

# Guidebooks or grandmas? Where most moms get their pregnancy advice

November 27 2019, by Melanie Schefft

---



Danielle Bessett, UC associate professor of sociology Credit: Danielle Bessett

As bookstores and libraries continue to line their shelves with self-help literature, most month-by-month pregnancy guides have one thing in common—recommendations to follow medical guidance over mom's

advice, often arguing for a "generational disconnect" between pregnant women and their mothers.

But according to sociology research at the University of Cincinnati, most pregnant [women](#) still rely on their mothers for [emotional support](#) and guidance—many weighing mom's advice as equal to or even over medical recommendation. "And often for good reason," says Danielle Bessett, UC associate professor of sociology.

During the study, funded by the National Science Foundation and recently published in the journal *Reproduction, Health, and Medicine* (Advances in Medical Sociology), Bessett investigated the complexities within mother-daughter dynamics during [pregnancy](#) in relation to potentially harmful advice from many pregnancy guidebooks, looking specifically at the emotional and health care risks to certain groups.

Bessett performed in-depth interviews with pregnant women and their mothers while following the pregnant women for nine months. Her research is an example of the innovation and academic excellence that are tenets of UC's Next Lives Here strategic direction.

"I found that most pregnancy self-help books, best known for their month-by-month guidance on fetal development and lifestyle coaching, are also empathic about following medical advice exclusively over what they consider the outdated advice of a mother or friend," says Bessett, who calls the books' narrow perspective the "generational disconnect."

"This advice is limited and can result in an increased level of stress and discomfort for some soon-to-be moms."

## **Pervasive link**

While looking at two groups—pregnant women with at least a bachelor's

degree and women with no college or [higher education](#)—Bessett found that all pregnant women took steps to have a healthy pregnancy. But while she identified a pervasive link to a mother's influence on her daughter's health and well-being in both groups, it was especially strong for minorities and women with less than a college degree who had little trust in their medical personnel.

"It was not the case at all that these mothers were anti-science or against medicine, but for minority women and those with lower levels of [education](#) there is clear evidence of not being listened to or feeling cared for by physicians and clinics as much as pregnant women with higher education," says Bessett. "This all ties back to why women with lower education might be relying more on their mothers—because their moms listen to them more."

Women with higher education engaged with their mothers in ways much more similar to how they are framed in common self-help books, Bessett says, but not a total disconnect as the books suggest. Their relationship was more specific.

"They leaned more on their doctors for advice about what to eat and what tests to have, but turned to their moms for advice on child care and for emotional support and talked a lot about the ways in which bodies change as a result of pregnancy," she says.

While this was also true for the women with lower education, Bessett found those women turning to their mothers for other realms of guidance, sometimes over standard medical advice.

"Self-help books are giving us a really terrible picture of soon-to-be grandmothers that pregnant women themselves don't really fully endorse regardless of who they are," says Bessett. "I argue that books are strictly endorsing medical guidance exclusively and that's not the only place

where women are getting their information."

## **Mother knows best**

While highly educated women engaged with their mothers in a more limited way, women with lower education engaged with their mothers more in-depth about everything and ranked their mothers as the most valuable source of information, Bessett adds.

Within the group of women with lower education Bessett found a common denominator—the lack of being listened to and often feeling discounted by medical personnel, especially when they told their doctors that their mothers said this or suggested that.

By and large, self-help guides argue that the womens' mothers will only offer outdated advice, she says, but the books do not factor in the emotional value that those mothers provide.

"One particular woman in the lower educated research group had a borderline hypertensive disorder and was advised to shift to the high-risk clinic, which meant more frequent appointments and giving up her current clinician for the remainder of her pregnancy," says Bessett. "But her mother advised against it knowing the emotional cost to her daughter. She encouraged her to continue with the usual prenatal routine and fed her liver, which she believed would keep her nutritional levels up and her blood pressure down. Her mother's support avoided adding stress to a pregnancy that ultimately resulted in the birth of a healthy baby boy."

Other caveats within the lower-educated mother-daughter dyads include a number of women who didn't have as much distance between their mother's last pregnancy and their own, which resulted in advice and support that was much more current.

"Their mothers often had their children at a younger age and the [pregnant women](#) themselves are now giving birth younger," says Bessett. "If the mother and daughter are only 18 to 20 years apart, the mother may also have continued to have children not long before her older daughter gave birth. In that regard, mom's advice is still very current."

Conversely, women with higher education typically wait until the age of 30 to give birth, which Bessett found to follow suit with their daughters. In that case the mother's advice may be somewhat outdated and less relevant to today's modern medical guidelines.

Even so, women with higher education still found a great value in what their mothers could tell them about how their bodies would be changing and were a valuable source for details related to their familial or genetic inheritance—information that only their mothers could contribute, she adds.

## **Best of both worlds**

"One of the most distinctive differences between the two groups showed how much more women with higher education valued how scientific information and modern technology could contribute to a healthy pregnancy," says Bessett. "But instead of a 'generational disconnect' they tended to read self-help books along with their mothers who also enjoyed a vicarious engagement with science that they didn't have when they were pregnant decades ago."

These mothers recognized that their birth experiences were much different from the medical interventions women have today, so Bessett found they were less likely to try to call the shots or endorse their pregnancy experiences as more appropriate.

"The overarching gain from the study shows how damaging self-help

books can be for certain groups who take the 'generational disconnect' seriously," says Bessett. "In a context of considerable health misinformation, we have to understand in what circumstances extended family can be the source of this misinformation and when they provide an important sounding board for expectant parents.

"These books don't take into account how damaging it can be to sever bonds with their mothers during a time when they need low stress, warm bonding and emotional support more than ever for a healthy pregnancy."

Conducting future research on grandparents can help to insure that new parents have all the support they need by demonstrating that the "generational disconnect" is not a given and knowledge and investment in pregnancy practices is highly variable, suggests Bessett.

"Medical [advice](#) is not always black and white," she adds. "Doctors and medical personnel who use a more holistic approach and actually listen and really hear their patients, no matter how much they may rely on their mothers, would do more for their [patients'] emotional as well as medical well-being—because sometimes [mothers](#) really do know best."

**More information:** Danielle Bessett, *Complicating the Generational Disconnect: Pregnant Women, Grandmothers-to-be, and Medicalization, Reproduction, Health, and Medicine* (2019). [DOI: 10.1108/S1057-629020190000020013](#)

Provided by University of Cincinnati

Citation: Guidebooks or grandmas? Where most moms get their pregnancy advice (2019, November 27) retrieved 8 May 2024 from <https://medicalxpress.com/news/2019-11-guidebooks-grandmas-moms-pregnancy-advice.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.