Maternal Role Attainment Theory:
Promoting Maternal Identity and Family Health

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Abstract: The purpose of this paper is to promote best practices by applying the Maternal Role Attainment Theory (MRAT) to the postpartum population. Maternal role attainment is the biggest transition a woman experiences and is influenced by many factors. Postpartum mothers may feel that they have trouble bonding with their newborns. By applying the MRAT in postpartum, we are better able to educate, support, and intervene appropriately to help the mother achieve a strong maternal identity while also promoting the health of the mother, child, and family. The theory can serve as a framework for quality care and for postpartum education, care, and support groups. While intended for nurses, this theory easily applies to all who care for the childbearing family.

Keywords: maternal bonding, maternal-infant attachment, maternal identity

Application of Mercer's (2004) Maternal Role Attainment Theory (MRAT) can guide those who care for the childbearing family. This theory can assist in understanding the processes for providing quality, evidence-based care to the postpartum population. The goal of this paper is to describe the theory, its implications for practice, and unit and administrative support needed for implementation. MRAT was developed by Ramona T. Mercer after years of caring for and studying women in various aspects of motherhood. The theory is based on the interactional and developmental processes observed to occur in the mother or parent beginning in the prenatal period and extending through the first year postpartum (Mercer, 2004). During this time, the mother becomes attached to her child, is satisfied in the role of being a mother, and feels confident in caring for her child (Mercer, 2004). Motherhood is a leading life event for women, and becoming a mother encompasses transitioning from a familiar reality to a new reality, being mindful of the conversion, preparing for it, and rearranging objectives, behaviors, and responsibilities to attain a new conception of individuality. This framework is intended to guide nurses but can be applied to all who care for the mother, her newborn, and her family. By supporting and educating women, we help make the conversion to motherhood easier.

MRAT was developed to assist both mothers and fathers in the following areas of practice: pregnancy care, prenatal counseling, delivery, postpartum, and pediatrics. In this theory, bonding is identified as the most important element in the development of maternal identity that occurs between the mother and newborn in the initial postpartum phase (Mercer, 2004). Effective bonding between mother and infant has been shown to produce systemic stabilization of the infant, prolonged breastfeeding, love, trust, and decreased postpartum depression or anxiety (Barker, Daniels, O'Neal, & Van Sell, 2017). However, in the postpartum population, mothers do report difficulty bonding with their newborns, which can lead to detrimental effects in the mother including maternal depression, sadness, and decreased self-esteem (Barker et al., 2017). Perceived ineffective bonding can lead to difficulty in achieving the maternal identity and can lead to long term problems such as child abuse (Kinsey & Hupcey, 2014). Almost half of child abuse (mostly neglect) occurs in infants less than one month, and of those, "80% of instances occurred within the first week after childbirth" (Ohashi, Sakanashi, Tanaka, & Kitamura, 2017, p. 28). Fortunately, postpartum mothers who have support systems such as family, doulas, and postpartum nurses during their role transition have better outcomes. Applying MRAT to help mothers develop a strong bond with their newborn can facilitate the first steps in maternal role attainment (Kearvell & Grant, 2010).

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Applying MRAT to care in the postpartum population could deliver many benefits to mothers, infants, families, and the healthcare system. Barker et al. (2017 noted the potential benefits of maternal role satisfaction, which may include the following:

- helping facilitate a strong bond between mother and newborn
- generating improved family dynamics
- developing a greater bond with newborns
- experiencing more confidence and self-esteem
- reducing the mother's anxiety and improving sleep
- reducing postpartum depression and potential child neglect
- enhancing emotional and physical health in the infant
- prolonging breastfeeding
- increasing skin-to-skin time, with more effective and frequent maternal responses to the infant's cues.

The healthcare system will benefit through decreased costs associated with fewer future mother and infant hospitalizations, increased length of breastfeeding, and fewer total medical costs throughout the mother's and child's life span (Barker et al., 2017).

Overview of the Maternal Role Attainment Theory

Mercer (2004) addressed four global concepts in her model: nursing, person, health, and environment. Nursing is providing care and education to women in critical periods for maternal role attainment (Alligood, 2014). Doulas and nurses have a significant impact on promoting a positive bond between mother and baby that lasts throughout the mother's lifetime. The concept of person is described as a woman attaining the role of motherhood through achieving a strong maternal identity, which consists of maintaining or developing self-confidence and by interacting as a separate person with her child and with her significant other (Alligood, 2014). Focusing on the concept of health, we assess the mother's stressors, including perceived stress of the mother, father, and infant. This is important to consider while caring for the family unit because "health status is an important indirect influence on satisfaction with relationships" (Alligood, 2014, p. 544). Lastly, Mercer specified the influence that the environment has on maternal role attainment, as well as paternal role attainment and the development of the child, by explaining the following: "There is a mutual accommodation between the developing person and the changing properties of the immediate settings, relationships between the settings, and the larger contexts in which the settings are embedded" (p. 1). MRAT can be visualized as a series of nested circles, demonstrating a systems model of interacting concepts.

Major Concepts and Definitions

In MRAT, Mercer (2004) included four major concepts along with their definitions. All the theory's concepts are centered around the bond between the mother and her child. Characteristics of the mother is the first concept with empathy or sensitivity to cues, self-esteem/self-concept, and role conflict/strain as some of the factors influencing maternal role attainment (Mercer, 2004). Second, characteristics of the infant are also important in bonding, such as temperament, appearance and responsiveness (Mercer, 2004). Further, the mother-infant bond affects the third concept, maternal role identity (competence, gratification, and attachment) and the fourth concept, the child's outcomes (cognitive development, behavioral health, and social competence) (Mercer, 2004).

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Stages of Role Acquisition

Mercer (2004) identified four stages in the maternal role attainment process that can be altered as the newborn and mother grow. The first stage is the anticipatory stage, occurring during pregnancy, with new thoughts and ideas of becoming a mother (Alligood, 2014). Next, the formal stage begins at birth, where the mother learns how to care for the newborn (Alligood, 2014). The third, informal stage, occurs as the mother focuses on being a mother based on past experiences and personal values (Alligood, 2014). Last is the personal stage, when the mother feels confident in her maternal role and where maternal role attainment is finally accomplished (Alligood, 2014). These stages can be altered by traits of both mother and newborn; for example, the formal stage may be delayed if the mother's premature infant is admitted to the Neonatal Intensive Care Unit. If the mother is unable to provide newborn care, do skin to skin, or have eye contact with the newborn, the initial maternal-newborn bonding could be delayed. "Eye contact between infants and mother is vital for initiating their relationship" (Kearvell & Grant, 2010, p. 77).

Application

MRAT can be applied to all postpartum mothers to facilitate positive outcomes in each mother and infant. It is imperative we "recognize and understand the importance of maternal-newborn bonding to have an optimal outcome for the patient" (Barker et al., 2017, p. 1). Childbirth educators and healthcare practitioners are in a unique position to promote bonding by being attentive to cues of impaired maternal-newborn bonding. Patients benefit from ongoing education; therefore, the more education parents and families receive during prenatal visits, hospital admissions, and follow-up appointments for mothers and infants, the more positive the health outcome for families.

Discussion

MRAT still needs to be tested in mothers from different cultures, in mothers who have special challenges in their transition to maternal attainment, in parents in surrogate situations, including the mother and the father, and in same sex parents. Research should also be conducted on theory application to new immigrants who do not always receive social support due to language barriers, cultural differences, or lack of access.

Overall, this theory can be applied to promote ideal outcomes for new mothers. Using the MRAT framework and suggested interventions, such as skin-to-skin contact, facilitation of eye contact, participation in newborn care, and assistance with breast feeding, health systems could implement personalized plans of care and develop a support group managed by nurses. Having a theoretical base for any grants, program changes, or requests for service development is beneficial, and MRAT works well for these purposes.

Further application of MRAT could include support groups. Support groups could be operated along with routine postpartum visits. Doulas and nurses have the ability to start programs and write grants for community programs, which could include education and support for women in the first year postpartum in their journeys of motherhood, comparable to centering groups that are offered in some prenatal groups during pregnancy. By including education and support beyond hospitalization and quick, routine follow-up visits, women will feel more confident and empowered in their journey toward a strong maternal identity and child outcomes will be optimized.

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