Article

I'm a mother: what now? Postpartum experiences

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Abstract: Our study is part of a broader research on maternity and early childhood care. It aims to investigate how women experience their postpartum period today. Qualitative research was conducted for such purpose, and ten middle-class women from Rio de Janeiro were interviewed. The women were professionally active, aged between 29 and 37 years, married (formally or otherwise), primiparous, heterosexual, and had a child aged between eight months and two years old. The results were analyzed according to the content analysis method and its categorical aspect. To achieve the goals of this study, we discussed the following analysis categories: *baby blues; support network; and The story was not quite like that...* The results showed that women idealize the postpartum period, actually experiencing distress and emotional instability. We emphasize the importance of the support network for both mothers and their children.

Keywords: maternity, postpartum period, baby blues, support network.

Introduction

Pregnancy is considered a critical transition period, biologically determined, capable of producing a temporary state of emotional instability due to changes in social role and identity, in addition to the interpersonal and intrapsychic adaptations that women need to make. This period extends to the puerperium, including physiological and routine, and family relationships changes (Maldonado, 2013). In the postpartum, there is a change of focus for the baby. However, the mother still needs care and support due to the anxiety that this moment arouses in the woman. Costa (2018) points out the suffering as intrinsic to the puerperium and body changes as an important factor among those who contribute to this state of mothers.

In this sense, maternal melancholy seems to be associated with a combination of losses and adaptations that the puerperal woman experiences, such as changes in the body, the experience with the real and no longer idealized baby, and the very needs that cannot be met due to the baby's demands (Sarmento & Letúbal, 2003). Postpartum depression can be conceptualized as a spectrum encompassing three categories: maternal melancholy, known in the American literature as baby blues; postpartum depression (PPD); and puerperal psychosis. Baby blues occur in the first days after delivery, lasts on average between one and two weeks, and affects 50% to 80% of mothers (Bass & Bauer, 2018; Kible & Wells, 2019). A study carried out in India revealed that, of the 64 puerperal mothers participating in the research, 94% had baby blues, and only 6% had DPP (Jayasankari, Kirthika, Priya, & Varghese, 2018). Symptoms may include anxiety, crying, decreased appetite, exhaustion, loss of interest in usual activities, mood swings, sadness, sleep problems, and worry. However, even having to deal with these symptoms, mothers with baby blues do not have a baby rejection, and treatment can be done with emotional support (Bass & Bauer, 2018).

The symptoms of PPD are more severe, persist for more than two weeks, and usually require medical intervention. They include disturbed appetite, decreased energy, feeling of worthlessness or excessive guilt, inadequacy, rejection of the infant, and suicidal ideation (Sarmento & Letúbal, 2003). Most of the symptoms of PPD develop in the first four weeks after delivery, but it is possible to occur in the 12 months following childbirth (Davidson, 2016). PPD affects about 15% of puerperal women, and puerperal psychosis about 0.2% of women (Degner, 2017).

The meta-analysis conducted by Silva (2013) revealed a higher prevalence of PPD in developing countries. These data are in line with studies that show a high relationship between PPD and unfavorable sociodemographic conditions (Lima, Ravelli, Messias, & Skupien, 2016; Melo, 2011). In this direction, a systematic review on the magnitude of postpartum depression in Brazil identified a prevalence of about 20% of PPD in tertiary hospital units and 30 to 40% in basic health units (Lobato, Moraes & Reichenheim, 2011). These studies point out the damage to maternal mental health in the sphere of public health.

About the baby blues, due to the higher frequency of cases, this condition is considered a physiological state possibly associated with biological changes. Moreover, psychological factors influence its intensity.

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Low maternal self-esteem and high levels of stress concerning baby care were identified as significant factors in the power of the baby blues. This situation seems to occur due to a growing emotional reaction to acute feelings, which leads to affective lability and not to a state of sadness (M'baïlara et al., 2005), being described by some women as an "emotional roller coaster" (Jayasankari et al., 2018).

No isolated intervention is identified as capable of controlling the development of the baby blues. However, the support network is considered one of the most important factors for its prevention (Cardoso & Vivian, 2018; Cunha, Ricken, Lima, Gil & Cyrino, 2012; Davidson, 2016; Maliszewska, Świątkowska-Freund, Bidzan, & Preis, 2016). In this sense, we can affirm that a support network works as one of the factors that protect maternity. Not only the instrumental support but also the affective, encouraging one, so that women feel empowered in their maternal role (Theme Filha, Ayers, Gama & Carmo Leal, 2016). Other aspects mentioned in the literature can prevent the baby blues: psychological monitoring (Manente & Rodrigues, 2016; Cunha et al., 2012); regular sleep cycle patterns (Davidson, 2016; Maliszewska et al., 2016); and physical activity during pregnancy and in the postpartum period (Kołomańska-Bogucka & Mazur-Bialy, 2019).

According to Stern (1997), there is an undeniable existence of psychobiological and, mainly, hormonal aspects, which predispose the mother to exercise mothering somehow. However, the extent of this phenomenon, which he called the motherhood constellation, can only be contemplated in light of the historical and cultural context in which the mother is inserted. In this way, the author describes the motherhood constellation and its related themes as a phenomenon observed in the West, post-industrial societies, and not innate or timeless. The socio-cultural aspect is predominant in the development of these psychobiological influences. The author calls the motherhood constellation the unique psychic organization of the woman that opens with the baby's arrival, particularly with the first child's birth. This new psychic organization is variable and can last for months or years. But, even though it is temporary, it is considered an independent psychic construct, composed of new desires, fears, fantasies, sensitivities, and actions.

Among the cultural influence factors in motherhood constellation, Stern (1997) highlights the valorization of the baby, its development and well-being; the appreciation of the mother's role and the importance given to her responsibility with the baby's care, even if part of that care is transferred to a third party; the expectation that the baby will be desired and that the mother will love him/her; the expectation that there is a supportive environment so that the mother can dedicate herself to the baby; and, finally, the lack of an effective social provision, capable of preparing and providing support for the mother to exercise the maternal role.

Stern (1997) points out four main themes related to the motherhood constellation. The first is the life-growth theme, in which the mother is faced with the unprecedented situation of keeping her baby alive, providing healthy growth. This will make her question whether she is naturally gifted for this, whether as a human animal, after achieving individual survival and being able to reproduce, she will keep her baby alive.

The second theme, the primary relationship, refers to the emotional involvement of the mother with the baby in his/her first year of life and encompasses the bonding, protection, and regulation of the baby. It is strongly related to culture, which is not always in line with the mother's dispositions, making her fearful of her ability to love, be spontaneous with her baby, and relate to him/her to identify her needs. Thus, one can ask: is she empty, selfish, or even deficient?

In line with these ideas, Badinter (1985) considers motherhood particular to each woman's experience and values corresponding to the historical moment in which she lives and not inherent to her nature. Thus, Badinter (1985) affirms that the forms of mothering are multiple and cannot be contemplated radically. Nevertheless, he emphasizes that the vast majority of women move between opinions based on the notion of maternal love as innate, without, however, feel represented by that vision. According to Azevedo and Arrais (2006), although the maternal experience involves fluctuations, transformations, and imperfections, the romanticized view that the mother does not show weaknesses, that she has an innate vocation to sacrifice, associated with the woman's inability to correspond to this ideal, contributes to disturbances in the experience of motherhood, as is the case of postpartum depression.

With this, we can emphasize the relevance of the third theme of the motherhood constellation: the support network. Due to the enormous demand that the child and society confer to the mother, it is necessary. This function has traditionally been delegated to the female universe, in the figures of midwives, nurses, grandparents, aunts, sisters, and doulas. Baby and mother care dynamics did not include men, and only recently have they taken on an important role in this function. Therefore, for the mother to perform the tasks of keeping the baby alive and promoting her psychic-affective development, the support network has a dual role: to attend to her vital needs, temporarily removing her from the obligations of the external world; and providing psychological support, welcoming, valuing it, making her feel appreciated and instructed (Stern, 1997).

The fourth and final theme, called "reorganization of identity," concerns the transformation in identity from daughter to mother by becoming a parent and introducing a new generation. This reorganization of identity leads to further time and emotional investments. It is not surprising that the new mother reactivates positive and negative

models of motherhood, given the present evocative context of intense mother/baby interaction, which will summon the interaction schemes experienced with her own mother. In this sense, the baby's birth proves to be a critical period also in the mother's development. According to Bowlby (1997), activation of the attachment behavior of a baby's mother is likely to be universal, making mothers also need to be cared for and comforted at that time. In this direction, the literature has pointed out the importance of a support network for mothers. It suggests increasing their responsiveness to the child and bringing benefits to the family in the short and long term (Goldstein, Diener, & Mangelsdorf, 1996; Rapoport & Piccinini, 2006).

Based on these considerations, the present study, which is part of broader research on motherhood and early childhood care, investigates how women from the middle classes of the Rio de Janeiro population currently experience the puerperium.

Method

Exploratory field research was carried out using a qualitative methodology.

Participants

We researched ten women from the middle class of the population, professionally active, aged between 29 and 37 years, married, legally or not, primiparous heterosexuals, having children between 8 months and 2 years old, and living in the city Rio de Janeiro.

Table 1. Data of the participants, children, and their spouses

	Age	*Profession*	*Gender of the baby*	*Baby age*	*Husband's age*	*Husband's profession*
Mother 1	29	Architect	M	1y 4m	34	Designer
Mother 2	37	Journalist	F	1y 10m	38	Journalist
Mother 3	33	Public Servant	M	1y 7m	33	Businessman
Mother 4	36	Theater producer	F	1y 1m:	42	Self-employed
Mother 5	34	Actress	F	2 years	34	Musician
Mother 6	30	Pedagogue	F	2 years	32	Businessman
Mother 7	37	IT Manager	F	1y 5m	47	IT Manager
Mother 8	37	Public Servant	F	1y 7m:	37	Computer Systems Analyst
Mother 9	35	Physician	F	10m	36	Surgeon
Mother 10:	36	Advertiser	F	8m	34	Project Manager

Legend: Ages in years; y: years; m: months; M: male; F: female; IT: Information Technology

Methods

An interview was carried out to obtain the data, with a semi-structured script, covering the following thematic axes: early childhood care, dimensions of motherhood, and conjugality. The participants were selected from informal contacts in the researcher's different social networks. The interviews were scheduled in advance, based on the availability of the participants, lasted an average of one hour, were carried out by the researcher herself, recorded, and transcribed in full.

Ethical procedures

The research project that gave rise to this study was approved by the university's Ethics Committee, where it was developed. All participants signed an informed consent form, agreeing to have the data collected used for research and scientific publication purposes, preserving their identity and that of their families.

Analysis of the data

The data were analyzed using the content analysis method proposed by Bardin (2011) in its categorical aspect. The categories were created from the answers with similar meanings, following the semantic criteria of categorization. Several categories of analysis emerged from the participants' discourse. To achieve the objectives proposed in this study, the following categories of analysis will be presented and discussed: *postpartum sufferings; support network; and the story was not quite like that...*

Results and discussion

Baby blues

Becoming a mother and giving life to a baby is a sensitive moment, implying a series of transformations. The participants define the puerperium as a period of intense emotions, highlighting the sufferings experienced by them.

> *Because we cease to be who we were, and then it is difficult because everything changes, the body changes, you look in the mirror, then you see a broader hip, a larger breast, a broader torso, you are fatter than you were, your clothes don't fit anymore, it all comes together, yeah... here comes the insecurity of your marriage not being the same anymore... In the beginning, when I had the baby blues, I asked this: When will I watch television with my husband again... I was super nervous about it because I thought, guys... you are afraid that your relationship will not be the same, that your job will not be the same.* (Mother 9)

> *... she depends on us for everything, everything, everything, everything, so it becomes a burden in the sense that all the time it is filled with these activities that are only for children, we forget ourselves completely. And the lack of a full night's sleep, all of this is too stressful... It seems that we get pulled under by a wave and don't see the beach...we still can't see with our heads out of the sea ... I think there is a lot of concern, I am too worried to this day, but it is... again, something new causes this, you know, this... this fear, I am already fearful by nature, but like this when it involves a child, you know, our child, I was so paralyzed ... I cried a lot, I cried a lot, a lot, a lot, a lot... (Mother 8)*

> *I had baby blues for about two weeks. I stayed for 15 to 20 days like this. I cried for anything, anything. It was exhaustion, great exhaustion, you know... I guess what I felt, the most difficult thing was sleeping, you know... I remember it was, like, pretty hard... I couldn't. I couldn't distinguish the sensations, the emotions; it was all very confusing. I was fine for a while, right after that I was, you know, sad, and then it was very distressing. So I had a hard time... verbalizing it; I couldn't verbalize it because even I didn't understand what I was feeling.* (Mother 1)

> *... there are many, many variables of feelings; there are many different feelings and peaks of stress and relaxation, peace, horror, panic, it is total schizophrenia...* (Mother 4)

This new state described by the interviewees corroborates what Stern (1997) called the motherhood constellation, originated by the baby's arrival and formed by new sensations, fears, yearnings, and fantasies. In this sense, it can be said that the mother, in fact, reorganizes her identity by transposing her role as daughter to occupy the position of mother and inaugurate a new generation. Mother 9 exposes her fears, insecurities, and her feeling of ceasing to be who she was, with changes in the body, in the work routine, and the marriage; mother 8 emphasizes the efforts that the mother needs to make towards the child to meet its demands, resizing her life. As was pointed out by Stern (1997) and Maldonado (2013), these transformations are necessary for the mother to make a new arrangement of her emotional investments and distribution of energy, time, and activities. The experiences revealed by the interviewees, such as change of focus for the baby, changes in the body, and difficulty of finding space for their needs, are in line with the combination of losses and adaptations that the puerperal woman experiences, pointed out by Sarmento and Letúbal (2003) as characteristics of the baby blues.

The mothers' statements demonstrate that among the experiences in the weeks after delivery, crying, lack of rest, and emotional instability stand out. These data converge with the literature that claims to be sudden crying, mood instability (Bass & Bauer, 2018; Davidson, 2016; M'baïlara et al., 2005), and poor sleep quality (Bass & Bauer, 2018; Davidson, 2016; Maliszewska et al. 2016) the main symptoms of the baby blues. In addition, the participants reveal sudden changes in mood and great internal turmoil: mother 8 says she felt " *getting pulled under by a wave*," mother 1 states that in a moment "*I cried, then I laughed. It was something, like, very crazy*" and mother 4 alludes to "*total schizophrenia*." Indeed, Jayasankari et al. (2018) show that the baby blues is referred to by some women as an "emotional roller coaster." This state is described in the literature as an emotional reaction to intense feelings, which leads to affective lability and not to a state of sadness (M'baïlara et al., 2005).

In the speeches below, the mothers reveal incapacity and concern but emphasize that they did reject the child.

> *... the puerperium is a very difficult time ... It is emotionally difficult to connect and have all these cares, you know... I think there are no known feelings, words that are... you are so afraid, you know, of... there is a lot of fear because it is a very fragile being. How can I do it just because I carried her in the belly because I did it... it is... you are so afraid of doing the wrong thing.* (Mother 4)

> *When I talk to more specialized people, they say it wasn't postpartum depression because at no time did I take it to her like that, I didn't reject her, I was not angry with her, nothing like that, but I had a huge baby blues you know [laughs]... well... and I always had a feeling of it you know... I had a feeling that it wasn't natural. I wasn't supposed to be a mother, because then I started to get into one of... Damn, if my placenta didn't feed her enough, then you don't have enough milk, you know? Maybe my organism is not prepared to be a mother [gets emotional], I got into this paranoia, and I think I always had something...*

> *Gee, I'm getting emotional! I guess I always was neat and good at things, and then it gave me a feeling of failing, making mistakes, and not being in control. I think that was the most difficult thing about motherhood.* (Mother 5)

> *I had a small baby blues, you know... about eight days I just cried, but I didn't deny her or anything, I had a hyper concern actually, I thought she wasn't breathing, I thought she was going to die.* (Mother 9)

As we can learn from the speeches, the interviewees did not stop taking care of their children, even in the face of conflicting feelings, such as failure and not being natural. On the contrary, the narratives emphasize excessive concern for the baby and emotional stress. These data converge with the results presented by M'baïlara et al. (2005), who show low maternal self-esteem and high levels of stress concerning baby care as significant aspects that contribute to the intensity of the baby blues. In other studies, mothers also showed feelings of inability and insecurity to take care of the newborn within the context of postpartum depression (Sousa et al., 2011; Strapasson & Nedel, 2010). Stern (1997) inserts these sensations in the theme he calls "life-growth," The mother sees herself as responsible for keeping her baby alive, which makes her question whether she is capable and naturally gifted for this. Using data from the research by Bass & Bauer (2018), it is worth noting that women do not stop exercising motherhood due to the baby blues and that the resource for caring for mothers can be emotional support.

Support Network

Due to its absolute dependence at the beginning of life, the birth of a baby requires full-time care and attention, highlighting the importance of a support network. Mothers stress the need for help with the baby and, mainly, for the emotional support of their own mother so that they also feel cared for.

> *It is a support network, which is fundamental. I never imagined it was so fundamental... My mother stayed with me until Antônio was 8 months old... When the baby is born, you need your mother. You just want your mother. You don't want anyone else. You don't want to see anyone else. You don't even want to see the baby. You just want your mother. So, I felt it. Mom, I don't know what to do, I'm lost... My mother said: No, I'll come with you. She's coming again. She'll be here for four months more because she gives me support.* (Mother 1)

> *... if it weren't, for example, my mother, my mother stayed here with me for a month... I cried like hell, not with sadness, I cried even when I was happy, I cried all the time, you said good morning, and I was already crying, so there is a lot of emotion together, mixed... My mother stayed with me for one month ... I say everyone has to have their mother a while after because everyone just wants to know about the baby. Then you stay there, left in that whirlwind of emotions, you know, suffering there alone and then the only person who will remember giving you food, putting you in the shower, hugging you, giving you a lap is your mother, so that was very important, my mother staying here was fundamental.* (Mother 9)

The need to be supported by their own mother corroborates research carried out by Lopes, Prochnow, and Piccinini (2010), which points out that, although the importance of the partner is significant for women, the greatest emphasis is given to the support of female figures, especially of the mother. However, contrary to these results, other studies show that mothers mention partner support as the most important (Dessen & Braz, 2000; Zanatta, Pereira, & Alves, 2017). Mother 1's speech demonstrates the feeling of being lost and needing support and guidance; mother 9 reports the need to feel cared for. These data are in line with the postulations of Bowlby (1997) and Stern (1997), who point out that the support network is extremely important, not only in helping to care for the child but mainly in welcoming the mother, in her needs to feel cared for, valued and educated. In this direction, Theme Filha et al. (2016) indicate that the presence of a support network is a protective factor for motherhood, both instrumental and affective support, encouraging the mother to feel empowered in her maternal role, in addition to being considered one of the factors of greater importance for the prevention of postpartum depression (Cardoso & Vivian, 2018; Cunha et al., 2012; Davidson, 2016; Maliszewska et al. 2016). In addition, the support network increases the responsiveness of the mother to the child and promotes benefits to the family (Goldstein et al., 1996; Rapoport & Piccinini, 2006).

Mother 1 adds the guilt she felt for wanting to be cared for when she should be able to care.

> *I felt super happy, but I also felt in need of being cared for. I said: Dude, I also want to be taken care of. I'm not even taking care of him. I want someone to take care of me. And I couldn't say it. I was... I couldn't say it to my mom... Saying "Mom, do this to me?" I couldn't do it, I cried, I was distressed, and as much as I had this support network, I was very controlling of... No, I have to do A.'s things. He is my son. I have to do this, no one else... Because I think I felt guilty. I can't feel it right now. I have a child to take care of. How can I want to be cared for? I guess, I imagine I was feeling guilty.* (Mother 1)

We can observe in the previous speech the belief that taking care of the child is the mother's responsibility and how this belief results in anguish due to the clash between what mother 1 believes to be her role, that is, being the child's only caregiver, and the sensations contradictorily experienced: wanting to receive help and care. As we have seen, this new context inserted with the baby's arrival can activate fears in the woman, not only about her ability to allow and maintain a support network but also about the possibility of being judged and criticized in her performance as a mother (Stern, 1997). Historically, the valorization of the mother's role and the relevance given to her responsibility with the baby's care add feelings of guilt concerning the social demands of her role (Moura & Araújo, 2004). Thus, the mother who considers herself the only one responsible for caring for her child tends to experience feelings of anxiety and dissatisfaction, as highlighted by Beltrame and Donelli (2012).

The story was not quite like that...

Nas narrativas a seguir, notam-se certo desconforto e culpa ante o fato de não terem, imediatamente após o parto, experimentado o sentimento de amor materno.

> *It was like, a relationship, you know, Antônio and I, that we started building day after day, getting to know each other... and my love grew there, I didn't have that love. I said: Damn! It's the love of my life! I didn't have that... I didn't feel that love at first sight, and I felt very guilty for that, saying: Guys, I don't love this baby more than anything. I love my husband more than I love this baby, I love my mother more than I love him, and it was, it was a process until I understood that.* (Mother 1)

> *... I romanticized thinking that, you know, she would be born by normal birth and she was going to come to my lap, and that I was going to look at that child and say like this: Ah! There came those little flowers in my heart, you know, that little butterfly in the stomach, whatever, and it was nothing like that, it was nothing like that, you know? First disappointment ... we already feel guilty at that moment ... then someone could say: Stay calm, when the baby is born, the relief will be much greater than just that feeling of love, understand? It's ok. At first, you will not love your baby, you will just have the feeling of caring, and it's ok because that's it, love is built day by day. Every day you look, you say, "Oh, that's cute, then you go on loving, you go on loving, you go on loving, that love will exist, stay calm... nobody says that. Then we are hard ourselves all the time".* (Mother 7)

These reports corroborate Badinter's (1985) thesis, which analyzes maternal love as a constructed and not innate and timeless feeling. Through extensive research, the author has found throughout history a multiplicity of meanings attributed to motherhood and women's experiences in the role of mother, which makes her discover what she calls "the myth of maternal love". For her, the feeling of loving the child is acquired by living together and by the care provided, which develops over time. In this sense, the modes and representations of motherhood are related to the most varied contexts and periods and to the unfolding of each woman's life. Moreover, maternal love cannot be a universality or associated with the feminine instinct. Stern (1997) highlights the theme of the mother's emotional involvement with the baby, which he calls "primary relationship", as strongly defined by culture. Thus, when the mother's dispositions do not find resonance in her social environment, she may feel fragile, defective, unnatural, and question her ability to love.

Final considerations

The puerperium experience has proved to be conflicting due to the already mentioned intrapsychic and interpersonal changes women need to go through during this period. In the participants' speeches, we can perceive the suffering associated with this moment, in which the woman is faced with the dilemma of needing to take care while she feels fragile and needs help.

Within the scope of these considerations and of the spectrum of postpartum depression, we analyzed how the baby blues affected the participants, reflecting on great emotional instability and difficulty managing such lability during the period of greatest demand of the baby. In this sense, this research highlighted the need for greater awareness of baby blues, contributing to women who experience this condition without feeling abnormal due to their symptoms. Such understanding is very important since most interviewees mentioned how unprepared they were for the feelings that affected them in the puerperium.

We also observed, associated with the lack of information about these experiences, how this period's idealization contributed to increasing the suffering during the postpartum period. We realize that the romanticized view on maternal love has repercussions on guilt, frustrations, and inadequacy, as they do not correspond to this ideal.

In addition, the birth of the first child establishes a new family context, with new demands, which require greater support. The family network, especially the mother's mother, was considered by our participants as a major factor for maternal well-being and reception.

In addition to feeling extremely fragile, they still face the difficulty of allowing help when they are expected to be fully able to take care.

It is also important to emphasize that the puerperium is experienced by the partner too (Degner, 2017; Sarmento & Letúbal, 2003), which leads us to consider the relevance of studies investigating the consequences for men during this period and the conflicts related to the theme. Our objective was centered on the issues of maternal puerperium. However, we know the importance of including the father's role in this discussion. We suggest future studies that deepen the issues related to triadic interactions, father, mother, and child, in the puerperium period and their influences on the emotional states of both members of the couple.

Finally, we emphasize, given the high correlation between past depression and PPD (Arrais & Araujo, 2017; Hartmann, Mendoza-Sassi, & Cesar, 2017), the importance of investigating the existence of an episode of depression before pregnancy. In addition, we consider it pertinent to include the application of instruments that point to signs of PPD, which may influence the participants' responses.

Sou mãe: e agora? Vivências do puerpério

Resumo: O presente estudo é parte de uma pesquisa mais ampla sobre maternidade e cuidados na primeira infância, e tem como objetivo investigar como as mulheres vivenciam o puerpério atualmente. Para tanto, foi realizada uma pesquisa qualitativa, na qual foram entrevistadas dez mulheres das camadas médias da população carioca, atuantes profissionalmente, com idades entre 29 e 37 anos, casadas, legalmente ou não, heterossexuais primíparas e com o filho(a) entre 8 meses e 2 anos de idade. Os resultados foram analisados segundo o método de análise de conteúdo na sua vertente categorial. Para atingir os objetivos deste estudo, serão discutidas as seguintes categorias de análise: *baby blues; rede de apoio*; e *a história não foi bem assim*… Os resultados apontaram o puerpério como um período idealizado pelas mulheres, mas vivido com sofrimento e instabilidade emocional. Constatamos a importância da rede de apoio para a mãe e o bebê.

Palavras-chave: maternidade, puerpério, baby blues, rede de apoio.

Je suis mère : et maintenant ? Expériences du post-partum

Résumé : La présente étude s'inscrit dans le cadre d'une recherche plus large sur la maternité et les soins de la petite enfance, et vise à examiner comment les femmes vivent actuellement le post-partum. Une recherche qualitative a été menée, au cours de laquelle dix femmes âgées de 29 à 37 ans, de la classe moyenne de Rio de Janeiro ont été interviewées. Elles étaient mariées (officiellement ou non), hétérosexuelles, primipares et avaient un enfant âgé de 8 mois à 2 ans. Les résultats ont été analysés selon la méthode d'analyse du contenu catégorique. Pour atteindre les objectifs de cette étude, les catégories d'analyse suivantes ont été discutées : *baby blues ; réseau de soutien ; et « Cela ne s'est pas tout à fait passée comme-ça... »*. Les résultats montrent que la période post-partum était idéalisée par les femmes, mais vécue avec souffrance et instabilité émotionnelle. Nous soulignons l'importance du réseau de soutien pour les mères et les enfants.

Mots-clés : maternité, période post-partum, baby blues, réseau de soutien.

Soy mamá: ¿y ahora? Vivencias del puerperio

Resumen: El presente estudio forma parte de una investigación más amplia acerca de la maternidad y los cuidados en la primera infancia y tiene como objetivo investigar la forma en la que las mujeres viven el postparto en la actualidad. Por lo anterior, se llevó a cabo una investigación cualitativa, en la que fueron entrevistadas diez mujeres de clase media de la población de Río de Janeiro, activas profesionalmente, con edades entre los 29 y los 37 años, casadas legalmente o no, heterosexuales, primíparas y con hijo/a de entre 8 meses y 2 años de edad. Se analizaron los resultados según la técnica de análisis de contenido en su vertiente categorial. Para alcanzar los objetivos de este estudio, se discutirán las siguientes categorías de análisis: *baby blues*; *red de apoyo*; y *la historia no era como la contaban*.... Los resultados mostraron que el puerperio es un periodo idealizado por las mujeres, pero es vivido con sufrimiento e inestabilidad emocional. Se corroboró la importancia de la red de apoyo tanto para la madre como para el bebé.

Palabras clave: maternidad, puerperio, baby blues, red de apoyo.

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