研究ノート

Analysis of Process of Forming the "Ability to Become a Parent"
－What Relation is Established Between a Pregnant Woman and a Midwife in the Initial Checkup?－

Mariko Fujii[1)], Fumiko Hinokuma[2)], Akiko Tubota[2)]
[1)]School of Human Nursing The University of Shiga Prefecture
[2)]International University of Health and Welfare Graduate School

Background Today, the problem concerning the child care, like a Child Abuse, is a social task. As a result, the research to solve these problems is increasing, too. However, most of those focus on to the support after the child is born, the study from the pregnancy period is a little. Especially, there is no thesis that focuses on to the relation to others in order to nurture the "ability to become a parent", at the pregnancy period.
Objective The purpose of this study was to verify how midwife is involved with pregnant women, as well as learn about the relationship established between pregnant women and midwife.
Method 1. A total of 26 women were observed and recorded with VTR during their clinical checkups at the maternity home in N city. 2. Three pregnant women who felt satisfied with in their first checkup were selected. 3. All contents of verbal and non-verbal communications between the pregnant women and a midwife were described a verbatim form and analyzed qualitatively.
Results The three pregnant women all had worries, anxieties and troubles.
They were expressed in the course of conversation with the midwife. Pregnant women were never rushed into the examination room, but moved at their own pace, and were given ample time to think and remember as they talked. They were able to allow the midwife to understand not only the physical changes involved in their pregnancy, but also their concerns about life in general.
On the other hand, the midwife asks pregnant women clear, direct questions regarding their pregnancy and health. However, regarding anxieties and doubts, the midwife asked discreetly, and never forced the women to speak of their feelings. She kept her eyes on the women, and nodded with empathy in perfect timing.
Conclusion The relationship established between midwife and pregnant women was one of trust (dependency).
Key words ability to become a parent, midwife-pregnant woman relationship, a maternity home, trust (dependency)

2006年9月30日受付、2007年1月9日受理
連絡先：藤井真理子
滋賀県立大学人間看護学部
住　所：彦根市八坂町2500
e-mail：mfujii@nurse.usp.ac.jp

Introduction

Since around 1990, nuclear families have increased, and the "culture of bearing and rearing children" is deteriorating. As a result, women now have fewer opportunities to become familiar with childrearing, which gives them feeling of burden and stress about it. As a result, the development of childrearing environments and childrearing support systems is currently under way (Kato et al,; 2000, Fukuda et al,; 2005, Maeda et al,; 2005, Harada et al,; 2006, Hiraoka et al,; 2006, Nakayama et al,; 2006).

However, nurturing the "ability to become a parent" requires support not only after the child is born, but also during pregnancy, the preparatory stage. Belsky (1984) states that parenting during the nurturing phase is "determined by characteristics of the parent, of the child, and of contextual subsystems of social support." Support from the surroundings is included in the social network, one of the contextual subsystems of social support. Nursing is an occupation that can be continually involved, from the pregnancy phase on. However, the content of involvement has never been clarified.

Therefore, as the first step in clarifying the process of becoming parents that healthy women go through during the course of pregnancy and childrearing, this paper analyzed instances in which pregnant women were satisfied with checkups, in order to verify how nurses (midwife) are involved with pregnant women, as well as learn about the relationship established between pregnant women and midwife.

Method

1) Investigation subject

Participated and observed health checkups of 26 women at a maternity home in N City, including a pregnant woman visiting for the first time and a mother who brought her child for a checkup. Of these, three pregnant women who personally said they were satisfied with the checkup were chosen as analysis subjects.

2) Data and duration of the study

February 1, 2001 - February 28, 2001

3) Research design

We employ "participating observation" based on the phenomenological method.

4) Procedure

Intent of the study was explained to pregnant women during their waiting time at the maternity home. With the individual's consent, the investigator sat in during the checkup with the pregnant woman, observed the conversations, facial expressions and bodily gestures of the midwife and the woman, and took notes as needed. At the same time, the entire checkup procedure was recorded on VTR, while protecting the privacy of the subjects.

5) Ethical considerations

We explained the aim of our study to the pregnant women at the maternity home. We gathered the data from the women who agreed with the aim of our study.

Results and discussion

All three subjects were hesitant about continuing pregnancy, were unable to decide on a delivery place, were anxious, and had worries regarding the health of their family members. However, these topics did not come straight out from the beginning of the checkup. These were spoken of at opportune timing, as if intended, during the course of the conversation with the midwife.

Case 1

Ms. M (34) was raised as the youngest of three children. She is already a mother to three children. She gave birth to her second and third children at this maternity home. When she became pregnant for the fourth time, it had been three years since her third child. She had already notified the midwife of the pregnancy with a new-year postcard. However, it was not until one month later, and 17 weeks into the pregnancy, that she visited the maternity home. The checkup began very naturally, as if the midwife was welcoming a married daughter who was visiting.

Ms. M said, in a bright, sweet and dependent voice, "I went to the hospital before I came here (the maternity home), and had my blood tests done." The midwife answered with a smile, saying "Okay, so you're pregnant. With the birthrate falling and babies being wanted, it's good news."

When the checkup began, Ms. M gradually raised her tone of voice and said "my husband… he's not immediately agreeing with me (about giving birth). All he says is 'what should we do'…" to the midwife, as if she were consulting her own mother. The midwife nodded and listened, as she recorded information on the medical chart. However, when Ms. M said "I became angry at my husband's words, like 'three is enough' or 'we can have another baby when we want one'," the midwife stopped writing and put on a stern expression. However, when Ms. M was finished talking, the midwife calmly answered "Well, when you're pregnant with a baby, things will work themselves out." Ms. M began speaking about her friends, saying "I asked around (about their feelings) to friends who gave birth to a fourth child." The midwife, while continuing with the checkup, said "what did they say? I bet they said they love their babies to death!" with a smile, as if to stir a feeling of attachment to the baby. Then, they talked about Ms. M's friend's fourth pregnancy.

Toward the end of the checkup, Ms. M, with her head down, muttered "Is it okay?" in a small voice. The midwife responded with a light "hmm?" and Ms. M said "Is it okay?" again. Since this question was totally out of context with the conversation up to that point, we were confused for a second, but then the midwife quietly answered "It's okay," then continued to talk of the advantages for a child to have many siblings. Ms. M seemed to feel comfortable with what the midwife was saying, and looked her happiest at this moment since the beginning of the checkup. And, as if remembering her childrearing up to this point, she listed advantages after advantages of having three children. And then, in the end, she said "It was because I wanted to come see you after I had made the decision to have this baby," and left the maternity home with a refreshed look on her face, having told the midwife her thoughts.

Case 2

Ms. A is 29 years old. This is her second pregnancy, and she has no delivery experience. Came to the maternity home 22 weeks into her pregnancy. She recently moved from another prefecture. Before the move, Ms. A had received pregnancy examination at a hospital. After the move, she also had gone to a hospital, but had communication troubles with the doctor : she was apparently not satisfied with her pregnancy examination. "It (the examination) was carried on at the doctor's pace… I was very anxious…" said she, stopping to think after every phrase, and speaking slowly. She learned of maternity homes via the Internet and books, and came to this home.

Regarding instructions on diet and how to carry on daily life, Ms. A's response was mainly "I see," and she seemed to be absorbing knowledge from the midwife. Toward the end of the instruction giving, Ms. A began speaking of her anxiety about her and her husband not having reached a consensus regarding where she would have the baby. "To tell you the truth… I haven't decided to have the baby here yet… I would like to, but… My husband… Um… (He is) worried about emergency situations, because this is a maternity home. And, this (shows a piece of paper)… (My husband) wants to ask questions…" she said, taking out a memo. The midwife nodded and listened the entire time without rushing her or cutting her off. After she was done talking, the midwife answered each of her questions in an easy-to-understand way. And gave her specific advice on improvements she needs to make in her daily life in order to have a natural delivery. Finally, the midwife added, "If maternity homes weren't capable of handling emergency situations, midwives couldn't confidently have women give birth, so don't worry." Ms. A seemed very satisfied when she left the examination room.

Case 3

Ms. N, 33 years old. This is her third pregnancy. She visited the maternity home 25 weeks into the pregnancy. This is comparatively late for a first visit. A friend introduced her to this maternity home, and she visited with the friend and her three-year-old daughter. Ms. N's parents have already passed away. Her father died of lung cancer in the same year her first child was born. The year following that, her mother died of ovary cancer. "Because of all this, I stayed so busy… (Looking at her daughter) I feel sorry for how she

must have felt at that time" said Ms. N. The parents of her husband have already passed away as well. Listening to this, the midwife put a surprised expression on her face, and advised her in a strong tone: "You need to pay attention to your diet to prevent disease." Hearing this, Ms. N said "There are many foods my husband doesn't like… he doesn't like vegetables… and I can't cook very well…" in an apologetic way. The midwife did not scold her or tried to encourage her, but instead began to quietly speak of own experiences. "I've been cooking for 40 years, but I still learn something new every day. For the first two to three years, I couldn't do anything without a cookbook. I still open one up from time to time." And then added, "Some people are good at cooking, some people aren't. If you're not, then you can get better little by little." Ms. N listened, saying "really?" or "is that so…" with a relieved expression on her face. This triggered a rapid-fire outpouring of her hardships, such as how her husband is a workaholic, he eats out a lot and she is worried about health problems from his eating out, how she ended up using contraction-inducing drugs that she really didn't want to use when she had her first baby, and how her mother was sick so she had no support and it was very hard on her.

And, she said "I wish I could have learned about childrearing from my mother. I thought that maybe if I came here (maternity home), I might get to learn a lot…" in a small, sweet, dependent tone.

Ms. N had gone to a hospital before her friend told her about maternity homes. At the hospital, she seems to have been instructed to conduct very stringent weight control. "During my previous pregnancy I kept my weight increase at 10 kg, but during this pregnancy, I want to eat constantly. The doctor tells me to not gain weight, and when I tell myself that I shouldn't eat, that stress causes me to eat more. This is all making me a little depressed… I'm just anxious. I can't tell anybody that I'm in this depressed state… I couldn't consult the doctor at the hospital either… Now, I don't eat breakfast, and I eat two meals a day" were her complaints regarding the hospital's way of handling her situation. The midwife nodded and listened. When Ms. N was finished, the midwife immediately began asking about her condition, weighed her and then palpated her abdomen, as if this were normal procedure. We were a bit surprised by this. However, when the examination was over, the midwife spoke quietly to Ms. N. "Eating is the most important thing in the lives of humans. Eating is what makes you healthy. Eating right, unlike medicine, is something you have to work at every day. To have normal, natural deliveries, you have to maintain a good dietary habit every day to build up your body (make it healthy) for delivery. From listening to you, I think the biggest issue for your husband and children is 'diet'. So, I want you to eat breakfast too. If a mother doesn't eat breakfast, children won't enjoy eating in the morning. And enjoying meals is very important," she said, like a mother giving advice to a daughter. The moment she was told to eat breakfast, Ms. N put a surprised and relieved expression on her face. And, with the midwife's words "If you have any anxieties or worries, you can call here anytime," her expression brightened up even more.

The three pregnant women all had worries, anxieties and troubles. However, by the time the 30-minute examination was over, they each looked much happier. And all three said "I was able to say all that I wanted to say," "I'm glad I was able to talk to the midwife," and "I'm glad that I came here (maternity home)." Why did they make these comments?

First of all, there is one great difference in the system and amenities of the maternity home and those of hospitals. In the maternity home , there is no reception desk, and it's system that enters examination room when one's turn comes. The time required for examination is about 20-30 minutes. The majority during of examination is spent on the instructions of daily life, like a diet. The maternity home provides an atmosphere that is extremely similar to the daily living environment of pregnant women. Moreover, the midwife is wearing sweater and skirt, putting on a apron.

The next focus is on the relationship established between the midwife and pregnant women.

The midwife asks pregnant women clear, direct questions regarding their pregnancy and health.

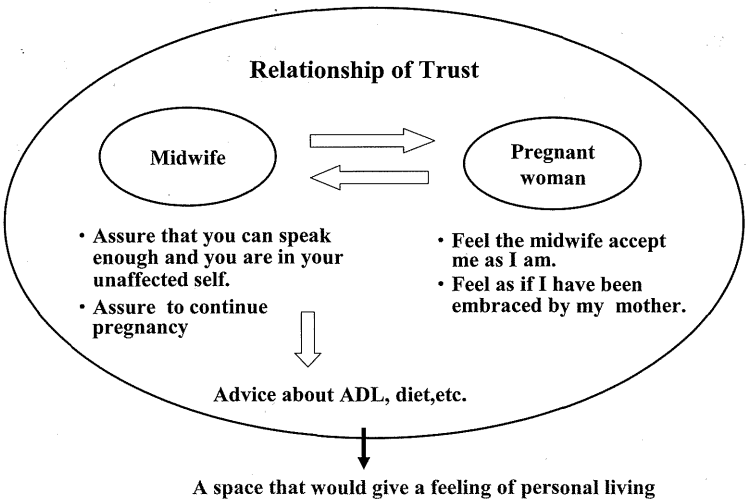

Figure 1 Relationships between the Pregnant Women and the Midwife

This is to be expected as a specialist, since delivery at the maternity home is impossible unless the pregnant woman is healthy. However, regarding anxieties and doubts, the midwife asked discreetly, and never forced the women to speak of their feelings. When pregnant women began speaking of doubts regarding whether to continue with the pregnancy or not, anxieties regarding the health of husbands and concerns regarding the diet of children, the midwife never interrupted or negated them. She kept her eyes on the women, and nodded with empathy in perfect timing. When she gave advice, her advice was specific, telling of her own experiences in the matter. Her tone was sometimes kind, sometimes strong and serious.

On the other hand, pregnant women were never rushed into the examination room, but moved at their own pace, and were given ample time to think and remember as they talked. They were able to allow the midwife to understand not only the physical changes involved in their pregnancy, but also their concerns about life in general. The women were on the edge of their seats to hear every word of advice given by the midwife. From their relaxed expression and tone of voice, we surmised that pregnant women were feeling comfortable at being accepted as they are.

Therefore, it is concluded that the relationship established between a midwife and a pregnant woman during health checkups is like that shown in Figure 1. The midwife listens and gives advice not only as specialists, but also as neighbors, guaranteeing a place where pregnant women can talk comfortably and at length. In this place, pregnant women speak with midwife as their normal selves, exposing their worries, doubts, fixations and anxieties, and they experience comfort as if in the presence of their own mothers. The relationship established between midwife and pregnant women who were satisfied with their health checkup was one of trust (dependency), even though it was their first visit.

It is said that becoming a parent changes one's personality (Kashiwagi et al.; 1994, Ujiie et al.; 1994, Onodera; 1997). These changes have much to do with the support provided by the surrounding people. The dependency relationship with midwife can be considered one form of such support.

Conclusion

During the first visit of the pregnancy health checkup, midwife faced pregnant women as specialists, as neighbors, and as mother figures. On the other hand, pregnant women exposed their true, normal selves, feeling as comfortable as if in the presence of their own mothers. The relationship established between midwife and pregnant women was one of trust (dependency).

Limitations of this study

Since this report deals with only three subjects, generalization is difficult. Also, the relationship dealt with here takes place at only one of the many phases of pregnancy. The effects of such a relationship on pregnant women must be observed longitudinally.

References

Fukuda Naoko. et al. (2005). Development of a Risk Assessment Form Prevention of Child Abuse and Neglect. Japanese Society for Prevention of Child Abuse and Neglect, 7 (2); 238-251, 2005.

Harada M. et al. (2006). Continuous Abuse Prevention and Support from the prenatal period. Japanese Society for Prevention of Child Abuse and Neglect, 8 (1); 107-113.

Hiraoka, Eriko. et al. (2006). Construction of Child Abuse Prevention system at prenatal period: Preparation of Prenatal Checklist. Japanese Society for Prevention of Child Abuse and Neglect, 8 (1), 119-124.

Kashiwagi Keiko. et al. (1994). Becoming a Parent and Personality Development: A Lifespan Developmental View. The Japanese Journal of Developmental Psychology, 5 (1), 72-83

Kato Yoko. et al. (2000). Risk Assessment to identify severity and Risk levels. Japanese Society for Prevention of Child Abuse and Neglect, 2 (1), 79-86.

Maeda Kiyoshi. et al. (2005). Managing Child Abuse Cases at Community Health Center in Aichi Prefecture Current status and Problems. Japanese Society for Prevention of Child Abuse and Neglect, 7 (3); 328-335.

Nakayama Emiko. et al. (2006) Dental Health of Abused Children taken into Fukuoka City Children's Advisory Center. Japanese Society for Prevention of Child Abuse and Neglect, 8 (1), 159-164.

Onodera Atsuko. et al. (1997). Longitudinal study on the Process of becoming a Parent. Human Developmental Research. 5(1), 72-83.

Ujiie Tatsuo, et al. (1994). Three Mothers: Follow up Study of Transitional Process to Motherhood. The Japanese Journal of Developmental Psychology, 5 (2), 123-136.

(Summary)

「親となる力」を形成する過程の分析
－初回健診で妊婦と助産師はどのような関係にあるのか－

藤井真理子[1)]、日隈ふみ子[2)]、坪田　明子[2)]

[1)]滋賀県立大学人間看護学部
[2)]国際医療福祉大学大学院

背景　今日、児童虐待に代表されるような育児問題は大きな社会的問題になってきている。そこで、それらの問題を解決するための方法も取り組まれてきている。しかしながら、これらの多くは子どもが産まれてからの対応に焦点をあてたものであり、妊娠期からの支援は少ない。特に「親となる力」を育むために妊娠期での他者との関係性に焦点をあてたものは見あたらない。

目的　本稿では親となる形成過程を明らかにする第一段階として、看護職者（助産師）が妊婦にどのように関わり、妊婦と助産師がどのような関係にあるのかを明らかにする。

方法　1．N市の助産院に来院した妊婦26人の健診場面を参加観察した。2．初めての健診で、妊婦自らが満足したと語った3人を分析対象とした。3．同意が得られた妊婦と助産師の会話や表情、しぐさといったノンバーバルコミュニケーションの全内容を記述し分析を行った。

結果　3人の妊婦はそれぞれ心配事、不安や悩みを持っていた。これらは助産師との対話の中で語られた。診察室では、妊婦たちはあせらされることなく自分のペースで行動し、ゆったりと思い出しながら話すことが出来ていた。彼女たちは助産師に妊娠に伴う身体的な変化を把握してもらうだけでなく、生活全般の悩みを助産師に語っていた。一方、助産師は妊娠や健康に関する項目を明確に質問している。しかし妊婦の不安、迷いの訴えに対しては、さりげなく尋ね、妊婦たちの思いを無理に聞き出すことはしていない。妊婦たちを見つめながら、気持ちのこもったタイミングのよい相づちを打つだけであった。

結論　初回の妊婦健診において助産師と妊婦たちの関係は、信頼（甘えることができる）関係を形成していた。

キーワード　親となる力、助産師－妊婦関係、　助産院、サポート、信頼（甘え）