

My baby body: A qualitative insight into women's body-related experiences and mood during pregnancy and the postpartum

Abigail Clark^a, Helen Skouteris^{*b}, Eleanor H Wertheim^a, Susan J Paxton^a and Jeannette Milgrom^c

^a*La Trobe University, Psychological Science, Melbourne, Australia;* ^b*Deakin University, Psychology, Australia;* ^c*The University of Melbourne, Psychology, Melbourne, Australia*

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An inductive qualitative approach was employed to explore women's experiences of their body and mood during pregnancy and the postpartum. In-depth interviews were conducted with 20 perinatal women (n at late pregnancy=10; n in the early postpartum period=10). While most of the sample reported adapting positively to body changes experienced during pregnancy, the postpartum period was often associated with body dissatisfaction. Women reported several events unique to pregnancy which helped them cope positively with bodily changes (e.g. increased perceived body functionality, new sense of meaning in life thus placing well-being of developing foetus above body aesthetics, perceptual experiences such as feeling baby kick, increased sense of social connectedness due to pregnancy body shape, and positive social commentary); however, these events no longer protected against body dissatisfaction post-birth. While women reported mood lability throughout the perinatal period, the postpartum was also a time of increased positive affect for most women, and overall most women did not associate body changes with their mood. Clinical implications of these findings included the need for education about normal postpartum body changes and their timing, and the development of more accurate measures of perinatal body image.

Keywords: pregnancy; postpartum; mood body dissatisfaction; body image

Pregnancy is a time when a woman's body can change dramatically, often deviating from society's thin ideal, with residual bodily changes continuing into the postpartum period. Recent research suggests that during pregnancy most women adapt positively to these changes and that pregnancy offers some protection against body concerns (e.g. Clark & Ogden, 1999; Clark, Skouteris, Wertheim, Paxton, & Milgrom, 2009; Rocco et al., 2005; Skouteris, Carr, Wertheim, Paxton, & Duncombe, 2005). While several researchers have reported that positive body attitudes remain post birth (e.g. Strang & Sullivan, 1985; Suttie, 1998), the findings of other studies reveal that the postpartum period is a time of increased body dissatisfaction (Clark et al., 2009; Rallis, Skouteris, Wertheim, & Paxton, 2007; Stein & Fairburn, 1996).

In each of these previous quantitative studies, researchers assessed body dissatisfaction using measures designed for non-pregnant women which focus on external aesthetics and aspects of body attitudes (e.g. the Body Attitudes Questionnaire:

*Corresponding author. Email: helens@deakin.edu.au

Ben-Tovim & Walker, 1991; the Multidimensional Body–Self Relations Questionnaire: Cash, Winstead, & Janda, 1986). However, women’s body satisfaction in the perinatal period may differ from the body attitudes measured in those instruments. The first aim of the current study was to explore further women’s body attitudes and experiences in the perinatal period by using an inductive qualitative approach.

Qualitative methods have been used in recent research to explore women’s experiences of their body during pregnancy and the postpartum. A theme in these studies has been pregnant women viewing their body as more than simply aesthetic. For example, Johnson, Burrows, and Williamson (2004) interviewed six pregnant women and reported their experiences to be incompatible with a simple ‘body-as-external-aesthetic-object’ construction. In a further study (Rubin, 2006), a sample of eight pregnant women prioritised their own health and their baby’s health over aesthetics, and perceptions of increased body functionality contributed to body satisfaction during pregnancy. Earle (2003) interviewed 19 women through pregnancy concluding that women adopted a pragmatic approach; i.e. whilst women were apprehensive about bodily changes during pregnancy, the changes were conceptualised as being only temporary, increasing women’s acceptance of the changes. Additionally, whilst many were concerned about looking ‘fat’, they were also pleased with other aspects such as their pregnant ‘tummy’ and larger breasts. Interviews of 19 Taiwanese women have yielded similar findings; Chang, Chao and Kenney (2006) reported that whilst pregnancy interfered with these women’s attainment of society’s ideal standards of beauty and thinness, they viewed their changing bodies as indicative of success in ‘mothering’ the developing foetus.

In terms of postpartum body changes, some research has suggested a re-emergence of pre-pregnancy body concerns. Devine, Bove and Olson (2000) conducted multiple, in-depth interviews with 36 women from pregnancy through to the postpartum, enquiring about weight orientations and lifestyle practices. It was reported that pre-pregnancy orientations towards body weight proved to be the dominant influence on women’s attitudes to weight during pregnancy and the postpartum, with very few women diverging from pre-pregnancy trajectories in weight orientation during the perinatal period.

Other qualitative studies, however, have noted that women’s new roles in the postpartum involve a shift from concerns about the body. Using Q methodology, Jordan, Capdevila, and Johnson (2005) explored concerns of new mothers and how body image was related to other concerns in order to gain a deeper understanding of the construction of body image. Six dominant narratives emerged: family-centred, stressed, happy mothers, missing personal space, supportive family, and mother/child-oriented. These narratives revealed that body image was of variable concern for many women, with other issues such as family and stress, coming to the fore. Finally, Patel, Lee, Wheatcroft, Barnes and Stein (2005) examined responses for six women with eating disorders, nine women at risk for an eating disorder and six women with no such eating concerns. Women reported that the transition to motherhood involved a reorganisation of self-identity; that is, women described their body concerns within the context of life transitions, loss of the pre-pregnancy self, the feeding relationship with the infant, new relationships with family members, and a new role within wider society. These qualitative studies of the postpartum period suggest that while body concerns may reappear post-birth, self-identity may also shift, leading to postpartum alterations in how women view their body.

As is evident, these qualitative studies indicate that women do not discuss their bodies simply in terms of how they look aesthetically. Instead, they discuss many body-related experiences that cover the physical, cognitive, and emotional aspects of the experience of pregnancy and new motherhood. Few studies thus far (e.g. Devine et al., 2000; Jordan et al., 2005; Patel et al., 2005) have examined bodily changes during the postpartum using qualitative methodology, despite the contradictory findings of quantitative research in this area. Further, no study to date has explored body attitudes and mood in the same sample of women, either during pregnancy or the postpartum.

Regarding perinatal mood, evidence exists from quantitative studies that depressive symptomatology and body dissatisfaction are associated (Clark et al., 2009; Rallis et al., 2007; Skouteris, et al., 2005). However, the nature of the relationship is unclear, and to our knowledge has not been explored qualitatively. Qualitative research can elicit information which may not be revealed within a quantitative design, and allows researchers flexibility in following up patterns in depth (Grbich, 2007), including *why* certain patterns occur. Hence, using an in-depth qualitative methodology, the second aim of this study was to explore whether mood lability during pregnancy and the postpartum is associated with the changes occurring to one's body.

Method

Participants

Participants were 15 women from Melbourne, Australia, and 5 women from Adelaide, Australia (M age=31.25 years, SD =5.12, range 21–42); 10 were pregnant when interviewed and 10 had recently given birth. The majority of women were married, had completed tertiary education, and were employed in professional occupations. Table 1 displays sample demographic characteristics.

Design and procedure

An inductive qualitative approach using semi-structured, in-depth interviews was used to gain detailed insights into women's meaning of and reaction to body-related experiences. Following university ethics approval, a social network snowball approach was used to recruit participants via email. Women who were pregnant (30 weeks gestation or over) or had recently given birth (up to 12 weeks postpartum) were invited to be interviewed about their experiences during pregnancy or the postpartum period, with a focus on their body and mood.

Face-to-face audio-taped semi-structured interviews were conducted by researcher AC. Participants were given the choice of where the interview was conducted, and each chose to have the interview conducted in their own home. Following written informed consent, the interview was initiated with an opening question enquiring about the participants' general pregnancy experiences. Interviews were conducted in an informal manner to allow for natural conversational flow.

A semi-structured interview guide contained prompts including: general experience of pregnancy and experience of body in pregnancy (all participants); general experience since giving birth and experience of postpartum body (postpartum group only); mood during pregnancy (pregnancy group); and postpartum mood (postpartum

Table 1. Socio-demographic characteristics of participants.

	Pregnancy group (<i>n</i> =10)	Postpartum group (<i>n</i> =10)
Mean age (range)	31.3 years (21–38)	31.2 years (27–42)
Mean gestation at interview (range)	34.5 weeks (30–38)	n/a
Mean weeks postpartum at interview (range)	n/a	9.2 weeks (5–12)
Mean pre-pregnancy body mass index	24.19 (20.54–31.91)	26.30 (18.5–34.92)
<i>Marital status</i>		
Married	8	8
De facto relationship	2	2
<i>Country of birth</i>		
Australia	10	9
UK	0	1
<i>Highest education level completed</i>		
Tertiary	9	9
Secondary schooling	1	1
<i>Occupation</i>		
Professional	8	9
Paraprofessional	2	0
Unskilled	0	1
<i>Parity</i>		
Primiparous	8	n/a
Multiparous – one child	1	10
Multiparous – two children	1	0

group). Interviews lasted approximately 45 min ($M=42$ min; $SD=8.5$) and were transcribed (researcher AC) within 72 h of the interview. After the interview, participants completed a questionnaire covering age, height, pre-pregnancy weight, ethnicity, occupation, education, marital status and parity and returned it in a reply-paid envelope.

Data analysis

Transcripts were analysed using elements of phenomenology and thematic content analysis. The phenomenological approach aims to tap into an individual's construction of their world using in-depth questions and therefore can elicit detailed accounts of lived experiences (Smith, Jarman & Osborne, 1999), whilst thematic content analysis allows for the subjective interpretation of text data through the systematic classification process of coding and identifying themes or patterns (Hsieh & Shannon, 2005; Neuendorf, 2002). These analytic methods were deemed appropriate for the present study considering the aim of interpreting participants' accounts of their lived experiences during pregnancy and/or the postpartum. In line with the phenomenological approach, individual transcripts were initially read by AC to develop an understanding of issues which emerged in individual transcripts, with notes of initial thoughts made at this point. Further careful re-reading allowed emerging concepts and specific themes to be identified. This initial analysis focused on the participants' experience of their body and mood during pregnancy and/or the postpartum. Subsequent

analysis, drawing upon thematic content analysis, involved organising the data into categories illustrating similar issues and experiences. Properties and dimensions of these categories were explored, relationships between categories were identified, and patterns across transcripts were drawn out. This synthesis resulted in these categories being grouped into general themes such as changed perceptions of body functionality, references to social connectedness and social commentary, remarks about changed life priorities resulting in placing well-being of foetus above body aesthetics, etc. Researcher HS also read and analysed all transcripts, and the authors discussed the analysis after the initial reading and after the general themes had been derived in order to ensure that they agreed that AC's interpretations provided a reliable account of the data gained. Thus collaboratively, themes relating to body experiences during pregnancy, body experiences during the postpartum, mood during pregnancy, and mood during the postpartum were identified and agreed upon.

Results

Quotations below are labelled Preg1–Preg10 for pregnancy group participants and PP1–PP10 for postpartum group participants. Given that there were no significant differences on demographic variables (see Table 1) between the pregnancy and postpartum groups ($p > .05$), the reports of body experiences during pregnancy are based upon the full sample. Postpartum women were not questioned regarding mood during pregnancy, to avoid influence of current mood (Shiffman et al., 1997) and retrospective bias in reports of distress (Brennan, Stewart, Jamhour, Businelle, & Gouvier, 2007).

Body experiences during pregnancy

Two central themes emerged regarding women's experience of their body during pregnancy: (1) 'Changed body for baby, but that's OK', and (2) 'My social functioning – what do others think of me?'

1. 'Changed body for baby, but that's OK'

Eighteen out of the 20 women reported having a generally positive attitude towards their pregnant body. Each woman did, however, note specific undesirable bodily changes such as fluid retention, larger breasts, leaking breasts, alterations to nipple colour, dry facial skin, varicose veins, skin rashes, acne, or loss of muscle tone. The most common complaint was excess weight gain ($n=16$). All women reported that their body changed dramatically during the course of pregnancy. Five women felt their body changed so much that they were living in a new body. For example, one woman described looking at her body in the mirror after having a shower:

I remember some point where my tummy was starting to get a lot bigger and I looked at myself in the mirror. It was like there was some stranger there. I couldn't recognise myself. I felt quite detached from the image in the mirror ... I thought 'that is not me ... that is bizarre!' That was a big adjustment, getting to know the new me, or 'us'. (Preg4)

Sixteen women spontaneously remarked that they were willing to tolerate these undesirable changes, and their 'new' body, because they were aware that their bodies

were now performing an important function in pregnancy, e.g. 'I've felt like my body is doing something positive, I've felt like I am flowering' (Preg2). One woman who described her breasts as uncomfortably and excessively large, leaking, and characterized by 'unattractive brown' (instead of pink) nipples, stated:

I don't have a problem with [the breast changes], because they're all functional changes. Also, I hate the acne, that's really annoying. But then I see it that it's just a sign that hormones are present and you need hormones to sustain a pregnancy. (Preg7)

Another woman also alluded to this increase in perceived functionality:

My body is pregnant and doing what pregnancy is telling it to do. It's pretty amazing that our bodies create a whole new life, and a whole new organ for during pregnancy, the placenta. (Preg6)

When asked how she coped with unrelenting nausea until 26 weeks gestation, one woman replied:

Well, the nausea was a sign to me that the pregnancy was normal and the hormones were doing their job. So it didn't really concern me and I kind of felt like I wanted to keep being sick because it was a healthy sign. (Preg1)

After having her baby, one woman remarked about pregnancy:

I felt like my body was preparing to look after a child, it was making a child! I was thinking; 'there is a human being developing here, and my body is doing it!' It is phenomenal! There is nowhere else that can actually incubate and grow a human being, that's what your body does. I was nourishing it, and it was just amazing ... it's mind blowing. (PP5)

Most women appeared to grapple with a new sense of meaning and purpose in their life because of the impending birth of a child. Fourteen women stated that their life priorities changed, placing the health and well-being of their developing foetus above body image; aesthetic displeasures were less concerning if the baby's health was deemed satisfactory. Further, their body was no longer something simply to be critiqued by others for its aesthetic appeal, but a functional unit responsible for the creation of their offspring. This new significance given to the body suggested that women were attaching a sense of meaning and purpose to the bodily changes occurring. For example, when asked how she felt about her bodily changes during pregnancy, one woman replied:

I think I've become more accepting of the changes. My focus has changed a lot, I think maternal instinct kicks in. I started to realise it wasn't about me, it was about the baby. I started to put my needs behind those of the baby. (Preg9)

Women were not asked specifically about physical activity while pregnant. However, when asked about feelings towards their body, half the women asserted that their decreased ability to exercise during pregnancy forced them to relax the amount of control they exerted over their body weight and shape through exercising. These women suggested that being visibly pregnant is an 'excuse' for being large and hence they accepted this forced modification to their activity level. Women frequently stated that they were content to let nature 'run its course' during pregnancy, as it was the one

time in their life they were not required to completely control their body. One woman who exercised intensely nearly every day prior to pregnancy said: 'I chose to stop doing that [intense running] earlier than I could have ... maybe it was also my way of having a break from it for a while' (PP9). This relaxation of body weight and shape control included relaxing dietary restraint procedures during pregnancy as mentioned by seven women, for example:

If someone brought a cake around before I was pregnant, I probably would have asked for a small slice. Now I don't care about the size of the cake, I just enjoy eating it. I think I do that because it seems like you're 'allowed' to put on a bit of weight in pregnancy. (Preg5)

Finally, internal sensations such as feeling the baby kick, and external perceptions such as one's husband rubbing and talking to the pregnant tummy and hearing the foetal heart beat were additional body-related experiences which helped women adapt positively to their changing bodies. Although not asked specifically about these experiences, eight women noted that they enjoyed these perceptual experiences and that such experiences helped them realise the utility of their pregnant bodies. Five women described enjoying pregnancy because they experienced a unique relationship with their unborn child that no one else was part of. One woman, who greatly enjoyed her pregnancy-related body changes, said she missed feeling her baby kick and move around inside her since the birth: 'I liked how I was, and I miss it a bit. That [pregnancy] was a time that the two of us shared and now he feels less mine.' (PP6)

In summary, this theme reflects that women were able to adapt positively to the numerous bodily changes during pregnancy by becoming aware of the increased functionality of their bodies and the important reproductive role they were performing, grappling with a new sense of meaning and purpose in their life, relaxing control exerted over their body weight and shape through exercising, and experiencing pregnancy-related internal sensations and external perceptions. As stated above, this theme includes the data from the 18 women who reported having a generally positive attitude towards their pregnancy. The two women who reported negative body experiences during pregnancy believed they had gained too much weight on their legs, thighs and bottoms. Both reported being body-conscious individuals prior to pregnancy and that they had the propensity to gain weight. Both had also received comments from others that they were 'large' for their gestational stage, which had a negative influence on the perceptions of their bodies.

I've put on quite a lot of weight, I've put on 19.5 kilograms. So going to the obstetrician and getting weighed every time is just yuck because I think oh, when's it going to stop?! It's scary getting on the 'whale scales' every visit. I've always been a bit of a body conscious person because I've always struggled a bit with my weight. I've always put weight on easily, especially around my legs and thighs, and that's just been out of control during pregnancy! I hate it. (Preg7)

2. *'My social functioning – what do others think of me?'*

Responses categorised in this theme reflected women's concerns about how other people perceived their body changes. All 20 women spontaneously referred to others' perceptions of them, indicating what a public event pregnancy was for this sample. The most common concern involved women wanting to ensure that others attributed their increase in size to pregnancy and not to fatness.

Sixteen women stated that the most concerning pregnancy stage in terms of body image was when they knew they were pregnant and were starting to gain weight, but before their pregnancy started to 'show'. During this time, women were worried about others' perceptions of them as they believed they could be mistaken as 'fat' instead of 'pregnant'. However, all women concerned about this stage reported that they relished when their stomach started to 'show', with some looking forward to the time when others could notice their pregnant tummy with excitement and anticipation:

You could tell by 16 weeks that I was pregnant. I was happy about that because if you're putting on weight and you're pregnant, then it's kind of an acceptable excuse. I didn't want people to notice the weight I put on in the first trimester without realising I was pregnant. (Preg5)

The data also indicated that comments from others about appearance, from strangers through to partners, had a strong influence on how participants viewed their body. All women reported receiving feedback, and for seven women, one negative message, even within the context of numerous positive messages, had an impact. For example, one pregnant woman was asked whether she was carrying twins, which she perceived as meaning that she was looking large for her gestational age. Despite also receiving positive comments from others that she looked healthy and fit, she stated that this comment had a significantly negative effect on her perception of her body:

I was very offended by that. It made me feel like shit, and made my self esteem plummet. I just started to question whether I looked dreadful, and I felt dreadful too. I'm tearing up just thinking about it now ... I've talked to everyone about it since, which helped. I had dinner with some girlfriends that night and told them about it. So it affected my self-esteem and I started to question whether I did look absolutely terrible. It still has an effect on me now. It helped talking about my weight gain with my obstetrician, which has helped a little bit, but not a huge amount. (Preg3)

Half the women stated they had received comments that they looked 'small' or 'compact'. These comments were viewed as negative, and women worried whether their pregnancy was progressing healthily.

When asked about feelings towards their pregnant body, five women reported feeling more connected socially to others and society as a whole. They explained that the obvious nature of their pregnancy due to their body's shape was the catalyst for being seen as more approachable. As one woman described, 'I found the general public talked to me a lot more because of my body shape' (Preg9). This increased social connectedness was associated with women viewing their pregnant body positively:

One of the things I remember enjoying the most throughout pregnancy was the way you engage with people more, even strangers ... the extent to which people would be very thoughtful of your needs and show interest in your progress ... Everyone can relate to it because it's universal ... it became a real talking point. I felt connected to people in a way I never had before. (PP19)

In summary, this theme reflects women's concern about wishing to be seen as 'pregnant' as opposed to 'fat' and associated concern about weight prior to their pregnancy showing, the influence that comments from others about appearance had on participant's views of their body, and an increased sense of connectedness to others due to their obvious pregnancy shape.

Body experiences during the postpartum

While all 10 women interviewed post-birth reported holding positive attitudes towards their body while pregnant, only three of them described their post-birth body in a favourable way. For example, when asked how she felt about her body during pregnancy, one woman replied, 'One word – wow! It was absolutely amazing. I would always turn on my side and look at my pregnant shape. I loved looking and feeling pregnant. I loved the expanding belly! It was all very positive'. However, when asked about feelings towards her postpartum body she replied, 'I didn't expect to have to keep wearing maternity clothes after having him ... in the shower I hate looking down at my stomach. I feel flabbier than I ever have before and sometimes I wonder whether I'm ever going to lose this weight'. (PP2)

Similar to women's account of pregnancy, postpartum women also reported dramatic bodily changes and a sense of having a 'new' body after having a baby. However, after giving birth, women did not adapt to these changes as positively as they did during pregnancy. Two themes emerged as central to women's experience of their body at early postpartum: (1) 'No more excuses ...', and (2) 'What did I expect?'

1. 'No more excuses ...'

Post-birth, women reported a cognitive pattern similar to early pregnancy; during pregnancy once the pregnancy 'showed' women could think 'I am pregnant, not fat'; however, in early pregnancy and again in the postpartum women believed they did not have a social 'excuse' to be large, since they were not visibly pregnant. In the postpartum, despite women being aware that they had recently given birth, seven women spontaneously noted that the fact that this was not apparent to the wider community contributed to worsened body attitudes. For example, one mother stated: 'Having the big tummy during pregnancy was fine, I enjoyed that, because it meant I was pregnant and everyone could see that. But now, if I'm not with my baby then people have no idea why I'm bigger. It's frustrating'. (PP7)

In pregnancy, women tolerated body changes (e.g. large tummy, swollen feet, weight gain) because they could appreciate the positive function of those changes. However, at postpartum, women did not talk of their body in this functional way, and several participants seemed shocked and surprised that they did not return to their pre-pregnancy shape quickly. One mother who enjoyed her pregnant body and tummy stated:

Now I look at my stomach and think 'well, now she's not in there it's not so good' ... you have a baby and then you're left with a big stomach and then you've got to try to get rid of it. (PP4)

Women's decreased ability to exercise during pregnancy continued into the postpartum, as new mothers were advised by health professionals to refrain from vigorous exercise to aid recovery from the birth and maximise production of milk for breastfeeding. However, unlike during pregnancy, women did not welcome this postpartum modification to activity levels. Three women interviewed early in the postpartum (PP2 and PP9 at five weeks and PP3 at six weeks postpartum) found limiting their activity levels frustrating because they no longer had an 'excuse' to be physically inactive when not visibly pregnant, e.g. 'I just hate waiting for my body to get back to normal, I mean, it makes sense to wait I guess but now I'm not pregnant anymore my body just wants to start running off some of this weight' (PP3). The women reported that

the pressure to exercise that was alleviated during pregnancy had returned; however, they could not act upon this self-enforced pressure. Thus, an emerging theme was that women felt they 'should' be fully in control of their bodies during the postpartum due to their less visibly pregnant shape, despite the physical transformations still taking place to their body.

2. *'What did I expect?'*

Half the mothers described postpartum experiences of their body as more negative than they had expected. These women had believed they would reduce their excess weight and stomach size more rapidly after the birth, and four women stated they didn't expect to have to continue wearing maternity clothes post-birth. Women indicated that their mood was influenced negatively when their expectations were unrealistic or not met, as illustrated by:

Well, I had a caesarean, and after I had [my baby] and they ... were stitching me up, the nurse said to me 'Oh my gosh, your stomach is so flat! When you get out of bed you will be so pleased!' So I couldn't wait to get out of bed, thinking about how lucky I was about having a flat stomach. And of course, when I got up the next morning, my belly wasn't flat at all, it was still huge! ... I was told beforehand that I couldn't expect to walk out of the hospital in my old jeans ... but I didn't really take the advice on board. But this was true. I found this upsetting. (PP2)

One woman discussed how she would have liked to have been equipped with realistic expectations about her post-birth body:

I would have liked to know that I wasn't going to lose weight again quickly after having her ... I would have liked to have known that my tummy would still be there, I just didn't think it'd hang around for so long. I just didn't know these things, I was shocked about that. It would have made [the postpartum experience] a little easier. (PP7)

Despite the self-objectification of the postpartum body described by mothers in this study, there was still a sense that for some new mothers, despite being displeased with the aesthetics of their new body, body image was of peripheral concern and not markedly distressing. Four women noted that despite not being happy with their bodies, they did not have time to worry about their body as much as they did pre-pregnancy due to the demands of, and focus on, motherhood. One woman noted:

I haven't really had the time to think about my body ... It's so far down my priority list at the moment. So a significant part of the experience is that I'm now not that focused on my body at all. Body image stuff has gone down the list of priorities ... To be honest, there's not really the time to obsess about it too much. (PP3)

In summary, unrealistic expectations about the speed of returning to pre-pregnancy weight and shape resulted in negative body attitudes for many postpartum women. These women believed that they would lose their 'baby weight' and return to wearing the pre-pregnancy clothes sooner than occurred in reality for them.

Mood during pregnancy

Women were asked how they had felt emotionally throughout pregnancy (pregnancy group) or postpartum (postpartum group), and whether their mood had been affected

in a positive or a negative way, by their body changes. At pregnancy, women frequently talked of emotional lability and feelings of dysphoria, whereas there appeared to be more mood stability in the postpartum. Specifically, at pregnancy, each of the 10 women recalled some mood lability including: increased sensitivity and/or feeling more emotional than usual (9 women); crying more than usual (7 women); mood swings (4 women); occasional anxiety (1 woman); or low mood (1 woman). Many women's responses were similar to the following:

I've been more teary than normal and I'm not a teary person. For example I was in my doctor's office and he asked me how I was and I burst into tears. I was absolutely horrified; I would have never done that before. I'm an emotional person with my close friends and stuff, but not with a doctor, that's something professional. I just could not believe what I did, I assured him that I was ok and that I was never usually like that. He asked me again whether I was ok and that made me cry even more. I just felt really vulnerable and sensitive to things that would usually wash off quickly. (Preg2)

When asked about what they believed contributed to their increased emotional sensitivity during pregnancy, six women attributed it completely to hormonal changes, three to tiredness, and one woman to impending alterations to her life role. One woman reported experiencing the same mood lability during her past two pregnancies, and reported it was 'completely hormonal' (Preg1).

In terms of the impact of pregnancy body changes upon mood, four women stated that bodily changes had a positive effect on their mood, while four stated their mood was affected negatively by the body changes (two women reported that bodily changes did not affect their mood). Of the four women who believed their mood had been affected negatively, this was only during the period before their pregnancy had started to 'show' for two women. After this stage, both women stated that they had greatly enjoyed seeing their tummy grow and hence eventually the body changes influenced their mood positively. The two women who felt the body changes impacted their mood negatively throughout pregnancy stated this was due to feeling overweight due to pregnancy weight gain and negative comments by others regarding their size during pregnancy. One woman was asked if she was carrying twins, suggesting that she was large for her gestational stage (Preg3), and the other was asked by her husband if her larger stomach was due to the pregnancy or weight gain (Preg7). These incidents were major focal points of the two interviews, highlighting the significance of women's concern about how others perceive their body changes.

In summary, the women's responses indicated that they generally felt more emotionally labile and dysphoric during pregnancy compared to pre-pregnancy, but that this variability was related to factors other than concerns about body image.

Mood during the postpartum

At the postpartum, seven women spoke of some aspects of dysphoria; however, these negative moods were described as being more fleeting and less intense than they were by women in the pregnancy group. Additionally, the postpartum women provided many more examples of positive affect and mood stability than the women interviewed at pregnancy. Responses were often conflicting, with women speaking concurrently of positive and negative aspects to their mood. All seven responses including reference to dysphoria *also* referred to joyous and happy states since the birth of their baby, for example:

I've definitely been more sensitive. I've felt really hormonal and premenstrual, but nothing too bad. But I've also felt more happy than usual too. My mood has been really up and down. (PP6)

When asked about reasons behind their postpartum mood lability, four women believed it was due to tiredness, two to hormonal adjustments, with two women unsure as to why. Three women who did not speak of any dysphoria or mood lability post-birth reported a sense of general well-being and spoke only of positive mood.

When discussing effects of body changes on mood during the postpartum, two women stated the changes influenced their mood in a positive way, two stated there was a negative effect, and six responded that the changes had no influence on their mood, for example: 'I've been affected by things like pain, but not by body image type things as such' (PP4). The finding that 8 of 10 postpartum women reported the bodily changes to have a positive or neutral effect on mood, despite many reporting body dissatisfaction, supports the assertion that body concerns were not of central concern to most women interviewed at postpartum.

Discussion

Our findings here support previous quantitative research which has found that many women adapt positively to the changes to their body during *pregnancy* (e.g. Clark & Ogden, 1999; Clark et al., in press; Rocco et al., 2005; Skouteris et al., 2005). Women reported many body-related experiences which appeared to contribute to this positive body attitude during pregnancy, such as increased perceived functionality of the body, obtaining a new sense of meaning in life and hence prioritising needs of baby over needs of self, relaxing controls of body shape, perceptual experiences such as feeling their baby kick, receiving positive comments from others, and an increased sense of social connectedness. Being aware that their pregnancy was visibly 'showing' to others also contributed to a positive body attitude during pregnancy, as it was believed that this provided them with a valid reason to gain weight.

Similarly, our findings support previous research which has reported the *postpartum* period to be a time of increased body dissatisfaction (Clark et al., 2009; Rallis et al., 2007; Stein & Fairburn, 1996). Women reported that they no longer had an 'excuse' to be large as they did in pregnancy, and that they should be more in control of their bodies as they were no longer visibly pregnant. The increased view of body functionality which assisted many women in coping with dramatic bodily changes during pregnancy no longer operated post-birth. Additionally, the pressure to attain the slim ideal, which was reduced during pregnancy, returned postpartum resulting in greater body dissatisfaction associated with residual weight gain from pregnancy. Generally, unrealistic expectations about the speed of returning to pre-pregnancy weight and shape was perceived as having contributed to negative body attitudes for many postpartum women.

It must be noted, however, that not all women adapted positively to the bodily changes during pregnancy nor reported the postpartum to be a time of increased body dissatisfaction. The minority of women who experienced a negative body image during pregnancy reported they had a propensity to gain weight, believed they had gained more weight than they should during pregnancy, and had received negative comments from others that they were large for their gestational stage. Further, some women noted that during the postpartum, the demands of new motherhood, such as

feeding, gaining sleep and maintaining a household, required so much mental energy and time that they no longer had time to be concerned about their body, resulting in body image slipping down their list of priorities.

Numerous clinical implications arise from these findings. One prominent notion linked with body dissatisfaction in the postpartum was the perception of many women that their bodies were no longer being 'functional' after having a baby, and that the end point of their body's functionality was delivery. Specific bodily changes such as swelling and large breasts were no longer tolerated due to this decrease in perceived functionality. Therefore, to foster postpartum body satisfaction, it may be beneficial to inform pregnant women that their bodies still perform an important function post-birth, such as providing breast milk, and that the functional aspects of pregnancy cannot be expected to disappear immediately.

One strong message from the postpartum women was that they wanted information about what would happen to their bodies postpartum. Hence, pregnant women would benefit from educational guidelines regarding what can be expected in terms of postpartum body changes over time. An ideal time to provide this information would be during antenatal classes facilitated by midwives during pregnancy. It has been noted, however, that midwives frequently encounter resistance when discussing realities of motherhood such as bodily changes and role transitions with antenatal women, because often the main concern of pregnant women is to gain information to assist them with their impending labour and delivery, which is naturally anxiety-provoking (Choi, Henshaw, Baker & Tree, 2005). To this extent, antenatal classes tend to focus on the labour and delivery, with little focus on more general issues such as expectations about motherhood, planning one's adjustment to motherhood, coping with the demands of a new baby, normal bodily changes, etc. The implications of this should be considered when planning educational interventions. Further, given that the postpartum women in this study were all first-time mothers, body-related experiences in subsequent births may be different. Future studies could compare body experiences in the postpartum for primiparous and multiparous women.

In terms of mood, there was evidence of dysphoria and mood lability within the pregnancy group. These women reported increased emotional sensitivity and tearfulness, attributing these experiences to hormonal changes and fatigue. Post-birth, women also reported experiencing mood lability, including both dysphoria and many positive affective experiences such as feeling 'happier than usual' at times.

This finding of strong positive and negative moods is noteworthy. Mood is often conceptualised as a one-dimensional continuum, with negative affect on one end and positive affect on the other. However, Wilkinson (1999) measured positive mood, negative mood and mood lability during pregnancy and the postpartum, and concluded that perinatal mood is better described as a mixed affective state with elevated levels of both positive and negative moods, a conclusion supported by women's reports in our study.

Our findings also indicated that for most women (even those who reported body dissatisfaction) body-related experiences were not seen as affecting mood, possibly because other priorities became more salient during the postpartum. For the minority who did cite their bodily changes as negatively affecting their mood, negative social commentary was one of the most detrimental events leading to lowered mood, in addition to women believing they had gained too much weight during pregnancy and post-birth. The importance of the social norms and negative commentary from others has been described in other contexts (van den Berg, Wertheim, Thompson & Paxton,

2002; Wertheim, Paxton & Blaney 2004), and suggests that the social context is important to consider when addressing body image issues for women, including during pregnancy. Education on an individual and familial level, as well as advocacy in the media and public sphere, may be important to address women's adoption of maladaptive thinness ideals throughout the life span (Neumark-Sztainer et al., 2006), including in the perinatal period. A specific understanding of post-pregnancy body change is potentially important not only for pregnant women, but also for significant others and members of the community to reduce the likelihood of negative comments and biases being directed at perinatal women. In addition, arming pregnant women with strategies (such as adaptive countering thoughts or rebuttals) to address such commentary during pregnancy, and especially in the postpartum, may be of use.

A final practical outcome of this study involves the lack of relevant measures. It is surprising that there is no validated, multi-dimensional measure of body attitudes designed for pregnant or postpartum women. Our findings confirm that body-related experiences during pregnancy and the postpartum may be influenced by events unique to this time (e.g. internal perceptions such as feeling the baby kick, increased feeling of social connectedness due to body shape, etc.), therefore body image instruments designed specifically for pregnancy and the postpartum period need to be developed and validated for use during these life stages.

One should be cautious in generalising these findings to the general population due to the demographic characteristics of the women interviewed in this study. All participants were married or in a stable de facto relationship, with 90% of women having completed tertiary education. Further, the majority of the women were from middle- to high-income earning households and worked in professional occupations, and as such are not representative of all socioeconomic groups. Future research could attempt to repeat the study using different and more demographically diverse samples. This study was cross-sectional in nature, so future research should track women prospectively, interviewing the same women during pregnancy and again postpartum to assess body attitudes and experiences and mood prospectively. It should also be noted that, as with any qualitative research, the themes described here by two researchers on the basis of interview transcripts are likely to be influenced in part by the researchers' subjective perceptions of the data. Finally, a range of potential factors were not addressed in the current study, such as the wanted or unwanted nature of the pregnancy, and pre-pregnancy body image perceptions; future research needs to consider these possible factors.

In summary, this study supported the idea that pregnancy is a time of suspended pressure to be thin, with body dissatisfaction increasing post-birth and women in this study suggesting that body image and mood are not strongly associated. Clinical implications include the need for education about normal postpartum body changes and their timing, and the development of better perinatal measures for body image. The findings here have consequences for body image theory specific to the perinatal period, and contribute to clinical interventions for promoting psychological well-being for childbearing women.

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