, its pressures are diffuse, and leave women struggling to meet or challenge societal pressures about good mothering (Verduzco-Baker, 2011).

The transition to motherhood is a particularly challenging time for many adults (Nelson, 2003). Many women in the U.S. today enter into motherhood with limited prior experience with

children, and without immediate family living nearby. This means that there is a steep learning curve for first time mothers, without the dense networks of social and emotional support traditionally available to women (Drentea & Moren-Cross, 2005). Furthermore, the early days of motherhood may be marked by a sense of isolation and loneliness (Barclay, et. al, 1997), a decrease in marital satisfaction (Lawrence, et. al., 2008), and a rise in depressive symptoms. While hormonal, psychological and biological factors are part of the cause, evidence suggests that social and environmental factors, including feeling alone and cut off from social support also exacerbate the struggles of new mothers (Barclay, 1997; O'hara & Swain, 1996; Walzer, 1998). Modern technologies have the potential to ameliorate some of these difficulties, but not without presenting new challenges.

While some of these challenges are familiar to all users of social media, part of what makes parenting in the digital age unique is the dyadic and dynamic nature of the mother-child relationship. New mothers are navigating a brand-new relationship with a brand-new human under the watchful eye of social media, negotiating this presentation of self and child with their partners, families and professionals. Today's children grow up in an age where their digital presence predates their own cognition. In this paper, I explore some of the new challenges that technologies introduce to first-time mothering, and conclude with several considerations for new parents, as well as practitioners who work with them.

Finally, ICT's introduce new challenges and new opportunities insofar as they muddy the waters between the public and private sphere (Valtchanov, 2016). Until recently, boundaries between what is public and private were more rigid. The public sphere was seen as the space for men—for commerce, politics and education. The private sphere was the realm of women—for childcare, food preparation, maintenance of the home. Technologies render these boundaries

increasingly fluid. They bring commerce, politics and education into the home, and also make traditionally private matters, like personal grooming and childcare practices more subject to the public. Social media and ICT's may act as an intermediary between these spheres, making the personal public and the public personal. The most intimate aspects of our private selves—coupling, childbearing, child-rearing, have now become objects of spectacle, products that are created and performed through our everyday interactions in digital spaces. What are the implications of this shift toward living and parenting in the digital realm? How do these technologies affect families, and particularly first-time mothers? What problems do ICT's solve, and what new challenges do they create?

Method

As part of a study examining the transition to motherhood, I conducted in-depth, semi-structured interviews with 46 first-time mothers between 2012 and 2015. I recruited participants in and around Southeast Michigan, through online sources (Craigslist, Facebook, parenting groups), flyers posted in doctor's offices, social service agencies, and baby stores, and by word of mouth. After ensuring that they met study criteria—over 18, first time mother, welcomed her first child in the last year, able to communicate in English—I asked respondents to complete a brief demographic questionnaire about their family and employment status, followed by an interview. The interviews lasted one to two hours (mean=79 minutes) and included questions about conception, pregnancy, birth, parental leave, social support and use of social media and technology. Except for two interviews which were completed over the phone, all interviews were conducted in person, either at the mother's home or in a public place such as a coffee shop or library, depending on the participant's preference. With mothers' written consent, interviews

were recorded and transcribed by a third party. Each mother received a \$20 Visa gift card for participating in the study.

Participant Characteristics

The new mothers who participated in this study ranged in age from 18 to 41, with a median age of 29.3 at the time of first birth. The mean age of their babies at the time of the interview was seven months. The mothers came from diverse race, class and educational backgrounds, and included teachers, social workers, doctors, nurses, retail workers, and housekeepers. Twenty-five of the respondents were white, 15 were black, 2 identified as mixed-race, and one each self-identified as Latina, Vietnamese, and East Indian. At the time of the study, 32 respondents were married, 6 were cohabiting, 2 were dating partners with whom they did not reside, and 3 were unpartnered. The majority of the mothers I interviewed (n=42) were living in Southeast Michigan at the time of the interview. During their pregnancies, all respondents had worked or attended school at least part-time, although at the time of the interview, roughly one-third had not yet resumed paid work, either because they were still on maternity leave or had temporarily opted out (or been pushed out) of the labor market.

Data Analysis

The data consisted of audio files, transcripts and fieldnotes. Transcripts and fieldnotes were read and open-coded by the author and a research assistant using an online qualitative coding software called Dedoose, which allowed us to make parent and child code-trees and draft memos to keep ongoing notes about mothers' discussion of technology. My research assistant and I started with reading and open-coding all content related to mothers' use of technology and social media. Subsequently, we coded those excerpts line by line, identifying sub-themes such as

specific uses of technology (e.g. information-gathering vs. social support); positive, negative or neutral experiences with technology; concerns about privacy; and feedback from medical professionals. While other studies have examined time use of technologies by new mothers, and perceived benefits of these technologies, there was relatively little literature exploring the challenges of mothering in the digital age; therefore, the concerns identified by mothers became the focus of this paper.

In this paper, I define technology as access to the Internet, including interactive social media sites, using personal devices such as cellular phones, computers and tablets. I excluded functional technologies such as breast pumps, baby cameras, and fetal heart-rate monitors, which no doubt also play a growing role in child-rearing experiences. I focus instead on social technologies that connect women to those outside the home, including friends and family, strangers, and professionals such as doctors and social workers. I asked new mothers what technologies they use, how they feel about those technologies, and what role they think they have played in helping or hindering their transition to motherhood.

Ethical Considerations

The Human and Social Sciences Ethical Review Board at the University of Michigan approved this study (HUM00061458). Transcripts and fieldnotes were de-identified and labeled using an alpha-numerical system to mask the mothers' identities. Throughout this paper, I use pseudonyms to maintain mothers' anonymity.

Results

Digital technologies and social networking sites are an increasingly significant part of women's transition to motherhood. Women's feelings about these technologies are marked by

ambivalence: Overall, my interviewees identified many benefits brought by the prevalence of social media during the early months of parenting, including increased social connectedness and access to information and resources. However, behind the benefits associated with these technologies lay a more complicated story, suggesting a new set of challenges we are just beginning to understand. In the sections that follow, I break down my findings on new mothers' complex relationship to technologies into three sections: First, I show specific ways that women engage technologies as they transition to motherhood. In particular, I show how the Internet may provide an antidote to some of the problems faced by new mothers in the 21st century. I describe the loneliness and isolation experienced by many of the new mothers I interviewed, and show how technology can fill a gap during this isolating time. Next, I analyze some of the potential costs and consequences of the growing prevalence of technology in new mothers' lives. Finally, I discuss how women create boundaries for themselves and their loved ones around the technologies they use; I contend that women are not just passive consumers of technologies, but rather that they engage thoughtfully (and sometimes fretfully) with these tools—that indeed, regulation of their own and others' use of technologies can become another source of invisible emotional labor for women. I conclude by offering implications for new mothers, as well as for practitioners helping to support and advise new mothers.

Social Isolation & (Dis)Connectedness among New Mothers

Consistent with the literature in this area, the women in my sample often described the early months of motherhood as a blur, recalling that they frequently felt bored, isolated, emotional, lonely or overwhelmed. A new mother with whom I was chatting about my research recently told me: “I struggled with isolation really, really, really bad. I felt like a prisoner in my own home.” My participants recounted similar struggles. Nancy, a first-time mother of 5-month

of old twins—one of whom breastfed and the other did not—said her early days of motherhood were a blur of round-the-clock commitment to nursing, pumping, bottle-feeding, and pump-washing, completed just in time to start over again:

I mean, everything was just so crazy and so new. I was just kind of up at all hours of the night. I didn't really feel human the first couple months. It's just kind of like, just do whatever I can to function. I don't really remember it, honestly. It was survival. [...] Just recovering from surgery in general, that would have been hard enough, but then to be having these babies I've got to get up and feed; they're up in the middle of the night.

Stephanie, a doctor who spent three months at home after her daughter's birth in the middle of winter, said some days just walking to the end of her driveway felt like an accomplishment; being housebound in the snow for two weeks with an infant, she felt "trapped."

Yeah, I definitely went a little crazy. I just had a shorter fuse. Especially it was really hard in the beginning because we had such terrible snow so we really couldn't leave the house. There was a two-week period where I didn't leave the house at all. I think I walked to the end of the driveway once.

Stephanie recalled finding excuses to run to the store, "making up things like we clearly need this, that, or the other, just to do something. Then I would almost feel like I did something with my day—even though I would do a lot with my day just trying to keep her fed and clean."

Candace, a professor who had the summer off after her son was born, said the shift from being an independent, working woman to being home with a needy infant was taxing:

I'm very structured, so having this little human on me every two hours for months and months, that was a really big struggle for me, just feeling like so needed and someone touching me that often—and now I love breastfeeding. It's the most amazing thing and the most amazing relationship, but at first I really had a hard time. I remember just nursing him and sitting in our living room and crying and crying and feeling like I'm never going to be a person again.

Fiona, also mother of twins, had similar recollections of the earliest months:

The first three months seem all encompassing. I wouldn't have been able to really go out and do very much, apart from enjoy a nice walk. That was always my kind of like sanity, just go out, get some fresh air. At the time, I remember thinking, it's never going to end. [...] I was like the living dead.

With limited maternity leave and even less leave for partners, the responsibilities of parenting continued to fall disproportionately on the shoulders of women. The combination of policy, biology and culture rendered women more likely to be the primary caregivers of infants, which often meant that the first few weeks or months of motherhood entail long stretches of being home alone with an infant. Particularly during this period, technology offered a much-needed lifeline to the outside world—and to information and resources that would otherwise be hard to access. Furthermore, because of the exhaustion, physical recovery from childbirth, and the mundane, round-the-clock demands of infants, women had limited energy to leave the home or engage in activities requiring deep concentration. Technology was particularly well-suited to fill this gap—easy to pick up and put down at a moment’s notice.

Technology as antidote?

In the face of loneliness and isolation, technology offered women an avenue to feel more connected to human and material resources. The mothers in my sample turned to the Internet for everything from finding a doctor to diagnosing health concerns for themselves or their babies, to buying or exchanging material goods, to staying in touch with friends and family around the world. In general, technologies were used by women in four key ways: (1) facilitating social support; (2) providing access to information; (3) connecting to tangible resources; and (4) the ability to work or advance education from home. I summarize some key benefits in Table 1 below. New mothers engaged with technology through many modes of communication including phone calls, text messages, emails, forums, social networking sites (such as Facebook), and video chats (such as Skype). Women also accessed information through websites, blogs, and smartphone applications, interactive digital tools that allowed women to track data such as their ovulation, contractions, or baby’s development.

Table 1.1. Use of technologies by new mothers

Facilitating social interaction and support	<ul style="list-style-type: none"> ● Video chatting with distant family members ● Texting partner, friends ● Tracking baby’s milestones (for personal purposes, or with childcare provider) ● Finding specific affinity groups, such as <i>Black Moms Breastfeeding</i>, or <i>Moms of Multiples</i>
Providing access to information	<ul style="list-style-type: none"> ● Searching medical terms or conditions ● Researching best practices ● Finding doctors’ offices, local parenting groups, childbirth classes, etc
Connecting to tangible resources	<ul style="list-style-type: none"> ● Donating excess breastmilk ● Buying/selling baby clothes & supplies ● Meal delivery services
Working from home	<ul style="list-style-type: none"> ● Continuing education online ● Working remotely part-time or full-time ● Responding to work emails from home

Benefits of technology for new mothers: Social Connection

When I asked the mothers I interviewed about the role of technology in their experiences of mothering, their responses were generally quite effusive. For example, Emily, a 27-year-old social worker, was living abroad, thousands of miles from family, when she became pregnant. She flew back to her hometown in Europe for her third trimester, and then reunited with her baby’s father after their daughter was born. She credited technology with preserving multiple relationships:

Technology is what got us through the pregnancy. I Skype [video chat] with my mum nearly every day, because, yeah, we’re far away, but I still want [my daughter] to know who her grandmother is. And she definitely does. [Technology] enables you to be far away but still have relationships..

Jennifer, a 30-year-old nurse, and Natalie, a 37-year-old project manager, who both had parents living in other states, also praised the role of video chatting in helping their babies

maintain relationships with grandparents. Natalie explained:

I feel really lucky that we've got technology on our side. We Facetime [video chat] with my parents every day. Sometimes I will tie my iPhone to the top of the activity mat, and [my son is] in there playing, and they talk to him, and I can get dishes done and clean bottles or whatever it is I'm doing. My mom is my best friend, so I talk to her every day anyway, but now she's obsessed with her grandson, so they Facetime every day.

Reliance on phones and social media to stay connected to loved ones was so prevalent that those who lacked that support sometimes felt cheated. Gina, a social worker, told me:

My mom and my sisters barely called me. They were really assuming I wanted my own time with her, but I would have liked—I ended up having to call them a lot. Finally a week after my husband had gone back [to work], I was like, 'I need you guys to call me! This is hard because I'm just sitting here with a little baby, all day. It seems awesome, but it's really—it's hard.

Without immediate, tangible support, women like Gina relied on phone calls, video chats, text messages as a substitute for social connection. Having regular contact with loved ones, even if they could not be there in person, helped women feel supported and less alone.

In addition to helping women stay connected with family or friends, technologies also offered a particularly useful resource for facilitating ties with affinity groups, or strangers facing similar situations. For example, Fiona, a mother of twin boys, connected with other mothers of multiples in an online forum. Christy joined an online network of women struggling with infertility. Linh used texting and emails to keep in touch with parents of other babies she met when her premature baby was in the neonatal intensive care unit. Sarah found a Facebook support group for mothers who were unable to breastfeed. For women facing unique challenges, online communities provided a source of support and camaraderie as they navigated unfamiliar territory.

Benefits of technology for new mothers: Access to information and resources

Digital technologies also helped women gain access to information, such as childbirth preparation or medical knowledge, when they did not want to bother their doctors, or did not have the time or resources to pursue other options. For example, Tanya opted to watch childbirth videos online, rather than attend a 5-hour long childbirth class. Brandy found her fears assuaged when she used an online search engine to look up a frightening medical term. She explained:

I use technology really to connect with other mothers, just because some of the advice can be very helpful and basically explain things that I don't understand. For instance, the doctor told me that when my son was born he had stridor. Basically stridor is just something where his lungs hadn't developed a little bit more, [which] made him have like this snoring sound when he was sleeping or when he was up. Well, technology has allowed me to be able to go on Google and look that up. Although when the doctor explained it, it sounded like a big deal to me. I was able to figure and find out actually what it is, and see that it was nothing. Most children get over it. So I guess I do use technology in ways like that.

In cases like Brandy's, technology could help ease new mothers' worries and provide quick, easy access to knowledge and social support. Another new mother, Rachel, 28, explained using the Internet to find information about parenting in this way:

I think I would totally use [online resources], why not? I mean, I use it for everything else in my life, why wouldn't I use it for a baby? And take it with a grain of salt, like, obviously I'm not going to take it as gospel and absolute, accurate truth. You know, same way I look at cooking and recipe, like a springboard for how I'll do stuff.

In the absence of close-knit networks of parenting, new mothers could turn to the Internet as a wellspring of information for their parenting woes.

Benefits of technology for new mothers: Ability to work and study from home

Finally, technology also facilitate the ability of some new mothers to work remotely. This was a privilege more likely to be extended to elite professional women than low income women. Leah, a 31-year old sales operations director, worked from home in Michigan, for a New York-based company. Natalie, a researcher, convinced her boss to buy her a laptop so she could work

from home the first few months, since she was new to her job and ineligible for parental leave. While none of the low-wage women I interviewed were able to work from home, a number of them did rely on technology to complete their work as students. Therefore, in addition to facilitating access to social and material support, technology also enabled new mothers to continue work or schooling from home, in a way that would not have been possible without technology.

Costs of Parenting with Technology

During periods of social isolation in particular, Information and Communication Technologies (ICT's) offered connection, comfort, information and flexibility. However, with these benefits came new challenges, which I outline in Table 1.2. New mothers expended significant emotional energy navigating social media and the endless volume of information made available by technology. They found themselves confronted with constant micro-decisions about what and how to share, navigating their presentation of self and child not just internally, but also in the context of relationships with their partners, friends, family and doctors. Some women begrudged how social media posts exacerbated a sense of comparison or competitiveness among new parents. Finally, unlike their social media presence before children, which was their own to cultivate, social media use as a parent also raised concerns about protecting their children's identity and crafting and exporting narratives about another person's life, a person not yet able to speak for herself. In the section below, I identify some new concerns raised by parenting in the digital age.

Table 1.2. Challenges associated with use of technology and social networking sites

Heightened sense of comparison/ competitiveness with other women	<ul style="list-style-type: none"> ● Social comparison of self and baby ● Hyper-awareness of other people’s lives ● Tendency to showcase the best parts and hide the worst
Self-regulation/ brand management	<ul style="list-style-type: none"> ● Regulating what/how to present ● Justifying one’s use of SNS’s ● Emotional labor in decisions about self-presentation
Privacy Concerns	<ul style="list-style-type: none"> ● Creating an internet presence for another person ● Fears about what other strangers can learn about one’s child ● Monitoring loved ones’ disclosures about self & child
Misinformation/ Information Overload	<ul style="list-style-type: none"> ● “Fake news” ● Lack of education about reliable/unreliable sources ● Each parent must reinvent the wheel
Constant distraction	<ul style="list-style-type: none"> ● Blurring lines between work and home ● Hard to be present ● Incessant pressure to document

Competition & Comparison

One of the pitfalls of social media is that it constantly showcases the successes of other women, magnifying insecurities and struggles. For example, Melissa, a 30-year-old graduate student, recalled the heartache of grappling with infertility while watching her Facebook newsfeed explode with pregnancy announcements:

It was horrible. Every time that I would hear of someone else getting pregnant, it’s just this horrible sinking feeling. Especially now that people are so vocal about it on Facebook or whatever, and you know, they show pictures of their ultrasound; it’s like there’s babies everywhere. It’s just a really difficult time, trying to get pregnant.

Formerly private concerns, like conception and infertility, became public spectacles, the social pressure to conform exacerbated by the continuous chatter of social media. The sense of

competition often continued even after a successful pregnancy and delivery. Candace, a 33 year old professor, said the sense of competitiveness on social media ran both ways:

Seeing other people's baby sometimes, it was like, *Oh, that baby can't even crawl yet. [My baby]'s already crawling. He's so awesome.* And then other times it was like, *Oh my gosh! That baby can say "mama" and it's three months younger than [mine]. What's wrong with my baby?* So, I think there was kind of both comparing him to other people's kids feeling like he was either a super-genius or there was something wrong with him.

From one minute to the next, new mothers could go from feeling elated to insecure, confident to self-doubting. Kerry likewise described the discontent she felt after perusing social media:

I haven't done very many professional photos, and I see all these people have these like—I have several friends that I follow on [social media] that are photographers, so they'll post like 20 different poses, like maternity poses or boudoir poses, senior graduation photo poses, and so it's all these ideas of things that you can do with your kids. And it's like, *oh, maybe I should be more crafty, maybe I should do more artsy photos and dress my baby super ultra-hip.* But (sighs) then your house is never cute enough, and your food is never picturesque enough.

[...] Because, you know, people only post the good things—or else it's like the devastating things. They make their kids look perfect—*Look, we made another homemade craft. Everybody's doing great and playing well*—and you don't see, you know, the 20 minutes where you're screaming at the kids to sit down to do the craft.

[...] But again, that's my judgmental side, which is just awful. I shouldn't – I shouldn't be that way and that always bothers me that I feel that way about things sometimes.

Kerry felt frustrated by the inevitable comparisons that social media provoked—and the way they made her doubt herself and her parenting—but she also felt disappointed in herself for “judging” other people's disclosures. She knew that the curated versions of their lives her friends posted did not tell the whole story, but she could not help but compare herself and her children to other people's, and feel a nagging sense of inadequacy. While new mothers comparing themselves to other mothers is nothing new, what makes SNSs particularly insidious is the constant, invasive nature of those comparisons. Without leaving home, women were subjected to an continuous barrage of images of other mothers who appeared to be more crafty, more elegant,

more well-kept, and more happy than they were. Although women could, of course, choose to *not* engage with these comparisons, the fact that technology was giving women a lifeline to a world outside the home meant that the social connection and social comparison were inexorably linked.

Like Kerry, Rosie, a florist, thought of one particular Facebook friend whose posts painted a picture of a perfect life, which left Rosie feeling insecure about her own mothering. When I asked her what she thinks a good mom looks like, Rosie replied: “That’s really tough. It’s hard to say because what comes to my mind right now, honestly, is a certain Facebook friend. And everything—like all her pictures... but that’s not reality.” I asked what the posts convey. Rosie replied:

She did a home birth. She’s breastfeeding. Her baby is younger than [mine] and is like 15 pounds³. She just seems like it’s just going great, like she has her s*** together. But no one ever posts pictures of the baby throwing a fit, puking on you, your other kid.

Both Kerry and Rosie distinguished between the idealized notions of the “perfect” life often showcased on Facebook and “reality,” which included tantrums, bodily fluids and chaos. In fact, what seemed to bother them about social media was the way it painted an idyllic picture that did not capture the less glamorous aspects of motherhood. Like the beauty myth described by writer Naomi Wolf, women were critical of this impossible standard, and knew it was not realistic, but had trouble escaping feelings of inadequacy when they failed to measure up.

With social media also came criticism—explicit or imagined—from other parents.

Brandy, who had stopped breastfeeding, but still struggled with the decision, said her internal battle was exacerbated by posts on social media. She explained:

I didn’t breastfeed my son. It was something that I’m still struggling with because I wanted to breastfeed so bad. I was breastfed; my husband was breastfed. I mean honestly, I did try it, but the problem was the latching and the amount of milk. It was just hard

³ Rosie was concerned that her baby was underweight, due to feeding difficulties.

getting comfortable for me. And my son—I did give him breast milk, and I did attempt to feed him from the breast. I would pump and I would feed him out of a bottle, and then sometimes I would try to get him to latch. He would latch maybe a good two or three minutes and then fall asleep. I did that for about two months, and then it just became overwhelming. I still have some struggles about it, just because I see other parents who breastfeed their babies, and can be mean on social media towards mothers that don't breastfeed. I have had verbal confrontations over my choice to not continue to breastfeed my son.

Breastfeeding is a fraught issue for many women, who perceive an intense social pressure to do so, but often find it comes at great physical and emotional cost. This friction predates social media of course, but social media exacerbates it by presenting idealized notions of the best parts of motherhood—carefully constructed, idealized standards that felt impossible to achieve—and by juxtaposing the felt need for social support, which drives women to social media—with a chorus of criticism, not just from their inner circle, but from acquaintances and strangers, too.

Self-Regulating: “I’m not like some of my friends”

Women’s statements about what they *did not* post on social media were often as revealing as what they *did* post. Frequently, my respondents used other women (friends or strangers) as a foil against which to demonstrate their own boundaries. For example, Kerry, a 30-year-old math teacher, told me about friends who she thinks are overshareers on Facebook, saying, “The world doesn’t need to know every new thing my kids does.” She went on to explain:

I purposefully don’t post very often because I don’t want to be that mom who everybody’s annoyed with that posts, you know, 20 pictures or 20 posts in a day—*Oh my gosh, my baby just rolled over! Oh my goodness, I can’t believe she can stand up on her own! Oh, look at her, she’s so cute! First time with peas!* (laughs)

I’m sorry – I know it’s very, very judgmental. I’ve actually blocked a lot of people that I know because of posts like that— and that was back before I had kids even. I have quite a few friends that are single or have had miscarriages or have had difficulties getting pregnant, and I didn’t want to parade my child and be, you know, *look, I have a perfect*

child, my child is beautiful, my child behaves. I don't want to become the source of a competition with people for that. And I don't want people to block me for overwhelming their newsfeeds. [...]

Even before she had children, Kerry said, she was bothered by “over-sharers,” parents who posted about their children too often. In response, she made an effort to curb her own posting, to minimize the damage to other women, particularly those struggling with singleness or infertility. Likewise, Jennifer, a 30-year-old nurse told me that she, too, tried not to “over-post” on Facebook. When I asked her, “What in your mind is over-posting?” she replied:

There is a girl that I'm friends with from high school who posts about a dozen photos every day of her kids and herself. Because she's also doing the selfies⁴ with the kids. I'm like, okay, that's too much. I figure if I do maybe one a week, or one every other week or two, then I'm not over-posting. Because I do have friends who don't have kids, who are not married, and I don't want to be like, ‘Here's my happiness with my kids, that's all I've got in my life.’ I do have other things going on, too.

Like Kerry, Jennifer tried to monitor how often and how much she shared. Alexis, also echoed similar sentiments: “I do put a few pictures up, but I'm not like some of my friends who will post a daily picture of their kid. I find it annoying. I found it annoying then, I find it annoying now. I don't want to see your kid taking up my newsfeed.” Each woman set her own standard of what constitutes too much posting; but no one I interviewed described *herself* as an over-sharer. Many posted quite consistently, on a weekly or monthly basis. Nevertheless, there was a sense that there was a limit to how much posting was too much—and each could describe friends who crossed that line. Each woman made conscious choices about policing themselves while also keeping tabs on others. A significant amount of emotional labor went into managing one's digital presence. In addition to the usual burden common to all users of social media—deciding what and when to post, thoughtfully curating an image that captured appropriate tone and garnered sufficient likes—for new mothers, managing the online presence of their babies

⁴ self-portraits

introduced new considerations: keeping in contact with friends and family, deciding how much to share about her baby (who, particularly when very young, was seen almost an extension of the mother herself), and, for some women, considering the impact of their posts on other people's emotional well-being.

Privacy Concerns

Regardless of how often a new mother herself wanted to post, there were also expectations and preferences from other people to contend with. A number of my respondents said they faced pressure from their partner to post *less* often, while they also contended with pressures from their family or friends to post *more* often. With this came concerns about privacy and unwanted disclosure. Some women were worried about what information about themselves and their children might be extractable from social media. Alexis told me:

I have a friend who did intelligence work for the Air Force. I was her nanny and she would tell me like—‘Okay, for security reasons these are things that you shouldn't do: like, bumper stickers that have your kid and have their name attached to it. Or having names embroidered on backpacks or stuff like that. You shouldn't put that on your car because if there's someone who is not a good person, they can just call that kid's name and that kid could just go up to them, and it not be a good thing. [...] And [my husband] is such a private person. He wanted to kind of respect [our son's] privacy as much as possible while letting me put some pictures up [online].

While some of these concerns—such as names on backpacks—exist with or without technology, privacy issues are made more visible by the omnipresence of social media, both because of how easy (and seemingly harmless) it can be to post, and how wide the potential audience is. In light of this, new mothers found themselves making difficult choices about what to share, who to share it with, and how to intervene, if at all, when loved ones share too much.

Christy explained that she restricted her sharing settings when she posted photos of her son: “I broke up my Facebook into close personal friends and acquaintances, and I only post

pictures of him to the people that I consider close personal friends—not like people that I graduated from high school with and have never seen since—because I kind of want to protect him a little bit.” Similarly, Rachel made the choice to purge her “friends” list and use a non-public source for sharing photos after her daughter was born:

With social network, I only am on Facebook and I was very nervous about it. I considered not using it at all and not putting anything up. What I wound up doing instead was unfriending a bunch of people, and then restricting a lot of other people’s profiles. I don’t know how it will develop as the baby gets older. Maybe I’ll find that I want to reach out more.

Some women found that, even when they were careful about how they represented their babies online, friends or family members were more careless. For example, Natalie and her husband specifically asked their friends to refrain from posting about their pregnancy on social media, and waited until a week before their baby’s due date to disclose their pregnancy on Facebook. Jane also asked her family to limit their posts, but complained that within hours of her giving birth, her parents had turned to social media to announce the arrival of their first grandchild:

My parents are really into Facebook—I think a little too much. And I told them, “No pictures!” In part because [my partner] doesn't even have a Facebook, never has, and he's really, really against it. [...] I think my dad was actually really disappointed, because he wanted to share her existence so much. I was, like, “Nuh-uh.” He posted some really terrible picture when we were back home visiting, and I was like, “Take that down!” Not only does she look awful, but I don't want it up there.

Likewise, Sarah complained about her family members’ indiscriminate posting on social media:

We don't like when other family posts pictures of her, because we know all of *our* friends and have a very select group of friends on Facebook, but we don't know all of their [friends]. We don't know what their safety settings are. And so we kind of wished that they didn't [share], but they don't always listen.

New parents not only had to make decisions about their own sharing on social media, but

also about the degree to which they would permit sharing by others—something not always under their control. With the ever-expanding reach of social media, individuals are faced with choices about how and what they reveal about their babies, and while trying to monitor what other people disclose as well. The ease with which images can be shared, beyond the bounds of the posters' intended audience, introduces new challenges about privacy and surveillance.

Mis-Information and Information Overload

Although many mothers said the Internet helped alleviate some fears associated with the transition to motherhood by providing access to needed information, others said the Internet heightened their anxieties. Several women said they chose, or were encouraged by partners or medical professionals, to curtail the quest for information online, lest it exacerbate their fears.

For example, Emily, 27-year-old a social worker, explained:

When I was pregnant, my best friend who I was living with [at the time], banned me from Googling anything. Because every little thing, I would Google and then the worst case scenario would come up—like, *oh, I didn't feel a kick today*, or like, I was getting really bad nose bleeds every day when I was pregnant, and there's all sorts of things that came up about that. [My best friend] was like, “You just need to stop! You know your own body; You will know if something is not right with you. Trust your own body.” So I think technology was bad in that way. Like, it's too easy to type in symptoms or whatever to Google and come out and scare yourself.

Similarly, Robin, a 37-year-old researcher, told me: “We made a deal early on not to Google a lot of stuff while I was pregnant. My doctor even said, ‘Please don't look online for information. Please ask me.’ Because especially during pregnancy people just freak themselves out; so we try not to do that very often.” Felisha, a 37 year-old-police officer said: “My one doctor told me to stay off the internet: ‘Stay off the internet. Just do what I say. That's what they pay me for.’”

In fact, a number of women said their doctors, partners or friends tried to restrict their use

of technology, telling them that they should not search for information online because the information would inevitably be incorrect or anxiety-producing. Indeed, the consequences of misinformation can be fatal; for example, anti-vaccination hysteria puts already vulnerable populations such as sick children and the elderly at risk for life-threatening illness. But advising women simply not to search the web, rather than educating them about best practices, does them a disservice.

“Taking it With a Grain of Salt”

When women did turn to technology to answer pressing questions, they had to find ways to discern between “good” and “bad” information. Repeatedly, women invoked the expression “take it with a grain of salt” to describe how they made sense of what they read online. Emily, the social worker whose best friend advised her not to use Google during her pregnancy said: “I think I've learned to just use it a little bit with a pinch of salt, like don't take everything they say as gold.” Melanie, a 32 year old teacher, found value in a breastfeeding website called KellyMom that's very informative, but she also said she takes everything she reads “with a grain of salt.” Likewise, Fiona, a 40-year-old physical therapist, viewed much of the advice doled out on the Internet with suspicion: “I tend to stick to the evidence-based stuff, rather than Google forums and the nonsense. I think they're awful, those forums– you just get a lot of women who spout nonsense, yet other people hang on to it.” Tasha, a 27-year-old retail worker, was also distrustful of what she read online. She said she tended to rely on the advice of other women, including friends and strangers, rather than turn to the Internet. “I read books. I didn't really look on the Internet, because you can't believe everything you read on the Internet, so I just – I read books. I talked to a couple of friends of mine that already had kids, my cousins that already had kids. So it was pretty much people that already had kids who I was talking to.”

As discussed in the preceding section, Rachel, a 28-year-old stay-at-home-mom, said she finds information online and “takes it with a grain of salt [...] like obviously I’m not going to take it as gospel and absolute, accurate truth. You know, same way I look at cooking and recipe, like a springboard for how I’ll do stuff. In part, then, “taking it with a grain of salt” implied mothers’ recognition that there is no formula for perfect parenting, and like cooking, women can use other people’s recommendations as guidelines. On the other hand, that women approach parenting as they do culinary styles—that they can look online and compare options, picking their favorites a la carte—says something about contemporary parenting strategies in the United States, whereby, in the absence of agreed upon conventions, every woman must conjure or patch together her own parenting style, without a singular trusted model.

A constant distraction

One common complaint about technology was the way it blurred lines between work and home. Natalie recalled working from her hospital bed, just hours after giving birth: “I was in the hospital bed doing emails at my laptop. I mean, I couldn't have delivered at a worse time. We had a huge grant due and everything else, and so I never got to check out.” Candace, a professor, lamented: “When I'm home with my son, I'm trying to do a million things while I'm playing him, so that I can make sure to account for all this time I'm ‘wasting,’ according to [my colleagues], being home with my son.”

While technology made it possible for some women to work remotely or be home with their children more than they otherwise would be, it also brought their work home and sometimes brought their home stresses to work. A number of women reported that being working mothers made them want to be more available to their babies when they were not at

work. Natalie, the mother who had to work from her hospital bed, said that she makes a conscious effort not to be on her phone when she is with her son on evenings and weekends:

When I'm at work, I'm fully present at work, and when I'm home, I'm fully present at home, and trying not to—I see my sister-in-law because she's on Facebook with her kids are right there, but she's with them all the time, so I guess that's different. But when I'm with him, I don't want to be on my phone. I want to be with him; when we go on a walk, I don't talk to my girlfriends unless he's falling asleep.

Those who did use their phones or laptops while with their baby often felt guilt about it.

Mindless social media use can be appealing to us all, parents or not. But what makes it particularly well-suited to new parents is that the round-the-clock, mundane tasks of parenting an infant leave little time for deep, thoughtful engagement. Distractions in the form of social media, news feeds or mommy blogs can offer a welcome break for mothers, while they are also relatively easy to set down at a moment's notice.

Conclusion

Women today become parents—and make the decision to become parents—in the context of an increasingly interconnected digital world. Technology can help ease some challenges plaguing new parents, but paradoxically it can also make others worse. At best, technologies can strengthen ties to friends and family members, facilitate access to social and material resources, and put important health—and childcare-related information within reach—particularly during periods of limited mobility, such as shortly before or after childbirth. However, with these benefits come new challenges, including privacy concerns, a heightened sense of insecurity or competition, and the need to navigate extensive and often contradictory information. While new mothers in this study frequently reported that technology helped them to stay connected to friends and family during pregnancy and the early months of parenting, they also lamented the fact that sharing idealized notions of oneself and one's family led to a

sometimes toxic comparison game, raising insecurities and self-doubt.

My findings suggest that, rather than supplanting real-life connections, technology can help to deepen and broaden existing social networks. For example, through social media, new mothers could connect with far away family or strangers facing similar challenges—such as parenting multiples or babies with special needs, for example—and find information and material resources. At the same time, the overabundance of information and networks made available by technology meant women must find strategies to navigate information-overload and concerns about privacy. New mothers were confronted with unprecedented choices about how to manage their own—and their baby’s—social media presence, as well as how to distinguish between legitimate and unreliable sources of advice. These considerations created a new arena of energy-intensive emotional labor for first-time parents.

The desire and/or social pressure women felt to connect with others through technology created new tensions in their relationships with partners and medical professionals, particularly around privacy and self-disclosure and information-gathering. A number of women reported that they were advised by their doctors, partners or friends “not to Google anything”—as if they could not be counted on to tease apart good and bad advice, and would do best to leave any search for information to the experts. To posit that women cannot discern between reliable and unreliable advice assumes that they are passive consumers of knowledge, unable to make sound decisions for themselves. However, the women I interviewed, regardless of race, class or age, repeatedly described taking what they found online “with a grain of salt.” Perhaps the goal, then, for medical professionals, social workers, and significant others, should not be to restrict women’s access to information, but rather to ensure that future generations of mothers are taught to become educated consumers of the increasingly expansive body of knowledge at their

fingertips. Mothers are not merely passive recipients of information, but they filter the knowledge and advice they receive. But little is known about how they determine what is reliable and what is not. More research is needed to understand how, in an era of information overload and “fake news,” people make decisions about which advice or news sources to trust, which to take “with a grain of salt,” and which to disregard entirely. All of this has implications for how we communicate reliable and accurate information to parents, and how we educate young people to tell the difference.

Furthermore, technology is no substitute for practical, in-person help with things like dishes, childcare and companionship. While the internet may help ease the burden of isolation when friends and family are far, it cannot replace in-the-flesh community. We must be vigilant about how digital connections supplant or alter real-life relationships.

This study had several limitations. First, because highly educated, middle-class women are over-sampled in this study, these findings may over-represent the concerns of more privileged American mothers. Some of the women I interviewed might be more compelled by scholarly evidence than the average American mother, and not all women (including those in my sample) are equally reflexive about their use of social media. Secondly, the women seldom spoke directly about the risks and emotional labor associated with technology. They were more apt to tell me about the ways they saw SNS’s as beneficial, suggesting that they may be overlooking some of the risks associated with this shift. Finally, because I rely on interview data, I know more about what women *say* they do and think, rather than what they actually do. However, in this project, I was less interested in how women use their time than in how they navigate and make sense of the presence of technology in their lives; this is the strength of a qualitative research design. Despite these limits, these findings offer insight into how technology is shaping

women's transition to parenthood specifically, and the human experience more generally.

Technology holds the potential to ease many woes for new mothers—reducing isolation and loneliness, facilitating contact with distant loved ones, and making it easier for women to access the information and resources they need, regardless of physical mobility or financial resources. It may also level the playing field, giving women free access to a wealth of information and social support not previously available, without needing to leave their homes. At the same time, it adds another dimension of invisible labor to the endless work of mothering. The task of sifting through an endless volume of information and identifying reasonable, evidence-informed data is not easy; it makes everyone but the mother herself an expert, and may leave women scrambling to figure out how to get it “right.” Likewise, the task of navigating online social spaces, which paradoxically can ease social isolation and anxiety, is a time-consuming and sometimes emotionally-taxing endeavor. Advising women to simply avoid using it fails to demonstrate an understanding of the complex relationship women have with these avenues of social connection and validation.

Given these challenges, I offer several recommendations for practitioners and concerned loved ones trying to support new mothers. First, we should recognize that technology can both help and hurt new mothers—it is not the tools themselves that are good or bad, but how people use them. While potentially useful as a source of social support and connection, technology should be used with caution when seeking advice, with the understanding that there is seldom a singular “right” answer. Rather than dissuading women from turning to technology at all, perhaps we should do more to educate mothers—and all citizens—about distinguishing reliable and unreliable sources of information. Finally, we must remember that technology and virtual connections cannot replace face-to-face community, and help new mothers to seek out in-person

support from partners, families, neighbors and parent groups. New gadgets demands new boundaries. We cannot merely expect to curb the influx of these technologies; instead, we must be reflective and intentional about how we use them.

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CHAPTER IV

“I’m not supermom”: Cultural scripts about motherhood And how they make the first year harder for new mothers

Abstract:

Motherhood is a complicated endeavor for many women—the decision about whether or not to become a mother, the timing of conception, infertility, pregnancy, and the transition that happens after baby’s arrival each present new challenges. Often, this experience is fraught with emotion as women reconcile expectations about motherhood with the reality of their lived experiences (Choi, et al, 2005). While much of the challenges facing new mothers are physical or material in nature—bodily changes, loss of sleep, changes in hormones, and so forth—another dimension heightening the difficulty for some women is cultural. Specifically, I argue in this paper, the cultural scripts that women internalize may be an overlooked factor in shaping their challenges (or lack of perceived challenges) of new mothers. Prior literature suggests that the transition to motherhood is not equally disruptive for all women (e.g. Brown, 2011; Sawyer, 1999). Indeed, in the in-depth qualitative interviews I completed with 46 first-time mothers, I found that some women described the the transition to motherhood as much more disruptive of their lives than others. I argue that cultural scripts about motherhood are one reason for this burden. I find that

women who are able to draw on prior experience with babies or young children, for example as aunts, babysitters or older sisters, are able to challenge these dominant scripts in a way that can make the transition to motherhood feel less burdensome. I conclude that women's cultural scripts, which they develop from their own experiences as well as messages they receive through friends, family, medical professionals, and popular and social media, may mitigate or exacerbate the degree and persistence of the disruptiveness of the transition to motherhood.

“I know so many women who were nearly undone by motherhood.”
-S.C., 40 year old mother of three

“Never have mothers been so burdened by motherhood.”
-John R. Gillis (1997, p. 178), historian

Introduction

As I was drafting this paper, I reached out to a new mom friend, a 34-year old woman who had just given birth to her first child two weeks earlier, and asked how she was doing. She replied: “Better.... I’m impressed with my body's ability to adapt to no sleep!” I asked if her son was still having trouble sleeping through the night, and she told me, “We have to wake him every 3 hours to eat. When he's 4 weeks old he can sleep 4 hours. [...] They really push that at the hospital.”

For this new mother, in addition to the hormonal changes and the physical toll of childbirth and breastfeeding, she was also losing sleep because of a cultural script that dictated that her parenting strategy be expert-directed. She had been told by trusted medical professionals that she was obligated to wake her sleeping newborn every three hours, lest he go hungry. Around the clock, she was setting an alarm to awaken herself to rouse and feed her infant, not because he had demonstrated a failure to thrive, but simply because he was expected to reach a certain benchmark of weight gain in the first two weeks, and she was expected to ensure he met that—even if it meant she did not sleep. After all, she told herself, wasn’t motherhood supposed to be about sacrifice?

For new mothers today in the industrialized world, many of the cultural scripts and dominant frameworks about parenting come from medical professionals or experts. Without much direct experience with or firsthand observation of infants, many new parents rely on others—whether through personal, professional, or digital ties—to teach them best practices for

parenting. While scientific knowledge has no doubt improved life spans for both mothers and babies, reliance on expert knowledge for parenting advice writ large may come at an emotional and psychological cost to women. Furthermore, when expert advice is delivered as universal and compulsory, there is a failure to account for the great variability, and often contradictions, inherent in parenting advice. Journalist Christina Hardymont, who reviewed over 250 years of parenting advice wrote: "While babies and parents remain constants, advice on the former to the latter veers with the winds of social, philosophical and psychological change. There is no such thing as a generally applicable blueprint for perfect parenting."

Nevertheless, when removed from the historical and cultural context of parenting within community, today's mothers are often left to learn to parent by wading through expert and popular advice, working to disentangle multiple streams of often-contradictory recommendations. As I will show in this paper, particularly for highly educated, white, middle class mothers with limited prior experience with infants, cultural scripts that demand total devotion and self-sacrifice, coupled with cultural expectations to follow prescribed advice, can be taxing. How do 21st century U.S. women navigate the transition to motherhood, given this shift in relational configurations? And what cultural scripts accompany expert-directed mothering, and how do these shape new mothers' experiences and behaviors, particularly when it comes to feelings of disruption in their first year of motherhood?

In this paper, I analyze the narratives of 46 new mothers who I interviewed about their transition to motherhood between 2012 and 2015. Across the board, most women described significant challenges, whether physical, relational, financial or psychological, associated with pregnancy and the first few months postpartum. Yet, for some women this period was described as much more catastrophic than for others. I found that, in addition to tangible difficulties,

cultural scripts about motherhood, often derived from popular and social media as well as expert advice, could be particularly burdensome for first-time mothers. Those women who were able to push back against these dominant scripts—often based on prior firsthand experience with infants, or through a support network of other mothers, including their own mothers, aunts, friends, sisters and cousins—seemed better prepared to cope with the unexpected challenges associated with the first year of motherhood. These scripts about mothering can frame women’s experiences of the first year of motherhood: those with the ability to deflect prescriptive scripts about parenting based on personal experience seemed to find their first year of motherhood far less disruptive than those who singularly adhered (at least initially) to these scripts, even when the latter group of women were buffered by material and social supports. I conclude this article with a discussion of how we can ease the burden shouldered by new mothers by helping them to identify damaging scripts, and by reframing motherhood as a more communal, rather than strictly individual, responsibility. Through these women’s stories, I hope to provide alternative frameworks to challenge the ideology of intensive mothering and offer a vision for a different way to build healthier families and communities.

Background

Transition to Motherhood: Expectation and Reality

Our cultural landscape in the U.S. paints a picture of motherhood that is simultaneously idyllic and burdensome. On the one hand, idealized images of motherhood in the media and social media paint a romanticized and unattainable standard of motherhood (Choi, et al., 2005; Douglas & Michaels, 2004). The ideal mother is expected to be simultaneously self-sacrificing and self-caring, attentive to her children’s needs without “helicopter parenting,” ever-present and

nurturing to her babies, but also still sexually interested in and available to her partner (Douglas & Michaels, 2004). On the other hand, in response to this impossible standard, women in both mainstream media and academic scholarship have pushed back showing how unattainable and oppressive these expectations are for women. Thus, women today enter into motherhood with both these lenses—expectations that are both impossibly high and distressingly grim.

For many mothers, the transition to motherhood exists somewhere between these highs and lows. It is a period marked with delight, fear, anxiety, boredom, joy, disappointment, loneliness, excitement and sorrow. The term maternal ambivalence (Brown, 2011) emerged in the last decade in an effort to capture a more complex portrait of motherhood, where the good and the bad go hand in hand. Terms like “maternal guilt” (Liss, Schiffrin & Rizzo, 2012) and “maternal regret” (e.g. Donath, 2015; Kingston, 2018) have also arisen to describe the gap that sometimes exists between what mothers expect, or who they think they should be, and the reality of their lived experiences.

Research suggests that the transition to motherhood is not equally disruptive for all women. From her research on maternal ambivalence, Ivana Brown (2011) concluded: “Women experience the transition to motherhood differently according to their position at the intersection of race and class.” Leonard’s study of middle-class mothers described the transition to motherhood as a “world-transforming change” (1993), while Sawyer’s study of middle-class African American first-time mother described motherhood as being incorporated into their existing sense of selves, rather than world-altering (1999). Similarly, in Guendelman and colleagues’ study of Mexican and Mexican-American mothers, the authors found that although these women placed a high value on motherhood, they did not see the role as life-defining in the same way that middle-class white women often seemed to (2001). Nevertheless, when women

become mothers, they must navigate competing scripts about what it means to fit this new piece of themselves into their pre-existing identities.

Unmet expectations

As our post-industrial, neoliberal society reconfigures familial relationships and community (Putnam, 2000), today's mothers are often cut off from traditional social support networks and left to navigate the transition to motherhood in the absence of direct observational experience. For women without much prior experience with infants, this task may be particularly onerous. Women are sandwiched between inflated, unattainable expectations of the ideal mother on the one hand, and an avalanche of information about best practices from other mothers, experts and strangers on the other hand. In turn, the cultural scripts they bring to motherhood significantly affect how disruptive this period of transition feels.

Romanticized notions of motherhood portrayed in the media may set mothers up with unrealistic expectations about the excitement and joy of motherhood, without preparing them for the often significant challenges. Unrealistic or unmet expectations may be a particular source of stress for new mothers (Churchill & Davis, 2010; Choi, et al., 2005; Staneva & Wittkowski, 2013). While new parent education classes prepare mothers for aspects of labor and delivery, and for the basics of infant care, mothers often find themselves unprepared for the emotional difficulties associated with the transition to parenthood (Cowan & Cowan, 1992; Nelson, 2003; Stavena & Wittkowski, 2013).

Cultural scripts and the transition to motherhood

Scholars have offered many reasons about why the transition to motherhood can be so onerous for many women, including insufficient partner or family support (Chong, & Mickelson, 2016); lack of family-friendly workplace policies (e.g. Hill, Thomas, English, & Callaway, 2016;

Wiese & Ritter, 2012); and the emotional and cognitive impact of the changes a baby brings (Belsky & Rovine, 1984). In addition, the birth of a baby also impacts the mother's sense of self, primary relationships, and her relationships with others more broadly (Bailey, 1999; Cowan & Cowan, 1992). There are significant emotional costs associated with the transition to parenthood including stress, anxiety, incompetence, loneliness, and a sense of loss—of one's autonomy, time, appearance, sexuality and occupational identity (Churchill & Davis, 2010; Nicolson, 1999; Stavena & Wittowski, 2013; Taubman-Ben-Ari et al., 2009). Yet there is a limited body of research examining the impact of culture, and in particular cultural scripts, on women's transition to parenthood. Perhaps the most famous scholar of mothering ideologies is Sharon Hays (1996), whose work on intensive mothering has been cited in over 3,600 books and articles, within and beyond the United States. Hays argues that contemporary expectations about motherhood define good motherhood on the basis of a massive investment of time, money, energy, and emotional labor (1996). Subsequent work has shown how various subgroups of women, including black single mothers (Elliott, Powell, & Brenton, 2015), young, low income mothers (Verduzco Baker 2011), Chilean mothers (Murray, 2015), and so on, navigate the pressures of intensive mothering. One study by Henderson, Harmon, and Newman (2016) used survey data with 283 U.S. mothers to demonstrate that intensive mothering ideologies and the pressure to be the perfect mother have a negative impact on mothers regardless of whether or not they buy into intensive mothering ideologies. Yet, to date, there has been limited analysis of differences in parenting frameworks, and how those different frameworks might offer alternative cultural scripts. According to David Harding (2007), scripts are “cultural templates for the sequencing of behaviors or actions over time” (Harding, 2007, p. 346). Among mothers, cultural scripts, adopted from the media, friends and family, and medical and scientific experts, set

expectations about normative motherhood. The implicit and explicit cultural scripts with which women enter into motherhood have implications for how they experience and interpret the transition to motherhood. This paper is an effort to understand how these scripts come to bear on women's experiences of the transition to motherhood, and to examine some alternative scripts that may ease the burden on new mothers.

Methods

Between 2012 and 2015, I interviewed 46 first-time mothers about their experiences of becoming a mother. I recruited participants aged 18 and older, primarily in Southeast Michigan, who had welcomed their first child in the last year. After an initial round of snowball sampling to complete the first four pilot interviews, I recruited participants through flyers posted at doctor's offices, libraries, medical clinics, Medicaid offices and food pantries. I also posted requests for participants online, on Cragislist as well as several Facebook groups for new mothers. I told participants that I wanted to learn more about their experiences across the transition to motherhood. They were asked to complete a brief survey (either online or on paper), and participate in a one-to-two hour long interview. Topics covered included their circumstances (work, relationship status, education) before becoming pregnant, their pregnancy and birth, their decisions about employment postpartum, access to parental leave, expectations about motherhood, use of technology, and the challenges and joys of motherhood. With their consent, interviews were audio-recorded. Participants received a \$20 Visa gift card for their time. Interviews took place at a location of the mother's choosing, either in their home or workplace, or in a public setting such as a library or coffee shop. Mothers had the option to bring their babies with them; roughly half chose to do so.

When asked, I disclosed to the participants that I am not a mother. However, I am the

third eldest of twelve children, and have spent much of my life babysitting and caring for other people's children. In speaking with the mothers, I drew on my experiences working with homeless teen mothers (as a resident advisor) as well as with middle-class and upper-middle-class mothers (as a nanny) to demonstrate an empathy for the concerns of new mothers—challenges such as lengthy, complicated labors or difficult decisions about returning to work postpartum. My social work training in interpersonal practice helped prepare me for empathic, affirming listening as mothers recalled sometimes painful emotions about breastfeeding difficulties or feelings of maternal guilt or postpartum depression or anxiety. Some women disclosed that they had not talked much about their ambivalent feelings about motherhood—or had not had much time to converse with adults in general since becoming a mother—and seemed relieved to have the opportunity to do so. At times, though, I also sensed a bit of social distance, since new mothers seemed particularly attuned to the judgement of others—for example, two low-income women responded to my questions at the start of the interview with relatively short replies, perhaps mirroring interviews with a social worker, rather than the more conversational tone my interviews usually take; both women seemed to become more comfortable by the end of the interview, as indicated by lengthier and more personal responses. A few other women expressed concern about providing useful information and said things at the end of the interview such as, “I hope I answered your questions,” or, “I hope this is helpful for your research.” In short, I believe that the transition to motherhood is an important topic about which women need to have more candid conversations, but there remains a fair amount of concern about how they will be perceived by others.

The participants

Participants in this study ranged in age from 18 to 41; mothers' mean age at first birth

was 29.3. In my initial pilot interviews, I interviewed mothers with babies as young as two weeks old and as old as 17 months. However, recognizing the variability at different time points, I subsequently narrowed my time frame to 4 to 10 months. At the time of the interview, the mean age of the babies was 7.5 months. All but three of the participants were living in Southeast Michigan at the time of the interview. Twenty-six respondents identified as white, fifteen as black or African American, two as Asian, and three as mixed-race. Thirty-two of the respondents were married at the time of the interview; seven were cohabiting, two were dating but not living with a partner; and five were unpartnered. While I did not inquire about women's sexual orientations, each of the women in my study mentioned that she had a male partner at the time of conception; one self-identified single-mother-by-choice used a sperm donor but also disclosed that her recent prior relationships had been with men. Respondents were more highly-educated than the average U.S. population, reflecting the higher-than-average educational attainment in the town where I conducted my research: Twenty respondents had a Master's degree or higher, thirteen had completed a Bachelor's degree, ten had taken some college classes but not yet completed a degree, and three had a high school diploma or general equivalency degree. Prior to becoming pregnant, all of the participants were working or in school; after having their babies, thirty-four had returned to work (or expected to when their maternity leave ended) or started a new job, and twelve had left their jobs and planned to stay home for the foreseeable future.

Analysis

All interviews were transcribed verbatim by a third party. After reading and open coding transcripts and fieldnotes, I devised a coding scheme to differentiate between women who perceived the transition as more or less disruptive. (More on this below.) Then I read clusters of transcripts together to identify common themes and scripts among women who found the

transition to be more or less disruptive. Among those clusters, I identified cultural scripts that undergirded their parenting ideologies, returning to the transcripts to find examples of these scripts in women’s narratives. My analysis was an iterative process between open and focused coding (Emerson, Fretz, and Shaw 1995), and writing memos that helped elucidate each theme.

One of the themes I just to explore further in my analysis was the theme of disruption among new mothers: that is, to what extent did women see their lives as radically transformed, or disrupted, by becoming mothers? For the purposes of this paper, I distinguished between higher and lower experiences of disruptions among new mothers, devising a coding scheme to label women’s apparent feelings of disruption. This scheme included six key dimensions of disruption most commonly identified by participants: (1) disruption to work life; (2) disruption to primary relationships (with partner, parents, or close kin); (3) disruption to financial stability; (4) disruption to social life (friendships, neighbors, extended family and informal support networks); (5) disruption to self-perception or identity, and (6) distress associated with caring for a baby. Women who reported feeling disrupted in three or more of these areas at the time of the interview were coded as “higher disruption.” Women who reported fewer than three areas of disruption were coded as “lower disruption.” (See Table 2.1.)

Table 2.1. Disruption scale

	LOW		MEDIUM		HIGH	
	← 1	2	3	4	5	6 →
Life more or less		Mostly		Significantly		Highly
as it was/ achieved		back to		disrupted/		disrupted/
new normal		normal		struggling		hard to function

For example, Linh, a 39-year-old mother of a 3-month-old, was coded as higher disruption because she described a sense of loss about leaving her job, marital tensions with her husband, a lack of locally available social support, and difficulties with breastfeeding, which

made her feel “like a failure.” In contrast, Nancy, a 29-year-old mother of 6-month old twins, was coded as lower disruption. She had been able to return to work part-time, she reported a strong relationship with her husband and immediate family, she had a robust social support network, and other than the initial challenge of feeding and caring for twins, reported a generally positive transition.

In the section that follows, I give some examples of mothers I coded as experiencing high or low disruption. Women were scored as either disrupted or not in these areas based on their descriptions of actual events (e.g. conflict with partner or family, or interruption to work), as well as their feelings about the events (e.g. expressing sadness, dissatisfaction, disappointment, etc); that is, I tended to note something as a problem only if the respondents noted it as a problem. So for example, two women may both have had relatively unsupportive partners, but I only rated them as disrupted in that area if they mentioned that it was a problem. (See Table 2.2.)

Table 2.2. Dimensions of disruption (Examples):

	HIGH DISRUPTION	LOW DISRUPTION
Work	Has not returned to work or is still facing significant internal or external conflict re work or unemployment	Returned to work full- or part-time Or is at peace with staying home, not trying to find/return to work at this time
Family/Partner	Experiencing heightened conflict &/or frustration with partner/ close family	Settling into new routines with partner/ close family; achieving new equilibrium
Finances	Relative financial security disrupted by arrival of child; mention of financial difficulties as a result of baby’s birth	Finances do not appear to be a significant source of stress
Social	Feeling cut off from social support Not knowing who to ask for help	Feeling supported within social networks Having people to turn to for support Being able to maintain prior friendships
Self (Mind/Body/ Identity)	Participant reports continued postpartum depression or anxiety, health complications, or other forms of distress	Participant demonstrates acclimation to new role, positive affect, describes improvement over earlier phases postpartum

Baby	Having a hard time bonding with baby Describes baby as ill or distressed Sleep still significantly disrupted by baby	Feeling relatively at ease with baby Describes “easy” or good-natured baby Routines not notably disrupted
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After classifying mothers as higher- or lower-disrupted, I then re-read both sets of transcripts, looking for evidence of scripts that inform women’s parenting beliefs and practices. As distinct from what they currently do or plan to do, I sought out evidence of their parenting scripts in their narratives about what they thought they *ought* to do, what “good parents” do, or what experts, advice books, or family members told them they should do. I also highlighted examples of changes in scripts— for example, “I used to believe X about mothering, but now I think Y.” From these scripts, I clustered quotes into common themes, ultimately deducing the set of scripts identified in this paper. In the sections that follow, I offer examples of women I classify as “highly disrupted” and “less disrupted,” and then discuss some of the pervasive themes among the cultural scripts of both groups of women. I demonstrate how prior experience with children may be a mediating factor in offering alternative scripts about parental expectations and what it means to be a “good” mother.

Transition to motherhood as a period of disruption

As I sat with new mothers in coffeeshops, in libraries, in their offices and in their homes, I was struck by how differently they described their transition to motherhood. While some women reported that the transition was not nearly as bad as they expected it to be, others found it to be far worse. For some, the period of disruption brought on by a new baby was short-lived, while for others, it lasted much longer. Some women experienced the disruption to be relatively benign, while for others it seemed to turn women’s lives upside down.

Of course, many factors contributed to the length and degree of disruption experienced by new mothers. For some women, childbirth itself or the recovery period that followed was particularly traumatic—births did not go as planned, excessive bleeding or infections followed, their infant ended up in NICU. Some women lacked social support and felt isolated and lonely during long hours at home with a needy infant. Others were delighted with their newborns, but dreaded having to return to work so soon after giving birth. For most new mothers, the feeling of disruption tended to abate over time. Eventually, the constant needs of the baby settled down, women were able to establish new routines at work or home, and for most women, a new sense of normal eventually took hold. However, for some women, feelings of distress and upheaval lasted for months, or even a full year, after their baby came. For these women, recalling the early months of motherhood continued to bring up a surge of negative emotions, sometimes driving them to tears. In particular, their sense of identity or autonomy had not yet recovered, and they struggled with the weight of social pressures of how they thought motherhood *ought* to be, and of how they, as new mothers, *ought* to feel, think and act. These cultural scripts proved difficult to relinquish.

Of course, for such a significant life change, some disruption is to be expected. Indeed, many women looked back on the first couple months as being a bit of “a blur,” with days and nights blending together, and one feeding leading into the next. Yet, a few months later, while some women seemed to bounce back, others continued to struggle. What explained this difference? How did women’s cultural scripts exacerbate the challenges of the first year of motherhood?

Higher disruption

Women who scored as higher disruption tended to have particularly strong negative recollections about their first few months of motherhood. They expressed distress, isolation, exhaustion, disappointment, loneliness and guilt. Reflecting back on her first month of motherhood, Candace, a 34-year-old mother of a 10-month old recalled:

The first couple weeks were unbelievably hard. Unbelievably hard. My husband and I don't have family [in our state] and we don't have super-close friends, so all of our close friends are [in other states]. The first two weeks, we had one of our very best friends who happened to [be in town] come. And then we had two weeks before my mom came to visit. Those first two weeks, I think I called my mom crying every single day. I didn't know what to do. My milk didn't come in for a while, so [the baby] cried a lot. He was hungry a lot. He had only used colostrum, and so he wouldn't sleep, and we just felt completely crazy. We were super sleep-deprived. So the first few weeks were really hard.

Without social support networks locally, Candace felt isolated and alone. She went on to say: “I didn't realize how isolating being a mother would be and how lonely it is, because you think, oh you have this new little person that you love. How could that be lonely? But you are around a baby. It's not like you're talking to people. You're just like around this person who sleeps and eats.” Candace had limited prior experience with babies, and as I describe later in this paper, struggled to reconcile what often felt like contradictory advice about what it meant to be a good mother. Rosie, a 36-year-old mother of a 4-month old, also described a very difficult transition.

I remember thinking, like, I can't go one more day. I can't do this. Because every day is the same. It's very repetitive. I really felt like I can't do it one more day. And just wanting someone, anyone, to come over here and help me with the baby.

Melissa, a 32-year old mother of a baby who had just turned one, said:

I was isolated definitely, and I think that's due to several factors. One is that my parents were very far away. The second is my friends who have kids, or anyone who had kids or who could understand what I was going through, was not here. So I was really doing it by myself in terms of the day-to-day. And then the third is that I just sort of self-isolated. I've just really started to realize the importance of having mom friends and having friends who understand all this, because they have absolutely helped to save my sanity this last year. So yeah, it was very isolating and I think that that probably added to it just not being a great experience.

There were a number of commonalities among the mothers who described the transition to motherhood as especially disruptive were: they were often older first-time mothers (over age 32), with years of experience working and being independent; they had limited local social support networks; and they often (though not always) did not have a lot of prior experience with infants. These women were especially vulnerable to cultural scripts that gave them unrealistic expectations about motherhood. As I described later in this paper, these scripts left them feeling guilty, isolated and disappointed, as they struggled to reconcile the gap between their expectations and reality.

Lower Disruption

In contrast, the women who described a less disruptive transition were on average younger, often (though not always) had access to local, tangible social support (friends and family who could come stay, hold the baby, bring meals, etc), and frequently had extensive prior experience caring for babies—whether younger siblings, nieces and nephews, or friends' children. Many of those women described the transition to motherhood as easier than expected. For example, Tanya, a 40-year old with a 9-month old son, said she was always the auntie that took in other people's children for the weekend. Therefore, she was well prepared for the challenges that may come with motherhood, and ended up finding it much better than expected:

I thought in my head that being a mother was going to be this horrible thing; it's just all about somebody else, and you're just nowhere in the mix. [...] For the majority of the women that I saw, no one had balance. It was either you were extremely neglectful and everything was about you and your kid suffered, or you seem to suffer and the kid's got everything. So now I'm looking at it and I'm like, you know what? There can be a balance. There has to be a happy medium here where everybody can thrive and get what they want.

Similarly, Jane, a 28-year-old with a 7-month old daughter, who had spent a lot of time babysitting and nannying said:

The fact that like I've done stuff like stayed up until 4am with a baby who just couldn't settle down, the fact that I've done that kind of stuff with other people's kids, made me confident that I could do it with her. I also got to play a pretty significant role in both my god-sister's sons when they were young. I mean, I think there's something to having gone through the experience of, like, holding a baby in a particular position until your arms are aching and just being like, I've got to keep doing this for another hour until they fall asleep—and just kind of knowing that that's part of it and not being like, oh my God, why do I keep having to bounce you at a 45 degree angle? I think also from my experience with kids, I know things, like, not to freak out when she has a fever, and that if she falls down, she's not going to die.”

Both Tanya and Jane had already experienced some of the more challenging aspects of motherhood vicariously with other people's children. Because they had realistic expectations about the mundane tasks of parenting an infant, they seemed relatively at ease with the demands it entailed. Rather than learning about parenting from a book, Google, or a medical professional, they took their cues from personal experiences of nurturing other people's children. This prior experience made motherhood much less confounding. Annie, a 28-year-old mother of an 8-month-old boy said: “Within the first week, we were out and about doing things. I saw a couple friends that for the first, like, three, four months didn't leave their house at all. We were out the second we could be, doing stuff and exposing him to sounds, sights, everything.” For women like Annie, who felt able to resume their former lives soon after giving birth, the transition was often described as less disruptive, and less isolating, than those who felt confined to home for months. But it was also less restrictive cultural scripts that seemed to make their transition feel less disruptive.

Cultural scripts about motherhood

In the absence of direct experiential knowledge of child rearing, many new mothers turned to books, the Internet, or medical professionals to educate them about parenting. Yet this advice was often contradictory, and came with cultural scripts and expectations that sometimes felt impossible to live up to. Women who described a particularly disruptive transition often

associated motherhood with feelings of inadequacy, guilt, and shame. What were the cultural scripts that fed these feelings? In the sections that follow, I identify some of the scripts threaded through my conversations with new mothers who reported higher feelings of disruption (Summarized in Table 2.3). Then I summarize of the counter-scripts that lower-disrupted mothers drew on to respond to or challenge these scripts. I argue that women who reported a less disruptive period of transition to motherhood were able to access these scripts more readily, often as the result of their prior experience with infants, or through their connection to networks of support. I conclude that new mothers are able to move out of a period of disruption in so far as they are able to break from oppressive scripts and grasp hold of more liberating ones.

Table 2.3. Cultural scripts associated with higher and lower disruption

Cultural scripts associated with higher disruption	Cultural scripts associated with lower disruption
<p>A good mom seeks and follows the best advice</p> <p>A good mom breastfeeds</p> <p>A good mom is super-productive</p> <p>A good mother sacrifices everything</p> <p>A good mom does it all without help</p> <p>A good mom considers being a mom to be her primary identity</p>	<p>There is no one right way to mother</p> <p>My life doesn't stop because I had a kid</p> <p>Expert advice is a guideline, not a fixed rule</p> <p>Do what works for you and your babies</p> <p>Kids are resilient</p>

Cultural Scripts among newer mothers who felt highly disrupted

Perhaps the most salient scripts among mothers who seemed highly disrupted were the expectations about what made a good mother. These women felt inordinate pressure to conform to an idealized version of motherhood that they had lacked tools and/or capacity to achieve. The

well-meaning advice of doctors, mothers-in-law or strangers, often hung like a weight around their necks, leaving them feeling inadequate, guilty and judged for failing to meet their own or others' expectations. Below, I identify some of the cultural scripts undergirding highly disrupted mothers' expectations about motherhood.

Like the mother I described in the introduction to this paper, new mothers feel eager to “get it right” and do what is best for their babies. But the trouble with parenting advice is that it is not always universal, and is often contradictory since, as one new mother put it, “The baby doesn't come with a manual.” This turned many mothers into consummate researchers, struggling to reconcile experts' advice with their own experiences, as well as the expectations and opinions of others. When I asked Stephanie, a 32-year-old mother of a 4-month old about navigating the advice she gets as a new parent, she said:

It's so confusing. I've just been so confused. You go through these phases of just feeling terrible about the decisions you're making because it's always wrong. It's always wrong. I was just thinking about this the other day because my mom made this off-handed comment about like, "oh, well maybe when we brought her home from the hospital we held her too much. We spoiled her." But then I remember thinking at that time I had taken a Child Development class, and the professor had said that there's no such thing as spoiling an infant. I had read books like Harvey Karp talking about the 4th trimester, and how babies want to be held and be close. It really was what she wanted, needed, but she was also a really crappy sleeper, and so the only way she would sleep was being held. So you've got this conflicting advice, like, give them independence, and let them always sleep flat on their back, and put them in their own crib, and in their own room. But then, like, hold your baby and have them close. Basically what it boiled down to was just this mess in my head. [...] It was really hard to navigate it. I still find myself getting caught up in all these -isms, like things you should do or shouldn't do, or this is bad, or not right, because there's so much out there. I'm just trying to do what is safest. That's kind of like a big thing for us. We just try to do what's safe. And that's what she seems to be into and like.

Candace, a 34-year old mother of a 10-month old also struggled with navigating expert advice, which was sometimes contradictory. It wasn't until she looked back, months later, that she realized it would have been impossible to follow all the advice she got, and that trying to do so had come at a cost:

I think one thing that has been really hard now that my son is older is that when he was really little, you get a lot of contradictory advice, to the point where I felt crazy, like completely crazy, because I felt like I was ruining him no matter what I was doing. People were like, you know— Attachment parenting. Nurse him to sleep. Let him sleep in your bed. Hold him all the time. Love him as much as possible. Like yeah, that seems like the most natural thing, that makes sense. And then other people are saying, like, make sure to not hold him too much. He'll never learn to fall asleep on his own. Be sure to lay him in his crib. Don't let him sleep with you, or you'll roll on him and kill him. Don't nurse him to sleep. He needs to learn how to fall asleep on his own. Don't let him sleep too long, but if he doesn't sleep enough, he won't sleep at night. Just everything was contradictory! Never wake a sleeping baby, but if he sleeps too long, make sure to wake him up. (*laughing*)

I felt like there were so many times that I would be rocking him or nursing him, and he'd fall asleep, and I would hold him, and then I would feel guilty. To this day we're like, don't let him sleep on you; he'll get used to it! Don't nurse him to sleep; he'll get used to it! So I would wake him up and play with him. They were always such sweet moments when he was sleeping. And now that he's older, he doesn't obviously do that anymore, and so I feel this sense of loss that I didn't get to have my time with my little newborn baby the way that I wanted. I wish I would have been like, this is the thing that feels the most natural. This is what I'm going to do. I'm going to hold him all the time if I want to. And I'm going to nurse him to sleep. I'm going to do whatever I want because he's only a newborn baby for three months of his life.

Now that he's older and so much more independent, he's a squirmy little guy. He's constantly crawling and moving, and he lets me snuggle him for like two seconds and then he's moving all over the house again. So I feel like there's a sense of loss, like I didn't get to hold him enough or something. He's going to be a year old pretty soon and I think I'm processing whatever those weird feelings are. I don't know. I think women get a lot of contradictory advice and feel like no matter what we do, we feel like we're doing it wrong.

Driving home Candace's point, Rosie, a 35-year old mother of a 4-month-old, told me: "I felt like I was confessing to her pediatrician when I said she didn't sleep on her back. I thought she was going to call CPS, like freak out on me. [Instead] she was like, 'Ok, as long as she's sleeping,' and went on to the next thing. I was like, I agonized over *this?*"

Over time, mothers like Rosie, Stephanie and Candace began to realize that experts disagree, and that what works best for one baby might not work for another. But in those initial months of trying to follow experts' advice and trying to get it "right," women were caught in painful predicaments by an onslaught of contradictory advice.

One area in particular that led to significant struggles for many new mothers was breastfeeding. Some women continued to be burdened by feelings of guilt and shame long after they had turned to bottle-feeding. Other women persisted in pumping, either because their babies refused to latch, or because they needed to go back to work before they were ready to stop breastfeeding. Melissa, a 32-year-old mother of an 11-month-old said she had a very difficult pregnancy and a traumatic birth experience that did not go at all according to plan. She said through tears, “Breastfeeding was the one thing [I hoped] that I could do right.” But that also ended up being a significant source of stress. Melissa recalled:

I went to 14 lactation consultants, plus one occupational therapist, to see if we could get Hannah to latch, because I was determined. Especially since—I’m going to start crying—but especially since my birth experience had been... Breastfeeding was the one thing that I could do right (*crying*). But it just didn’t—She wasn’t able to latch. I didn’t want her to have formula. I just felt like that would be a moral failing. [...] So I pumped for six months (*crying*) and it was—it was horrible. [...] I didn’t have a very good supply, so I had to take all these supplements. I took like 23 pills a day, and it was so expensive (*crying*) But it was like at that point, it was just a badge of honor.

For Melissa, so strong was the pressure to breastfeed, that it felt like a “badge of honor;” her inability to accomplish it felt to her like “a moral failing.” Emily, 27, the mother of a 4-month-old, also struggled with her inability to breastfeed, telling me:

Breastfeeding was way harder than I anticipated. I just thought it would be like, oh, here's a baby, off you go. (*laughs*) It's not as simple as that. It's something that didn't work out at all, really. So that was a lot more difficult than I thought, and just difficult to accept, because I thought, like, that's something you should be able to do as a woman, as a mum. The plan was just to breastfeed, and maybe try a bottle after a few months, but she just wouldn't latch. [...] She just still wasn't putting on the weight, and every time she'd wake up for a feed, I'd be like, *oh God, don't wake up and need to feed!* It was just awful. I'd dread her waking up, because it was just painful. She'd scream and scream because she was hungry but couldn't latch on to get the milk, so she was getting more and more upset every time she woke up, which is making me—Like every single time I fed her for two weeks, I cried. Every single time. It was just draining. [My breasts were] just sore and swollen and cracked, and it was just awful.

When their bodies were unable to provide the sustenance their babies needed, new mothers often said they felt guilty or “like a failure” for giving their babies formula. Linh, a 39-year-old mother of a 3-month-old said this was “probably because of the media, too. Because they say, oh yeah, breastmilk is the best for your baby, and this and that, and then it makes the mom feel like if they don't have it, they're such a failure. I mean, you know, we try our best, but still we had to give her formula a few times already, and I feel bad about that.”

Another difficulty burdening some new mothers was the shift from being productive and busy to feeling stuck in monotony. Sherry, 32, felt embarrassed to get so little accomplished in a day, after years of working outside of the home.

I did stay home for the three months, and it's like, my husband comes home and is like, "Hey what did you do [all day]?" "Well, I burped and fed a baby, you know, and that's about it." It's almost as if there's no life, at least for a while, until they start cooing or, you know, having more interaction with you. But yeah, I mean, probably at least for like the first good eight months, it's like your world just sort of completely shuts down. And so for me that was hard, you know, cause I had been working since 16, going, going, going, and then it just kind of shuts down, to like these mundane tasks and you're like "What the heck? This isn't rewarding... this isn't fulfilling.”

For Sherry, it was difficult to accept this period of diminished tangible productivity, particularly when her baby was so young and gave little in return. She also found it hard to explain to her husband how she managed to get so relatively little done in a day.

When I asked Kerry, 30, the mother of a 4-month-old, if she thought she was a good mother, she replied, “I’m not supermom, I know that for sure. I know that I’m—I’m doing what I can.” I asked her, “What is supermom? What does she do?” She replied:

Supermom is like Martha Stewart on crack (*laughs*). You know, like, everything is homemade. I mean, I do homemade meals and things, but, like, homemade bread and homemade *everything*. They always have crafts. I’m not doing crafts every day, I’m not like doing so many sensory things. I’m not having her play with shaving cream already. [...] I’m not taking her to mini groups yet. I’m not teaching her baby sign language yet, I’m not doing like – my life doesn’t revolve around everything that’s just her.

Inherent in this statement is the assumption that a good mother's life should revolve around her baby. There is also the expectation that it is not merely enough to keep one's baby alive, happy and well-fed, but that it is the mother's personal responsibility to keep the baby constantly entertained, stimulated, and availed of every possible opportunity. Kerry was not the only mother to express this sentiment. When I asked Rosie what she thought made a good mother, she replied:

A good mom? What comes to mind is a certain Facebook friend. She did a homebirth, she's breastfeeding. She just seems like it's just going great, like she has her s**t together, but no one ever posts pictures of the baby throwing a fit, puking on you, your other kid...

Relatedly, some women felt a duty to sacrifice everything for her baby. Melanie, a 32-year-old mother of a 5-month-old, estimated that she had not gotten more than four consecutive hours of sleep since her son had been born. She said:

I would like to sleep more, but I sometimes think—and this is another issue probably that's just always been there for me—that, like, taking care of myself, doing things for myself is selfish and, like, that I should just give. You can probably see it in my job history (*laughs*). You know, it's just like, I think sometimes I should just give more, give more. And, like, not always listen or think about what I need. I've gotten a lot better. I'm very aware of it, but I think – I'm thinking about that now more than I have before because I haven't had to. Like, I haven't had a 24/7 responsibility, and breastfeeding is very – as you can see, I'm just very tied. I feel tied down, sort of, to breastfeeding.

For Melanie, self-sacrifice was the mark of a good mother. She admitted that taking care of herself felt selfish. To be a good mother was to give endlessly of herself, even when it hurt. Another script related to self-sacrifice was the idea that a mother should be able to meet her baby's needs without help—or that it was wrong (or the mark of a bad mother) to need or accept help, whether from friends, family, or even one's partner. Rosie, 35, struggled from postpartum depression so terrible she ended up having spent a few days in the hospital. She regretted that her ability to care for her baby was limited by her emotional struggles, and that her fiance often did

more than his share after working full-time at his construction job. “A lot of times I feel guilty,” she admitted. “I feel like his effort is so much—he does so much that I feel like I want to cry. I just wish I could do more. [...] I really felt like he was a better dad than I was a mom. That made me feel really guilty.”

Linh, who emigrated to the U.S. from Southeast Asia, lamented the fact that her family support network resided on the other side of the world. Had she given birth near them, she said, they would all have gathered around to help care for her and the baby. But instead, living in the U.S., she was unable to avail herself of the little help that was offered. “My neighbor, she offered to help, so she was really nice. [But] I said no to all of it [...] because I just feel like she never [had] come inside our house, and now if I ask her, I feel like — it's not right to ask. Like I need so many things, but before, I didn't hang out with her, so I don't feel like it's right.” I asked where she could have used help, and she said she would have appreciated material help like doing dishes or cleaning the house. Given that they did not have much of a foundation of friendship, Linh thought it would be inappropriate to ask for help now. So she was left to do things on her own.

In addition to expectations about what they should *do*, some new mothers also felt burdened by what they were expected to *feel*. Stephanie, 32, said:

What was very unhelpful are people who say cherish these moments. You're like, oh my God, I'm just trying to make it through the day. I'm trying to cherish, but shut up. I'm doing my best. You know, if you're not feeling—I don't think any mom feels happy all the time, and the last thing you need is guilt around not feeling happy all the time. But yeah, telling people what was hard, and then really the physical part of things, like, I really didn't rest much after she was born. I just wanted to be involved. I felt like she needed me there for every diaper change and every this and that, and so I didn't spend any days in bed or really rest up after. And I wish I had been encouraged more to do that, although I don't know if I would have changed because it was my desire to be so involved with her.

In retrospect, Stephanie wished she had been given permission to recuperate and take care of herself, rather than feeling so pressured to enjoy every minute. But she admitted that part of her cultural script was that a new mother does it all—and did not feel like she could miss so much as a diaper change.

Finally, new mothers who struggled with higher disruption often had a hard time holding on to other parts of their identity without feeling guilty. They described a feeling of social pressure to identify as mothers, first and foremost, and felt like they were failing in some way when they prioritized or took pleasure in things other than their babies. For example, Sherry, a 32-year-old social worker with a one-year-old said:

I have all of these parts in me pre--baby, and then when you become a mom, it's just like [...] you're a mom now, and you know, God forbid I put my work first or, like, I work extra hours, or want to go play tennis.-- This is supposed to just consume you. [...] I really struggled having ownership of this role, and maybe it's just because I felt like that's what it had to be like. And it's like, well, no, why can't it just be a part of all these other roles that I have?

At the same time as she liked and wanted to retain the parts of herself that were important to her before she became a mother, Sherry felt social pressure to have the role of mother trump all other identities. Likewise Candace, a 34-year-old college professor and mother of a 10-month-old said:

I still see myself as a [scholar], and I still see myself as caring about activism and social justice and all that stuff, and sometimes those things overlap and sometimes they're very separate. Sometimes I get kind of lost in my writing, or I'll get lost in the work that I'm doing, and I'm not thinking about being a mom. I am thinking about all this other stuff that's important to me, and I almost feel guilty when I've gotten lost in something else. You know what I mean? I know this is totally normal; people have other selves and all that. But I think there's this weird kind of social pressure on moms: You're a mom now, and you're supposed to always be a mom in your head.

[...] The work that I do—my research is about social justice and racial inequality, and it's really, really important to me, not only on an academic level, but on a personal level, and no one talks to me about that anymore at all. And like I said, I was a musician before my son was born, and I feel like all of the things that were so big and such a part of me before he was born, nobody talks to me about that anymore. So that is very strange, like

I'm just a mom to them now which is my biggest identity, but it's not the only identity that I have. [...] So it's really hard when that's how other people look at me.

These were women who had satisfying careers outside of the home prior to becoming parents, and wanted to retain those parts of themselves. Yet they felt deeply burdened by social pressure to identify as mothers first. In turn, when they did things they enjoyed outside of motherhood, such as working, exercising, or writing, they felt shamed for having other interests. Melissa, a 32-year-old graduate student, confessed: “I feel guilty because I feel happy when she’s at daycare.”

Alternative cultural scripts that ease the transition to motherhood

To ease the burden of these dominant cultural scripts, women needed access to alternative scripts and strategies women to reframe and reimagine motherhood in a way that feels less disruptive. Women who reported lower disruption often came to motherhood with these alternative scripts at their disposal, frequently in connection with prior experience with infants, while women who reported higher disruption often had a harder time disentangling themselves from toxic cultural scripts. I offer examples of lower-disruptions women’s narratives in the following section.

Women who were able to relinquish some of the expectations that their baby’s success or failure was entirely dependent on their (the mother’s) efforts and precision, also seemed to feel less burdened by the need to get it “right.” One participant, who was born and raised in Southeast Asia, although she herself reported higher disruption, offered an interesting insight into cultural narratives about parenting. She told me:

Where I'm from, the way that people look at childbirth and things is totally different from here. I think they have a saying that’s something like: **To raise a child is like to grow the grass.** Which means that, you know, it's going to be okay. It's easy, and [one] wouldn't worry too much about it. But here, I would say it's totally different.

I find this quote so poignant, in part because it captures an ideology about parenting seldom seen in our culture—that it's relatively effortless, like growing grass—and in part because to extend the metaphor, in the U.S., it is common to make work out of even something as simple as growing grass. To cultivate the perfect green lawn, one must extend a tremendous amount of time, effort and resources, much like the concerted cultivation described by Annette Lareau (2003) about parenting culture in middle class families, which in turn creates some of the culture pressure described by the highly disrupted mothers in my study. In contrast, the women who experienced lower disruption had scripts that were more forgiving and less burdensome. Below, after highlighting the mediating factor of prior experience with children, I identify some of the scripts shared by mothers whose transitions were relatively less disruptive.

Prior experience with kids

Women who seemed relatively unphased by the transition to motherhood had several things in common: They understood that there is no formula for getting parenting right and gave themselves grace for making the best choices they could, without being overly self-critical. They took the long view, knowing that any sacrifices of sleep or time they were making during this phase of intensive newborn care were merely temporary. Finally, nearly all of the women who described the transition to motherhood as easier than they expected had extensive prior experience with children. This provided them with a frame of references for the challenges of mothering, a skill set that came from experience rather than experts, and a body of knowledge that made it easier not to rely on expert-advice for parenting dilemmas. For example, when I asked Sarah, a 32-year-old mother of an 8-month-old and the oldest of five children, how motherhood has compared to her expectations, she said:

I think it has been nice that I have the experience with children, so it wasn't a complete

shock. I knew that there would be sleepless nights. I knew that they need you and that you don't go out anymore, things like that.

Similarly, Tanya, 40, said she was always the auntie that took in other people's children for the weekend. Therefore, she was well prepared for the challenges that may come with motherhood, and ended up finding it much better than expected:

I thought in my head that being a mother was going to be this horrible thing; it's just all about somebody else, and you're just nowhere in the mix. But it's not even like that. I think it's because all my years of babysitting totally got me prepared. I was like, *Wow. This is really easy.*

Sarah and Tanya had already experienced some of the more challenging aspects of motherhood vicariously with other people's children. Because they had realistic expectations about the mundane tasks of parenting an infant, they seemed relatively at ease with the demands of motherhood. Rather than learning about parenting from a book, they took their cues from personal experiences of nurturing other people's children. It may be that what we call "mothers' intuition" actually comes from direct contact, firsthand knowledge and experience. For women who don't have that, the transition to motherhood can feel especially disruptive and overwhelming, while for women who have been exposed to infants and children, there may be the benefit not only of practical experience but also cultural scripts that are less wed to a perfect standard of good mothering.

Cultural Scripts for Lower-disruption Mothers

Mothers who reported their transition as less disruptive were still seeped in the same broader cultural messages about mothering. Yet by going into motherhood with more realistic expectations and with direct experience as caregivers, they were better poised to respond to the inevitable challenges that arose, both because of their prior experiences and because their sense

of worth was less wrapped up in specific expectation. For example, Christy, a 40-year-old “single mother by choice” advised:

The message I would say to other moms is that 95% of what happens with your kid is just going to happen, and they're going to be fine. I mean, obviously if neglect or abuse or something—but like these decisions that people stress out about are maybe not as impactful as they like to think. I was at a happy hour with a neurologist a couple years ago, and he was giving advice to two girls in the group that were pregnant. He's like, put them in a car seat and vaccinate them. Those are the most important big decisions you can make. Everything else—what you feed them, when you feed them, when you start solids, whether or not you give them food out of a jar, or you make all your own food—people really stress out about the minutiae of that stuff, and that stuff is probably not that big of a deal, you know?

Similarly, Jane, 28, found freedom in stepping away from the incessant prattle of internet advice. She said:

While I was pregnant, I did a lot of Internet surfing, and I basically stopped. [My daughter] was born and I was like, I can't read that stuff anymore, because—first of all, I don't have time. And it's all messages and ideas about, like, what she should be doing right now, and what I should be doing with her, and how I'm supposed to be adjusting to this and that and the other, and it's just a waste of time, I think. I mean, at least to me, parenthood is just kind of intuitive.

Jane went on to explain how this script translates into her actions and beliefs as a parent:

I don't think that I do—or I try not to—hold myself up to this normative standard of, like, here's what it means to be a good mom. I also think that there's really something to keeping it simple and almost like going back to basics. And I probably sort of [romanticize] images of past mothers, like when babies got carried around on their mom's backs all the time and slept when they wanted to sleep, and maybe that stuff didn't even happen, but I just think—I try to control her life as little as possible in those ways, like she eats when she wants to eat. If she's tired, she goes to sleep. We're not too worried about germs. I mean, maybe I should be more worried about germs. The dogs lick her in the face and I just—I feel like maybe we have a tendency to try to shelter and protect them, and sort of fit them into little boxes more than is necessary. And I think that not thinking that way takes a lot of stress off of me, off of feeling like, *oh my God, she's not speaking, and she's six months old; I better put on the Baby Einstein tapes so she can look at some more, like, pictures of squares or something.*

One strategy that Christy and Jane used to managed the endemic pressures placed on new mothers was to distinguish between urgent and non-urgent concerns. Their understanding about babies' resilience with regard to things like germs and food freed up emotional space as new

parents, liberating them from some of the anxieties that plagued other mothers.

Another script that helped lower-disruption mothers ease into this transition was the expectation that their lives did not have to stop because they became parents—despite dominant cultural scripts that may suggest otherwise. Tanya, the 40-year-old mother of a 9-month-old admits that she was reluctant to become a mother because she worried about how much of her own life would be put on hold by parenting. She told me:

I realize now that he doesn't stop anything. I can still work out. I have my little jogging stroller. I can still go on vacations. He's just going to hang out with me, and then he'll experience everything that I get to experience.

I asked: “Is that not the message you got before you had him?” She replied:

No, the message was I'm not going to be able to do anything, like this is over. I'm not going to figure out what I want to do with my life [...] Now I'm looking at it and I'm like, you know what? There can be a balance.

Leah, a 30-year-old mother of an 11-month-old also made it a priority to continue to live a full life after becoming a mother. She said:

[My 11-month-old son] has been on seven round-trip flights. I guess it's just like I want to continue to see people and do the things that I would normally do. For instance, we had a wedding in San Diego when Jake was three months old, and a lot of people were like, oh I wouldn't go to that. We were like, we are going.

Contrasting Leah's experience with other mothers I had interviewed who felt pressured to have their identity as mother trump all other identities, I asked Leah: “Do you feel like being a mom supplants the other identities you had, or is it fitting into them?” She replied:

That's a good point. No, I don't think that it supplants them at all. I feel like in different places, I have different roles. I want people to see me still as a friend, right? I don't want my friends who don't have kids to see me as having gone off into mommy-land. I never had too strong of a work identity. I think partially just because I don't put a lot of stock in it. I mean, it pays the bills and that's kind of it. So actually it's funny, at work I actually remind people a lot that I'm a mom because I feel like it affords me—not affords me, but [being a mom] requires certain things of me, and I need to make sure I can do those things. Like if I'm being asked to do something that I just don't have time for, and it's because I can't work extra hours because I have a baby, I'll just remind people of that. So

my mom identity drives work, but not everything else. I still try to make time for friends and family. And I actually do play tennis. And I just signed up for my first half marathon since he was born.

Of course maintaining the life one had before having a baby requires some flexibility, and, in the case of transcontinental travel, significant financial resources. However, cultural scripts about the degree to which life can continue as it was before also shape the choices women make about interrupting or continuing the lives they used to lead.

As women learn that there is not a single right way to do things, they may feel more empowered to challenge expert opinions or to make choices that work for them, rather than feeling pressured to make choices dictated externally. For example, as she reflected on her birth experience and her baby's time in NICU, Sarah, 32 said:

One thing that I wish would be talked about more is that you *do* have a lot more options in the hospital than you think you do. That a lot of things are done because it's standard procedure or because people don't know any better, or that may work for most people, but that you really can speak up for yourself a lot more. For example, when it comes to the breastfeeding thing, the NICU nurses' job is to make sure that the babies essentially stay alive and are fine. I didn't know—*now* I know—that I could have spoken with one of the neonatologists and really voiced that this is something that I really want to do. I don't want to keep bottle-feeding her. Because she wasn't so delicate. You know, she wasn't a micro-preemie or anything. But I could have gotten someone on my side. And having gone in knowing a lot of these things, I did question a lot of things. But I think some people wouldn't have. But when it come to that, I didn't know that I could do that. And now I do. For example, one of the lactation consultants in the hospital that I really did not like. I didn't know that I could ask to see somebody else. I guess you're so exhausted and tired from the labor, and you just don't know that you have that many options. But I think it's important to kind of empower us that even though you're at a hospital and there's all of these medical things that have to happen, there's a lot that doesn't or that can go differently.

As women take ownership of their own knowledge, experience and wisdom, there seems to be more degrees of freedom from oppressive cultural scripts that push women to be a certain kind of mother.

For highly disrupted mothers, part of the challenge of the transition to motherhood was

trying to find the “best” or “right” course of action as a new parent. Lower-disrupted mothers seemed more comfortable with ambiguity. When I asked Sarah, a 32-year-old mother of an 8-month-old whether she identified with a particular sub-group of parents, she said:

I feel like no one style has everything. And because of my schooling [in child development], I learned a lot of different things. There's no one way that has all the answers, and so I kind of pick and choose. I think there are advantages. We do a little bit of attachment parenting. We do some Love and Logic. She's really young for a lot of that right now. But, I take all that with a grain of salt and just kind of go with the flow of what works for our family. [...]

But I think as parents we have to be cautious to not buy into everything that's popular. I feel like sometimes we don't trust our instincts enough as parents because there's so many different things. As long as it's working for your family and it's not harming anybody... There's a group of us [from my prenatal class] that have stayed in touch who all wanted the very natural childbirth experience, but at the same time, we'll feed our kid a non-organic banana or let them eat the dirt outside, or we went to Noodles and Company and let our kid eat macaroni and cheese. And then on the other hand, I have friends who are so cautious about every little thing that it stresses me out, and so I try to back off a little bit from that just because I think I'm more laid back when it comes to certain things. There's too many things to worry about that for me, like dirt's not one of them.

Clearly, for Sarah, mothering still involves a lot of emotional and physical labor, as she figures out what works for her family, and navigates competing cultural scripts about what it means to be a good parent. However, like Jane and Christy, discussed in an earlier section, she had found a way to differentiate between decisions that are more and less consequential, and had found a like-minded group of mothers with whom to keep company. She also demonstrated an understanding that there is no single formula for “right” parenting.

Robin, a 33-year-old mother of an 8-month old, had arrived at a similar conclusion about stepping away from pressure to get it all “right.” She said:

I think we all feel a little bit insecure at what we're doing and that's why we judge other people, because we're all just wanting so desperately to raise our children well, and we care so much about that, and if someone's making a different choice than we are, we have to judge that choice because we're worried that we're not doing it. So I think there's a sense of maybe there's a right answer here and maybe I don't have it, and so I want to show that I've thought about this, and I think this is why my answer is right. Maybe that's

part of it.

The expectation that there is a right way—and that the experts know it—reinforces pressures on mothers to get it all right—and feelings of guilt when they fall short. In order to ease the burden of the transition to motherhood, we need to offer and acknowledge alternative scripts about good enough parenting.

Conclusion

Discourses about motherhood today alternate between an emphasis on how challenging, demanding and exhausting motherhood is or how intimate and fulfilling. Even as women garner increased opportunities in the paid labor force, the past fifty years have seen a shift toward increasingly intensive mothering, which has been defined as an approach to modern parenting that is a “child-centered, expert-guided, emotionally absorbing, labor intensive, financially expensive mothering” (Hays, 1996). These pressures threaten to push women out of the labor force and to put the burden of child-rearing primarily on the shoulders of individual mothers. The new mothers I interviewed frequently struggled to reconcile dominant cultural scripts about motherhood with the reality of their experiences. Some internalized these messages about what it means to be a good mother, and saw it as a “moral failing” if they failed to live up to this standard. Others were able to have more distance from the insidious demands of mothering and entered into motherhood with a more balanced and realistic perspective.

Variations in material and social resources notwithstanding, the psychological difficulties women experience across the transition to motherhood were shaped in part by the cultural scripts women had internalized about motherhood. Psychologically, women today may find themselves poorly prepared for the day-to-day tasks of mothering—the monotony, the social isolation, the loneliness—especially if they lack prior experience with children or sufficient social support.

Unmet expectations can make motherhood feel even more burdensome. Furthermore, expectations that motherhood should be sacrificial, natural, expert-directed and fulfilling burdens women who find themselves struggling to reconcile conflicting expectations, or who do not find that it comes naturally.

While we cannot control external challenges such as how women's bodies respond to pregnancy or how their past experiences shape their psychological journey across the transition, we as a society could do much more to support new mothers, and to change the scripts that further oppress and alienate women when they become parents. Below, I offer some suggestions for how new mothers, their support networks, and society as a whole can ease some of the burdens of the transition to motherhood for those who feel it most acutely.

What can new mothers do to better prepare for this transition? Of course we cannot put the burden of changing these scripts on mothers alone. However, educating women about these scripts and helping them to disentangle aspects of the transition to motherhood that are within and beyond their control may help mitigate the disruption of the early months of motherhood. Much of motherhood is beyond one's control—conception, the body's reaction to pregnancy, labor and delivery, and infant's health and temperament are seldom within new parents' control. Yet one thing that can shift is parents' expectations, including normalizing maternal ambivalence, and reducing stigma around asking for help. Mothers should be encouraged to advocate for themselves at home and at work, and encouraged to set appropriate boundaries. Finally, they should understand that there is no singular "right" way to parent. While corporations have capitalized on new mother's anxieties, promising that the right products, diapers, toys, car seats can protect new mothers from their parenting woes, we need to stop reducing parenting to a formula one can get right (or wrong); instead, new mothers should be

coached that babies are resilient and that there are few universally best practices. Given the shift toward smaller families and increased maternal age, we can expect to see growing numbers of first-time mothers like those I describe in the highly-disrupted group: women who are older, highly educated, and with greater levels of work experience but less childcare experience. For those women have not yet developed those tool kits that come from direct experience, there is a need for psycho-education and professional support from providers, including doctors, nurses and social workers, to fill the structural gap in equipping women with not just the tools to parent but also the scripts to challenge the dominant ideology of intensive mothering. Furthermore, as changing family configurations shift women's (and men's) direct experience with babies prior to having their own, we may need to consider new ways to expose adults to the demands (and rewards) of infant caregiving.

What else can we as a society do to support new mothers? We could do a better job of preparing men (and same-sex partners) to be equal and involved partners; this includes normalizing fathers' involvement, but also ensuring that parental leave policies are extended to both parents. In addition to screening for physical health risks during pregnancy, social service providers can also identify mothers at heightened risk for depression, anxiety, and isolation, and ensure that they get the services they need early on. Furthermore, they can enlist the support of loved ones in identifying when their partners are struggling and making sure they get access to the support they need. Many women, particularly those with significant physical or mental health challenges, relied on the help of their partners and mothers, as well as friends and neighbors to carry them through this period. But their loved ones' ability to help them was also constrained by *their* employment status and degree of flexibility. For example, some women from middle-class families described their mothers taking time off from their jobs to come help with childcare. In

contrast, low income women were scarcely able to get unpaid parental leave for themselves, let alone expect accommodations for their partners or mothers.

Our social safety net continues to leave new mothers to fend for themselves. The time is overdue for the United States to follow the lead of every other developing country and offer better benefits and protections for new parents, recognizing that this expense should not fall to individual families alone. We must also recognize the systematic inequalities across race, class and gender, that heighten the burdens of parenting for those who are already most vulnerable.

This study has several limitations. First, as discussed earlier, the transition to motherhood can look very different two months postpartum compared to ten months later. Future studies should narrow the range of experiences, perhaps comparing only mothers of six-month-olds, for example. Secondly, the mothers in my sample are older and more highly educated than the average population of new mothers. Therefore, this study may over-represent some of the anxieties facing new mothers, or may collapse some of the variation among mothers whose transitions I classified as less disruptive. Third, the intersections of race, class, and education can make it difficult to tease out explanations for differences in women's postpartum adjustment period. For example, do upper- and middle-class white mothers tend to report higher degrees of disruption because of their previous degree of control (associated with race and class privilege?), or because societal pressures are higher on elite moms raising and cultivating elite children? Future studies might do well to compare across dimensions of race and class. Finally, to better understand the cultural scripts of new parents, it is important to step outside of a single national context. While U.S. culture is far from monolithic, stepping back to a more global context could help to identify what cultural scripts are uniquely U.S.-centric what other scripts exist elsewhere.

While the “mommy wars” are framed as a battle between working moms and stay-at-

home moms, my interviews illuminate the fact that these are two sides of the same coin. Each represents a response to the tension women face between intense, demanding roles that push women to try to have it all. In an effort to meet unspoken, unrealistic demands of mothers, women often feel morally burdened by their actions, as though doing the “wrong” thing—for example, not breastfeeding, going back to work too soon—reflects a personal failure on their part. Women were able to get through the first year of motherhood with less disruption if their cultural scripts about motherhood were more forgiving. In light of this, I see our need for social change as two-fold: we must continue to interrogate and challenge cultural scripts that place unrealistic, impossible-to-meet demands on women, at the same time as we must continue to fight for more benefits to ease the burden of childbearing on women.

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CHAPTER V

Conclusion

Early in the planning stages of this research, I emailed a long-time family friend who I'll call Christina, a 36-year old Chinese-American mother of three, to ask her, "What's the book about motherhood you wish someone would write?" Her reply a week later gave shape to some of the ideas that formed the foundation of this dissertation. She told me:

As a nervous first time mom, I wish someone could have assured me to trust myself more. I wish more "experts" would reassure me that everything would turn out alright, regardless of what sleep method I chose, whether to breastfeed or not or how, whether to let my baby cry it out, strictly organic or whatever, etc. More experts should talk less and encourage mothers to talk to each other more and to listen to their baby more. New mothers don't need more guilt, God knows they are already laden with that. What they need is more encouragement and affirmation that there isn't a RIGHT or WRONG. In most cases with mothers who strive to do the best they can in their circumstances. I'm not talking about mothers who need psychiatric or medical help, just DIFFERENT. Different is not wrong, it's just different. and Different can be beautiful, if we stop insisting that ours is the only right way.

Christina struggled to learn what some of the mothers I interviewed knew more intuitively: There is not a single right way to mother, and we do women a disservice when we try to impose the illusion that there is. Institutional barriers against women abound. Paid parental leave, affordable child care, and even basic health care remain out of reach for far too many American women. When I asked new mothers what they wanted, their hopes were relatively modest. They wanted to be able to have and support a family without sacrificing their financial stability, career options or emotional well-being. They wanted to be able to spend time with their babies, while also being able to get a break when they need it. And most wanted to find balance— to maintain a personal and professional life outside of the home. New mothers who

were able to meet these basic needs often reported enjoying the transition to motherhood. What helped make their transition easier?

1. Having a supportive partner
2. Having parents who are emotionally, physically and financially available
3. Having PAID time off, for at least 3 months
4. Having flexibility during pregnancy, if sick or experiencing complications
5. Having flex days off post-baby, when complications or illness arise
6. Having health insurance that's not tied to full-time employment
7. Being able to reduce hours without affecting healthcare premiums
8. Affordable, quality childcare

These should not be luxuries reserved for only the most privileged mothers. These are possibilities within reach. However, we cannot count on new mothers alone to implement these changes. We must also consider how we can promote social and structural change. Below, I offer several recommendations based on previous studies' findings regarding social and structural support for new mothers:

Support should start before the baby's arrival. Obstetricians' and midwives' offices could be a good place for offering support to new mothers, as the vast majority of women undergo some form of obstetric care during their pregnancy (Nolan, 2012). In fact, new research in infant mental health offers promise in this area; currently, researchers at the University of Michigan, including Maria Muzik and Kate Rosenblum are partnering with community agencies and statewide Medicaid programs to pilot a program that places infant-mental-health-trained behavioral health consultants at OB/GYN clinics. This can ensure that mothers' needs are

detected and addressed early, and removes some barriers to support, including lack of transportation, lack of knowledge about resources, and stigma attached to seeking help.

While support should be available to all mothers, resource-intensive interventions should concentrate on those who are particularly high-risk and receptive to help (Affleck, et al. 1989). Clinics could screen and identify mothers who are particularly high-risk, on the basis of previous history of anxiety and depression, inadequate social support, or high incidence of stressful life events. In the time since I began this research, obstetric clinics have started administering a Social Determinants of Health assessment to every new patient, identifying risk factors such as food insecurity, housing instability and interpersonal violence.

Furthermore, antenatal support and preparation should include information not only about what to expect out of labor and delivery, but also in the emotional transition to motherhood. Helping women understand that there may be a sense of loss and helping them to have reasonable expectations about motherhood, might soften some symptoms of postpartum depression (Barclay 1997; Leonard 1993; Nelson 2003; Nolan 2012). We could also do more to normalize the challenges (and banalities) of new motherhood. Without over-emphasizing the negative, we might prepare mothers for the difficulties and emotional turmoil that sometimes accompanies motherhood. Medical and social service professionals can educate mothers about postpartum depression, including signs to look out for. Furthermore, we can offer multiple options for good mothering. It might help to be informed about the diversity of mothering practices in different parts of the world, to demonstrate that there is no single 'right' way to be a parent. (See, for example, *How Eskimos Keep Their Babies Warm: And Other Adventures in Parenting (from Argentina to Tanzania and everywhere in between)* by Mei-Ling Hopgood, 2012).

As we work to destigmatize mental health issues, we can encourage moms to identify and seek out the kind of support they need. Care providers (visiting nurses, social workers, resident moms) should be particularly sensitive to the insecurities of new mothers, who may feel embarrassed or ashamed about what they don't know and think they ought to. (Mauthner 1999). Partners, family members, and close friend can be more proactive in offering support and understanding the needs of the mother, which she might have difficulty articulating. While helping women tap into *new* sources of support can be useful, so can helping people already in her life learn to better support her. Educating someone beside the mother on the changes she is about to undergo can help take some of the pressure off of the new mom, already under stress, to try to figure it all out on her own (Taubman Ben-Ari et al. 2009; Leahy-Warren 2012).

It is also important that we continue to create and foster safe spaces for mothers to share their challenges, whether in person, online or over the phone. Other mothers (new or more experienced) can offer a forum for new moms to vet their challenges—but they can also aggravate dormant concerns (Dennis, et al. 2002). Ideally, new moms groups would include the presence of a knowledgeable professional, to help mitigate the sometimes inflammatory effects of other mothers' anxieties. It might also help to group like-women (e.g. low-risk, moderate-risk, high-risk) (Fleming, et al 1992, Nolan, et al 2012). Yet, we should be attuned to the ways that using social media, such as blogs, Facebook and Twitter can be constructive or destructive. (McDaniel, Holmes and Coyne 2012).

Finally, we should consider ways of advocating for institutional changes, locally and nationally, that could benefit all mothers, including private spaces for breastfeeding, subsidized paid maternity *and* paternity leave, flexible work hours, etc.; these changes could leave a better legacy for new generations of mothers (Nelson 2003).

The promise of sociology is the hope that another world is possible. The way things are is not the way they need to be. The past century has already offered abundant new opportunities for women, in education, employment, relationship-formation, and childbearing; may the next century bring even more.

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APPENDICES

APPENDIX A

Recruitment Flyer

New Mom?



First Time Mothers Wanted to Participate in Research Study

Are you a new mom who had her first child in the last five to eight months? We want to hear about it! We're conducting a study on the transition to parenthood, and want to speak to new moms about how it's going. Interviews will be relaxed, informal, and should last one to two hours. You're welcome to bring your baby. All interviews are strictly confidential, but with your permission, they will be audio recorded.

You may be eligible if you:

- Are at least 18 years old
- Had your first baby in the last five to eight months

*You will receive \$20 CASH for your participation

To participate or learn more about this study, please contact Charity:
Text or Call: (734) 531-8912 (Be sure to mention your name and the Moms Study)
Or Email: newmoms.study@gmail.com

IRB# HUM00061458

Principal Investigator: Charity Hoffman, MA, MSW
(University of Michigan PhD Candidate in Social Work and Sociology)
Faculty Advisor: Karin Martin, PhD

New Moms Study Newmoms.study@gmail.com (734) 531-8912	New Moms Study Newmoms.study@gmail.com (734) 531-8912	New Moms Study Newmoms.study@gmail.com (734) 531-8912	New Moms Study Newmoms.study@gmail.com (734) 531-8912	New Moms Study Newmoms.study@gmail.com (734) 531-8912	New Moms Study Newmoms.study@gmail.com (734) 531-8912	New Moms Study Newmoms.study@gmail.com (734) 531-8912	New Moms Study Newmoms.study@gmail.com (734) 531-8912	New Moms Study Newmoms.study@gmail.com (734) 531-8912	New Moms Study Newmoms.study@gmail.com (734) 531-8912
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APPENDIX B

Script for Recruiting Participants

For oral recruitment:

Would you be interested in participating? (Or do you know anyone who might be?) The interview should last about an hour.

Oral or phone, to prospective participants:

Great! Thanks for your interest. Now I just have to ask a few screening questions because I'm trying to get a diverse group of women.

1. Are you pregnant? If so, when are you due?
2. Is this your first child?[1]
3. May I ask how old you are? (Are you between the ages of 18 and 45?)
4. What is the highest level of education you completed? High school? College? Graduate school?

Thanks so much.

If eligible:

Wonderful. It seems you are eligible to participate in this study. Is there anything else you would like to know about it before you commit to being involved?

We can set up an interview now, or we can get in touch as you get closer to your due date, in your seventh or eighth month. What would you prefer? When/where would be best for you to meet? I can come to your home, or we can get together in a public place—like at my office or a coffeeshop.

I'll bring a consent form, and if it's okay with you, I'll also have an audio recorder. Do you mind if I record the interview, so I can transcribe it later and make sure I quote you accurately? Do you have any other questions? Thanks again. I really appreciate your time. I look forward to speaking more with you soon.

If ineligible:

Unfortunately, I don't think you're eligible to participate in this study. But I so appreciate your willingness to do so. I wish you all the best with the birth of your first child. Feel free to let me know if you think of anyone else who might like to participate. Thanks again. I really appreciate your time.

APPENDIX C

Demographic Survey

Date: _____

Respondent ID #: _____

Please tell me a bit about you!

How old are you? _____

How old is your baby? _____

When was your baby born? _____

Where? _____

Where were you born? _____

Where did you grow up? _____

Who did you live with growing up? _____

Who do you live with now? _____

Are you currently married or dating anyone? _____

What is/was your most recent job? _____

If married/partnered, what is your partner's job? _____

How many hours a week do you work currently? _____

How many hours a week did you generally work before you became pregnant? _____

What is your highest level of education? (e.x. high school diploma, college degree) _____

Where do you live? _____

How long have you lived there? _____

How many of your neighbors (within one block of you) do you know by name? _____

Anything else you'd like me to know about you? _____

APPENDIX D

Interview Protocol for New Mothers

Note: These are the questions I plan to include, as relevant; however due to the conversational nature of these interviews, questions and the order in which they are asked may be tailored to fit the particular interview. I tend to ask fewer questions than this and let the conversation have a more organic flow, returning to the prompts if needed.

I. BACKGROUND

- A. Please tell me a little about your family of origin. Where/ with whom did you grow up? What messages did you get about families, and in particular mothers?
- B. Let's talk about how you became a mother. Please tell me a little about what your life looked like at the time you got pregnant. (Relationship status? Employment status? Major events?)
- C. Was the pregnancy planned? What was the nature of your relationship with the child's father? How did you feel at the time about having a baby? How did your partner/ family/ friends respond to the news?

II. PREGNANCY/ PREPARATION

- A. What do you remember doing to prepare for the birth of your baby? What support, if any, did you have from friends, family, your partner, your community, etc?

III. LABOR and DELIVERY/BIRTH STORY

- A. Can you tell me about the birth experience? How was labor and delivery? What did and did not go as planned? How involved were your partner/ family/ friends? Who else was there? (Both during labor and immediately after.) Where did you give birth, and where did you recover?
- B. How did you notify family and friends of the baby's arrival? Did you send out birth announcements? If so, how many? To whom?

IV. SOCIAL SUPPORT and ADVICE

- A. Do any of your close friends have children? If so, do they live nearby? What about family members—do any of them have children? Do they live nearby?

How often do you see them? Do you expect to see them more (or less) when your baby comes?

- B. Who was there in the days/weeks that followed? Frequency/duration of visitors? Did anyone bring gifts, meals? Hold the baby? How do you feel about having your baby held?
- C. What role has your immediate/ extended family played? How satisfied are you with their involvement?
- D. How involved have your friends been? Neighbors? Colleagues? Anyone else? (Religious community? Community group? Sports team? Other?)
- E. Who do you turn to when you have questions about pregnancy and childrearing? Are there any people who have been particularly helpful to you? What about books? Other sources? (Internet? Resources? Groups?) What about when you have questions related to your baby? Do you turn to the same sources?
- F. What is the best advice you have gotten about parenting? The worst?

V. WORK

- A. Are you currently employed at all? (Doing any work for pay? Volunteering?) If so, do you intend to continue that work/service after your baby arrives? To what extent? How do you expect your commitments to change when your baby comes? What maternity benefits, if any, are offered by your employer?
- B. Have you returned to work? If so, when? If not, when do you plan to? Have your plans/ intentions about this changed at all? What about your partner's?

VI. ROLE OF TECHNOLOGY

- A. What role has technology played in your pregnancy/ advice-getting? Have you used it for medical advice? Finding a doctor? Social support? Emotional/psychological support? Social networking? Registry? Blogging? Anything else?

VII. EXPECTATIONS ABOUT MOTHERHOOD

- A. How were the first few weeks? First couple months? What's different about this phase?
- B. What surprised you?

- C. What has been the hardest thing about parenting? What, if anything, are you enjoying? What do you wish somebody would have told you? What you wish you had/ had more of?
- D. What role has your partner played in parenting? How does this compare to what you had talked about/ hoped for in advance? How did the baby's arrival change your relationship with your partner? What did you expect to change? What did you expect to stay the same? How did you and your partner to modify your work schedule to accommodate the baby's arrival? What paternity (or maternity) benefits, if any, did your partner's employer offer?
- E. Think of the mothers you know, either from your life presently or your past. Are there any who you think of as role models? Any whom you would like to be like? If not from your own life, is there anyone from television or literature you envision as a model mom? If so, what about her makes her in ideal mother?
- F. Do you think you're a good mother? What do you do well? What do you wish you did better?
- G. Do you know anyone you consider to be a good mother? Why?
- H. Some people talk about the guilt that moms feel—this constant fear that they're doing something wrong. Is this something you have experienced? Under what circumstances? What brings it out?

Is there anything else you would like me to know?

APPENDIX E

Interview Protocol for Practitioners

Note: These are the questions I plan to include; however due to the conversational nature of these interviews, questions and the order in which they are asked may be tailored to fit the particular interview.

Please tell me about the nature of work you do with mothers. How did you come to be involved in this line of work?

What do you find most rewarding about your job?

What is most troubling?

What do you think is the biggest challenge facing new moms today?

Are you a mother yourself? How does your mothering compare to what you see in the mothers you work with?

What kind of support do you see the moms you work with having or not having—in terms of partner support, family support, community support, other? What about support from their workplace?

What role has technology played in advice-getting? Do you see mothers enlisting it for medical advice? Finding a doctor? Social support? Emotional/psychological support? Social networking? Registry? Blogging? Anything else?

Think of the mothers you have worked with. Are there any who you think of a really good mom? What did they do well? What about those whose mothering makes you cringe? What do they do that concerns you?

Some scholars talk about the guilt that moms feel—this constant fear that they're doing something wrong. Is this something you have seen? Under what circumstances? What brings it out?

What about the phrase “competitive mothering”? What role do you see competition playing in the mothers with whom you work?

Consider the training you received on working with mothers. Is there anything that you feel this training was missing? Anything you didn't feel prepared for in this work? If so, what have you done to overcome that deficit?

Is there anything else you would like to share?

APPENDIX F

Consent Form for New Mothers

Consent to Participate in a Research Study “Transition to Parenthood”

Principal Investigator: Charity Hoffman, MSW, Ph.D. student, University of Michigan
Faculty Advisor: Karin Martin, Ph.D., University of Michigan

You are invited to participate in a research study about new moms’ experiences of becoming a parent for the first time. The purpose of this study is to learn more about how new mothers prepare for the birth of their first child and how they adjust when the baby comes.

If you agree to be part of this study, you will be asked to complete a brief (16-question) survey and participate in one face-to-face interview, roughly four to nine months after the birth of your first child. The interview is expected to last one to two hours. It can take place in your home or at another place you choose. I would like to audiotape the interview to make sure that I have an accurate record. If for some reason you would prefer not to be audio-recorded, please let me know, and I will take notes instead.

Although you may not receive direct benefit from your participation, the interviews should be informal and enjoyable. I hope that this study will help us understand the strengths and challenges facing new mothers, and that others may benefit from the knowledge obtained in this study.

I do not expect that you will face any risks or discomfort from participating in this study beyond what occurs in daily living; in fact, some moms have even found it helpful to talk about their feelings and experiences about motherhood. You are free to *not* respond to any question. If you feel uncomfortable, please let me know; we do not have to continue.

As a token of my appreciation, you will be compensated with \$20 cash after completing the interview. However, you are free to leave the study at any time.

Participating in this study is completely confidential. Nothing that you share in the interview will be revealed with your name attached, with one exception. If you disclose anything that I perceive to be an immediate physical threat to you or someone else, I am obliged to share that with the proper authorities. Please feel free to ask me more about this if you have any concerns. The only place your name will appear is on this consent form. In the notes, audio records, survey and transcript of the interview, you will be identified by a number. So other people, including the transcriber, will not be able to recognize your identity. I will use this code number to identify

your responses. These documents will be kept separate from this consent form that has your name on it.

I will store the documents in a locked filing cabinet at my home and on my password-protected computer. All data will be stored for future research. Records will be kept confidential to the extent provided by international, federal, state, and local law. However, the Institutional Review Board or university officials responsible for monitoring this study may inspect these records. Your participation in this project is voluntary. Even after you sign this document, you can leave the study at any time without penalty. If for any reason you would like the data already collected not to be used, please let me know; you do not need to provide a reason.

Please feel free to ask me questions you may have during the interview. If you have any questions after the interview, you can contact me, Charity Hoffman, at (734) 531-8912 or charityh@umich.edu. To ask questions about your rights as a research participant, or to obtain information, ask questions or discuss any concerns about this study with someone other than me, you may contact the University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board, 2800 Plymouth Rd. Building 520, Suite 1169, Ann Arbor, MI 48109-2800; call (734) 936-0933, or toll free: (866) 936-0933. You can also email them: irbhsbs@umich.edu

By signing this document, you are agreeing to be in the study. You will be given one copy of this document, and I will keep one copy with the study records. Be sure that any questions you have about the study have been answered and that you understand what you are being asked to do. Feel free to contact me if you think of any questions later.

Thank you for your participation!

I agree to participate in the study and to have my interview audio-recorded.

I agree to participate in the study but please DO NOT record our interview.

Signature _____

Date _____

Name (printed) _____

APPENDIX G

Consent Form for Practitioners

Consent to Participate in a Research Study “Transition to Parenthood”

Principal Investigator: Charity Hoffman, MSW, Ph.D. student, University of Michigan
Faculty Advisor: Karin Martin, Ph.D., University of Michigan

You are invited to participate in a research study about new moms’ experiences of becoming a parent for the first time. The purpose of this study is to learn more about how new mothers experience the transition to parenthood. I am asking for your participation due to the nature of your work with young mothers.

If you agree to be part of this study, you will be asked to participate in one face-to-face interview with me. The interview is expected to last one to two hours. It can take place in your home or workplace or at another place of your choice. I would like to audiotape the interview to make sure that I have an accurate record. If for some reason you would prefer not to be audio-recorded, please let me know, and I will take notes instead.

Although you may not receive direct benefit from your participation, the interviews should be informal and enjoyable. I hope that this study will help us understand the strengths and challenges facing new mothers, and that others may benefit from the knowledge obtained in this study.

I do not expect that you will face any risks or discomfort from participating in this study beyond what occurs in daily living. You are free to *not* respond to any question. If you feel uncomfortable, please let me know; we do not have to continue.

As a token of my appreciation, you will be compensated with a \$20 Visa gift card for your participation in this project. You will receive this gift card after we finish our interview.

Participating in this study is completely confidential. Nothing that you share in the interview will be revealed with your name attached, with one exception. If you disclose anything that I perceive to be an immediate physical threat to you or someone else, I am obliged to share that with the proper authorities. Please feel free to ask me more about this if you have any concerns. The only place your name will appear is on this consent form. In the notes, audio records, and transcript of the interview, you will be identified by a randomly assigned number. So other people, including the transcriber, will not be able to recognize your identity. I will use this code number to identify your responses. These three documents will be kept separate from this consent form that has your name on it.

I will store the documents in a locked filing cabinet at my home and on my password-protected computer. All data will be stored for future research. Records will be kept confidential to the extent provided by international, federal, state, and local law. However, the Institutional Review Board or university officials responsible for monitoring this study may inspect these records. Your participation in this project is voluntary. Even after you sign this document, you can leave the study at any time without penalty. If you choose not to complete the interview, I may still use data collected, unless you ask me not to. If for any reason you would like the data already collected not to be used, please let me know; you do not need to provide a reason.

Please feel free to ask me questions you may have during the interview. If you have any questions after the interview, you can contact me, Charity Hoffman, at (347) 724-7153 or charityh@umich.edu. To ask questions about your rights as a research participant, or to obtain information, ask questions or discuss any concerns about this study with someone other than me, you may contact the University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board, 540 E Liberty St., Ste 202, Ann Arbor, MI 48104-2210; call (734) 936-0933, or toll free: (866) 936-0933. You can also email them: irbhsbs@umich.edu

By signing this document, you are agreeing to be in the study. You will be given one copy of this document, and I will keep one copy with the study records. Be sure that any questions you have about the study have been answered and that you understand what you are being asked to do. Feel free to contact me if you think of any questions later.

Thank you for your participation!

___ I agree to participate in the study.

Signature _____ Date _____

___ I agree to have my interview(s) audio-recorded.

Signature _____ Date _____

Name (printed) _____