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ARTICLE



## Embodiment during the postpartum period: How bodily experience shapes parent's understanding

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### ABSTRACT

During the postpartum period, the bond with the infant is starting to take shape, as the emotional world of the mother is being formed by the bodily experiences. The current study uses the mother's point of view to describe how psycho-physical experiences shape the process of becoming a mother. A qualitative-phenomenological approach was taken, and 12 first-time mothers were documented through a semi-constructed interview, and a recall interview. Results indicated, referring to the beginning of motherhood, that: (1) bodily sensations have powerful and surprising meanings for mothers, (2) physical identification with the infant constitutes a platform for awareness about the infant, and (3) conflicting bodily experiences stimulate difficulty and joy simultaneously. The findings deepen the understanding of the way bodily experiences shape the satisfaction from being a parent. The importance of the mother awareness to physical processes and to the connection between them and mental processes is discussed.

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**KEYWORDS** Bodily expression; embodiment; becoming a mother; postpartum period

### Postpartum period during the transition into motherhood

"Postpartum Period" tends to last up to six months, and is different in each individual (Romano et al., 2010). This period is characterized by ambivalent feelings of euphoria and anxiety, and exhaustion, especially during the first transition into motherhood (Lambermon et al., 2020; Richardson et al., 2020). The current research refers to the "Postpartum Period" as the first 6 month after birth with respect to the criteria mentioned above.

During the postpartum period, women adjust to the maternal role by learning new behaviours directed at child caring, and these behaviours are related to the feeling of satisfaction from parenthood (Lambermon et al., 2020; Leahy-Warren & McCarthy, 2011) Moreover, the postpartum period has been found to have

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a long-term effect on the mother-infant relationship, as well as on the emotional development of the infant. Bodily experiences, which have physical/sensory and emotional nature, (Keating, 2020) are significant during postpartum period (Beebe & Lachmann, 2002; Beebe & Steele, 2013; Fotopoulou & Tsakiris, 2017) and constitutes an experiential dialogue between mother's and infant's bodies.

## Transition into motherhood from the mother's point of view

The current research literature revealed a small number of studies on the experience of the mother's needs and a separate inner-world (Athan & Miller, 2013; McLeish et al., 2020; Miller, 2007; Nelson, 2003; Reisz et al., 2015). The term 'Becoming a Mother' (BAM) is being used by researchers to define the process of entering motherhood, a transition from a familiar reality into a new, unfamiliar one (Mercer, 2004). Such transition requires a reorganisation of objectives, and adaptation of new behaviours and responsibility, which establish a new perception of the self and the increase of the adaptive functioning (Mercer, 2004).

Winnicott's postulate (1987) indicates that the mother's inner world after giving birth is 'a psychiatric state, like withdrawal or concentration' (p. 93) and often involves fear (p. 94). According to this dynamic definition the process may include the loss of sense of self, loss of confidence, self-worth, and the amplification of a negative perception of the self as a mother. The awakening of contradicting and conflict emotions, such as love, joy, excitement and pride on one hand; and fear, frustration, stress, uncertainty, lack of confidence, confusion and guilt on the other – constitutes an inseparable part of becoming familiar with the new maternal role (Nelson, 2003).

A comprehensive review of studies (Nelson, 2003) has found that major processes in the transition into motherhood, include the redefining of the sense of self of the mother, the establishment of feelings of wholesomeness and responsibility, widening the range of ability and operation, developing sensitivity and attentiveness towards the infant and facing mortality and ageing. As an expansion to the above, the transition into motherhood is a possible catalyst to processes of spiritual awakening, an authentic, conscious presence, shifting attention to inner resources, and discovery of inner sources, such as patience and sensitivity (Athan & Miller, 2013).

Understanding the complexity of the transition into motherhood has shifted the academic spotlight into factors which promote the growth and wellbeing of the mother. Factors that promote maternal welfare in the first year after giving birth are related to the infant (pleasant temperament), the mother (a confident type of bonding), and the environment (emotional and practical support of the mother's mother, a stable relationship) (Noy et al., 2015). Additional variables which contribute to the adaptation into motherhood are the bonding with the infant, the reciprocity of this bond (Miller, 2007; Nelson, 2003), and the feeling of

self-efficacy (Leahy-Warren & McCarthy, 2011). One of the ways to assess self-efficacy is by 'task-specific parenting'- mothers' beliefs in their capabilities to complete a specific task within a specific domain, such as breast feeding (Bandura, 1997; Dennis, 2006). Self-efficacy is influenced by (a) previous experience (childcare before becoming a mother), (b) vicarious experience (spend time with other mothers), (c) verbal persuasion (social support), (d) physiological state and (e) affective state (Bandura, 1997). While the body experiences are intertwined into these self-efficacy factors. Mothers' self-efficacy and perceptions of their babies are two of the most powerful predictors of actual caregiving behaviour and mother's competence (George & Solomon, 2008). It has been found that subjective bodily experience during birth and mode of delivery effects the mother's (n=269) description of their infants and maternal self-esteem (Reisz et al., 2015). i.e. emotional and sensory-bodily experiences intertwined in the emotional world of the mother, in perception of herself and her infant and in this way influence her caregiver behaviours, competence and adaptation to motherhood. i.e., the process of transitioning into motherhood is a complex one. It is affected by the woman's previous and vicarious experiences, emotional and physiological state, perception of herself and of the infant, perception of the birth and it's bodily experience, by task-specific parenting and by external factors (support from the environment).

## Goals of the study

The maternal experience of entering into motherhood directly affects the maternal functioning and the caregiving behaviour, which influence the attachment bond that is being established between the mother and the infant, and therefore the infant's development (e.g., Leahy-Leahy-Warren & McCarthy, 2011; Nelson, 2003; Noy et al., 2015; Reisz et al., 2015). While many studies are dedicated to the development of the infant, a relatively small quantity of studies focus on studying the mother's experience in the process (Athán & Miller, 2013) and even less studies focus on a mother's experience of the first 6 months after a birth (Monteiro et al., 2019). It is possible that such a small number of studies is related to the difficulty of recruiting participants during the laden, stressful postpartum period, when mothers are recovering physically, mentally and emotionally.

In order to bridge the gap between the importance of this period, the significance of the bodily experiences during this time, and between the lack of familiarity with the subjective experience of the woman during this period, the current research focuses on comprehending the role of the bodily experiences in shaping the internal dynamic of the mother during the primary process of becoming a mother, through her subjective perception. These insights could assist in building therapeutic and consulting programs for mothers in the beginning of their journey as a parent, in preventive interventions and if it needs also to promote changes which relate to their personal wellbeing as well as to the bonding with the infant.

Therefore, the current research examines the transition into motherhood during the first six months after the birth, while focusing on the mother's self-perception

and her understanding of the way in which the bodily experiences are shaping her maternal being. The research questions are: which emotional aspects 'colour' the bodily experience of the mother? How do bodily experiences shape the mother's experience during the transition into motherhood? and how are bodily experiences embodied in the mother's perception of herself and her infant?

## Method

A qualitative-phenomenological was used documenting the unique world of mothers, and focusing on the essence of their experience. Since this experience cannot be easily measured or quantified, and in order to fully comprehend it, a study of the mothers' point of view is necessary (Shkedi, 2003). The study offers triangulation: an in-depth, semi-structured interview and a video stimulated recall interview, following a viewing of a recorded video of a mother caring for her infant. Those sources of information allowed comparative examination of findings (Shkedi, 2003).

## Participants

Twelve first-time-mothers, aged between 28 and 37 years old, from different backgrounds and cultures, participated. The mothers were in the postpartum period, between two weeks and five and a half months after giving birth ( $M = 3.3$ ,  $SD = 1.4$ ). All mothers gave birth in a vaginal childbirth ( $n = 12$ ).

The sampling process combined volunteers sampling, by contacting centres for postpartum mothers, and by snowball sampling, due to the limiting sampling criteria of the research group, which could make it difficult to find a wide enough sample. Both sampling methods were meant to focalise the research group, and broaden the sample as much as possible (Shkedi, 2003). The research created a purposeful sample intended to represent the research group in the most accurate way, and assist in comprehending the phenomenon that is being researched (Shkedi, 2003). It is important to point out the limited size of its sample, and the lack of heterogeneity of the sample in both age and cultural background constants. Also, the study is focusing entirely on women who have given birth (not any parents who have become parents through partnering or adoption).

The study has undergone an ethics review at the academic institution with which the researchers are affiliated. Ethical standards were kept through the entire study. Participants gave their consent for the research. Sensitive information about them is kept secret, and their names were altered for that purpose.

## Research Tool

### *In-depth, semi-structured interview*

Date collected both explicit and implicit knowledge. The interview focused on the researched topic in order to obtain the most comprehensive description of the phenomenon from the point of view of the participants. It had a flexible, dynamic construction, giving space which allowed for each interviewee to answer freely, to connect with her experience, and to bring out her inner-world (Shkedi, 2003).

Content-wise, the interview focused on the emotional and bodily experiences of the participants. At first, the mother was asked the following key question: 'tell (us) about your motherhood experience', which provided the participants with as wide a gateway as possible into which they could mould their experiences, and construct their answers in the most meaningful way for them. Going forward the questions that were asked referred to the emotional and bodily experiences and bodily interactions with their infant. For example: 'tell (us) how are you feeling whenever your infant is next to you: focus on your emotional and bodily experience', 'tell (us) about your experiences and your bodily needs since entering parenthood, is it familiar/strange?', 'describe instances during your interaction with the infant in which you are particularly challenged, what are the sensations you have in your body? What emotion comes into life?' Describe your experience as you touch the baby/as the baby touches you; has this experience changed (since your first postpartum interaction)? Are some situations more/less pleasant than others? What is your bodily experience as you feed/bathe/put your baby to bed?"

The order of the questions during interviews changed according to the way in which the interviews had evolved. When participants' descriptions were not clear enough, clarifying questions were added. For example: "can you expand about this experience with reference to your emotional/bodily sensations? Process-wise, the researcher moved between focusing on the interview's questions and referring to the physical expressions of the mother, while also focusing on the emotional experiences of the mother in the 'here and now'. For example, if a mother turns her gaze to her infant or holds it closer as she talks, the interviewer will ask, 'what made you do that just now?'

### **Recall interview**

As part of the research process, participants and researcher were watching the recorded observation together. The interview focused on the participants experience following the observation. This research tool is an additional mean used in order to enrich the implicit knowledge and to study the principles of the interaction which cannot be fully comprehended by an interview alone. This knowledge is exposed as a result of this tool: (1)

remembering thoughts, beliefs and emotions which were experienced during the recorded act; (2) re-experience the documented situation, while getting closer to the physiological or emotional state the participants were in; (3) stimulate a reflection regarding the thoughts and behavioural responses of those involved in the recorded interaction (Henry & Fetters, 2012).

The current research shows mothers who put their infants to sleep. They videotaped themselves and later watched the video with the researcher. The camera was placed by the mother in advance so that it would be possible to see her face, her torso and the torso of her infant. There were no limitations on the distance or the placement of the camera, filming time of day, lighting or sound during the recording. Therefore, changes in these aspects are expected between the different videos. The interview's principles were similar to those of the in-depth, semi-structured interview. First, the participants were asked to openly describe their point of view, while afterwards they were asked leading questions about the phenomenological description of the observed interaction ('what happened?'), the mother's emotions, her feelings and interpretation of the interaction ('what does the experience mean to you?', 'is it familiar from similar situations of parenthood? of your life?', 'what do you need in those moments?', 'what do you make of the parenthood experience by watching the video?').

## Data Collection

Mothers who expressed a will to participate in the research were personally contacted by the researcher. The subject of the research was explained to participants, and they were informed about the ethical aspects: "there will be no consequences on you or your child in case of refusal or withdrawal. Personal sensitive information will remain confidential and will be available only for the research's staff. Two sessions have been scheduled with each of them at their home, at a time of their convenience. The sessions took place in the presence of their babies, while the mother was asked to act the same way she does in her routine. Each session lasted around 90 minutes with an option to extend it if necessary. In cases which required the mother's long attendance (more than 15 minutes) and prevented them from focusing on the interview (such as changing a nappy and putting the infant to sleep), there was a temporary break in the interview.

In the first session, the participants filled a form of personal details. The participants went through a semi-constructed in-depth interview, which was filmed and transcribed onto paper, while the camera was placed between one and a half to two metres between the researcher and the participant, to allow viewers to see their face and upper body. The video is for documentation purposes only. The presence of the baby during the interview contributed to the conversation and to the possibility of the researcher to guide the

mother with behavioural questions 'here and now', as was detailed in the interview description.

For the second session, the mothers were asked to record themselves before the session with a video camera for 15 minutes, while they put their infants to sleep. They were instructed to place the camera so that it is possible to see both their bodies as well as their infant's. During the second session, which took place a week later, the researcher and the mother watched the video recording together, and conducted a recall interview.

## Data analysis

The information from the interviews was analysed in the narrative qualitative research method. This method refers to the descriptions and words as pieces of information which reflect the emotions, thoughts and beliefs of the interviewee, so that everything that has been said expresses the humane experience (Shkedi, 2003). The interviews were analysed according to the main topics on which the mothers chose to speak in a way which reflected the significance of each topic to them. The researchers conducted a discussion, prior to analysing the interviews. The transcripts were read in-depth before interviews were analysed and divided into meaningful units

The analysis of the interviews included three stages: (1) an initial categorisation, in which an open codifying of the data into meaning units was applied, including naming of these units. At this stage a search was conducted for as many topics as possible from the data. (2) Mapping, in which connections were made between the primary units of meaning, and a 'tree' was built, reflecting these connections across two axes: the horizontal axis included the primary categories which belonged to the same 'family' of top-categories; and the vertical axis included sub-categories, from the large family to the subfamilies, based on the researchers' view. This process focused on finding a new relationship between the units of meaning. (3) Targeted analysis, in which a search of the main categories was conducted. A definitive meaning and a coherent explanation were built regarding their relation to the current study. In addition, throughout the whole analysis two simultaneous processes took place in accordance with the above stages: (1) a horizontal analysis, which referred to the materials of all participants as a common database to be analysed. (2) a vertical analysis, which referred to all the materials related to each of the participants as a separate database. Accordingly, the analysis of the first interviews was conducted separately from the analysis of the recall interviews, in order to strengthen the validity of the study.

Four interviews were analysed in a primary pre-analysis stage together with researchers from the narrative research field. In parallel with the above, the researchers kept a reflective diary, and saved the analysis documents to allow for repeated examinations, as required (Johnny, 2011).



## Findings

Analysing the interviews about the psycho-physical experience during the postpartum period describes the significance of the participants' bodily experiences in the process of entering motherhood, and includes three themes: 1. Having unexpected and powerful body sensations, 2. Identification on a bodily level with the infant as a platform for awareness about him, and- 3. Combination of difficult and joyful bodily experiences.

### 1. Unexpected and powerful body sensations

Most mothers (n8 =) described how they experienced very powerful sensations and feelings, during the first six month after giving birth. They described their experience as 'shaking', 'crazy', 'shock-inducing', 'life-changing'. A major part of the descriptions expressed processes related to the body (n = 11), for example, 'my body was cut open', 'I feel it in the chest'. This is how Goni, a mother to a 4 month old infant, shared her strong and unexpected feelings and their bodily expression. The body sensations and emotions are intertwined and complement each other in Goni's experience:

*'I didn't believe all the cliches – that it's a crazy thing, incomprehensible. I thought all of it was nonsense, it caught me unguarded. A shock, I cannot believe how much I love him and want to protect him, and I cannot comprehend how I experience emotions I never had. It's throwing you from side to side. It's like my body has been cut open . . . it's unlike anything else. my body cannot contain everything it has. I have got no words to describe it, it's crazy'. (in relation to her first months of experience at motherhood) (Goni)*

For Hannah, a mother to a three-month-old infant son, her turning into a mother created a new meaning to her life, and these emotions received powerful bodily expressions:

*'When he is with me I become whole, it's like a flux of something good. It relaxes the body, and suddenly everything dwarfs. A powerful experience, especially from the moment of birth, when he hatched, and they put him on me.' (Hannah)*

### 2. Identification with the infant on a bodily level as a platform for awareness about him

Half the mothers (n = 6) referred to the identification with the infant through feelings in their body. They described an experience of 'being connected to the umbilical cord' and feeling 'one entity' with the infant. These experiences stimulated mother's awareness with the infant, as can be seen with Sol, a mother of a two-month-old infant son, who described an experience of

identification with the difficulty of the infant, which she felt through her body. This experience made her be there for him in difficult moments:

*'I'm very much affected by what he feels. If he's good, I'm peaceful inside. Because he affects me a lot. I think I have an immediate need to calm him. It's hard for him, he needs help. I take him so he can pour his difficulty on me, and we become one. It's like a single entity with hysterical and calm areas and one needs to find the balance. I'm totally feeling him.'* Zoe, a mother to a three month old girl, referred to her bodily experience through which she 'felt the pain' of her daughter, an experience which allowed the mother to respond emotionally and physically to her daughter's distress:

*"I'm with her in her body, in her distress. In the first vaccine I felt her pain in my body. As if they pinched me at that moment. You realise that you're two separate people, but somehow they didn't cut the umbilical cord. She is always connected to you. Her pain is deep, one that is stimulating, playing on my inner strings. I have to respond to her ... it's very physical and emotional."*

### 3. The body as a source of joy and difficulty in interactions with the infant

Half of the mothers ( $n = 6$ ) told that the body constitutes a source of difficulty and joy, which woke during the process of their body being recruited towards caring for the infant. To the perception of the mothers, at certain moments, their body was a source of feelings such as 'joy', 'happiness', 'life' and 'satisfaction', while at other moments, that same body introduced them to the opposite feelings of 'tiredness', 'stagnation', 'lack of energy' and 'mental difficulty'. Some mothers were busy thinking about the feelings their body prompted in their infant – in their description, they referred to the infant's experience of the maternal body as providing 'calm', 'warmth' and 'being full', however at the same time, in their experience, the infant could feel their body as restrictive or limiting. The below quote, shows an encounter between two opposite experiences, which instigated a conflict for Galis, a mother of a five-month-old infant, evolving around bodily experiences during breastfeeding, feelings which in the mother's perception were resonating with her infant:

*'I have a significant role that cannot be replaced. There is a dependency on me. It makes me more total, for a start. And it's for better and for worse – on one hand, wow, he's the closest to me and I am everything for him, I'm his food. So there's no one who is as close to him as I am at the moment, it's also nice being in this position, as well as difficult, somehow ... one one hand, I enjoy being close to him, feeling him, putting my hand on him like this now, and I feel him making little movements (in his stomach) and on the other hand, I'm a bit bound to him a lot of the time. And I think it's the*

*same for him. On one hand, it feels nice to him, he's close to me, he feels me. It's also healthy for him. And on the other hand he's bound to me. I don't know how good it is for him to be bound to me and dependent on me and my tiredness. It makes us more total towards each other. Perhaps it keeps him slightly further from the rest.'*

## Discussion

The objective of the current research was to examine the meaning of bodily experiences of mothers during the postpartum period, and their role in shaping the maternal emotional world. For this purpose, the point of view of 12 participants was researched, and it has been found that, for the participants, experiences at the beginning of their motherhood were unexpected, with powerful emotions and feelings; that the ability to experience the infant in their body affects their awareness about the infant, and that their experience in the beginning of motherhood is characterised by bodily emotions that are simultaneously difficult and joyful. The significance of the findings will be discussed in theoretical as well as practical contexts.

## Understanding the postpartum period from the mother's point of view

The findings of the research show that the singularity of the emotional experience of participating mothers is related to the bodily experiences and is affected by them. The mothers were surprised by the strength of the emotions in their bodies, reinforcing previous research which referred to the powerful discovery of love and deep feelings of attachment towards the infant as a common phenomenon (Sethi, 1995; Smith-Pierce, 1994 as cited in Nelson, 2003). In relation to this, it was found that an emotional power leads to a high awareness for bodily experiences which can overwhelm and interrupt the mother in her trial of understanding the bodily signals of the infant (Fotopoulou & Tsakiris, 2017). Yet, as this research shows, it is possible that the mothers' awareness of their bodily experiences and their effect on them, could lead to a greater awareness towards their infant and his needs, and therefore to the construction of a benevolent relationship.

In addition, the theme 'Identification on a bodily level with the infant as a platform for awareness about him' emphasise that the bonding with the infant during the postpartum period expresses itself by the physical identification, as per this quote from one of the mothers: 'I'm with her in her body, in her distress. . . . I felt her pain in my body'. This identification was experienced as assisting the participating mothers in feeling their infant more acutely, as well as allowing them to react to the infant with greater attention for their perception. This finding correlates with the perception in which the bodily

communication is fundamental to processes of identification between the mother and the infant (Pine, 2006b, Pine, 2004), as well as the terminology 'Primary Maternal Preoccupation', through which Winnicott describes the experience of the mother caring for her infant's needs in the beginning of his life as bordering self-deprecation (Winnicott, 1987). Hence, the research's findings reinforce basic psychoanalytic theories assumptions and deepen our understanding of the influence somatic body awareness has on the maternal experience and the connection with the infant for her perception.

The theme 'Combination of difficult and joyful bodily experiences' focuses on opposite and simultaneous feelings of difficult and joy that occur during the postpartum period. This reinforces previous studies which have found that the transition into motherhood is accompanied by conflicting feelings of love, happiness, excitement and pride on the one hand; and fear, frustration, stress, uncertainty, lack of confidence, confusion and guilt on the other hand (Sethi, 1995 as cited in Nelson, 2003). This emotional stance is also mentioned in the conceptualisation of Palgi Hecke (2006) of entering parenthood as being related to 'the secret of containing the conflicts'. In the initial stage of entering motherhood, the mother's feelings towards her motherhood and the infant are ambivalent and split, and not until further down the road do they go through a process of unification and integration. Many mothers experience the awakening of internal conflicts by way of caring for their infant (Pine, 2006a) Part of this conflict is experiencing difficult feelings like hate that is an important part of dyad development. Mothers ability 'to hate so much without paying the child out' (p. 356) helps to facilitate infant's development of hatred (Winnicott, 1994). The current research reiterates that for participating mothers these conflicts arise at the beginning of parenthood out of the bodily encounter with the infant, and that their essence is embodied in pleasant and joyful bodily experiences which can suddenly turn into tiredness and physical pain. The frustration and the psychophysical burden that is tied to it could be an overwhelming experience and affect the self-perception of the mother. It is possible that with the progression of parenthood, a decrease in the overflowing of bodily emotions will allow a process in which bodily experiences are translated to a more verbal and conscious level, which brings with it a sense of relief and settlement within parenthood.

## Conclusions and contribution to the research and practical fields

The research brings several conclusions to the forefront, which contribute to the research on the transition into motherhood. The findings of the research clarify how the participant's bodily experiences as part of the connection with the infant affect the perception of relationship with the infant and the

emotional experience of the mother. The findings show that participant's bodily experiences can be frightening and unexpected to them, and can leave mothers helpless. Moreover, entering motherhood is a unique state reflected by the way of conflict in which bodily senses assist the mother in making an initial contact with the infant, and constitute a source of joy while at the same time find it difficult. The conflict which is being expressed with the body is helping us to comprehend the participant's maternal perspective in the postpartum period, the mothers' needs and the complexity of how they cope with it.

The results of the research reiterate the significance and importance of the mother's awareness to bodily processes as a way to regulate their complexity and the relationship between bodily experiences and mental experiences in motherhood. Reference to the bodily experiences in the discourse of mothers with their environment and in support processes or therapy that is given in this critical, initial phase of the mother and her relationship with her infant seem significant. Currently, there is a lack of studies focusing on the bodily experiences and their implications on therapeutic maternal behaviour towards the infant, despite the big part they play in forming the bond within the mother-infant dyad (Fotopoulou and Tsakiris (2017).

Researching the transition into motherhood from the bodily point of view could assist professionals in evaluating the mental condition of first-time mothers, as well as in designing body-mind interventions for the postpartum period. These interventions could assist women who experience difficulty and lack of confidence, while feeling confused, frustrated and anxious, during their process of becoming mothers. The examples of applications of movement, body, and breath as part in developing of happier and healthier relationships between mothers and infants exists in Rova and Haddow's work (Rova & Haddow, 2017).

### **Research implications, recommendation for further studies and limitations**

The current research has several implications, both theoretical and practical. The research adds to the limited amount of studies which focus on the experience of the mother as a subject and a human being, rather than a mere functional character who takes care of the infant's needs. In addition, the research correlates between the participant's bodily experiences and the mental wellbeing of the mother during the postpartum period, and her relationship with the infant.

Future studies may benefit from a larger sample, in order to represent the population of mothers, who are in their postpartum period while the research takes place. Another limitation regards the lack of ability to attribute a causal

association to the findings. Further research will benefit from both qualitative and quantitative methods before and after interventions. This can strengthen a validation of importance of the body in the postpartum period; and as an infrastructure to designing therapeutic intervention programmes which attend to the psycho-physical experience, for mothers who have difficulties with the challenges specific to this period.

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## **Disclosure statement**

No potential conflict of interest was reported by the authors.

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