INTRODUCTION

"There is no doubt that one of the most crucial relationships in human dynamics is the relationship between a mother and her child”. Secure attachment of the infant to his mother or her surrogate is crucial to normal growth and development and an integral part of a child’s ability to develop a sense of mastery, identity and self-worth.

The goal of developing a strong maternal identity throughout a woman’s lifetime was the basis of Dr. Ramona Mercer’s Maternal Role Attainment Theory. Ramona T. Mercer is well known in the specialty of maternal-child nursing. Mercer developed the “maternal role attainment - becoming a mother” model. It is a middle range, evidence-based theory that has a specific focus rather than being abstract. It is concerned mainly with maternal and child nursing but can be used with many ages and in many situations and environments.

CREDENTIALS

Dr. Ramona Mercer was the Nahm Lecturer 1984 at the University of California. Completed a diploma from St. Margaret’s School of Nursing in Montgomery, Alabama. She completed undergraduate degree in nursing with distinction from the University of New Mexico in 1962, followed by a master’s degree in maternal child nursing from Emory University in 1964. For ten years, she worked as a staff nurse, head nurse and instructor. She was a faculty member at Emory University for five years and pursued doctoral studies in maternity nursing at the University of Pittsburgh.

Major Concepts and Definitions

Maternal role attainment - an interactional and developmental process occurring over a period of time, during which the mother becomes attached to her infant, acquires competence in the care-taking tasks involved in the role, and expresses pleasure and gratification in the role.

“The movement to the personal state in which the mother experiences a sense of harmony, confidence, and competence in how she performs the role is the end point of maternal role attainment – maternal identity.”

Maternal age - chronological and developmental

Perception of birth experience - a woman’s perception of her performance during labor and birth.

Early maternal-infant separation - separation from the mother after birth due to illness and/or prematurity

Self-esteem – an individual’s perception of how others view one's and self-acceptance of the perception

Self-concept (self-regard) - “The overall perception of self that includes self-satisfaction, self-acceptance, self-esteem, and congruence of discrepancy between self and ideal self.”

Flexibility - Roles are not rigidly fixed. Therefore, who fills the roles is not important. “Flexibility of childrearing attitudes increases with increased development…older mothers have the potential to respond less rigidly to their infants and to view each situation in respect to the unique nuances.”

Childrearing attitudes - maternal attitudes or beliefs about childrearing.

Health status - “The mother’s and father’s perception of their prior health, current health, health outlook, resistance-susceptibility to illness, health worry concern, sickness orientation and rejection of the sick role.”

Anxiety - a trait in which there is specific proneness to perceive stressful situations as dangerous or threatening, and as situation-specific state.

Depression - “Having a group of depressive symptoms, and in particular, the affective component of the depressed mood.”

Role strain - the conflict and difficulty felt by the women in fulfilling the maternal role obligation.

Gratification - the satisfaction, enjoyment, reward, or
pleasure that a woman experiences in interacting with her infant, and in fulfilling the usual tasks inherent in mothering.

**Attachment** - a component of the parental role and identity. Attachment is viewed as a process in which an enduring affectional and emotional commitment to an individual is formed.

**Infant temperament** - an easy versus a difficult temperament, it is related to whether the infant sends hard-to-read cues, leading to feelings of incompetence and frustration in the mother.

**Infant health status** - Illness causing maternal-infant separation, interfering with the attachment process.

**Infant characteristics** - temperament, appearance, and health status.

**Family** - a dynamic system which includes subsystems - individuals (mother, father, fetus/infant) and dyads (mother-father, mother-fetus/infant, and father-fetus/infant) within the overall family system.

**Family functioning** - the individual’s view of the activities and relationships between the family and its subsystems and broader social units. STRESS - positively and negatively perceived life events and environmental variables.

**Social support** - the amount of help actually received, satisfaction with that help, and the persons (network) providing that help. 4 AREAS: 1. Emotional - feeling loved, cared for, understood. 2. Informational - helps the individual help herself by providing information that is useful in dealing with the problem and/or situation. 3. Physical - a direct kind of help. 4. Appraisal - a support that tells the role taker how she is performing in the role; it enables the individual to evaluate herself in relationship to other’s performance in the role.

**Mother-father relationship** - perception of the mate relationship that includes intended and actual values, goals, and agreements between the two.

**CULTURE** - the total way of life learned and passed on from generation to generation.

**Global Nursing Concepts**
- **Human beings** see themselves as individuals and separate from other people. Values, morals, self-esteem and self-confidence play a part in maternal self-concept.
- **The environment** plays a role in the maternal concept. Mothers need to balance outside influences with the needs of the family.

**Health** is a vital factor in motherhood. The health history of both mother and father needs to be addressed as well as lifestyle factors.

**Nursing** and nurses play a very important role in the maternal cycle. Nurses have the responsibility to promote growth and educate mothers and families before, during and after pregnancy. They make a huge impact on the outcome of childbirth.

**MAJOR ASSUMPTIONS**
1. A relatively stable core self, acquired through life long socialization, determines how a mother defines and perceives events; her perceptions of her infant’s and others’ responses to her mothering, with her life situation, are the real world to which she responds.
2. The mother’s developmental level and innate personality characteristics also influence her behavioral responses.
3. The mother’s role partner, her infant, will reflect the mother’s competence in the mothering role through growth and development.
4. The infant is considered an active partner in the maternal role-taking process, affecting and being affected by the role enactment.
5. The father or mother’s intimate partner contributes to role attainment in a way that can’t be duplicated by any other supportive persons.
6. Maternal identity develops with maternal attachment and each depends on the other.

**STAGES OF BECOMING A MOTHER:**
Mercer’s theory describes four distinct phases in the process, the names of which she revised in 2004.

1. **COMMITMENT, ATTACHMENT AND PREPARATION** (formerly the Anticipatory Stage) During this initial stage the mother-to-be begins to adjust to the anticipated realities of her new role. This stage includes learning the social expectations associated with motherhood, adapting to the physical and physiological changes of pregnancy, fantasizing about motherhood and dealing with health concerns, including pre-natal care and preparation for childbirth.

2. **ACQUAINTANCE, LEARNING AND PHYSICAL RESTORATION STAGE** (formerly the Formal Stage) The stage immediately after childbirth, adoption or bringing a new child into the home, this is the stage during which the new mother adapts to her role by modeling learned behaviors and conforming closely to social and family norms.
3. **MOVING TOWARDS A NEW NORMAL** (formerly the Informal Stage) This is the period in which the mother begins to develop her own maternal identity and becomes more comfortable with her decision-making and mothering skills.

4. **ACHIEVEMENT OF MATERNAL IDENTITY** (formerly the Personal Stage) This is the final stage, which typically occurs at about four months after birth, is the point at which the new mother has successfully integrated prior learning with personal experience. She feels confident, competent, and accomplished in her role and begins to fully experience the joy of motherhood and secure attachment to the child.

Mercer theorized that these stages are sequential, but that each woman moves through them at her own pace. Additionally, she believed that maternal identity and attachment cannot exist independently of each other: that is, maternal identity develops concurrently and in tandem with attachment to the child.

**ACCEPTANCE BY THE NURSING COMMUNITY PRACTICE AND EDUCATION**
- The concepts theorized by Mercer have been used by nursing in multiple obstetrical textbooks.
- Her theory is extremely practice-oriented.

**Research**
Mercer has tested factors that she theorized and/or hypothesized have an impact on maternal attainment. She has reviewed the literature extensively and formulated questions and models that guided researches.

**Critique Clarity** - The concepts, variables, and relationships are not explicitly defined but rather are described and implied. They are, however, theoretically defined and operationalized.

**Simplicity** - Concepts and relationships of the theory are organized into an easily understood and useful form.

**Generality** - Theory is specific to parent-child nursing; can be generalized to all women during pregnancy through the first year of birth, regardless of age, parity, or environment.

**Empirical Precision** - The concepts, assumptions, and relationships are predominantly in empirical observations and are congruent.

**Derivable Consequences** - The theoretical framework for Maternal Role Attainment has proved to be useful, practical, and valuable to nursing. Mercer’s work is repeatedly used in research, practice, and education. It is also readily applicable to any discipline that works with mothers and children in the first year of motherhood.

**CONCLUSION**
The work of nurse scientists, such as Ramona Mercer’s Maternal Role Attainment Theory, can be an invaluable resource for new and experienced nurses, helping them to learn how they can foster the mother-child bond most effectively within theparameters determined by current health care practice and provider constraints.

Applying the nursing process to any of the factors that influence the new mother’s adaptive processes is one of the profession’s most enduring challenges and one of the most important, for the future of our children and our planet depend to a very great extent on our ability to foster the essential bond between mother and child.

**REFERENCES**