

School of Medicine, Nazarbayev University Master of Public Health Program

*First-Time Mothers' Perspectives on Maternity Care in Kazakhstan.*

Master of Public Health Integrating Experience Project Professional Publication Framework by

Zhakup Pakizat

MPH Candidate

Advisor/s: Faye Foster

April, 2025

## **Acknowledgements**

I would like to formally acknowledge the invaluable contribution of Professor Faye Foster, whose professionalism, experience and constant support played a huge role in the success of my research work. Her guidance helped me not only to complete the thesis, but also to exceed all expectations of this work. I am very grateful for her guidance.

I would like to thank my colleague - Oraltayeva Ainara, her support gave me strength and inspiration to write this work.

Most of all, I want to express my heartfelt gratitude to my mother, grandparents, my sisters, brother and husband. Their love and faith in me gave me strength and confidence in the successful completion of the work.

The greatest gratitude is dedicated to my daughter Ilana - she has always been my inspiration and this work related to motherhood was brought to life only thanks to her.

In conclusion, I would like to acknowledge my own diligence and dedication to this work. Let this be the beginning of a long and fruitful research career.

## **Abstract**

Motherhood is an exciting, rewarding, yet challenging and thorny journey for women. This study explores the experiences of first-time mothers in Astana, Kazakhstan, focusing on factors that influence maternal well-being, such as antenatal education, partner and family support, postnatal recovery, breastfeeding, interactions with health services, early childhood care services, and traditional stigmas surrounding motherhood. This study used a qualitative methodology, which was based on individual and in-depth interviews with 10 first-time mothers to understand their experiences, the challenges they faced, what support systems they found helpful, and to listen to their journey through motherhood.

The findings of this study showed the positive impact of antenatal classes, but also highlighted some gaps in their implementation. It was found that partner and family support played an important role in the well-being of mothers, however, due to issues of traditional stigma and women's culture, some faced difficulties. The results also showed how expectations and reality differ, a list of recommendations for expectant mothers was compiled and a link was found between postnatal recovery, breastfeeding and the well-being of mothers. The role of health workers was also an important factor influencing maternal satisfaction, as some mothers received attentive care, while others experienced neglect. Finally, the results showed that early childhood services were seen as helpful.

This study highlights the need for improved support systems for mothers, including more accessible antenatal education, more active partner involvement, improved postnatal care, increased breastfeeding support and better quality early childhood care services. Addressing traditional stigmas and societal expectations is also crucial to creating a more supportive environment for new mothers. The results provide valuable information for health care providers, policymakers and public health initiatives aimed at improving maternal

well-being and easing the transition to motherhood. the study proposes actionable recommendations for improving maternal well-being, healthcare support, and childcare services. These insights lay the foundation for future research aimed at enhancing maternal experiences, strengthening healthcare systems, and promoting informed, evidence-based approaches to motherhood.

## Table of Contents

Abstract.....	3
List of tables.....	11
List of figures.....	12
1. Introduction.....	13
1.1. Introduction and Background of the study.....	13
1.2. Rationale of the Study and Context.....	14
1.3. Significance of the Study.....	15
1.4. Research Aim.....	16
1.5. Research Objectives.....	17
1.6. Research Question.....	17
1.7. Outline of the Thesis.....	17
1.8. Conclusion.....	18
2. Literature Review.....	19
2.1. Introduction.....	19
2.2. Antenatal education influence.....	20
2.3. Family and partner support.....	21
2.4. Postpartum period and breastfeeding.....	23
2.5. Early childcare services.....	24

2.6. Conclusion.....	25
3. Methods.....	27
3.1. Introduction.....	27
3.2. Design.....	28
3.3. Setting.....	28
3.4. Recruitment.....	29
3.4.1. Recruitment Channels.....	29
3.5. Informed Consent and Privacy Considerations.....	30
3.6. Data Collection.....	30
3.7. Data Analysis and Rigour.....	31
3.8. Ethical Considerations.....	32
3.9. Conclusion.....	32
4. Results.....	33
4.1. Introduction.....	33
Table 1. Participants' profile.....	33
Diagram 1. Visual diagram of results.....	35
4.2. Prenatal Education and Childbirth Preparation.....	35
4.2.1. Absence or insufficiency of organized classes.....	36
4.2.2. Experience of attending courses and trainings.....	37

4.2.3. Availability of prenatal courses and trainings.....	38
4.2.4. Lack of information or time.....	39
4.3. Support from partner and family.....	40
4.3.1. Supporting your partner during childbirth.....	40
4.3.2. Postpartum support from partner.....	41
4.3.3. The Role of Family in Supporting the Mother.....	42
4.3.4. Psychological support and emotional state.....	43
4.4. Breastfeeding Experience.....	44
4.4.1. Physical difficulties and discomfort.....	45
4.4.2. Lack of support and information.....	45
4.4.3. Duration of breastfeeding.....	46
4.4.4. Psycho-emotional aspect.....	46
4.5. Postpartum Period.....	47
4.5.1. Emotional experiences and psychological support.....	48
4.6. Healthcare Professionals.....	49
4.7. Traditional stigma in the context of motherhood.....	52
4.7.2. Conflicts during childcare.....	53
4.7.3. Gender Expectations and the Role of Kelin.....	53
4.7.4. Emotional Support.....	54

4.8. Attitude Towards Early Childhood Development Services and Nannies.....	54
4.8.1. Benefits of kindergarten.....	54
4.8.2. Choosing a kindergarten and quality criteria.....	55
4.8.3. Age of admission to kindergarten.....	56
4.8.4. Mothers.....	56
4.9. Expectations and Reality.....	56
4.9.1. Health and recovery expectations.....	57
4.9.2. Changes in relationships with partners.....	57
4.9.3. Difficulties of caring for a child.....	57
4.9.4. Expectations from the medical system.....	58
4.10. Challenges of Motherhood.....	58
4.11. Recommendations and advices.....	60
4.11.1. Psychological and informational support.....	60
4.11.2. Preparation for childbirth and selection of medical personnel.....	61
4.11.3. Physical fitness and health.....	61
4.11.4. Postpartum support and the role of family.....	62
4.12. Conclusion.....	62
5. Discussion.....	64
5.1. Introduction.....	64

5.2. Participants' Profiles.....	64
5.3. Prenatal Education and Childbirth Preparation.....	65
5.4. Support from partner and family.....	66
5.5. Breastfeeding Experience.....	67
5.6. Postpartum Period.....	68
5.7. Healthcare Professionals.....	68
5.8. Traditional stigma in the context of motherhood.....	68
5.9. Attitude Towards Early Childhood Development Services and Nannies.....	70
5.10. Expectations and Reality.....	71
5.11. Challenges of Motherhood.....	71
5.12. Recommendations and advice.....	73
5.13. Conclusion.....	74
6. Conclusion.....	75
6.1. Introduction.....	75
6.2. Limitations.....	76
6.3. Future directions.....	77
6.4. Conclusion.....	78
References.....	79
Appendices.....	91

Appendix I.....	91
Appendix II.....	94
Appendix III.....	97
Appendix IV.....	99
Appendix V.....	111

## **List of tables**

- 1. Table 1. Participants' profile**

## **List of figures**

- 1. Diagram 1. Visual diagram of results**

## **1. Introduction**

### **1.1. Introduction and Background of the study**

This chapter outlines the contextual background of the thesis. Research aim, rationale, context and objectives are provided in this chapter. Research question with the significance of the study are also established. In the conclusion there is an outline of the study.

Motherhood is a period of transformation for a woman, as it is written in the Cambridge dictionary (2025): “Maternity - is the state or time of being a mother”; when a mother is faced with new experiences, especially women who have become mothers for the first time. There can be both positive and negative aspects to such an experience, it is a journey of new challenges. This transition goes through the stages: pregnancy, birth and afterbirth (Hwang et al., 2022).

Such journeys to parenthood include prenatal education, partner and family support, usage of the early childcare services and postpartum recovery.

It has been proven that a sense of control during childbirth strengthens survival mechanisms and leads to healthier outcomes for both mother and child. This highlights the importance of providing expectant mothers with knowledge and prenatal education (Craig & Kabylbekova, 2014).

Study shows that social support, especially from the family and partner is promoting positive maternal and fetal outcomes (Mane et al., 2024). Adequate support can not only make emotional changes but also make improvements in maternal well-being (Mane et al., 2024). Also it was established that emotional support can minimize the feelings of hopelessness and isolation, moreover it is a vital component of the recovery (Ababneh et al., 2024).

Postpartum period can involve the healthcare providers' support, postpartum recovery and breastfeeding experience. The postpartum period is an important period for both mothers and newborns (Bradford et al., 2023). A "positive postpartum experience" is a key factor for all women in labor and their newborns, which includes constant awareness, support and confidence provided by motivated healthcare professionals (WHO, 2019). The understanding of the experience of breastfeeding is also important as some new mothers can self-blame themselves because of the inability to breastfeed successfully (Choo & Ryan, 2015).

Early childcare services are very in demand all over the world (Petitclerc et al., 2017). NSW Department of Education (2024) states that early child care services can not only provide important learning and development opportunities but also it is the best possible start in life, because it can help your child make friends, develop independence, and learn new habits.

The transition to motherhood can be affected by several factors such as various challenges, new responsibilities, recovery after birth and a strong support system. That is why it is important to understand first-time mothers' experiences. Moreover at the end of the study mothers' recommendations can intervent supportive systems in their transition to parenthood.

## **1.2. Rationale of the Study and Context**

The transition to motherhood is one of the most difficult and life-changing experiences, especially for first-time mothers. During this period, mothers face significant physical, emotional and psychological changes not only during pregnancy, but also after childbirth and the postpartum period. The support they receive - whether from partners, family, or healthcare professionals - plays a crucial role in their well-being and overall experience.

Although there have been many previous studies on the effects of prenatal education, partner involvement, and postpartum care, there remain some questions and gaps in understanding how these factors interact and affect the overall outcome of pregnancy. This is especially important in the context of healthcare in Kazakhstan.

It is worth noting that in Kazakhstan, prenatal care is free through state hospitals and clinics. While urban centers still provide a fairly high level of care for mothers, rural areas face problems such as a lack of trained personnel, modern equipment, etc. Scientific literature on the experience of mothers in Kazakhstan is very limited and virtually nonexistent, which again highlights the need for further research in this area.

This study is aimed at studying the experience of mothers who have become mothers for the first time, as well as understanding the factors influencing the general condition of women who have become mothers for the first time. In addition, scientific research has paid little attention to the role of early childhood care services, such as kindergartens, in relation to young mothers. Studying how mothers perceive and use these services will provide valuable information on how this affects maternal well-being.

### **1.3. Significance of the Study**

Study is significant due to its potential to improve support systems for first-time mothers. By understanding first-time mothers and their experience where they felt supported or not, this study can be a guide for healthcare providers, policymakers, and community services, creating more useful maternity and postpartum care programs. The information and insights from the research may lead to improved partner involvement initiatives, more comprehensive antenatal and postpartum education, and improvements in early childcare services.

Significance of the study is that the study will bring insights into the experience of first-time mothers, focusing on the antenatal education, partner and family support, postpartum recovery, breastfeeding experience and kindergarten services. Insights can improve maternity care, highlight the gaps, identify the strengths and make improvements in the healthcare system of Kazakhstan. Moreover, mothers' recommendations can make the guide for maternal well-being.

This study is important in itself because there is a gap in information regarding understanding the experiences of first-time mothers in Kazakhstan. The results of the study can help policymakers, health care providers, and educators develop culturally sensitive programs that improve antenatal education, postnatal care, breastfeeding support, and mental health services. These findings will enable policymakers to make reforms in the field of maternal health.

#### **1.4. Research Aim**

The aim of the research is better understanding first-time mothers' experience in the period of pregnancy to parenthood, highlight experiences in relation to postpartum time and obtain recommendations to reduce facing challenges in maternity leave, and understanding the impact of support systems on their well-being. The aim of the study is to provide recommendations on how to reduce the difficulties faced during maternity leave and improve the support mechanisms available to new mothers.

This research is aimed to fill the gaps in the first-time mothers' experiences they have in connection with antenatal education, partner and social support, postpartum period and the early childcare services helps. Anticipated findings may include some insights that can obtain recommendations to reduce facing challenges in maternity leave, and understanding the impact of support systems on their well-being.

### **1.5. Research Objectives**

- Explore the opinions in relation to antenatal education programs in preparing women for childbirth and parenting
- Investigate the role of partner support in the well-being of pregnant women
- Examine women's experiences with postpartum care, including follow-up visits, breastfeeding support, and recovery
- Investigate women's perceptions of the breastfeeding support they receive from healthcare providers, family, and community
- Explore the role of kindergartens or early childcare services to first-time mothers

### **1.6. Research Question**

The main research question is: "What are the experiences of first-time mothers during pregnancy, childbirth, and the postpartum period?"

By answering this question, the study will bring valuable insights to understand the factors that influence maternal well-being and provide evidence-based recommendations for improving support systems for first-time mothers.

### **1.7. Outline of the Thesis**

This thesis consists of 6 chapters. The first chapter is an introduction where the background of the study; rationale of the study and context; significance of the study; research aim, objectives and the main question are described. In the second chapter literature review based on the previous studies is presented. This chapter is divided into 4 parts according to the main sub-topics of the study. Next chapter is about methodology of the study, where the research design and the research site are presented. Moreover, there is

information about the data collection, data analysis and the ethical considerations. The next chapter presents results of the study, fifth chapter involves the discussion of the results in the context of the results and literature review. The last chapter concludes the thesis.

## **1.8. Conclusion**

This introduction chapter gives clear information about the overview of the study' background and research problem. By determining the study; aim, rationale, context, significance, objectives and the main question, this chapter underlines the importance of exploring first-time mothers' experience during the period of planning the pregnancy till the being a mother. Understanding their perspectives on antenatal education, partner support, postpartum care, breastfeeding assistance, and kindergarten services is essential for improving maternal well-being.

## **2. Literature Review**

### **2.1. Introduction**

One of the enjoyable and challenging periods in women's lives is becoming a first-time mother. First-time mothers are often stuck with problems such as physical, emotional, and psychological adjustments during pregnancy, childbirth, and the postpartum period (Law, 2018). These experiences are affected by various factors, including the level of support that they received from partners (Machado et al., 2020), the quality of postpartum care (McLeish et al., 2020), and the adequacy of antenatal education (Marzhan et al., 2018). In addition, the role of professional support, such as healthcare providers and early childcare services like kindergartens, have a crucial effect on mothers' attitude toward complexities of motherhood (Malovic, 2017).

This research is important by itself, as it aims to explore different aspects influencing first-time mothers. Study is conducted under the existing literature and research, within the qualitative research among first-time mothers in Astana city. Research aimed to provide full-fledged understanding of the experiences that influence maternal well-being.

Becoming a mother is one of the vulnerable periods in life, especially for first-time mothers. Despite the fact that the majority of mothers try to prepare for childbirth, they can be stuck with stressors, like weight gain/loss, social pressure, work/friendship problems, household management (Law, 2018).

Literature review would be divided into 4 main chapters: Antenatal education influence, family and partner support, postpartum period and early childcare services. In each chapter would be written briefly information about all challenges in the periods of pregnancy to parenthood.

## **2.2. Antenatal education influence**

Previous research shows the connection between antenatal education and healthier outcomes for the woman and the infant. It was established that most cases of mortality are caused by the low level of antenatal education (Dauletyarova et al., 2018). Also it was established that birth outcomes were better in the connection with antenatal education (Hooper et al., 2025). Pregnant women who were seeking information by themselves or used childbirth courses were better prepared in decision making and were informed in general (Craig & Kabylbekova, 2014).

Antenatal education is provided by doctors, midwives of health professionals to help be confident during labor and birth, to be informed and prepared for the process (London: National Institute for Health and Care Excellence (NICE), 2021).

Kazakhstan is one of the post soviet countries, that is why education still has a Soviet-style education, in which passive gaining of the information and typically the same thought were dominant. Consequently, most women are not prepared for childbirth and don't pay attention to antenatal education. Despite this, there are many organizations that give an opportunity to prepare for childbirth: JSC "National Scientific Center of Motherhood and Childhood"; Educational and practical center of family medicine "Demeu"; Club of Motherhood and Childhood "Sabi" and others (the full list can be found on Egov.kz). From the literature review, it is known that women who used childbirth courses found it very useful because of a sense of confidence through preparation despite any problems that may arise (Craig & Kabylbekova, 2014). Also, it was established that 30.1% of the mothers were very satisfied while 59.9% were satisfied with antenatal care in Kazakhstan, Semey (Marzhan et al., 2018).

Researchers suggest participating in childbirth classes as they improve self-control, active participation, and internal focus in the intrapartum process (Metinoglu et al., 2020). Also, it was established that antenatal education can reduce maternal stress, improve self-efficacy, lower the caesarean birth rate and decrease the use of epidural anaesthesia (Hong et al., 2021). Mothers who attend antenatal classes find them useful due to the breathing exercises, however it was clear that there were mothers who went through all classes, but still did not prepare for actual birth (Avignon, 2023).

In addition, some studies showed that even those who attend antenatal courses were still not prepared for the actual birth, but some practices like breathing were helpful (Cronin, 2003).

### **2.3. Family and partner support**

Support is an essential thing for mothers, especially for first-time mothers. It comes from family, partner, partner' family, friends and professionals (Machado et al., 2020). Support is strongly needed for a mother starting from the first days till 9 months after birth. In this chapter only partner' and family' support was studied.

Research shows that the family and partner support positively affect the mother' well-being during pregnancy and childbirth, postpartum period. The growing generation of "involved fathers" strongly reduces the risk factor of depression and increases overall satisfaction (Kulkova, 2020), also partner support gives emotional security, mental peace, and improved physical health for pregnant women (Ujwala et al, 2024).

Research shows that partner participation reduces fear (fear was determined as unreadiness to upcoming experience). The presence of a companion was important either as

emotional support or avoiding traumatic situations. Support from companions made them comfortable by asking for things (Craig & Kabylbekova, 2014).

It appeared that involvement of the partner in the birth process relationship between them became even stronger and closer (Cronin, 2003). Also, it was established the association between husband involvement and maternal health, the correlation is that partner's involvement significantly influences on the overall mothers' postpartum state, reduced postpartum depression and improves maternal health behaviors (Pebryatie et al., 2022).

During labor and childbirth, mothers were in need of the continuous presence of family members, which had a significant positive impact on participants' psychological and physical well-being (Machado et al., 2020). Also, it was known that partner support was essential in the case of preparing infant clothing, childcare necessities after the birth. Although family support is crucial in the emotional side, it is also important in the financial side. Family members help first-time mothers deal with domestic tasks, which are affected by the more rapid recovery. The majority of first-time mothers say that family and partner support was like a shield that helped them with challenges. (Amal et al., 2024).

One more evidence of support effect was established during the pandemic period. Because of the pandemic, many women experienced higher levels of stress, worry, and loneliness owing to the absence of physical connection with family and friends. Social support and relationships help women regulate their emotions, which in turn helps lessen emotional weariness during pregnancy brought on by anxieties of giving birth or having a sick child (Al-Mutawtah, 2023).

Social support is a critical factor influencing maternal health and postpartum adjustment. Research shows that mothers who receive strong emotional, psychological, and physical support from their partners, families, and health care providers experience lower

levels of stress and postpartum depression (Schobinger et al., 2022). The meta-analysis that was in Asia shows that social support and family works as a protection of the postpartum depression, social networks decreases the depressive mode (Ekpenyong & Munshitha, 2023).

Research shows that postnatal care programs, including home visits and digital health solutions, can be very helpful and supportive for first-time mothers (Schobinger et al., 2022).

#### **2.4. Postpartum period and breastfeeding**

Postnatal care is another crucial factor and challenges of first-time mothers. This stage is very important to monitor and promote mothers' health (WHO, 2019).

Studies indicate that while pregnancy and labor experiences have gone well, postpartum period is feeling dissatisfied, especially hospital based care (McLeish et al., 2020). Studies highlight the evidence for necessary improvement in better emotional support, information about infant care, including breastfeeding and general newborn care. Also, it was known that some mothers feel unconfident, as the duration after birth in hospital is too small and before going home they need a full check up (Choo & Ryan, 2015). In addition, it was known that negative experiences during the postpartum period can cause postpartum PTSD (Yakupova & Liutsko, 2021).

Postnatal care included physical recovery of the mother and making sure that mothers can feed the child, but in reality expectations can mismatch with the provided services. For example, some mothers feel unsupported when it comes to breastfeeding and infant care, which are key components of postnatal services (McLeish et al., 2020). Only in some cases of doulas, midwives and personalized care, mothers felt well and satisfied (Yakupova & Liutsko, 2021).

A lot of mothers described experiences with doctors who cast doubt on their abilities and reduced their sense of confidence. The negative feedback they received made them feel "like a small kid who had been told off". It came in the form of direct remarks or nonverbal cues like rolling one's eyes (McLeish et al., 2020). Moreover, some mothers reported that some health professionals had acted like they have power over the mother's and baby's bodies (McLeish et al., 2020).

Study shows that mothers need more help, they don't really understand what to ask for. In other research, mothers described their frustration with having too many midwives taking care of them, saying that this led to inadequate continuity of care and insufficient information transfer (Front Psychiatry, 2022). In our study, moms faced problems as well when they were given incorrect data. In additional research, women showed negative emotions, such annoyance, when they had to repeat themselves or received conflicting advice (Front Psychiatry, 2022).

Research highlighted the importance of supportive programs from health professionals and developing supportive employment policies. Also, it was established that the mothers were well informed about the benefits of breastfeeding (Lee et al., 2013).

A systematic review found that adequate antenatal education promotes successful breastfeeding practices and also reduces some of the risk of breastfeeding failure by conveying valuable information to first-time mothers (Kehinde et al., 2022).

## **2.5. Early childcare services**

Early childhood education and care (ECEC) sector growth is being provided top priority by Kazakhstan's Ministry of Education (Ghawi et al., 2021).

With the growth of industry came socially (institutionally) organized child care and education programs that were structured around the mother care model and placed a strong focus on the social-protective role. While caring for children whose parents worked was the kindergarten's primary purpose when it first opened, modern kindergartens also prioritize the needs of the child's family and overall well being, in addition to the social need for childcare. This allows us to recognize the protective, emotional, socializing, and educational roles that kindergarteners play (Malović, 2017).

There is not enough information about kindergarten services and correlation with maternity, but early childcare services are one of the crucial factors for mothers' well being and an important aspect of maternal support. Kindergartens and early childhood education services provide structured environments for toddlers, allowing mothers to focus on the household chores and own recovery. Early childcare services can help mothers to normalize mental and emotional well being, reduce the stress level from the new responsibilities, have personal time, ability to focus on the work, ability to increase acquaintances, new community of parents, ability to have time with your partner. For the toddler it is advantageable too, as it is a place of socialization. emotional/language/cognitive/motor skills development (Lan & Guo, 2021) and improvement of confidence, independence (Allen & Kelly, 2015).

According to the study, focusing on post-Soviet countries, including Kazakhstan, it was identified that there are some factors that influence the enrollment to the early childhood services, such as socioeconomic status and regional disparities (Habibov, 2014).

## **2.6. Conclusion**

This chapter provides information based on the previous researches in the content of antenatal education, family and partner support, postpartum period and breastfeeding and early childcare services. It demonstrates the experiences of first-time mothers in different

countries especially in Western and post soviet countries, as they are more close to Kazakhstani experience. Due to gaps and limited information about the motherhood experience in Kazakhstan, studies should be investigated more and this question should be taken into account.

### **3. Methods**

#### **3.1. Introduction**

This chapter describes the methodological side of the study. There are parts of the chapter. The first one is about the design of the study, the second is the setting. The next are recruitment and informed consent and privacy considerations. The fifth is data collection. The sixth is data analysis and rigour. The last one is ethical considerations.

#### **3.2. Design**

The study employed a descriptive qualitative methodology which involved semi-structured interviews. The qualitative approach provided for a more in-depth understanding of individuals' experiences during pregnancy and parenthood., focusing on the partner/social support, postnatal care and antenatal education. In addition the assistance of kindergarten help also was taken into account. The usage of semi-structured interviews, could allow comprehensive understanding of participants' experience and expressing participants thoughts openly. Semi-structured interviews were chosen because they provide flexibility for exploring the complex personal experiences of mothers. This approach is well suited to qualitative research that seeks to uncover nuances of emotional and cultural context. This design allowed identifying key research topics through individual stories.

Questions were focuses on the following topics:

- Antenatal Education: Exploring the usefulness of participating in antenatal classes and understanding how well-prepared they felt for childbirth and postpartum care.
- Partner Support: Exploring the role of the partner during pregnancy, childbirth, and the postpartum period.

- Postpartum Care: Exploring participants' experiences related to healthcare services, recovery, and breastfeeding support.
- Kindergarten Services: Exploring participants' views on early childcare services and their role in supporting first-time mothers.

The questions were formulated based on existing literature, the researcher's expectations and experience. Each interview lasted between 40 to 60 minutes and were conducted at a time and place that was comfortable for the participant. All interviews were recorded with participants' consent for accurate transcription. Pseudonyms were used in the report to protect the anonymity of participants. The interviews were in Russian, the native language of the participants. "Informed form" was approved verbally and in writing by each participant. Furthermore, no direct or indirect material support has been obtained from any institution for the research, and no commercial products, medicines, equipment, etc. wasn't used.

### **3.3. Setting**

The study was conducted in Astana city in February 2025, where participants are first-time mothers ranging in age between 18 and 35 years old. The minimum requirement was having only 1 child 2.5 years old maximum, in order to save the population with the most recent birth experience max 30 months prior to the interview. The settings for the interview were flexible, conducted either face-to-face interview, where a private place was chosen or online to create a convenient and comfortable zone.

### **3.4. Recruitment**

Purposeful sampling was used to select participants who are first-time mothers within specific stages (e.g., postpartum up to three years). This allows for a range of experiences throughout the transition to parenthood.

- Participants were first-time mothers within the first three years postpartum.
- Given the unique insights required, the recruitment was targeted at individuals who are known to the student researcher, specifically those from the same kindergarten community as the researcher's child. This approach helped ensure familiarity and comfort for participants, potentially enhancing their openness during data collection.
- Inclusion criteria: The inclusion criteria were as follows: 1) above the age of 18 and 2) having no more than one child under the age of three.
- Exclusion criteria: Those participants who are not first time parents of a child under the age of 3 years, are less than 18 years old, do not agree to participate, do not reside in Kazakhstan, or can't read and understand Kazakh, Russian or English languages, will not be eligible to participate.

#### **3.4.1. Recruitment Channels**

- Emailed Invitations: Invitations were sent directly to eligible mothers via email, briefly explaining the study purpose, scope, and what participation would involve. The email outlined aspects such as time commitment, privacy protections, and voluntary nature of participation, helping to establish transparency from the outset.

- Kindergarten Community Social Media: Posts in the kindergarten’s community social media group were used to further expand reach within the target population. These posts included similar information as the emailed invitation and provide contact details for those interested in learning more or participating. The social media posts served as an informal but accessible way to engage potential participants.

### **3.5. Informed Consent and Privacy Considerations**

- The recruitment materials will emphasize the voluntary nature of the study, ensuring participants understand they are under no obligation to participate, especially given the existing relationship with the researcher.
- Confidentiality and Privacy: Both the emailed invitation and social media posts will inform potential participants of the study’s confidentiality practices, assuring them that their personal information and data will remain private and will not be identifiable in any publications or presentations.

This recruitment strategy is designed to create a comfortable environment that encourages participation from individuals who meet the study criteria, while also being mindful of ethical considerations related to privacy, consent, and voluntary engagement.

### **3.6. Data Collection**

Data was collected through semi-structured interviews using a designed question schedule. The questions will focus on the following topics:

1. Antenatal Education: Exploring the usefulness of participating in antenatal classes and understanding how well-prepared they felt for childbirth and postpartum care.

2. Partner Support: Exploring the role of the partner during pregnancy, childbirth, and the postpartum period.
3. Postpartum Care: Exploring participants' experiences related to healthcare services, recovery, and breastfeeding support.
4. Kindergarten Services: Exploring participants' views on early childcare services and their role in supporting first-time mothers.

The questions were formulated based on existing literature, the researcher's expectations and experience. Each interview is expected to last between 40 to 60 minutes and was conducted at a time and place that was comfortable for the participants. All interviews were recorded with participants' consent for accurate transcription. Pseudonyms were used in the report to protect the anonymity of participants. The interviews were in Russian, the native language of the participants. "Informed form" was approved verbally and in writing by each participant. Furthermore, no direct or indirect material support has been obtained from any institution for the research, and no commercial products, medicines, equipment, etc. will not be used.

### **3.7. Data Analysis and Rigour**

The collected data was analyzed using inductive thematic analysis, **Following a five-step process:**

- Familiarization.
- Coding.
- Generating themes.
- Reviewing themes.

- Defining and naming themes.

### **3.8. Ethical Considerations**

Informed consent was obtained from all participants before the interviews, with both verbal and written consent forms provided. All participants were informed about their right to withdraw from the study at any point without consequence. All data was anonymized to protect the identity of the participants.

### **3.9. Conclusion**

This chapter consists of a methodological overview, where the information about Design, Setting, Recruitment, Recruitment Channels, Informed Consent and Privacy Considerations, Data Collection, Data Analysis and Rigour and Ethical Considerations is written.

## 4. Results

### 4.1. Introduction

This chapter presents the study findings. The aim of the research is better understanding first-time mothers' experience in the period of pregnancy to parenthood, highlight experiences in relation to postpartum time and obtain recommendations to reduce facing challenges in maternity leave, and understanding the impact of support systems on their well-being. The results are based on the analysis of 10 in-depth interviews conducted with first-time mothers. Also, additional demographic information was obtained in order to better understand the results of the interview. The participants profiles can be found there:

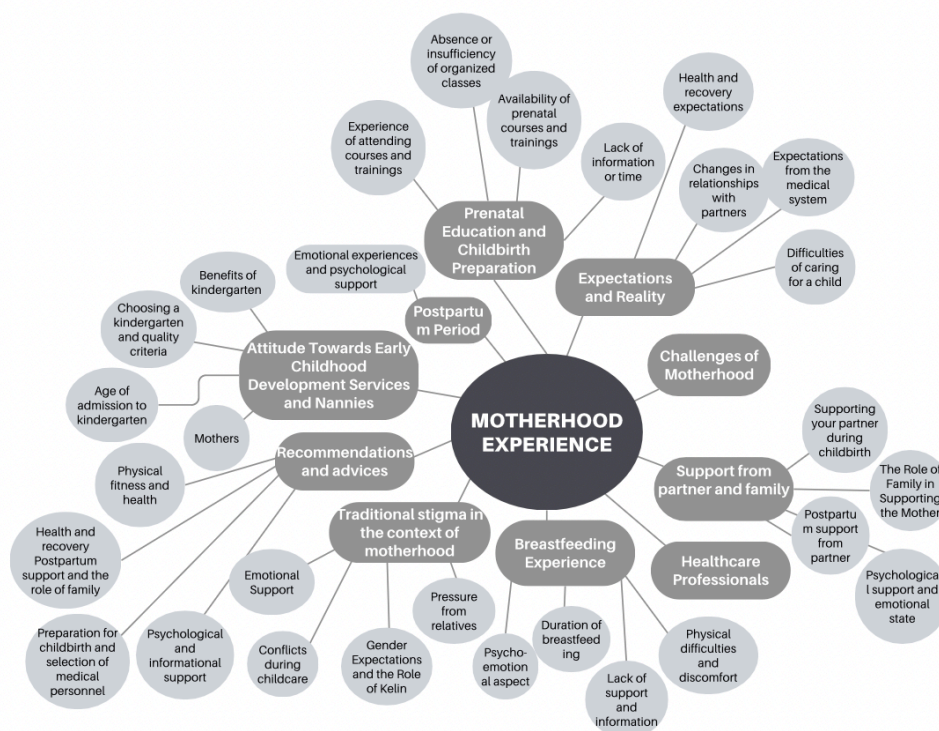
**Table 1. Participants' profile**

Pseudonym	Age	Child's age	Who was the birth partner	Marital status	Paid or free child birth	Accommodation
Respondent 1	24	2 years	ex-husband	single	paid	with parents (in the period of pregnancy-child's 1 year of life)
Respondent 2	32	2.5	husband	married	paid	only with husband

		years				
Respondent 3	21	1 year	husband	married	paid	with parents
Respondent 4	24	1 year	husband	married	not paid	only with husband
Respondent 5	24	2 year	mother	married	paid	only with husband
Respondent 6	26	2.5 year	none	single	not paid	single
Respondent 7	29	2.5 year	husband	married	paid	only with husband
Respondent 8	24	1.5 year	mother	married	not paid	with parents
Respondent 9	28	6 month	husband	married	not paid	with parents
Respondent 10	24	1.5 year	husband	married	not paid	with parents

The interview results were obtained during **inductive and deductive thematic coding**. Firstly, some codes were established on which the question schedule was formulated. The codes are: **Antenatal Education, Partner Support, Postpartum Care and Kindergarten Services**. According to the interview, new codes were done. All of them can be divided into several subcodes too.

**Diagram 1. Visual diagram of results**



#### 4.2. Prenatal Education and Childbirth Preparation

The first one is **antenatal or prenatal education**, as we know prenatal education is a key preparation for childbirth and motherhood. Such education provides not only an information base, but also psychological training.

*“I was sent to training in preparation for childbirth, which was called Sanali ana, Sanali ake. My husband and I attended them and received new information.” (Respondent 1)*

*“I went to aqua baby in Almaty, I found these courses on Instagram and it turns out that I went to yoga and courses for moms there.” (Respondents 8)*

However, the experience of the women surveyed showed varying variability in the benefits of prenatal courses. Such courses vary in their quality, completeness of information, and accessibility.

#### **4.2.1. Absence or insufficiency of organized classes**

A certain number of women, 3 out of 10, replied that they did not attend prenatal classes due to their unavailability, lack of information about the availability of such courses, or belief in their own preparedness. *“There were no prenatal classes.”*, – stated one of the respondents (**respondent 2**), while she also noted,

*“I watched a lot of videos, read manuals, and listened to the advice of relatives. It seemed to me that I was ready.”*

She was looking for additional information from various sources but no one told her about courses.

*“I had my own visions and knowledge in this regard, and I did not see the point in additional courses.”* - said **respondent 4**, but later admitted that self-education was insufficient: *“I wanted to breathe, but I couldn't, I just screamed.”* and *“Zero information I had.”* - said **respondent 4**.

In this chapter, you can learn about women's experiences of prenatal courses, or rather their absence due to ignorance of the existence of such courses or their own unwillingness to

participate in them. Based on the interview results, it can be noted that medical personnel did not provide full information about the existence of such courses, so some women were forced to look for information in third-party sources. Also, a Woman who refused to take part in prenatal courses was not prepared for childbirth, which she later regretted.

#### **4.2.2. Experience of attending courses and trainings**

Among the women who attended prenatal classes, opinions also turned out to be different. Some women praised the training courses, such programs as "*Sanaly Ana, Sanaly Ake*" (**respondents 1**) and "*Childbirth from A to Z*" (**respondents 7**) and other courses.

*"There were good teachers, they shared real-life stories in lectures."* (**respondents 3**)

*"The program included a course on breastfeeding, a course on pediatrics, and a course with a psychologist who taught me and my partner. There were also classes on how to prepare for childbirth: how to breathe, how to behave during labor."* (**respondent 7**)

*"They explained to me how to take care of a newborn, bathe and wash."* (**respondent 9**)

Others complained about outdated information and the low practical value of classes

*"They didn't prepare me for childbirth and motherhood. I wrote out everything as in the lectures, I thought it would be useful, but in practice it turned out differently. There was little information and it was outdated."* (**respondent 5**)

And some even expressed the opinion that childbirth did not inspire some ethical information: "*They told me that it was important to give birth myself, then a cesarean section is not a natural birth*" - **respondent 8**.

The women rated those who attended the courses at 7 out of 10 points: '*I would rate*

*my preparation at 7 points out of 10*". - **respondent 9**, "*Rating 7 out of 10*" - **respondent 3**.

Based on the results of all interviews, the average assessment of the prenatal courses attended by women was 7.5, which indicates the high effectiveness of the courses. However, it is worth noting that some women noted the irrelevance of some information or the inadequacy of such courses. There was also a negative experience of participating in prenatal courses due to instilled stereotypes about cesarean sections.

#### **4.2.3. Availability of prenatal courses and trainings**

Some Women noted that they did not know that there were such courses and that they were provided for free, or they found out after enrolling in paid courses, which indicates insufficient information from medical institutions

*Apparently, there are free training sessions, but no one told me about them.*

**(respondent 3)**

*I went to free courses at the clinic, but I found out about them by accident.*

**(respondent 10)**

Most of the Women attended paid classes that they found on the Internet: "*I found this particular course through Instagram.*" - **respondent 7**; "*I found these courses on Instagram and it turns out that I went to yoga and courses for moms there*" - **respondent 8**. However, it is worth noting that there was no particular difference between paid and free courses, both were positive: "*The instructor was very kind and supportive.*"- **respondent 3** about paid courses; "*The free courses gave me basic knowledge about pregnancy*"- **respondent 10** about free courses and negative reviews: "*They gave me very little information*"- **respondent 8** about paid courses; "*They didn't prepare me for childbirth or motherhood*" - **respondent 5** about free courses.

Many women said that they found the courses on their own initiative and most of the courses were paid. Reviews and the final result of such courses varied from positive to negative, regardless of whether the courses were paid or free.

#### **4.2.4. Lack of information or time**

Almost all respondents noted that the courses are an important part of preparation for motherhood and parenthood in general and this is a very important component, however, it is necessary to expand the information content and duration of training: “*Sex education should be included in educational programs.*” - noted **respondent 1** and “*They should tell already married women, women planning.*” - **respondent 8**, that such courses should be introduced not only for pregnant women, but also as part of sex education in general. “*But the courses did not prepare me for the birth of a child and the first month after giving birth.*” - said **respondent 5**, “*There's not enough time for such detailed information.*” - **respondent 8**.

*I would like more information on child care. They talked about childbirth in detail, but about daily care – only the main points. For example, I didn't know how to change diapers or how often to do it. (respondent 9)*, that is, perhaps the courses gave information to women, but they lacked this information, namely postnatal care of the child.

The results of the study show that preparation for childbirth and motherhood is an important part of parenting, but it is important to change factors such as accessibility of information, its relevance and practical applicability. Women note the need to expand educational programs, improve information about free courses and include topics related to the postpartum period and child care.

### 4.3. Support from partner and family

One of the components that influenced becoming a mother for the first time was the role of the partner and family during pregnancy and after childbirth for most respondents. However, the level of support in the lives of respondents was different and varied significantly: from full involvement of the partner to his/her detachment, as well as from significant help from the family to complete lack of involvement.

#### 4.3.1. Supporting your partner during childbirth

Support of the partner and his/her presence (or vice versa absence) during childbirth influenced all respondents. A partner during childbirth can be any of the woman's acquaintances: her husband, mother, close relative or a specialized person such as a doula.

Many women, namely **7 out of 10** Women, took their husband as a partner during childbirth, **2 Women** took their mother and **one** woman gave birth on her own. However, all respondents noted that the presence of a partner during childbirth gave them confidence and made the process easier. "*His presence gave me a sense of calm*" (Respondent 4). Some partners actively helped during contractions

*The support of a loved one is perceived quite differently. He wasn't just there, he was really helping. For example, when I went into labor, he gave me a back massage, held my hand, and monitored my condition. There was a bathtub in the delivery room, and I decided to wait out the contractions in the water. He helped me, poured warm water on me, monitored my temperature, and told me to breathe calmly. The most important thing for me was just knowing that he was there. It gave me confidence and helped me get through the whole process. He said, calm down. (Respondent 3)*

Other partners participated in practical assistance: *"He gave me water, gave me a massage, helped me stand up and sit down"* (**Respondent 4**).

However, not all women received sufficient support from their partners. One respondent noted that her husband distanced himself: *"During pregnancy, he said: "Everyone gives birth, and you will too," and after the birth, he moved away completely, because "you are on maternity leave""* (**Respondent 10**).

Based on the results of all interviews, it can be learned about women's experience of support during childbirth and most women needed additional support: both moral and physical. For many women, the key factor was the presence of a loved one nearby and psychological support during a difficult period. The presence of a person gave strength (*His presence gave me peace of mind* (**Respondent 4**)), regardless of whether it was a husband, mother or someone from close relatives. Women who gave birth without a partner said that they would like to take a partner for the next birth.

#### **4.3.2. Postpartum support from partner**

The next stage where support played a key role was the period after childbirth. This period turned out to be very difficult for many women, as noted by **Respondent 6**,

*The most difficult part was probably childbirth and postpartum recovery.*

Which speaks to how difficult the postpartum period is.

Therefore, recovery requires colossal support from a partner and family. One of the respondents noted that her husband actively helped:

*He took the child and walked with him for 2-3 hours, and I could sleep or just rest.*  
(**Respondent 2**)

Another woman emphasized the importance of emotional support

*The most important thing for me was to know that he was there. It gave me confidence and helped me endure everything. (Respondent 3)*

At the same time, some women had difficulties associated with a lack of attention from their husbands.

*I thought that my husband would be more involved. But he somehow remained on the sidelines, saying: “You know everything yourself””. (Respondent 7)*

Some experienced complete detachment

*He once got up at night to rock the baby when I could no longer stand on my feet. It was the only time I felt real help. (Respondent 10)*

Thus, it can be seen that different women have different experiences of supporting their partner during the postpartum period.

#### **4.3.3. The Role of Family in Supporting the Mother**

Women who became mothers for the first time received support not only from their partners, but also from their closest relatives, parents and family. Many respondents noted that it was their mothers who provided significant assistance.

*My mother was very supportive, she helped me with the child, she said: “Go take a shower, I’ll look after the baby. (Respondent 3)*

Several women also noted that they also received financial support during and after pregnancy,

*They helped me financially, bought everything I needed for the maternity hospital, as well as vitamins. I received both financial and psychological support. (Respondent 1)*

Others emphasized the importance of the participation of sisters and brothers,

*My brother came every day, helped with food, cleaning, he was just there. It made life a lot easier. (Respondent 8)*

However, not all respondents could count on support from their family. **Respondent 10** shared that: *“My mother lives in another city. After the birth, she came for a week, helped bathe the child, cooked food, but then left”*.

There were also conflicts regarding methods of caring for the child: *“Yes, there were disagreements with the parents regarding care: a pacifier, bathing, putting to bed, whether to give water, how to swaddle. They adhered to the old methods, and I focused on evidence-based medicine”*. (**Respondent 9**)

All respondents emphasized the importance of the participation and support of family and friends, namely physical and moral assistance from them.

#### **4.3.4. Psychological support and emotional state**

Many respondents emphasized the importance of not only physical but also psychological support.

*It is important for partners to pay more attention to the mother, because at this moment not only the child needs attention, but also the mother - she is vulnerable. (Respondent 2)*

However, some women faced emotional isolation:

*I felt completely alone. There were moments when I cried at night because I did not understand how to cope alone. (Respondent 10)*

Some respondents also noted that their emotional state worsened due to pressure from family and environment.

*Friends who already had children scared me with stories about childbirth. They said: "Get ready, it will be hell!". (Respondent 7)*

Conflicts with relatives could also improve the psychological state:

*There were disagreements not only about household chores, but also about raising a child. (Respondent 3)*

Based on the interview results, support from not only the partner, but also everyone around: parents, brothers, sisters and friends, plays an important role in the well-being of a woman during pregnancy and after childbirth. Women who received emotional and practical help from loved ones felt more confident and calmer. At the same time, a lack of support and pressure from the family could lead to stress and emotional exhaustion. Psychological support, understanding from the partner and flexibility of family relationships are critical for successful adaptation to motherhood.

#### **4.4. Breastfeeding Experience**

Breastfeeding experience is one of the important periods of motherhood. As a result of all interviews, all participants faced both positive and negative experiences, it is also worth noting that all participants were breastfeeding. In this section, there will be results of the experience, where it will describe how women faced physical difficulties, lack of information and lack of support from health workers.

#### **4.4.1. Physical difficulties and discomfort**

Some mothers experienced pain, lactostasis and other unpleasant sensations.

**Respondent 1** notes: *"I developed cracks in my breasts."*

Some women also described severe engorgement of the mammary glands, milk stagnation and painful sensations: *"I had engorgement and pain."* **(Respondent 3)**

*I had problems, my breasts were bursting with milk, milk was leaking out, lumps appeared, it was very painful.* **(Respondent 7)**

Some mothers had to find ways to alleviate their condition on their own.

*I had to do various massages and manipulations to alleviate the condition.* **(Respondent 3)**

It was also noted that the lack of competent counseling led to serious difficulties.

*In the first weeks, it was painful to feed, milk stagnated, but in the maternity hospital no one really explained how to feed correctly to avoid these problems.* **(Respondent 8).**

#### **4.4.2. Lack of support and information**

Most women who encountered difficulties with breastfeeding complained about the lack of breastfeeding consultants.

*There were no breastfeeding consultants in the maternity hospital, they explained everything differently, in the end, after a couple of months, I figured it out myself, but it was not easy.* **(Respondent 4).**

Some mothers found support only after they independently contacted specialists: *"I contacted a breastfeeding consultant, and it helped. Without it, I might have stopped breastfeeding earlier."* **(Respondent 9).**

Others were forced to look for information on their own: *"The first two weeks, the baby could not latch on correctly. No one helped, I learned from videos on the Internet."* **(Respondent 10).**

#### **4.4.3. Duration of breastfeeding**

Opinions on what period of breastfeeding is the most optimal turned out to be different.

Some mothers preferred to stop breastfeeding earlier: *"I would feed less, about 6-8 months. The last months were very difficult, unpleasant and irritating."* **(Respondent 5).**

Others continue breastfeeding after a year: *"My child is 18 months old, and yes, I still feed."* **(Respondent 4).** *"Up to two years."* **(Respondent 1).**

Many respondents believe that the optimal period is a year and a half: *"A child should be fed up to a year, maximum up to a year and a half."* **(Respondent 3).**

#### **4.4.4. Psycho-emotional aspect**

Breastfeeding affects not only the physical condition of the mother, but also her psychological well-being.

*I often feel irritated and tired from breastfeeding, because I have to get up and feed several times a night.* **(Respondent 3).**

*I feel overloaded - breastfeeding has many disadvantages.* **(Respondent 3).**

However, some mothers note that despite the difficulties, they like the process: *"Breastfeeding is more convenient for me. Yes, there are difficult moments: uncomfortable positions, sleepless nights, but overall I like it."* **(Respondent 4).**

Based on their experience, many mothers advise expectant mothers to prepare for breastfeeding in advance:

*It is important to study information about breastfeeding in advance, seek advice if possible.* **(Respondent 9)**

*I would like the maternity hospital to have free help from breastfeeding consultants.* **(Respondent 4)**

Breastfeeding is a difficult but important process that requires physical and emotional preparation. Many mothers did not have enough preparation and support from breastfeeding specialists.

#### **4.5. Postpartum Period**

Many respondents noted that physical recovery after childbirth was more difficult than they expected.

*At first it was very painful* **(Respondent 2)**

The process of establishing breastfeeding was especially painful: *"The breasts did not adapt, at first it was very painful"* **(Respondent 2)**, *"Cracks appear, and it is hellish pain"* **(Respondent 2).**

Many mothers were not prepared for these difficulties and would have liked to have had more information: *"It would have been good if they had mentioned this.* **(Respondent 2)**

*I really lacked information from the outside to prepare for this period. (Respondent 2)*

Some women faced long-term consequences of childbirth.

*Now their health has deteriorated. My back hurts, my weight is not going down, but I have no time to take care of myself. I just hope that it will go away on its own with time.*

**(Respondent 3)**

Women also note that the recovery process will take a long time: *"I still haven't recovered. I think it takes at least three years to fully recover on all fronts"* **(Respondent 3)**.

#### **4.5.1. Emotional experiences and psychological support**

Many mothers faced emotional instability in the postpartum period.

*I wanted to cry for no reason. (Respondent 4)*

Some experienced strong emotional breakdowns associated with fatigue and constant care of the child: *"Sometimes the child cried all day, and I just sat next to him and cried with him"* **(Respondent 4)**.

A feeling of loss of self was also a common problem among women: *"I look in the mirror and do not recognize myself. My hair is falling out, my skin has become worse. I think I have lost myself"* **(Respondent 7)**.

Expectations for a quick recovery were often not met: *"I thought that I would quickly get back into shape, but recovery turned out to be difficult. Pain, fatigue... No one talks about it"* **(Respondent 7)**.

Some noted that they really missed psychological support: *"After giving birth, psychological support was very important for me"* **(Respondent 8)**.

The feeling of isolation exacerbated the stress, but online communities provided support: *"Chats with girls who gave birth at the same time as me helped a lot. The same problems, the same questions - it became easier"* **(Respondent 2)**.

Some women noted that they lacked not only information and psychological support, but also physical help in restoring the body.

*Postpartum massage, when all the internal organs are brought to their normal position, would be very useful.* **(Respondent 2)**.

Others spoke about the consequences of childbirth, which still cause discomfort: *"I had tears, and I still remember this discomfort"* **(Respondent 5)**.

The postpartum period turned out to be difficult for many women, both physically and emotionally. Many faced pain, fatigue, emotional difficulties and a lack of information. Mothers note that accessible psychological help, consultations with specialists and support in the community format are necessary.

#### **4.6. Healthcare Professionals**

This chapter explores the experiences of first-time mothers with health care professionals. The experiences were varied: some women received attentive and supportive, professional care, while others felt neglected or even mistreated.

Several respondents highlighted the lack of information about their options for choosing health care providers. One mother mentioned, *"Now I know that I could choose my own doctor. I went to the doctor and asked. For some reason, this information is not provided"* **(Respondent 1)**.

In addition, postnatal care was often inconsistent.

*No one from the health care staff – neither doctors nor gynecologists – came to my home to ask how I was doing. I was not given any information. The visiting nurse never came. (Respondent 1)*

The lack of follow-up care left many mothers feeling unsupported.

In contrast, other respondents had more positive experiences.

*Doctors came every day after the birth; they helped me a lot with all my questions. They showed me how to take care of the baby. (Respondent 2)*

Another mother appreciated the constant monitoring: “*Doctors came every day, checked me and the baby. They monitored the condition of my uterus*” (Respondent 3). This suggests that the quality of care depends on the individual health care providers.

Some respondents noted some rudeness on the part of healthcare workers.

*Sometimes doctors answer questions abruptly or even frighten you with strict advice. Pregnant women worry about every little thing, and such rudeness only makes things worse. (Respondent 3)*

Another mother recalled: “*Checking the dilation of the cervix was quite rude*” (Respondent 4).

This again highlights the importance of the mother’s psychological well-being, which can be affected by the way health care workers communicate.

Several mothers reported problems with home visits and postnatal care.

*I called the doctor several times, but she only came once instead of the three planned visits. The benefit from this visit was minimal. (Respondent 4)*

The lack of timely support was also confirmed by another respondent, who shared that,

*There was one visit to the clinic after the birth. I think that private clinics provide better care, but I did not expect much from a free clinic. (Respondent 5)*

In maternity hospitals, some mothers considered the care inattentive.

*The nurse who delivered the baby left as soon as her shift ended. That is, she said that she had finished, the work day was over, and now another doctor would come. (Respondent 6)*

Others highlighted a dismissive attitude: *“Doctors did not always respond promptly, and the midwife was irritated” (Respondent 9).*

One respondent described an experience where she was not listened to and her concerns were not taken into account: *“Everyone kept saying it was a medical error, that they shouldn't have left me like that” (Respondent 8).*

On the other hand, some mothers had positive experiences.

*All the staff were just wow, super. She just said: come on honey, come on, you can do it. There is also a call button; you ring it and they come to help you. (Respondent 7)*

Another mother expressed her gratitude for the nurses: *“When I didn't know how to feed properly, the nurse helped and explained everything very calmly” (Respondent 7).*

These experiences show that when health care workers are supportive and compassionate, it significantly improves the overall mother's experience. The results show that many women who received fairly good care were cared for in paid wards or hospitals,

while women who experienced problems were from unpaid wards. This leads to the idea that the health care staff differ greatly between the two different wards depending on their pay.

#### **4.7. Traditional stigma in the context of motherhood**

One of the new codes that was identified is **traditional stigma in the context of motherhood**.

Traditional attitudes often have a great influence on pregnant women and first-time mothers. For example, in some families, partner support is not perceived as the norm. Thus, one of the respondents noted: "*In our culture, this is not accepted, but my husband actively helped me after the birth*" (**Respondent 1**). However, even with such support, women often face pressure from relatives and established norms.

##### **4.7.1. Pressure from relatives**

A number of respondents noted that they faced misunderstanding and strong condemnation when they tried to follow medical recommendations rather than traditional methods. For example, "*My mother-in-law did not allow me to call a doctor. She just rubbed my chest with sunflower oil*" (**Respondent 1**). In another family, a woman faced the fact that her relatives expected her to remain active: "*They said that pregnancy is not an illness, so I should continue to run the house as usual*" (**Respondent 3**).

This chapter explored women's experiences when they were under pressure because of pregnancy, when women faced misunderstanding or devaluation of the state of women during pregnancy.

#### 4.7.2. Conflicts during childcare

Traditional attitudes were also very strongly felt after the birth, namely the tension between the two generations. There were disputes and conflicts about the care of the newborn.

*Yes, there were disagreements with the parents about the methods of care: a pacifier, bathing, putting to bed, whether to give water, how to swaddle. They adhere to the old methods, and I focus on evidence-based medicine (Respondent 9).*

This points to a common conflict between traditional views and modern medical recommendations.

*I was not allowed to bathe the child and was not allowed to take care of her at all, as if I was incapable of doing anything. They used oil for care without my consent. They did not advise, they just did it without asking my opinion. (Respondent 3),* due to the generation gap, Women felt a lot of pressure and were unable to enjoy motherhood.

#### 4.7.3. Gender Expectations and the Role of Kelin

Another challenge in motherhood is that women are expected to continue to perform household chores, as well as maintain the traditional role of daughter-in-law in her husband's family. *"I was torn between caring for the child and how to serve tea properly" (Respondent 8).* This points to the double burden that women face in traditional families. Also, some women were not given the opportunity to name their child, as this was a privilege of elders: *"My husband's grandmother wanted to name it in her own way." (Respondent 5).*

#### **4.7.4. Emotional Support**

In addition to physical and domestic support, Women faced a lack of emotional support. *"I lost a lot of weight, but instead of support, I was faced with a complete lack of understanding"* (Respondent 3).

Traditional attitudes exacerbated the difficulties of motherhood:

*They said: 'We also gave birth, we had children, we gave birth right in the field, we cooked 10 dishes, made compotes, we didn't have diapers - and nothing'* (Respondent 8).

In this way, women showed that women cannot be weak and did not allow them to come to an emotional balance, in some way devaluing all the difficulties that women go through when they become mothers for the first time. As a result of the analysis, it can be seen that traditional stigma greatly complicates this phase of motherhood and this is largely due to generational pressure, when women are not allowed to experience the entire transition to becoming a mother. It is worth noting that such difficulties arose for women who lived with their parents and, for example, one of the respondents noted: *"When we moved out from my husband's parents, it became easier"* (Respondent 1). This emphasizes the importance of the autonomy of young parents in making decisions about motherhood and child care.

#### **4.8. Attitude Towards Early Childhood Development Services and Nannies**

The issue of early childhood development and attending kindergarten raised different opinions among respondents. However, many noted that kindergarten makes life easier for the mother and promotes the development of the child.

##### **4.8.1. Benefits of kindergarten**

Most women noted the positive impact on both them and the child.

*My child started going to kindergarten, and it became easier for both of us - she started communicating with peers. (Respondent 1)*

*He learned everything in kindergarten - he started talking early, eating on his own, and going to the toilet completely. (Respondent 2)*

*Some people think that kindergarten is just a relief for the mother, but I think that first and foremost it is important for the child. (Respondent 3)*

In addition to developing skills, some respondents spoke about the positive impact of kindergarten on the child's immunity: *"Good immunity has developed" (Respondent 2)*. However, this same aspect caused anxiety and difficulties for some mothers, since children often get sick: *"I didn't expect that children would get sick so often" (Respondent 1)*.

*It was very difficult for us to adapt. We were often sick, even got chickenpox in the kindergarten. (Respondent 6)*

#### **4.8.2. Choosing a kindergarten and quality criteria**

When choosing a kindergarten, respondents paid attention to different criteria.

*When choosing a kindergarten, I take into account several criteria: video surveillance, daily walks, a small number of children in a group and proximity to home. (Respondent 3)*

Also, some respondents preferred private kindergartens: *"I would choose a private kindergarten" (Respondent 3)*.

However, respondent 9 also noted the problem of accessibility of preschool institutions: *"We have few high-quality and affordable kindergartens" (Respondent 9)*.

#### **4.8.3. Age of admission to kindergarten**

The respondents' opinions on the age of admission to kindergarten also varied. Some recommended starting at an early age, while others, on the contrary, recommended the age of 3 years.

*I recommend sending a child to kindergarten as early as possible - it is beneficial for everyone. (Respondent 1)*

*Optimally from age three, maybe for half a day at first. (Respondent 4)*

#### **4.8.4. Mothers**

Several respondents mentioned a feeling of guilt associated with going to work early and sending their child to kindergarten.

*Sometimes I feel guilty that I sent my child to kindergarten early, and I don't know if he feels lonely there. (Respondent 7)*

Several respondents noted that early child care is a necessity for working mothers.

*I believe that early child care is a necessity for working mothers. (Respondent 8)*

In general, all respondents have a positive attitude towards early childhood development services, but the age of enrollment in kindergarten varies. The difficulty with kindergartens was first finding a good institution, and then adapting the child.

#### **4.9. Expectations and Reality**

The reality of motherhood often differs from women's pre-baby expectations. Many respondents faced unexpected challenges in terms of health, recovery, child care, and support from others.

#### **4.9.1. Health and recovery expectations**

Some mothers expected that they would recover quickly after giving birth. However, the reality turned out to be different.

*You think that everything is simple - you give birth and move on. But in reality, you need time to recover. (Respondent 2)*

*I still feel the effects of childbirth after a long time, although I thought I would recover quickly. (Respondent 3)*

#### **4.9.2. Changes in relationships with partners**

Many first-time mothers admitted that their relationships changed significantly after childbirth, although they did not expect this.

*I did not think that the relationship with my husband and relatives would change, but it changed, and it was unexpected. (Respondent 1)*

*My husband initially promised to help, but after the birth of the child he did not help much. He believed that caring for a child was a woman's responsibility. (Respondent 3)*

#### **4.9.3. Difficulties of caring for a child**

Mothers also faced unexpected difficulties in caring for a baby.

*Everything looks beautiful on blogs: walks with a stroller, cafes. But no one shows how difficult it is to get ready with a child who does not want to sit in a stroller and constantly demands attention. (Respondent 3)*

*I did not know that children get sick so often in the first year. (Respondent 1).*

#### 4.9.4. Expectations from the medical system

Respondents also noted that they expected more active support from the healthcare system after childbirth, but the reality turned out to be different.

*I thought that after discharge, the doctor would help, explain something. In reality, at the clinic they simply said: 'Did the birth go well? Well, that's good'. (Respondent 10)*

*I expected that postpartum recovery would be difficult, but I still thought that the medical system would provide more support. The result is a minimum of check-ups, no detailed help with recovery, emotional state or breastfeeding. (Respondent 8)*

The results show how the expectations of expectant mothers often diverge from reality. Many aspects of motherhood are more difficult than it seems before the birth: long recovery, frequent illnesses of the child, changes in the relationship with the partner and a lack of professional support. These results highlight the importance of informing expectant mothers and creating a better-established support system.

#### 4.10. Challenges of Motherhood

This section will contain the results of interviews about the difficulties faced by women who became mothers for the first time

One of the difficulties turned out to be that many lacked knowledge and help in caring for a child. As **Respondent 1** indicated: "*I lacked support and knowledge on how to care for a child.*"

Also, one of the difficulties turned out to be that society most often only highlights the positive aspects of motherhood, hiding its difficulties.

**Respondent 2** emphasized: *"For some reason, only the positive side is highlighted. You hardly sleep, there is some kind of constant anxiety. Love for the child does not arise immediately, some kind of fear appears"*

Another difficulty for many mothers was precisely the psychological side of motherhood.

*It was psychologically difficult for me to stay with the child. I had postpartum depression, I cried for no reason. (Respondent 2)*

Physical recovery after childbirth turned out to be another difficulty.

*My health has deteriorated - my back hurts, my weight is not going down, but I have no time to take care of myself. I still have not fully recovered, I think it will take at least three years. (Respondent 3)*

Most mothers named the lack of social support as the biggest challenge.

*I felt lonely. I wanted someone to come and help with the baby, let me sleep or just rest. (Respondent 4)*

It is also worth noting another challenge - changes in the relationship between the partner. Some couples have become distant from each other, and the relationship has become colder.

*We became distant because we did not discuss in advance who is responsible for what. (Respondent 9)*

*I felt offended by his indifference, and he said: "You're just tired, it will pass. (Respondent 10)*

Motherhood leads to social isolation, especially in the first months after giving birth.

*I don't go anywhere except the clinic and the store. It's crazy. Every day is the same: feeding, changing diapers, rocking... It's like Groundhog Day. (Respondent 7)*

Some women also noted discomfort due to the need to ask their partner for money: *"I already asked my husband for money for groceries, for coffee... he calmly gave it to me, but inside I had a feeling that I can't just ask" (Respondent 7).*

Motherhood is a huge job that includes many difficulties, morally, psychologically, financially. To overcome difficulties, colossal support is needed from all sides, so that this period is less painful and easier.

#### **4.11. Recommendations and advices**

This section contains a collection of recommendations and advice from respondents on all stages of their motherhood journey: from planning to choosing early development services. Many women emphasized the importance of psychological and physical preparation for childbirth, as well as the need for support in the postpartum period.

##### **4.11.1. Psychological and informational support**

Many women noted that they lacked information and preparation for this important period.

*If this had been explained to me in advance, I would have worried less. (Respondent 4)*

The women also noted that there are not enough free breastfeeding courses in maternity hospitals.

*Now you can only call a consultant for money, and not everyone has this opportunity. (Respondent 4)*

Some women emphasized the importance of psychologists not only during pregnancy (which is included in the routine examination of all pregnant women in KZ), but also during the postpartum period.

*After childbirth, everyone needs a psychologist or people who will really listen, help, and support. (Respondent 8)*

Also, one respondent suggested the possibility of 24-hour contact with doctors and psychologists via instant messengers **(Respondent 5)**.

#### **4.11.2. Preparation for childbirth and selection of medical personnel**

Most women advise choosing a doctor and maternity hospital in advance and being prepared for childbirth.

*At the stage of childbirth, it is important to choose a good doctor, even if this requires additional expenses, it is better to agree in advance that he will accompany the pregnancy and be present at the birth. (Respondent 6)*

Also, many women emphasized the importance of a partner during childbirth and advised to definitely take someone with you to the birth: *"It does not necessarily have to be a husband, it can be a mother, a doula, or someone you trust. The main thing is to feel support"* **(Respondent 3)**.

#### **4.11.3. Physical fitness and health**

Physical preparation for childbirth also plays an important role: *"Sign up for courses, play sports, strengthen your pelvic muscles - it will be more difficult after childbirth"* **(Respondent 3)**.

*Monitor your diet and gastrointestinal function, because poor nutrition can lead to toxicosis. (Respondent 3)*

#### **4.11.4. Postpartum support and the role of family**

Many respondents emphasized the importance of rest and delegating responsibilities.

*Don't be afraid to ask for help, don't hesitate to leave your child with a nanny, share responsibilities with your husband. (Respondent 1)*

Several mothers emphasized how Support Groups helped them during difficult periods.

*Chatting with mothers who gave birth at the same time was very helpful. It was tremendous support. Most of all, I was helped by chats with women who gave birth during the same period – we lived the same moments, shared difficulties, and it gave me the feeling that you were not alone in this. (Respondent 8)*

Based on the interview results, we can conclude that the women note such things as access to information and courses, psychological support, active participation of partners and family, as well as improved quality of medical care and support after childbirth.

#### **4.12. Conclusion**

In this section, the results of 10 interviews with women who had become mothers for the first time were analyzed. The main topics of the interviews were identified in the results: **Prenatal Education and Childbirth Preparation, Support from partner and family, Breastfeeding Experience, Postpartum Period, Healthcare Professionals, Traditional stigma in the context of motherhood, Attitude Towards Early Childhood Development**

## **Services and Nannies, Expectations and Reality, Challenges of Motherhood and Recommendations and advice.**

Motherhood was a difficult experience for all the women interviewed. The experiences of all the women were similar but also had their differences. Each woman experienced physical, social, moral and physiological difficulties. The main common difficulties were lack of support, emotional and physical fatigue, feelings of loneliness and changes in family relationships. The women differed only in the degree and manifestation of these difficulties, which in turn depended on the social environment.

All the women faced the difficulty of lack of information, knowledge and support. Many women noted that they were not sufficiently prepared for the reality of motherhood, especially in caring for a child, despite the fact that many had completed courses in preparation for motherhood and childbirth. Almost all the participants spoke about lack of sleep, chronic fatigue and the inability to recover from childbirth. Many women experienced anxiety, fear, postpartum depression and hormonal changes. Also, of course, motherhood became a test for marriage for all the women. All women had a difficult time during this period, but some endured it a little easier because the level of support from their partner and others varied. Some women had husbands who were passive or even indifferent to their experiences, while others, on the contrary, were very involved in parenting.

Overall, the results show that motherhood is not only joyful, but also an extremely difficult process that requires serious preparation and support. The main difficulties are related to drastic changes in lifestyle, physical and psycho-emotional state, as well as relationships with a partner and others.

## **5. Discussion**

### **5.1. Introduction**

This chapter discusses the main findings of this study. Insightful analysis, thorough integration with literature, and well-developed implications can be found in this chapter too. The results reveal important insights into antenatal education, partner and family support, postnatal care, and early childhood development services. In addition, the challenges faced by mothers and their expectations compared to reality are explored, highlighting the importance of understanding the experiences of first-time mothers for further development of support systems.

The main research question is: "What are the experiences of first-time mothers during pregnancy, childbirth, and the postpartum period?", so the answer to the research question is arranged in the discussion chapter in 11 following sections.

### **5.2. Participants' Profiles**

Literature suggests that older mothers often face less stigma related to delayed childbearing (Berkowitz & Mann, 2022). Also, a study in China found that co-residing with parents-in-law was associated with a higher risk of postpartum depression, highlighting the potential stressors of such living (Peng et al., 2021). It was known that women receiving continuous support during labor were more likely to have less use of pain medications, and higher satisfaction with their childbirth experiences (Bohren et al., 2017). In the case of doulas, it was established that their help reduced cesarean rates, there were shorter labor durations and in general better birth experiences (Falconi et al., 2022).

This research study shows that there is a direct correlation between the age of a woman who has become a mother for the first time and traditional stigma, namely that the

older the woman, the less she is subject to traditional pressure and advice from. Also, based on the results of the interview, it can be noted that all women living with their husband's parents faced more psychological difficulties and misunderstandings in generations. It is also worth noting that any partner chosen by women in the birth process, be it a husband or mother or doula, greatly supported the woman during childbirth and the postpartum state of such women.

### **5.3. Prenatal Education and Childbirth Preparation**

The current study results demonstrate that antenatal education is an essential part of preparation to ensure that expectant mothers have the necessary knowledge and skills, which is also supported by the literature, where studies have shown that antenatal education significantly improves good birth outcomes and reduces fear of childbirth (Zaman et al., 2025).

The study results show that although antenatal education is recognized as crucial for preparing for childbirth, quality courses remain inaccessible. Many participants attended antenatal education, however, the results show that their effectiveness varies greatly. Some found them useful, especially for learning breathing techniques and understanding the progress of labor, which is in line with the study by Metinoglu et al. (2020), which emphasizes the role of education during childbirth. However, others found the information insufficient or outdated, which reflects the findings of Craig & Kabylbekova (2014), who emphasize the need to change the content of courses and update the information.

The results of this study also showed that a notable gap in the health system is the lack of information about available free courses, which is also supported by existing studies that also identified some barriers to accessing antenatal education services, such as geographic location, socioeconomic status, and limited awareness (Sarikhani et al., 2024).

The participants in this study also made recommendations to improve antenatal courses by adding information on the postpartum period and child care. The literature supports these recommendations, emphasizing the need for holistic antenatal education programs that include topics such as childbirth preparation, mental health, and postnatal care (Li et al., 2025).

#### **5.4. Support from partner and family**

One of the key moments in becoming a mother is the support received from partners and family members during pregnancy and the postpartum period. All the participants in the study who took a partner during childbirth, namely their husband or mother, emphasized that they felt confident and calm. Also, some women noted not only moral support but also physical support, for example, partners actively help during childbirth, giving a back massage, holding hands and observing the mother's condition, which contributes to a feeling of calm and confidence in the mother. Literature also emphasizes the importance of partner support in reducing maternal stress and strengthening the bond between parents and infants (Martin & Brock, 2023).

However, many women shared their experience that their husbands after the birth of the child distanced themselves and did not take responsibility, which made them feel lonely and added a sense of stress. The existing literature also confirms that insufficient social support from partners can contribute to the development of postpartum depression (Sufredini et al., 2022).

Social support is also very important for a woman who has become a mother for the first time. Support from the family, especially from mothers, siblings, as well as in-laws, friends, and girlfriends, also plays an important role in the adaptation of the young mother. Practical help, such as help with childcare and household chores, as well as emotional support

can ease the pressure associated with new motherhood. According to the results of Machado et al. (2020), the continuous presence of family members, which had a significant positive impact on mothers' psychological and physical well-being.

### **5.5. Breastfeeding Experience**

The maternal experience also includes breastfeeding, which is a key aspect of motherhood. However, many women face both physical and psychological challenges during this period, for example, in this study, all participants breastfed and experienced issues such as pain and engorgement. Respondents emphasized the need for professional support and counseling, which is consistent with the findings of McLeish et al. (2020), who also highlight that insufficient access to trained lactation consultants often leads mothers to seek help from online sources or private consultants.

Many mothers experienced physical issues such as cracked nipples, engorgement, and milk stasis. **Respondent 1** noted, "*I had cracked breasts*" and **Respondent 3** shared, "*I had engorgement and pain.*" These issues often resulted in significant discomfort. The participants in this study also highlighted the lack of support from health workers, mentioning that there were no breastfeeding consultants in hospitals. Existing studies also highlight the need for professional support during lactation (Çerçer & Nazik, 2023).

The optimal duration of breastfeeding was 1.5-2 years for almost all respondents, which is also consistent with the recommendations of the WHO, which recommends exclusively breastfeeding a child until he or she reaches six months of age, and then continuing breastfeeding with appropriate complementary foods for at least two years (WHO, 2023).

## 5.6. Postpartum Period

The postpartum period for all respondents turned out to be the most difficult period in motherhood, which includes not only physical recovery, but also emotional recovery. Many women in this study noted that recovery was more difficult than expected. These results are consistent with the study by Choo & Ryan (2015), which emphasizes the need for postpartum care and mental health support.

The emotional state of all the women in the study turned out to be unstable and precarious, many felt very lonely, and some mentioned that they did not recognize themselves after childbirth. **Respondent 4:** *"I wanted to cry for no reason"*, **Respondent 7:** *"I look in the mirror and do not recognize myself."* This is also described in the results of a study published in BMC Women's Health, which reports that women often experience postpartum depression (Massoudi et al., 2023).

All the women noted how much social support helped them, especially groups for mothers and communities for women who have become mothers for the first time. This is also highlighted in a study in BMC Psychology, which identified social support as a critical factor in mitigating postnatal depression (Khademi & Kaveh, 2024).

## 5.7. Healthcare Professionals

First-time mothers' experiences with healthcare providers varied significantly, highlighting differences in the quality of care provided to mothers. Some mothers received attentive and supportive care, while others felt misunderstood or mistreated.

One interesting moment is that in this study, those in private or fee-based wards reported more positive experiences compared to those in free wards, suggesting a link between the type of healthcare facility and the quality of care received. Existing literature

also highlights that there is a significant difference in satisfaction and a more respectful approach in private and fee-based hospitals (Strong et al., 2021).

There is one more research highlighting the importance of communication between healthcare providers and pregnant women, especially during times such as the Covid pandemic, which in turn increases maternal satisfaction (Shamoradifar et al., 2022).

### **5.8. Traditional stigma in the context of motherhood**

Based on the results of this study, one factor that influenced the overall experience of motherhood is traditional stigmas. Many women noted that their emotional background was often built on the basis of traditional stigmas. Respondents noted that older generations often gave advice that was very different from the women' vision of motherhood, and sometimes did not allow them to realize their maternal potential at all, feeling pressured that their elders knew more and did a better job. Existing literature also highlights that traditional cultural beliefs and practices significantly influence mothers' experiences, which often leads to intergenerational conflicts and additional pressures, especially in Asian cultures (Withers et al., 2017). Conflicts also often arise between generations, and respondents reported them due to differences in childcare practices between generations. Existing research confirms that these conflicts often arise due to differences in traditional methods and modern approaches to raising children (Xiao & Loke, 2022).

Also, one of the difficulties in motherhood for some respondents was that women, even after the birth of a child, must maintain the status of Kelin and run the household in the same way as before the birth of the child. In some cultures, which also exists in Kazakh culture especially, women must maintain traditional roles in the husband's family, which adds responsibility to them during motherhood and such a burden can lead to increased stress and a sense of inadequacy in young mothers (Gleichner, 2025). Also, in addition to household

responsibilities, in some cultures it is not allowed to talk about one's problems and complain, all maternal problems should be endured in silence, which does not allow women to seek the necessary support (Malik, 2024).

### **5.9. Attitude Towards Early Childhood Development Services and Nannies**

The results of this study provide insight into the experience and attitude towards kindergartens and early development services. Opinions on kindergartens were divided exactly in half, some women responded that they had been looking for a kindergarten almost since the birth of their child, while others noted that they did not see the point of a kindergarten until the age of 3 and noted that it was more of a necessity for working mothers. Studies also differ, some emphasize the importance of postponing kindergarten, while others emphasize that the quality of the educational environment plays a more important role than the specific age of enrollment (UNESCO International Bureau of Education, 2021).

Women who have a positive attitude towards kindergarten services noted such advantages as socialization and independence: children began to interact with peers, which improved their social skills, development of skills: noticeable successes were noted in independent feeding, early speech and toilet training. These observations are also recorded in studies emphasizing the importance of preschool education (PE). According to UNESCO, ECE lays the foundation for learning by promoting cognitive, social, and emotional development (UNESCO, 2022).

The women also compiled a list of criteria they used to select kindergartens: the presence of video surveillance systems, an emphasis on cleanliness, a preference for small groups, proximity to home, and the presence of a playground. These criteria reflect the desire to provide a safe and supportive environment for their child.

### **5.10. Expectations and Reality**

Based on the results of this study, many women do not expect such consequences and often expectations do not match reality. Some respondents even expressed surprise at the long time needed to recover from pregnancy: *“You think it’s easy – you give birth and move on. But in reality, you need time to recover.”* (**Respondent 2**), *“I still feel the effects of childbirth after a long time, although I thought I would recover quickly.”* (**Respondent 3**). Similar results are described in a study that described how unrealistic expectations of motherhood often collide with the postpartum experience, which can lead to feelings of inadequacy and emotional stress (Røseth, 2008).

Another expectation-reality issue turned out to be changes in the relationship between spouses. The birth of a child often changes the dynamics of the relationship between partners, some respondents noted that they did not expect such changes in the relationship not only between the husband, but also with relatives. Existing research suggests that changes in relationships associated with the birth of a child can profoundly affect couples (Delicate & Ayers, 2023). It is also worth noting that research has shown that partner relationships also have an impact on maternal depression (Schwarze et al., 2024).

Respondents also noted that their expectations regarding medical care did not match, meaning that they did not receive help with recovery, emotional well-being, or breastfeeding after childbirth. Such results highlight the potential for a lack of actual support and feelings of isolation to interfere with recovery. Research highlights the importance of implementing traditional practices in combination with modern healthcare standards (Zhang et al., 2025).

### **5.11. Challenges of Motherhood**

The interviews conducted in this study revealed several key challenges.

One of these challenges was identified by respondents as Lack of Knowledge and Support in Childcare. Many young mothers feel unprepared for the postpartum period, especially to the carrying of babies. This challenge can lead to feelings of anxiety and self-doubt. This challenge is also described and described in the article by Smith (2023), where the likelihood of feeling alone and feeling as if you are the only one going through such a difficult period is also described.

Another challenge that respondents emphasized is that society most often shows only the positive side of motherhood and practically does not reveal the difficulties, so women often feel that they are the only ones who cannot cope with motherhood and because of this there is social pressure when they want to be perfect. This problem is described in the article, and it is said that such pressure can lead to feelings of guilt, self-doubt, and even depression (Smith, 2023).

Physical recovery after childbirth can also be one of the challenges of motherhood, as it can be long and more challenging than expected. Issues such as back pain and difficulty losing weight are common. To ease into physical recovery, it is important to eat well, take your time, allow your body to fully recover, and add physical activity as recommended by your doctor (Banks, 2024).

It has also been noted that the dynamics of relationships with partners often change after the birth of a child, sometimes leading to a feeling of distance or lack of support. According to the literature, this can lead to increased stress, reduced intimacy, and potential conflicts (Admin, 2024).

Social isolation can also be a challenge, as noted by some respondents. It is important to ask for help at such times and not completely immerse yourself in motherhood; you can

join local mom groups, attend parenting classes, and share your experiences with other mothers (Banks, 2024).

The literature also confirms that there are a number of challenges that mothers face. Common challenges include difficulties with physical recovery, emotional adjustment, and the need for strong social support systems (Club, n.d.)

The literature also highlights that social support plays a critical role in mitigating postpartum depression and improving maternal well-being. Research has shown that support from partners, family, and friends can significantly reduce the risk of postpartum depression (Ekpenyong & Munshitha, 2023). Conversely, a lack of support is associated with increased stress and depressive symptoms (Reid & Taylor, 2015).

#### **5.12. Recommendations and advice.**

The participants' experiences generated a number of recommendations and tips for expectant mothers, where each tip was very useful and its relevance could be supported by existing research.

Many mothers reported a lack of knowledge in newborn care, which shows the need for antenatal classes. Recent studies show that antenatal education has a positive effect on women's childbirth experience (Hooper et al., 2025). In addition, Öztürk et al. (2022) showed that antenatal breastfeeding education can improve breastfeeding success.

Some participants advised expectant mothers' partners to also attend antenatal classes, as they believed that partner-focused educational courses can improve maternal well-being. For example, Abbaspoor et al. (2023) showed that postnatal educational support for husbands reduced stress in new mothers. It is also worth noting that positive family relationships influence breastfeeding (Acikgoz & Yoruk, 2022).

Several mothers felt unsupported after childbirth, so they recommend asking for help and thinking in advance about replenishing future support. A qualitative review highlighted the importance of social support during pregnancy (Al-Mutawtah et al., 2023). Moreover, innovative approaches such as postnatal retreats have emerged, offering comprehensive support and education to new mothers (Bunch, 2025).

There were also a number of other tips, such as preparing the body for pregnancy in advance, remembering to undergo medical examinations after childbirth, carefully choosing a maternity hospital and doctor, knowing how to ask for help from others, and not being afraid of difficulties.

### **5.13. Conclusion**

This section outlines the experiences and challenges of first-time motherhood and highlights the importance of support systems. The findings of this study integrate with existing literature, where it can be seen that cultural and systemic barriers in Kazakhstan are taken into account.

This project aims to understand the experiences of mothers and address these challenges through new established protocols and improved health policies regarding motherhood. In the future, this may significantly improve the maternal experience and overall well-being.

If future research continues to explore the possibilities of integrating medical, social and educational support for first-time mothers, this may completely change the concept of preparing women for motherhood, ensuring that their transition to motherhood is met with understanding, preparation and care.

## 6. Conclusion

### 6.1. Introduction

**The main research question** was: *“What are the experiences of first-time mothers during pregnancy, childbirth, and the postpartum period?”*, and the **Research Objectives**: *“Explore the opinions in relation to antenatal education programs in preparing women for childbirth and parenting”*; *“Investigate the role of partner support in the well-being of pregnant women”*; *“Examine women’s experiences with postpartum care, including follow-up visits, breastfeeding support, and recovery”*; *“Investigate women’s perceptions of the breastfeeding support they receive from healthcare providers, family, and community”*; *“Explore the role of kindergartens or early childcare services to first-time mothers”*.

Therefore, this study aimed to identify the experiences of women who became mothers for the first time and to establish the factors influencing this experience, from antenatal preparation to postpartum adaptation. In general, it is worth noting that the results showed that women's expectations almost completely do not coincide with the reality of motherhood, which subsequently led to difficulties.

The first factor influencing motherhood is antenatal education. A study of antenatal education has shown its importance, but the availability and quality of courses vary, and many women note that the courses are not complete and complete enough, that after the existing courses there is no sense of preparedness.

The next point is support from the partner and family. The results of the study showed that the active involvement of the partner and family in the process of pregnancy, childbirth and postpartum recovery has a positive effect on the general condition of the mother.

The study also showed that the quality of medical care is highly dependent on the place where the medical care was received, namely, whether the hospital was paid or free. Moreover, all the women noted that they did not have enough support regarding the issue of breastfeeding and had to seek additional paid specialists.

Another factor is traditional norms. Many women faced difficulties of condemnation from the older generation, as well as pressure associated with the role of kelin in the husband's family. Early childhood services are also a factor influencing mothers' experiences, but despite the benefits of daycare and the improvement in well-being of many mothers, some women feel doubt and guilt about early separation from their child.

Thus, the study has shown the factors influencing mothers' experiences and constituting their overall well-being. It can be concluded that motherhood is a multifactorial process that requires comprehensive support, from prenatal education to social support.

Further in this section it can be find information about the limitations of the study and recommendations

## **6.2. Limitations**

Despite the valuable insights, there are some limitations in the study:

1. The study is based on a relatively small number of mothers who all come from the same city (Astana), which may limit the generalizability of the findings;
2. The study relies on participants' self-reported experiences, which may be subject to recall bias, personal interpretation, or emotional influences at the time of the interview;
3. Some mothers may have minimized their experiences due to social desirability bias;

4. Although there is demographic information about participants, the study does not deeply explore how factors such as education level, employment status, or pre-existing mental health conditions influence maternal experiences;
5. There is no partners' or family members' perspective on the motherhood;

Despite this limitation, the study is significant because first-time mothers' experiences in Astana were heard and used, and then it was explored, factors that affect motherhood were detected and further recommendations were highlighted.

Considering the study findings it is suggested to conduct more studies to explore more first-time mothers' experiences.

### **6.3. Future directions**

While this study provides valuable insights into the experiences of first-time mothers, several areas require further research, which should consider further directions:

1. Future research should include a more diverse population, including mothers from various socioeconomic backgrounds, rural and urban areas (geographic area), and different cultural contexts;
2. Study should consider the opportunity to explore the fathers' perspective on the motherhood transition. Future research could explore how partners perceive their role and the challenges they face in supporting new mothers;
3. Developing and evaluating interventions aimed at improving partner involvement, postpartum mental health support, and access to professional breastfeeding guidance;

4. Exploring the digital health solutions, such as mobile apps, virtual support groups of moms or integrating of AI in the providing maternal support;
5. Investigating the long-term effects of early childcare services on both child development and maternal well-being.

By making this further research, it can be made a supportive system, which would change maternal experience, will improve healthcare practices and create a more well-informed approach to motherhood.

#### **6.4. Conclusion**

This study fully answers the objectives and the main research question. It provides important insights into the challenges mothers face and the factors that influence the overall experience. Despite some limitations of this study, the results of the study were very impressive and useful, which were also integrated with the literature and discussed in the discussion section.

Moreover, the study offers recommendations for improving maternal well-being and can be used for further research.

## References

- Ababneh, A. M., Alrida, N., Abu-Abbas, M., Rayan, A., Sumaqa, Y. A., Alhamory, S., & Al-Zu'bi, B. (2024). The lived experience of family support among women during and after childbirth in Jordan: a phenomenological study. *SAGE Open Nursing*, 10. <https://doi.org/10.1177/23779608241240137>
- Abbaspoor, Z., Sharifipour, F., Javadnoori, M., Moghadam, Z. B., Cheraghian, B., & Najafian, M. (2023). Evaluation of the effectiveness of a postnatal support education program for husbands in promotion of their primiparous wives' perceived social support: a randomized controlled trial. *BMC Women S Health*, 23(1). <https://doi.org/10.1186/s12905-023-02270-x>
- Acikgoz, A., & Yoruk, S. (2022). The role of positive family relationships and spousal support in breastfeeding self-efficacy and breastfeeding success of mothers in the early postpartum period: Breastfeeding success of mothers. *www.mattioli1885journals.com*. <https://doi.org/10.23751/pn.v24i1.11706>
- Admin. (2024, July 29). *Motherhood: Overcoming the challenges faced by new moms*. Nishant Fertility Center. <https://www.nishantivfcare.com/motherhood-overcoming-the-top-5-challenges-faced-by-new-moms/>
- Al-Mutawtah, M., 1, Campbell, E., Kubis, H.-P., & Erjavec, M. (2023). Women's experiences of social support during pregnancy: a qualitative systematic review. *BMC Pregnancy and Childbirth*, 23, 782. <https://doi.org/10.1186/s12884-023-06089-0>

- Avignon V, Gaucher L, Baud D, Legardeur H, Dupont C, Horsch A. What do mothers think about their antenatal classes? A mixed-method study in Switzerland. *BMC Pregnancy Childbirth*. 2023 Oct 19;23(1):741. doi: 10.1186/s12884-023-06049-8. PMID: 37858110; PMCID: PMC10585766.
- Banks, D. (2024, June 6). *9 New motherhood challenges and how to overcome them*. Marriage Advice - Expert Marriage Tips & Advice. <https://www.marriage.com/advice/parenting/new-motherhood-challenges/>
- Berkowitz, D., & Mann, E. S. (2022). Accounting for First-Time Motherhood at Advanced Maternal Age: risk, temporality, and the preservation of stratified reproduction. *Sex Roles*, 88(1–2), 68–85. <https://doi.org/10.1007/s11199-022-01341-x>
- Bohren, M. A., Hofmeyr, G. J., Sakala, C., Fukuzawa, R. K., & Cuthbert, A. (2017). Continuous support for women during childbirth. *Cochrane Library*, 2017(8). <https://doi.org/10.1002/14651858.cd003766.pub6>
- Bradford, K., Costanza, K., Fouladi, F., Hill, T., Nguyen, K., Speer, K., & National Conference of State Legislatures. (2023). Supporting Moms' Health in the Postpartum Period. National Conference of State Legislatures. <https://www.ncsl.org/health/supporting-moms-health-in-the-postpartum-period>
- Bravo, I. M., & Noya, M. (2014). Culture in prenatal development: parental attitudes, availability of care, expectations, values, and nutrition. *Child & Youth Care Forum*, 43(4), 521–538. <https://doi.org/10.1007/s10566-014-9251-4>
- Bunch, E. (2025, January 13). How a postpartum retreat saved me from the baby blues. *Vogue*. [https://www.vogue.com/article/postpartum-retreats?utm\\_source=chatgpt.com](https://www.vogue.com/article/postpartum-retreats?utm_source=chatgpt.com)

- Çerçer, Z., & Nazik, E. (2023). The effects of the breastfeeding problems management model on breastfeeding problems, breastfeeding motivation and breastfeeding success: A randomized controlled trial. *Journal of Pediatric Nursing*, 73, e116–e124. <https://doi.org/10.1016/j.pedn.2023.07.021>
- Choo, P. J., & Ryan, K. (2015). A qualitative study exploring first time mothers' experiences of breastfeeding in Singapore. *Proceedings of Singapore Healthcare*, 25(1), 5–12. <https://doi.org/10.1177/2010105815615992>
- Club, C. M. (n.d.). *10 Common Challenges for First-Time Moms and how to Overcome them*. <https://www.chicmomclub.com/blog/c/home/b/10-common-challenges-for-first-time-moms-and-how-to-overcome-them>
- Committee on the Science of Children Birth to Age 8: Deepening and Broadening the Foundation for Success; Board on Children, Youth, and Families; Institute of Medicine; National Research Council; Allen LR, Kelly BB, editors. *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*. Washington (DC): National Academies Press (US); 2015 Jul 23. 4, Child Development and Early Learning. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK310550/>
- Craig, B. J., & Kabyzbekova, Z. (2014). Culture and maternity care in Kazakhstan: What new mothers expected. *Health Care for Women International*, 36(1), 41–56. <https://doi.org/10.1080/07399332.2014.942904>
- Cronin, C. (2003). First-time mothers – identifying their needs, perceptions and experiences. *Journal of Clinical Nursing*, 12(2), 260–267. <https://doi.org/10.1046/j.1365-2702.2003.00684.x>

Dauletyarova, M. A., Semenova, Y. M., Kaylubaeva, G., Manabaeva, G. K., Toktabayeva, B., Zhelpakova, M. S., Yurkovskaya, O. A., Tlemissov, A. S., Antonova, G., & Grjibovski, A. M. (2018). Are Kazakhstani Women Satisfied with Antenatal Care? Implementing the WHO Tool to Assess the Quality of Antenatal Services. *International Journal of Environmental Research and Public Health*, 15(2), 325. <https://doi.org/10.3390/ijerph15020325>

Delicate, A., & Ayers, S. (2023). The impact of birth trauma on the couple relationship and related support requirements; a framework analysis of parents' perspectives. *Midwifery*, 123, 103732. <https://doi.org/10.1016/j.midw.2023.103732>

De Sousa Machado T, Chur-Hansen A, Due C. First-time mothers' perceptions of social support: Recommendations for best practice. *Health Psychol Open*. 2020 Feb 7;7(1):2055102919898611. doi: 10.1177/2055102919898611. PMID: 32095254; PMCID: PMC7008558.

Ekpenyong, M. S., & Munshitha, M. (2023). The impact of social support on postpartum depression in Asia: A systematic literature review. *Mental Health & Prevention*, 30, 200262. <https://doi.org/10.1016/j.mhp.2023.200262>

Falconi, A. M., Bromfield, S. G., Tang, T., Malloy, D., Blanco, D., Disciglio, R. S., & Chi, R. W. (2022). Doula care across the maternity care continuum and impact on maternal health: Evaluation of doula programs across three states using propensity score matching. *EClinicalMedicine*, 50, 101531. <https://doi.org/10.1016/j.eclinm.2022.101531>

- Ghawi, G., Baghdasaryan, B., Blevins, B., & UNICEF Innocenti – Global Office of Research and Foresight. (2021). A SNAPSHOT OF EARLY CHILDHOOD EDUCATION AND CARE IN KAZAKHSTAN. In *UNICEF IN KAZAKHSTAN*[Report].
- Gleichner, T. (2025, February 24). *How Cultural Heritage Shapes Views on Motherhood and Fertility | Traditions and Modern Perspectives - Shanland*. Shanland. <https://www.shanland.org/how-cultural-heritage-shapes-views-on-motherhood-and-fertility/>
- Habibov, N. (2014). On individual, household, and community factors explaining enrollment to early childhood education and care in Post-Soviet transitional countries. *Child Indicators Research*, 8(4), 825–843. <https://doi.org/10.1007/s12187-014-9277-z>
- Hong, K., Hwang, H., Han, H., Chae, J., Choi, J., Jeong, Y., Lee, J., & Lee, K. J. (2020b). Perspectives on antenatal education associated with pregnancy outcomes: Systematic review and meta-analysis. *Women and Birth*, 34(3), 219–230. <https://doi.org/10.1016/j.wombi.2020.04.002>
- Hooper, E., Mechkaroff, O., Upitis, A., Schofield, E., Carland, J. E., & Henry, A. (2025). The effectiveness of antenatal education on improving labour and birth outcomes – A systematic review and meta-analysis. *Women and Birth*, 38(1), 101843. <https://doi.org/10.1016/j.wombi.2024.101843>
- Hwang, W. Y., Choi, S. Y., & An, H. J. (2022). Concept analysis of transition to motherhood: a methodological study. *Korean Journal of Women Health Nursing/Yeoseong Geon'gang Ganho Hag'hoeji/Yeoseong Geon-gang Ganho Hakoeji*, 28(1), 8–17. <https://doi.org/10.4069/kjwhn.2022.01.04>

- Kehinde, J., O'Donnell, C., & Grealish, A. (2022). The effectiveness of prenatal breastfeeding education on breastfeeding uptake postpartum: A systematic review. *Midwifery, 118*, 103579. <https://doi.org/10.1016/j.midw.2022.103579>
- Khademi, K., & Kaveh, M. H. (2024). Social support as a coping resource for psychosocial conditions in postpartum period: a systematic review and logic framework. *BMC Psychology, 12*(1). <https://doi.org/10.1186/s40359-024-01814-6>
- Kulkova, I. A., Dept. of regional socio-economic systems development, Institute of Economics of the Ural Branch of the Russian Academy of Science, Dept. of Management, Ural State University of Economics, Sharin, V. I., & Dept. of Labor Economy and HR-Management, Ural State University of Economics, USUE. (n.d.). Family Support as a Fertility Factor in Russia. *Atlantis Press*.
- Lan, B.Y. and Guo, X.Y. (2021) Research on the Influencing Factors of Kindergarten on Children's Physical Activity. *Open Access Library Journal, 8*, 1-7. doi: 10.4236/oalib.1107832.
- Law, Kwok Hong. (2018) First time mothers transition to motherhood. Retrieved from: [https://api.research-repository.uwa.edu.au/ws/portalfiles/portal/36397891/THESIS\\_DOCTOR\\_OF\\_PHILOSOPHY\\_LAW\\_Kwok\\_Hong\\_2018.pdf](https://api.research-repository.uwa.edu.au/ws/portalfiles/portal/36397891/THESIS_DOCTOR_OF_PHILOSOPHY_LAW_Kwok_Hong_2018.pdf)
- Lee, H. M. H., Durham, J., Booth, J., & Sychareun, V. (2013). A qualitative study on the breastfeeding experiences of first-time mothers in Vientiane, Lao PDR. *BMC Pregnancy and Childbirth, 13*(1). <https://doi.org/10.1186/1471-2393-13-223>
- Li, W., Ren, T., Xu, G., & Wang, Y. (2025). Evaluating the impact of a multimodal perinatal education program on birth preparedness, mental health, and birth outcomes among

- rural primiparous women: a retrospective cohort study. *BMC Pregnancy and Childbirth*, 25(1). <https://doi.org/10.1186/s12884-025-07152-8>
- Malik, I. (2024, December 8). *How Cultural Expectations Shape Postpartum Mental Health Globally*. *Our Mental Health*. <https://www.ourmental.health/postpartum-depression/global-insights-cultural-expectations-and-postpartum-mental-health>
- Malović, M., & Malović, S. (2017). Parents' perspective on the quality of kindergarten. *Research in Pedagogy*, 7(2), 200–220. <https://doi.org/10.17810/2015.60>
- Mane, U. R., Salunkhe, J. A., & Kakade, S. (2024). Family support to women during pregnancy and its impact on maternal and fetal outcomes. *Cureus*. <https://doi.org/10.7759/cureus.62002>
- Martin, R. C. B., & Brock, R. L. (2023). The importance of high-quality partner support for reducing stress during pregnancy and postpartum bonding impairments. *Archives of Women's Mental Health*, 26(2), 201–209. <https://doi.org/10.1007/s00737-023-01299-z>
- Massoudi, P., Strömwall, L. A., Åhlen, J., Fredriksson, M. K., Dencker, A., & Andersson, E. (2023). Women's experiences of psychological treatment and psychosocial interventions for postpartum depression: a qualitative systematic review and meta-synthesis. *BMC Women's Health*, 23(1). <https://doi.org/10.1186/s12905-023-02772-8>
- McLeish, J., Harvey, M., Redshaw, M., & Alderdice, F. (2020). A qualitative study of first time mothers' experiences of postnatal social support from health professionals in

England. *Women and Birth*, 34(5), e451–e460.

<https://doi.org/10.1016/j.wombi.2020.10.012>

Metinoğlu, M., Irmak, A. Y., & Çelikkalp, Ü. (2021). Examining the birth experiences of women with and without prenatal education: A qualitative study. *Journal of Clinical Medicine of Kazakhstan*, 18(1), 57–63. <https://doi.org/10.23950/jcmk/9657>

Motherhood. (2025). <https://dictionary.cambridge.org/dictionary/english/motherhood>

National Guideline Alliance (UK). Antenatal classes: Antenatal care: Evidence review E. London: National Institute for Health and Care Excellence (NICE); 2021 Aug. PMID: 34524743.

NSW department of Education (2024, November 7). Benefits of early childhood education. <https://education.nsw.gov.au/early-childhood-education/information-for-parents-and-carers/every-child-benefits>

Öztürk, R., Ergün, S., & Özyazıcıoğlu, N. (2022). Effect of antenatal educational intervention on maternal breastfeeding self-efficacy and breastfeeding success: a quasi-experimental study. *Revista Da Escola De Enfermagem Da USP*, 56. <https://doi.org/10.1590/1980-220x-reeusp-2021-0428>

Pebryatie, E., Paek, S. C., Sherer, P., & Meemon, N. (2022). Associations between spousal relationship, husband involvement, and postpartum depression among postpartum mothers in West Java, Indonesia. *Journal of Primary Care & Community Health*, 13. <https://doi.org/10.1177/21501319221088355>

Peng, S., Lai, X., Qiu, J., Du, Y., Yang, J., Bai, Y., Jia, Y., Meng, L., Wang, K., & Zhang, X. (2021). Living with Parents-In-Law increased the risk of postpartum depression in

Chinese women. *Frontiers in Psychiatry*, 12.

<https://doi.org/10.3389/fpsy.2021.736306>

Perspectives on antenatal education associated with pregnancy outcomes: Systematic review and meta-analysis, *Women and Birth*, Volume 34, Issue 3, 2021, Pages 219-230, ISSN 1871-5192, <https://doi.org/10.1016/j.wombi.2020.04.002>. Retrieved from: <https://www.sciencedirect.com/science/article/pii/S1871519220302316>

Petitclerc, A., Côté, S., Doyle, O., Burchinal, M., Herba, C., Zachrisson, H. D., Boivin, M., Tremblay, R. E., Tiemeier, H., Jaddoe, V., & Raat, H. (2017). Who uses early childhood education and care services? Comparing socioeconomic selection across five western policy contexts. *International Journal of Child Care and Education Policy/International Journal of Child Care and Education*, 11(1). <https://doi.org/10.1186/s40723-017-0028-8>

Røseth, I. (2008). Lived experience in early phase of postpartum depression. A review of qualitative studies. *Journal of Affective Disorders*, 107, S119. <https://doi.org/10.1016/j.jad.2007.12.138>

Reid, K. M., & Taylor, M. G. (2015). Social support, stress, and maternal postpartum depression: A comparison of supportive relationships. *Social Science Research*, 54, 246–262. <https://doi.org/10.1016/j.ssresearch.2015.08.009>

Sarikhani, Y., Najibi, S. M., & Razavi, Z. (2024). Key barriers to the provision and utilization of maternal health services in low-and lower-middle-income countries; a scoping review. *BMC Women S Health*, 24(1). <https://doi.org/10.1186/s12905-024-03177-x>

- Schobinger, E., Vanetti, M., Ramelet, A., & Horsch, A. (2022). Social support needs of first-time parents in the early-postpartum period: A qualitative study. *Frontiers in Psychiatry, 13*. <https://doi.org/10.3389/fpsyt.2022.1043990>
- Schwarze, C. E., Lerche, V., Wallwiener, S., & Pauen, S. (2024). Partnership quality and maternal depressive symptoms in the transition to parenthood: a prospective cohort study. *BMC Pregnancy and Childbirth, 24*(1). <https://doi.org/10.1186/s12884-024-06757-9>
- Shamoradifar, Z., Asghari-Jafarabadi, M., Nourizadeh, R., Mehrabi, E., Areshtanab, H. N., & Shaigan, H. (2022). The impact of effective communication-based care on the childbirth experience and satisfaction among primiparous women: an experimental study. *Journal of the Egyptian Public Health Association, 97*(1). <https://doi.org/10.1186/s42506-022-00108-2>
- Smith, H., & Smith, H. (2023, February 8). *The Secret Struggles of Motherhood: 5 Challenges that No one Warns you about*. RealShePower. <https://www.realshepower.in/motherhood-challenges-no-one-tells-you/>
- Strong, J., Lattof, S. R., Maliqi, B., & Yaqub, N. (2021). Experiences of private sector quality care amongst mothers, newborns, and children in low- and middle-income countries: a systematic review. *BMC Health Services Research, 21*(1). <https://doi.org/10.1186/s12913-021-06905-3>
- Sufredini, F., Catling, C., Zugai, J., & Chang, S. (2022). The effects of social support on depression and anxiety in the perinatal period: A mixed-methods systematic review. *Journal of Affective Disorders, 319*, 119–141. <https://doi.org/10.1016/j.jad.2022.09.005>

UNESCO (2022). Why early childhood care and education matters. Retrieved from:  
<https://www.unesco.org/en/articles/why-early-childhood-care-and-education-matters>

UNESCO International Bureau of Education. (2021, June 28). *IBE — Science of learning portal — Is there really a better age to start school?* IBE — Science of Learning Portal. Retrieved from:  
<https://solportal.ibe-unesco.org/articles/is-there-really-a-better-age-to-start-school>

Withers, M., Kharazmi, N., & Lim, E. (2017). Traditional beliefs and practices in pregnancy, childbirth and postpartum: A review of the evidence from Asian countries. *Midwifery*, 56, 158–170. <https://doi.org/10.1016/j.midw.2017.10.019>

World Health Organization (2019). WHO recommendations on maternal and newborn care for a positive postnatal experience. Retrieved from:  
<https://iris.who.int/bitstream/handle/10665/353586/9789240044074-eng.pdf?sequence=1#:~:text=More%20specifically%2C%20it%20recommends%20a,the%20transition%20to%20the%20home.>

World Health Organization (2023). Exclusive breastfeeding for optimal growth, development and health of infants. Retrieved from:  
<https://www.who.int/tools/elena/interventions/exclusive-breastfeeding#:~:text=WHO%20Recommendations,optimal%20growth%2C%20development%20and%20health.>

Xiao, X., & Loke, A. Y. (2022). Intergenerational co-parenting in the postpartum period: A concept analysis. *Midwifery*, 107, 103275. <https://doi.org/10.1016/j.midw.2022.103275>

Yakupova, V., & Liutsko, L. (2021). Perinatal depression, birth experience, marital satisfaction and childcare sharing: a study in Russian mothers. *International Journal*

*of Environmental Research and Public Health*, 18(11), 6086.

<https://doi.org/10.3390/ijerph18116086>

Zaman, A., Fadlalmola, H. A., Ibrahim, S. E., Ismail, F. H., Abdelwahed, H. H., Ali, A. M., Abdelgadim, N. H., Mustafa, A. M. A., Ahmed, I. H., Ahmed, N. M., Eltyeb, A. A., Gaafar, D. A., Alnassry, S. M., Adam, A. A., Yasin, N. S., Ali, R. A., Fadlalla, A. A., Eltayeb, A. E., & Saad, A. M. (2025). The Role of Antenatal Education on Maternal Self-Efficacy, Fear of Childbirth, and Birth Outcomes: A Systematic Review and Meta-Analysis. *European Journal of Midwifery*, 9(March).  
<https://doi.org/10.18332/ejm/200747>

Zhang, X., Liu, Y., Li, T., Buntinx, F., & Vermandere, M. (2025). Exploring postpartum women's experiences, perspectives, and expectations in maternal health care at a Chinese maternity care center: a qualitative study. *BMC Pregnancy and Childbirth*, 25(1). <https://doi.org/10.1186/s12884-024-07087-6>

## Appendices

### Appendix I

#### Informed Consent

**Title of Research:** Maternity Care Through the Eyes of First-Time Mothers: Partner Support, Postpartum Care, Antenatal Education, and the Kindergarten Services on Maternal Well-being

**Principle Investigator and Contact Information:** Pakizat Zhakup, +77052246405

**Institutional Contact:** Nazarbayev University, School of medicine, Phone: +7 7172 70 90 55; Mail: nusom@nu.edu.kz ; Address: 53, Kabanbay batyr Ave., Astana, 010000, Republic of Kazakhstan

#### 1. Introduction and Purpose of the Study

The main purpose of this study is to explore the experiences of first-time mothers during pregnancy, childbirth, and the postpartum period. The results of the research would be useful in obtaining recommendations to reduce facing challenges in maternity leave.

#### 2. Description of the Research

Study includes socio-demographic form and semi-structured interview in the duration of 45-60 min. Audio recording will be used. All results would be private and confidential, all your initials would be changed to pseudonyms.

#### 3. Potential Risks and Discomforts

No known risks, but you may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

#### **4. Potential Benefits**

There will be no direct benefit to you for your participation in this study. However, we hope that the information obtained from this study may be helpful for first-time mothers and understanding how to manage with some challenges.

#### **5. Confidentiality**

All information taken from the study will be coded to protect each subject's name. No real names or other identifying information will be used when discussing or reporting data. I'll be able to safely keep all files and data collected on my own computer, with no ability to use it. Once audio recordings are coded and transcribed they will be destroyed.

#### **Authorization**

I authorize the use of my records, any observations, and findings found during the course of this study for education, publication and/or presentation.

**Participant's signature** \_\_\_\_\_

#### **6. Compensation**

Subjects will not be compensated for participation in this study.

#### **7. Voluntary Participation and Authorization**

Your decision to participate in this study is completely voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

## 8. Cost

There is no cost for participating in this study.

**I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.**

**Participant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Investigator's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Appendix II

### Question schedule

- Antenatal Education
  - Did you attend any antenatal classes or receive any education during your pregnancy? If yes, how did you find them?
  - What were the most helpful parts of the classes or education you received? Did you feel prepared for childbirth and postpartum care as a result of the education?
  - Can you tell me about your experiences of antenatal education?
- Partner Support
  - Can you describe in what ways you feel supported by your partner during childbirth and the postpartum period?
  - Can you give an example of when your partner's support made a significant difference for you?
  - How did your family (parents, siblings, or extended family) support you during your pregnancy and after childbirth?
  - Were there any challenges or conflicts with your family/partner regarding their involvement in your pregnancy or postpartum care?
  - If you didn't receive much support from family/partner, what impact did that have on your experience as a first-time mother? What kind of support do you think would have helped?

- Did your partner take on any additional responsibilities or roles during your recovery and postpartum period? If so, what were they?
- How did the experience of becoming parents affect your relationship with your partner? What changed in your relationship dynamic after becoming parents?
- Postpartum Care
  - What was your experience with postpartum care after giving birth?
  - Can you tell me about your expectations and reality related to postpartum recovery provided by the healthcare services
  - What would you suggest to improve postpartum care for first-time mothers?
  - What kind of challenges can be at the breastfeeding period? What were your experiences with breastfeeding? Did you receive any professional breastfeeding support, such as from lactation consultants or midwives? How helpful was it?
  - If you could stop breastfeeding earlier than planned, what reasons could be, and what support do you think could have helped you continue?
- Kindergarten services
  - What is your attitude related to early childcare services. Do you receive any assistance from them, if yes why, if no why?
  - How did support from kindergartens affect you?

- What role do you think kindergartens or childcare services play in helping first-time mothers?
- What were the reasons of using kindergartens? Did your expectations and reality match?
- Overall Experience and Reflections
  - Looking back on your experience, what were the most challenging parts of becoming a mother for the first time?
  - What support systems—whether from your partner, family, healthcare providers, or community services—were the most important to you?
  - If you could give advice to other first-time mothers, what would it be?
  - How do you think healthcare providers, partners, and kindergartens could better support first-time mothers in the future?
  - Are there any specific services or support systems that you wish had been available to you during this time?

### Appendix III

#### Socio-Demographic Form

Age	18-23  24-29  30-35  I don't want to answer
Child' age	0-6 month  7-11 month  12-17 month (1-1.5 year)  18-23 month (1.5-2 year)  24-30 (2-2.5 year)
Who was the birth partner	family member  husband  friend  doula/midwife  other

	<p>none</p> <p>I don't want to answer</p>
Marital status	<p>Single</p> <p>Married</p> <p>I don't want to answer</p>
Paid or free childbirth	<p>Paid</p> <p>Not paid</p> <p>I don't want to answer</p>
Accommodation	<p>with parents</p> <p>only with my husband</p> <p>I don't want to answer</p>

## Appendix IV

<p>1) Вы посещали какие-либо курсы или получали дополнительное образование во время беременности? Вам предлагали такие услуги в поликлинике или вы выбирали частные занятия?</p> <p>Да, я стояла на учёте по беременности, но платно потому что так было удобнее не нужно было стоять в очередях, отношение врачей было внимательнее. Я выбрала медицинский центр «Алмаз Меди+» на Бокейхана. Хотя он находился далеко, но там работали опытные врачи, и мне было комфортно. Затем мне порекомендовали записаться на йогу для беременных. Обычно туда идут в третьем триместре, а я начала уже с 12-й недели и ходила до самого конца беременности. Это было очень полезно, особенно с моральной точки зрения. Преподаватель была очень добрая, поддерживала нас. От неё же я узнала, что существуют курсы по подготовке к родам. Заинтересовалась, начала искать информацию в Instagram. В итоге выбрала курс, который был наиболее популярным и с хорошими отзывами. Это тоже были платные занятия, но они мне очень понравились: были хорошие преподаватели, лекции, рассказывали реальные истории.</p> <p>Вы спрашивали у врача о бесплатных курсах? Поликлиники предоставляют такие услуги?</p> <p>Врач об этом ничего не говорила, я узнала об этом только позже из интернета. Оказывается, есть бесплатные тренинги, но мне об этом никто не рассказывал.</p>	<p>платно, потому что так было удобнее не нужно было стоять в очередях, отношение врачей было внимательнее.</p> <p>опытные врачи</p> <p>орекомендовали записаться на йогу для беременных</p> <p>было очень полезно, особенно с моральной точки зрения.</p> <p>была очень добрая, поддерживала нас.</p> <p>были хорошие преподаватели, лекции, рассказывали реальные истории.</p> <p>Оказывается, есть бесплатные тренинги, но мне об этом никто не рассказывал.</p> <p>Очень много полезного.</p> <p>лучше сразу пойти на такие курсы. Я чувствовала себя подготовленной процентов на 80%</p> <p>занятия по дыхательным техникам учили,</p> <p>как правильно прикладывать ребёнка к груди,</p>	<p><b>Prenatal Education and Childbirth Preparation</b></p> <p>"They recommended signing up for prenatal yoga—it was very helpful, especially from a mental perspective."</p> <p>"The instructor was very kind and supportive."</p> <p>"The teachers were good; they shared real-life stories in lectures."</p> <p>"Apparently, there are free training sessions, but no one told me about them."</p> <p>"It was very useful."</p> <p>"It's better to attend such courses right away. I felt about 80% prepared."</p> <p>"There were breathing technique classes."</p> <p>"They taught us how to properly latch the baby to the breast, what to do if there's too little or too much milk."</p> <p>"They also covered the</p>	<p>Prenatal Education and Childbirth Preparation on</p>
--	--	---	---

<p>Какие самые полезные знания вы получили на курсах? Были ли у вас какие-то инсайты?</p> <p><b>Очень много полезного.</b> Даже в интернете не находила столько информации, сколько нам дали на курсах. Если планируешь беременность, <b>лучше сразу пойти на такие курсы.</b> Я чувствовала себя <b>подготовленной процентов на 80%.</b> Больше всего мне помогли <b>занятия по дыхательным техникам</b> — как рожать без крика и стресса. Также <b>учили, как правильно прикладывать ребёнка к груди, что делать, если мало или, наоборот, слишком много молока.</b></p> <p><b>Рассматривали и послеродовой период.</b></p> <p>2) Какая информация вам больше всего помогла: курсы, советы родственников или информация из интернета?</p> <p>Курсы. В интернете много видео и блогеров, но там информация поверхностная, не раскрыта до конца. <b>А на курсах можно было сразу задать вопросы специалистам.</b></p> <p>ПОДДЕРЖКА ПАРТНЕРА</p> <p>3) Какую поддержку вам оказал партнёр? Как вы его выбрали? Это был ваш муж или специально обученный человек (дула, врач и т. д.)?</p> <p>Моим партнёром на родах был мой муж. Я сразу знала, что это будет он, у меня не было сомнений. Он сам предложил, но также говорил, что если мне будет спокойнее с доулой, то он не против. Я думала об этом, но мне <b>было бы сложно раскрыться перед незнакомым человеком, поэтому я выбрала мужа.</b> С ним мне было комфортнее. Конечно, было неприятно <b>слышать от его родственников сомнения в его решении,</b> но он ничего им не говорил, просто сказал,</p>	<p><b>что делать, если мало или, наоборот, слишком много молока.</b></p> <p><b>Рассматривали и послеродовой период.</b></p> <p><b>на курсах можно было сразу задать вопросы специалистам.</b></p> <p><b>было бы сложно раскрыться перед незнакомым человеком, поэтому я выбрала мужа.</b></p> <p><b>слышать от его родственников сомнения в его решении</b></p> <p><b>поддержка во время схваток очень важна.</b></p> <p><b>Они считали, что это не мужское дело.</b></p> <p><b>Моя мама очень помогала.</b></p> <p><b>После родов мой муж остался на ночевку в роддоме</b></p> <p><b>Она очень меня поддерживала, помогала с ребёнком.</b></p> <p><b>говорила, чтобы я пошла в душ, а она посидит с малышом</b></p> <p><b>омогала именно мама, даже больше, чем муж и его семья</b></p>	<p><b>postpartum period."</b></p> <p><b>"You could ask specialists questions right there in the course."</b></p> <p><b>Traditional stigma</b></p> <p><b>They thought it was not a man's business."</b></p> <p><b>"They said pregnancy is not an illness, so I should keep doing household chores as usual."</b></p> <p><b>"I was forced to get up and clean, even when I could barely stand on my feet."</b></p> <p><b>"I lost a lot of weight but instead of support, I faced total misunderstanding."</b></p> <p><b>"Even in late pregnancy they wouldn't let me rest, saying: 'Pregnancy is not a disease.'"</b></p> <p><b>"After childbirth, it was even harder. I was not seen as someone who had just given birth—I was still expected to manage all household tasks."</b></p>	<p><b>Trad</b></p> <p><b>ition</b></p> <p><b>al</b></p> <p><b>stig</b></p> <p><b>ma</b></p>
--	--	--	---

<p>что так хочу я, и точка. Вообще, <b>поддержка во время схваток очень важна.</b></p> <p>4) Как отнеслись родственники к тому, что ваш муж был партнером на родах?</p> <p>Мои родственники поддержали, сказали, что это правильно — он поймёт, через что я прохожу. А его родственники, особенно братья, были против. <b>Они считали, что это не мужское дело.</b></p> <p>5) Как вас поддерживала семья во время беременности и после родов?</p> <p><b>Моя мама очень помогала. После родов мой муж остался на ночёвку в роддоме,</b> но потом ушёл, а мама пришла ко мне и провела со мной весь день. Нам повезло, что у неё был отпуск, иначе было бы сложнее. <b>Она очень меня поддерживала, помогала с ребёнком: говорила, чтобы я пошла в душ, а она посидит с малышом.</b> После выписки она тоже оказывала огромную помощь. Из всех родственников больше всех <b>помогала именно мама, даже больше, чем муж и его семья.</b> Она <b>всегда была рядом, говорила: «Можете привезти малыша ко мне, я посижу, а вы отдохните».</b></p> <p>6) А это была большая такая помощь, материальная, психологическая или физическая.</p> <p>Физическое, <b>Освободили от дел.</b></p> <p>7) Вопрос насчёт беременности такой вами ухаживал, кто поддерживает какая то даже была поддержка, какой вам больше всего на тот момент нужно было?.</p> <p><b>Во время беременности я не получили должной поддержки,</b> считаю что даже мне очень <b>не хватало</b></p>	<p><b>всегда была рядом, говорила: «Можете привезти малыша ко мне, я посижу, а вы отдохните».</b></p> <p><b>Освободили от дел.</b></p> <p><b>Во время беременности я не получили должной поддержки не хватало вот моральной психологической поддержки.</b></p> <p><b>говорили что беременность это не болезнь, как бы всё дальше живи, как есть там убираясь, готовясь.</b></p> <p><b>В этот период не хватало какого то психолога, который выслушал бы со стороны и помог. Даже вот моменты с гормонами, было сложно очень.</b></p> <p><b>почувствовала, насколько важно было присутствие мужа вероятно, было бы страшно.</b></p> <p><b>Его присутствие придавало мне спокойствие.</b></p> <p><b>медицинский персонал тоже помогал.</b></p> <p><b>но поддержка близкого человека воспринимается совсем иначе.</b></p> <p><b>Он не просто был рядом – он действительно помогал.</b></p>	<p><b>"Conflicts with relatives were not only about household responsibilities but also about childcare."</b></p> <p><b>Partner and Family Support</b></p> <p><b>"It would have been difficult to open up to a stranger, so I chose my husband."</b></p> <p><b>"Hearing doubts from his relatives about his decision was hard."</b></p> <p><b>"Support during contractions is very important."</b></p> <p><b>"My mother was a huge help."</b></p> <p><b>"After childbirth, my husband stayed overnight in the maternity ward."</b></p> <p><b>"She [mother] really supported me, helped with the baby."</b></p> <p><b>"She told me to take a shower while she watched the baby."</b></p> <p><b>"My mom helped more than my husband and his"</b></p>	
--	---	--	--

<p>вот моральной психологической поддержки. Меня только поздравили, а как то поддерживать во время сложностей, даже словами, не было. Родственники мужа вообще говорили что беременность это не болезнь, как бы всё дальше живи, как есть там убираясь, готовясь. Ну изза того, что беременная как бы изза этого мир не перевернулся и живи дальше говорили. В этот период не хватило какого то психолога, который выслушал бы со стороны и помог. Даже вот моменты с гормонами, было сложно очень.</p> <p>8) Можете ли вы рассказать про ваш опыт родов, а точнее какую поддержку оказал ваш партнер и нужен ли он был в тот момент?</p> <p>Обычно я самостоятельный человек и привыкла всё делать сама. Мне даже комфортнее проводить время наедине с собой. Однако во время родов я неожиданно для себя почувствовала, насколько важно было присутствие мужа. Сейчас я даже не могу представить, что было бы, если бы мне пришлось рожать одной – мне, вероятно, было бы страшно. Его присутствие придавало мне спокойствие. Конечно, медицинский персонал тоже помогал, но поддержка близкого человека воспринимается совсем иначе. Он не просто был рядом – он действительно помогал. Например, когда у меня начались схватки, он делал мне массаж спины, держал меня за руку, следил за моим состоянием. В родильном зале была ванна, и я решила переждать схватки в воде. Он помогал мне, поливал тёплой водой, следил за температурой, говорил, чтобы я дышала спокойно. Самое важное для меня было просто знать, что он рядом. Это придавало уверенность и помогало пережить весь процесс. Но сейчас думаю что наверное я бы лучше взяла специализированного человек как доулу, либо просто</p>	<p>Например, когда у меня начались схватки, он делал мне массаж спины, держал меня за руку, следил за моим состоянием.</p> <p>В родильном зале была ванна, и я решила переждать схватки в воде.</p> <p>Он помогал мне, поливал тёплой водой, следил за температурой, говорил, чтобы я дышала спокойно.</p> <p>Самое важное для меня было просто знать, что он рядом.</p> <p>Это придавало уверенность и помогало пережить весь процесс.</p> <p>говорил, успокойся</p> <p>мы решили, что лучше переплатить за комфорт и хороших специалистов.</p> <p>Они думали, что я притворяюсь, заставляли вставать и заниматься уборкой, хотя я просто не могла даже стоять на ногах</p> <p>Я сильно похудела, но вместо поддержки было тотальное непонимание.</p> <p>На поздних сроках тоже не давали отдыха, говорили: «Беременность — не болезнь»</p>	<p>family."</p> <p>"She was always there, saying, 'You can bring the baby over, and I'll watch while you rest.'"</p> <p>"They freed me from chores."</p> <p>"During pregnancy, I didn't get enough support."</p> <p>"I lacked emotional and psychological support."</p> <p>"A psychologist would have been helpful to talk to during this time, especially with all the hormonal changes."</p> <p>"I realized how important my husband's presence was—it would have been scary without him."</p> <p>"His presence gave me a sense of calm."</p> <p>"The medical staff helped too, but emotional support from a loved one is entirely different."</p> <p>"He wasn't just there—he really helped. When my contractions started, he massaged my</p>	<p>Par tner and Fa mil y Sup port</p>
--	--	--	---

<p>как еще одного второго человека, потому что скорее всего родила бы без разрывов. А так я неправильно дышала и тут муж не совсем помог. он даже что-то вот говорил там <b>говори, успокойся</b> там или там помнишь ты на курсах же проходила типа дыши. Но в моменте я не слушала его и не слышала его слов.</p> <p>9) Расскажите ваш опыт выбора клиники, роддома и врача?</p> <p>Мы выбрали клинику по рекомендациям, потому что тётя очень настойчиво советовала одну конкретную. Она говорила, что там всё хорошо, и я особо не задумывалась, просто согласилась. Но сейчас понимаю, что можно было не торопиться, спокойно посетить несколько вариантов, выбрать без спешки. Наверное, тогда я была на эмоциях.</p> <p>А вот роддом я уже сама выбрала — ЦМИД, потому что все говорили, что это лучший вариант. Когда заключили договор, начали думать, какого врача выбрать. Вспомнили, что у одной родственницы был недавний опыт родов, и она порекомендовала женщину-врача. Она сказала, что эта врач просто супер, и если получится, лучше рожать у неё. Я посмотрела отзывы, но записаться к ней было сложно. Родственница дала её номер, и мы написали ей. Она сразу предупредила: если рожу днём, она сможет принять, а если ночью, то не приедет.</p> <p>Мы долго выбирали врача: читали отзывы, даже смотрели, нравится ли внешне, но в итоге решили рискнуть и попробовать попасть именно к этой женщине. Договорились, что если роды будут ночью, то примут дежурные врачи, но ЦМИД — хороший роддом, значит, и дежурные врачи тоже профессиональные. В итоге я родила вечером, мы ей позвонили, и она приняла нас.</p>	<p><b>осле родов было ещё сложнее.</b></p> <p><b>меня не воспринимали как человека, который только что родил</b></p> <p><b>я должна успевать делать всё по дому</b></p> <p><b>пыталась объяснить: «Если вы хотите, чтобы я занималась бытом, помогите мне с ребёнком!» Но мне не помогли ни с тем, ни с другим.</b></p> <p><b>Ни бытовая, ни моральная, ни психологическая поддержка не приходила.</b></p> <p><b>Муж тоже сначала был на моей стороне, но со временем стал поддаваться давлению родственников</b></p> <p><b>Конфликты с родственниками были не только по поводу быта, но и из-за ухода за ребёнком</b></p> <p><b>У меня был ребёнок, который не спал подолгу, он не был «лёгким» младенцем, который всё время дремлет. Он спал по 20 минут, и всё!</b></p> <p><b>сейчас здоровье пошатнулось</b></p> <p><b>спина болит, вес не снижается, не времени заняться собой не</b></p>	<p><b>back, held my hand, and monitored my condition."</b></p> <p><b>"There was a bathtub in the delivery room, and I decided to go through contractions in the water. He helped me, poured warm water over me, checked the temperature, and told me to breathe calmly."</b></p> <p><b>"The most important thing for me was knowing he was there. It gave me confidence and helped me endure everything."</b></p> <p><b>"He told me to calm down."</b></p> <p><b>The Work of Healthcare Professionals</b></p> <p><b>"We decided to pay extra for comfort and good specialists."</b></p> <p><b>"Doctors came every day, checking on me and the baby."</b></p> <p><b>"They monitored my uterus' condition."</b></p>	<p><b>The</b></p> <p><b>Wor</b></p> <p><b>k of</b></p> <p><b>Hea</b></p>
---	--	---	--

<p>Акушера не выбирали, это было по совету тѣти.</p> <p>Конфликтов по поводу роддома вообще не было, все поддержали мой выбор, так как это были первые роды, и <b>мы решили, что лучше переплатить за комфорт и хороших специалистов.</b></p> <p>10) Были ли у вас конфликты по поводу беременности или после родов с родственниками или партнером?</p> <p>Во время беременности у меня был тяжѣлый токсикоз до 36 недели. Я буквально каждые 5 минут рвала, ничего не помогало. Все говорили, что токсикоз бывает только в первом триместре, а у меня длился почти всю беременность. В семье никто не сталкивался с таким, и из-за этого они мне не верили. <b>Они думали, что я притворяюсь, заставляли вставать и заниматься уборкой, хотя я просто не могла даже стоять на ногах. Я сильно похудела, но вместо поддержки было тотальное непонимание.</b></p> <p><b>На поздних сроках тоже не давали отдыха, говорили «Беременность — не болезнь», заставляли делать бытовые дела. А после родов было ещё сложнее.</b></p> <p>Первые 40 дней мы жили вместе с семьѣй мужа, и <b>меня не воспринимали как человека, который только что родил.</b> Говорили, что раз я с ребёнком, то у меня нет настоящих забот, и <b>я должна успевать делать всё по дому.</b></p> <p>Проблема ещё в том, что в доме жила не только семья мужа, но и его брат со снохой. Она старше меня на 10 лет, но тоже не понимала, говорила: «Ну ты же ничего не делаешь». А я просто физически не успевала! <b>У меня был ребёнок, который не спал подолгу, он не был «лёгким» младенцем, который всё время дремлет. Он спал по 20 минут, и всё!</b> Всё</p>	<p><b>Просто надеюсь, что со временем пройдёт само.</b></p> <p><b>Чувствую, что мне нужен поход к психологу, нужна дополнительная поддержка. Я до сих пор не восстановилась думаю, еще нужно как минимум время до 3 лет ребёнка на полное восстановление до всех фронтов.</b></p> <p><b>Врачи приходили каждый день проверяли меня и ребёнка. Следили за состоянием матки.</b></p> <p><b>Я отношусь положительно к детским садам, считаю, что ребёнок должен посещать такие места, но сначала лучше обратиться к няне, чтобы немного освободить себя.</b></p> <p><b>Сначала лучше попробовать курсы «мама и малыш» или садик неполного дня.</b></p> <p><b>Считаю, что детский сад — это не только помощь маме, а в первую очередь польза для ребёнка.</b></p> <p><b>Там происходит социализация, освоение новых навыков, формирование границ дозволенного, закалка иммунитета, развитие и обучение новому каждый день.</b></p>	<p><b>"Sometimes doctors respond harshly to questions or even scare you with strict advice."</b></p> <p><b>"Pregnant women worry about every little thing and such rudeness only makes things worse."</b></p> <p><b>"Medical staff should treat women more gently provide more complete information, and offer not just medical but also psychological support."</b></p> <p><b>"Better to choose paid childbirth—it's more about comfort and safety."</b></p> <p><b>"The prenatal care in the clinic was not as thorough as I expected."</b></p> <p><b>"Many tests were not even taken, and I wasn't informed about them."</b></p> <p><b>"Regarding the maternity hospital, my expectations were mostly met—it was comfortable, everything was fine, and the birth went smoothly."</b></p>	<p><b>the are Prof essi onal s</b></p>
--	--	--	--

<p>остальное время — бодрствовал, требовал постоянного внимания.</p> <p>Я пыталась объяснить: «Если вы хотите, чтобы я занималась бытом, помогите мне с ребёнком!» Но мне не помогли ни с тем, ни с другим. Ни бытовая ни моральная, ни психологическая поддержка не приходила.</p> <p>Муж тоже сначала был на моей стороне, но со временем стал поддаваться давлению родственников.</p> <p>Говорил: «Они опытнее тебя, слушай их. Они же успевают — и ты должна успевать». Конфликты с родственниками были не только по поводу быта, но и из-за ухода за ребёнком. Например: Меня заставляли класть ребёнка в бэби-колыбель, хотя я знала, что это небезопасно. Хорошо, что дочка сама не захотела там лежать. Мне не давали купать ребёнка и вообще не давали ухаживать за ней, будто я неспособна что-то делать. Использовали масло для ухода без моего согласия. Они не советовали, а просто делали, не спрашивая моего мнения.</p> <p>Я чувствовала себя лишней в уходе за собственным ребёнком. Любые разногласия превращались в жёсткие указания с их стороны. Всё это очень сильно давило на меня, и морально это был один из самых сложных периодов.</p> <p>11) Можете ли Вы рассказать про опыт родительства и как он повлиял на ваши отношения с партнером?</p> <p>В начале беременности муж говорил, что будет помогать, чтобы я не переживала. Мне было спокойно, потому что я представляла, что он будет рядом, поддерживать. Но когда я родила, он не особо помогал. Он считает, что сидеть с ребёнком — это очень энергозатратно и что это женское дело.</p>	<p>Но самый сложный период — это послеродовое время.</p> <p>Честно говоря, я думала, что будет легче.</p> <p>В интернете блогеры показывают, как они легко гуляют с детьми, ходят по магазинам и кофейням, но никто не показывает, как сложно справиться с ребёнком, если он, например, не хочет сидеть в коляске, изворачивается, требует внимания.</p> <p>Помните, что для них это работа и рутина, а для беременной женщины все происходящее — новое и важное.</p> <p>Беременные переживают за каждую мелочь, и такая грубость только усугубляет их состояние.</p> <p>Иногда врачи грубо отвечают на вопросы или могут напугать, давая советы в жесткой форме.</p> <p>Чтобы медики относились к роженицам мягче, полнее информировали, были в контакте, оказывали не только медицинскую, но и психологическую поддержку.</p> <p>Лучше выбрать платные роды.</p> <p>Это больше про комфорт и безопасность.</p> <p>Записаться на курсы, заниматься спортом, укреплять тазовые</p>	<p><b>Recommendations and advices</b></p> <p>"Sign up for courses, do sports, strengthen your pelvic muscles—it will be harder after childbirth."</p> <p>"Watch your diet and digestive health because improper nutrition can lead to toxicosis."</p> <p>"You must take someone with you to childbirth—it doesn't have to be your husband; it can be your mother, a doula, or someone you trust."</p> <p>"During childbirth, it's crucial to feel supported, hold someone's hand, and know that there's someone there to help and support you."</p> <p>"You shouldn't completely dissolve into motherhood—you need to make time for yourself, take care of your health, see doctors, and ask for help from your husband or parents to free yourself from childcare sometimes."</p>	
--	--	--	--

<p>Говорил: «Ты должна сидеть с ребёнком». Иногда он может посидеть, например, если я хочу поужинать, но в целом он не вовлекается так, как я ожидала. Хотя я понимаю, что не всем мужчинам это дано. Есть такие, которым действительно нравится купать ребёнка, гулять с ним, заниматься уходом. А моему мужу это не особо интересно. Наверное, здесь больше разочарование из-за ожиданий. Мы оба думали, что будет по-другому. Он, возможно, представлял, что я полностью возьму на себя заботу о ребёнке, а я, в свою очередь, думала, что он будет больше помогать.</p>	<p>мышцы, потому что после родов будет сложнее. Следить за питанием и здоровьем желудка, потому что именно неправильное питание может привести к токсикозу на роды обязательно нужно взять кого-то с собой – не обязательно мужа, это может быть мама, доула или просто человек, которому вы доверяете. Во время родов важно чувствовать поддержку, держать кого-то за руку, знать, что рядом есть человек, который поможет и поддержит.</p>	<p>"This will help avoid depression and maintain psychological balance."  "Don't be afraid to trust your baby to close ones—accept help and don't feel jealous when someone else wants to help."  <b>Breastfeeding Experience</b></p>	
<p>Послеродовой период</p> <p>12) Расскажите про свой опыт послеродового восстановления?</p> <p>Даже спустя долгое время я до сих пор ощущаю последствия родов. Хотя сами роды прошли идеально, сейчас здоровье пошатнулось. Физическое состояние: спина болит, вес не снижается, но времени заниматься собой нет, потому что я постоянно с ребёнком. Просто надеюсь, что со временем пройдёт само. Психологическое состояние: Чувствую, что мне нужен поход к психологу, нужна дополнительная поддержка. Я до сих пор не восстановилась думаю, еще нужно как минимум время до 3 лет ребенка на полное восстановление по всем фронтам.</p>	<p>нельзя полностью растворяться в материнстве – нужно оставлять время для себя, заботиться о своем здоровье, ходить к врачам, просить помощи у мужа или родителей, чтобы иногда освободиться от забот о ребенке. Это поможет избежать депрессии и сохранить психологическое равновесие.</p>	<p>"I had engorgement and breast pain."  "I had to do different massages and manipulations to relieve the condition."  "I think a child should be breastfed until one year old, maximum one and a half years."  "I often feel irritation and fatigue from breastfeeding because I have to wake up several times at night to feed."</p>	<p>Rec om men dati ons and advi ces</p>
<p>13) Подскажите про ваш опыт кормления грудью, были ли какие то сложности?</p> <p>Первые 40 дней было много молока, но дочка мало кушала, из-за чего были застои и болела грудь. Делала разные массажи и манипуляции, чтобы облегчить состояние. Но всю информацию я искала в интернете к специалистам не обращалась, только вот</p>	<p>не стоит бояться доверять ребенка близким, нужно принимать помощь, не ревновать малыша, когда кто-то хочет помочь.</p> <p>Поддержка должна быть не только во время беременности, но и после родов, и это должна быть реальная помощь – моральная, физическая, эмоциональная.</p>	<p>"I feel overwhelmed—there are a lot of downsides to breastfeeding."</p>	

<p>из своих соображений делала. До 6 месяцев кормила полностью грудью, сейчас даю грудь только на ночь, в течение дня — прикорм. Считаю ребенка нужно кормить до года, максимум до полутора лет. Сейчас у меня часто раздражение и усталость из за грудного вскармливания потому что несколько раз приходится ночью вставать кормить, чувство затроганности есть, ну все побочки кормления в общем.</p> <p>14) А расскажите про ваш опыт послеродового восстановления по отношению к мед работникам?</p> <p>Сразу после родов: Врачи приходили каждый день проверяли меня и ребёнка. Следили за состоянием матки. После выписки: Один раз позвонили из поликлиники, просто узнали, как состояние. Потом приходил патронаж, но он смотрел только ребёнка, а мной никто не занимался. Платное наблюдение: Гинеколог пригласил на плановый осмотр (это входило в платный пакет). После этого никто больше меня не проверял.</p> <p>Услуги детских садов</p> <p>15) Какое ваше мнение по поводу детский садов?</p> <p>Я отношусь положительно к детским садам, считаю, что ребёнок должен посещать такие места, но сначала лучше обратиться к няне, чтобы немного освободить себя. Сначала лучше попробовать курсы «мама и малыш» или садик неполного дня. Вот сад неполного дня — только с годика, и то, возможно, стоит повременить. Считаю, что детский сад – это не только помощь маме, а в первую очередь польза для ребёнка. Там происходит социализация, освоение новых навыков, формирование границ дозволенного, закалка иммунитета, развитие и обучение новому</p>	<p>Ведь их слова и отношение напрямую влияют на эмоциональное состояние женщины, а значит, и на ребенка.</p> <p>Поддержка должна быть не только во время беременности, но и после родов, и это должна быть реальная помощь – моральная, физическая, эмоциональная.</p> <p>сначала оценить свою моральную и психологическую готовность. Если вы еще не готовы, лучше подождать и подготовиться.</p> <p>Никто не говорит, насколько тяжело найти место, где можно переодеть или покормить малыша. Все выглядит красиво на экране, но реальность гораздо сложнее.</p> <p>период наблюдения в клинике во время беременности был не таким полным, как я ожидала.</p> <p>многие анализы даже не брали, и мне об этом не сообщали.</p> <p>В отношении роддома мои ожидания в целом совпали с реальностью – все было комфортно, хорошо, и роды прошли спокойно.</p>	<p><b>Attitude Towards Early Childhood Development Services and Nannies</b></p> <p>"I have a positive attitude towards kindergartens—I believe children should attend them, but at first, it's better to start with a nanny to relieve the mother a little."</p> <p>"First, it's better to try 'mom and baby' courses or a part-time daycare."</p> <p>"I think kindergarten is not just help for the mother but, first and foremost, beneficial for the child."</p> <p>"There, they socialize, learn new skills, understand boundaries, build immunity, and develop."</p> <p>"Some think kindergarten is just to make things easier for the mom, but I think it's primarily important for the child."</p> <p>"When choosing a</p>	<p>Bre astf eedi ng Exp erie nce</p>
--	---	---	--

<p>каждый день. Некоторые думают, что садик нужен только для того, чтобы маме стало легче, но я считаю, что это прежде всего важно для самого ребёнка. При выборе детского сада для меня важны несколько критериев: наличие видеонаблюдения, ежедневные прогулки на улице, небольшое количество детей в группе, близкое расположение к дому. Я бы отдала предпочтение частному детскому саду.</p> <p>Общий опыт и размышления</p> <p>16) Оглядываясь на свой опыт, были ли у вас ожидания и реальности?</p> <p>Оглядываясь на свой опыт, я думаю, что период наблюдения в клинике во время беременности был не таким полным, как я ожидала. Мне казалось, что они будут делать все необходимые чекапы и анализы, но только сейчас я понимаю, что многие анализы даже не брали, и мне об этом не сообщали. Даже если бы это было за дополнительную плату, я бы хотела их пройти, но мне просто не дали такой возможности.</p> <p>В отношении роддома мои ожидания в целом совпали с реальностью – все было комфортно, хорошо, и роды прошли спокойно. Но самый сложный период – это послеродовое время. Честно говоря, я думала, что будет легче. В интернете блогеры показывают, как они легко гуляют с детьми, ходят по магазинам и кофейням, но никто не показывает, как сложно собраться с ребенком, если он, например, не хочет сидеть в коляске, изворачивается, требует внимания. Никто не говорит, насколько тяжело найти место, где можно переодеть или покормить малыша. Все выглядит красиво на экране, но реальность гораздо сложнее. Сейчас я понимаю свою маму и осознаю, насколько сильной нужно быть.</p> <p>17) Расскажите какой совет вы могли бы дать всем остальным женщинам кто планирует</p>	<p>Некоторые думают, что садик нужен только для того, чтобы маме стало легче, но я считаю, что это прежде всего важно для самого ребёнка.</p> <p>При выборе детского сада для меня важны несколько критериев: наличие видеонаблюдения, ежедневные прогулки на улице, небольшое количество детей в группе, близкое расположение к дому.</p> <p>Я бы отдала предпочтение частному детскому саду.</p> <p>Один раз позвонили из поликлиники, просто узнали, как состояние.</p> <p>Потом приходил патронаж, но он смотрел только ребёнка, а мной никто не занимался.</p> <p>Гинеколог пригласил на плановый осмотр (это входило в платный пакет).</p> <p>были застои и болела грудь.</p>	<p>kindergarten, I consider several criteria: video surveillance, daily outdoor walks, a small number of children in the group, and proximity to home."</p> <p>"I would prefer a private kindergarten."</p> <p><b>Challenges of Motherhood</b></p> <p>"I had a baby who didn't sleep for long stretches—he wasn't an 'easy' newborn who just naps all the time. He would sleep for only 20 minutes, and that's it!"</p> <p>"My health has deteriorated—my back hurts, my weight hasn't gone down, but I don't have time to take care of myself."</p> <p>"I just hope it will go away with time."</p> <p>"I feel like I need to see a psychologist, I need extra support."</p> <p>"I still haven't fully recovered—I think it will</p>	<p>Attitud ude Tow ards Earl y Chil dho od Dev elop men t Serv ices and Nan nies</p>
---	---	---	--

<p>беременность и впервые станет мамой/ мед работникам?</p> <p>Медицинским работникам я хотела бы дать совет – помнить, что для них это работа и рутина, а для беременной женщины все происходящее – новое и важное. Иногда врачи грубо отвечают на вопросы или могут напугать, давая советы в жесткой форме. Беременные переживают за каждую мелочь, и такая грубость только усугубляет их состояние. Хотелось бы, чтобы медики относились к роженицам мягче, полнее информировали, были в контакте, оказывали не только медицинскую, но и психологическую поддержку. Ведь их слова и отношение напрямую влияют на эмоциональное состояние женщины, а значит, и на ребенка.</p> <p>Женщинам, которые только планируют беременность, я советую сначала оценить свою моральную и психологическую готовность. Если вы еще не готовы, лучше подождать и подготовиться.</p> <p>Если на вас давят родственники, а вы не уверены, что готовы к ребенку, лучше не идти на поводу, потому что потом это может привести к послеродовой депрессии. Если же кто-то осознанно хочет ребенка в молодом возрасте, например, в 18 лет, я считаю, что главное – прислушиваться к себе и делать так, как велит сердце. Также важно заранее присмотреться к родственникам и мужу – готовы ли они поддерживать вас? Поддержка должна быть не только во время беременности, но и после родов, и это должна быть реальная помощь – моральная, физическая, эмоциональная.</p> <p>Беременным женщинам я бы посоветовала не работать во время беременности, а посвятить это время себе, своему здоровью и подготовке к родам. Записаться на курсы, заниматься спортом, укреплять</p>	<p>Делала разные массажи и манипуляции, чтобы облегчить состояние.</p> <p>Делала разные массажи и манипуляции, чтобы облегчить состояние.</p> <p>Считаю ребенка нужно кормить до года, максимум до полутора лет.</p> <p>у меня часто раздражение и усталость из за грудного вскармливания потому что несколько раз приходится ночью вставать кормить, чувство затроганности есть, ну все побочки кормления в общем.</p> <p>Мне не давали купать ребенка и вообще не давали ухаживать за ней, будто я неспособна что-то делать.</p> <p>Они не советовали, а просто делали, не спрашивая моего мнения.</p> <p>Я чувствовала себя лишней в уходе за собственным ребенком.</p> <p>муж говорил, что будет помогать, чтобы я не переживала.</p> <p>Но когда я родила, он не особо помогал. Он считает, что сидеть с ребенком — это очень энергозатратно и что это женское дело.</p>	<p>take at least three years after childbirth for full recovery in every way."</p> <p>Expectations vs. Reality</p> <p>"To be honest, I thought it would be easier.</p> <p>"On the internet, bloggers show how they easily stroll with their kids, shop, and go to cafes, but no one shows how hard it is to get ready with a baby who doesn't want to sit in a stroller, squirms, and constantly needs attention."</p> <p>"No one talks about how hard it is to find a place to change or feed a baby—it looks perfect on the screen, but reality is much harder."</p> <p>"My husband initially promised to help so I wouldn't worry."</p> <p>"But after the baby was born, he didn't really help much."</p> <p>"He thinks taking care of a child is exhausting and</p>	<p>Cha llen ges of Mo therh ood</p>
--	---	---	---

<p>тазовые мышцы, потому что после родов будет сложнее. Следить за питанием и здоровьем желудка, потому что именно неправильное питание может привести к токсикозу. Важно, чтобы первые роды оставили только хорошие воспоминания, поэтому лучше выбрать платные роды. Это больше про комфорт и безопасность, а врачей специально подбирать не обязательно – сейчас все специалисты квалифицированные. Также считаю, что на роды обязательно нужно взять кого-то с собой – не обязательно мужа, это может быть мама, доула или просто человек, которому вы доверяете. Во время родов важно чувствовать поддержку, держать кого-то за руку, знать, что рядом есть человек, который поможет и поддержит.</p> <p>После родов не стоит бояться доверять ребенка близким, нужно принимать помощь, не ревновать малыша, когда кто-то хочет помочь. Родственники обычно советуют не из вредности, а из лучших побуждений, и стоит это учитывать. Также нельзя полностью растворяться в материнстве – нужно оставлять время для себя, заботиться о своем здоровье, ходить к врачам, просить помощи у мужа или родителей, чтобы иногда освобождаться от забот о ребенке. Это поможет избежать депрессии и сохранить психологическое равновесие.</p>	<p>Говорил: «Ты должна сидеть с ребёнком».</p> <p>в целом он не вовлекается так, как я ожидала. Хотя я понимаю, что не всем мужчинам это дано.</p> <p>разочарование из-за ожиданий.</p> <p>Он, возможно, представлял, что я полностью возьму на себя заботу о ребёнке, а я в свою очередь думала, что он будет больше помогать.</p> <p>пустя долгое время я до сих пор ощущаю последствия родов.</p>	<p>that it's a woman's job."</p> <p>"He said, "You should take care of the baby."</p> <p>"He's not as involved as I expected, though I understand that not all men are naturally inclined toward this."</p> <p>"Disappointment due to unmet expectations."</p> <p>"Maybe he thought I would take full responsibility for the child, while I expected more help from him."</p> <p>"Even after a long time, I still feel the effects of childbirth."</p>	<p>Exp ecta tion s and reali ti e Post part um ber ed</p>
--	--	--	---

## Appendix V

(Reference number assigned: 2025Jan#02)

Dear Faye,

I acknowledge the receipt of your application on the research project "Maternity Care Through the Eyes of First-Time Mothers: Partner Support, Postpartum Care, Antenatal Education, and the Kindergarten Services on Maternal Well-being" (**Reference number assigned: 2025Jan#02**). Please, indicate this reference number in your future correspondence.

The application has been assigned to a Reviewer and you will hear from us within 15 days.

Best wishes always,  
Yuliya