



Young Dutch Millennial Women's Perspective towards Motherhood

Elise AHE van Beeck^{1,2}, Yvonne Fontein-Kuipers^{*1,2}, Iris Baaima², Suzanne Schuiteman-van der Hoek²

¹Rotterdam University of Applied Sciences - Research Centre Innovations in Care.

²Rotterdam University of Applied Sciences - School of Midwifery.

Abstract

This qualitative study explores perspectives towards motherhood of young Millennial women for preconception care purposes. The findings highlight the specific views that Millennial women have of motherhood: Mental mood boards portray both realistic and idealistic images of childbearing and motherhood. Preconditions to consider before becoming a mother, involve security related to the current world's safety. Personal memories and experiences, the social environment, including the large impact of social media and their self-image of becoming a Millennial parent - all influencing and framing Millennial women's thoughts about motherhood. Healthcare providers, maternity services in particular, should be aware of these perspectives because these offer points of discussion during psychosocial transitional preconception services for the Millennial generation of women and potential future mothers.

Keywords: Healthcare; Maternity care; Millennials; Motherhood; Preconception; Transition to parenthood.

Motherhood is one of the few universal roles assigned to women, being central to the experience of most of contemporary women. The overall cultural expectation to bear and rear children is considered to be a normal and natural event of the woman's life course [1], albeit that for contemporary women motherhood is not such a self-evident stage in as it used to be in former generations [2]. Apropos, not all women (consciously) choose to become a mother or are able to become a mother. Media, like the online magazine 'Parenting', spreads messages that "to be a good mother a woman needs to be adaptable, patient, loving, compassionate, empathetic, kind, strong and determined" and "a good mother will sacrifice anything for her children, she loves them unconditionally, and forgives them any pain they cause", followed by the advice "follow your instincts and you will be a good mother" [3]. These messages illustrate 'momism', a term used to describe a set of ideals, norms, and practices, most frequently and powerfully represented in the media, that seem on the surface to celebrate motherhood, but which in reality promulgate standards of perfection that are beyond reach. This portrayal of perfect mothers in the media is believed to be of influence on young women's thoughts on motherhood [4].

Contemporary women have altered ideas, values and expectations about pregnancy and birth, family-work balance, social dynamics, parenting and care quality compared to earlier generations of women [5-9]-no doubt influencing their thoughts on motherhood, maternal behavior and parenting. For the current generation, parenting and work-relation/family balance and work-life, including equity of role and task division between couples are in a state of flux [2,8,10,11]. This

suggests that the approach to parenthood undergoes a transformation as the Millennial parent population differs from its generational predecessors [5,9]. Millennial parents appear to value parenthood to a great degree and view parenthood as a major part of their identity but simultaneously struggle with the transition to parenthood [12,13]. This suggests that preparation for parenthood requires support and guidance. Healthcare professionals can adequately support young women in making informed decisions about motherhood and parenting when this is done in a meaningful way that aligns with the values, goals and ideals of (prospective) Millennial parents [14].

Preconception care seems to be the dedicated type of care [15], being an ideal time to counsel women and their partners about pregnancy and parenthood [16]. Preconception care is regarded as pre-pregnancy professional healthcare provided to women and couples of childbearing ages, regardless of pregnancy status or desire [15]. The preconception period involves an anticipatory process during which women seriously consider the decision to enter motherhood. Therefore, preconception care should not only involve health and lifestyle choices but should also consider reflection on desire and readiness for motherhood. The topic transition to motherhood is, however, insufficiently addressed in midwifery practice and education [17]. From a healthcare professional point of view, it is important to step in at the early stages of preparation for parenthood, as this includes contemplation and decision-making processes which can guide young women into parenthood [18]. The midwife plays a pivotal role in providing preconception services [18-20]. Current preconception services predominantly focus on health behavior and risk assessment to decrease perinatal mortality, including the health of (unborn) children [21,22], but not so much on the emotional and social support of young women [23], while psychosocial wellbeing is of great importance to Millennials [13]. Thus, understanding and being aware of women's thought processes about motherhood may improve tailored preconception and antenatal consultations.

*Address for Correspondence: Dr. Yvonne Fontein-Kuipers, Rotterdam University of Applied Sciences, Rochussenstraat 198, 3015 EK Rotterdam, Netherlands, Tel: +33(0)10 79 46 166; +00 (0)6 22 98 55 81; E-Mail: j.a.c.a.fontein-kuipers@hr.nl

Received: February 1; Accepted: July 11, 2019; Published: July 12 th, 2019

The current midwife's clientele includes Millennial women. The Millennial generation, consisting of people born between 1980 and 2000 [24] who are characterized as achievers, users of social media, global citizens and conscious, confident, sheltered, pragmatic idealists [25]. The Millennial generation has mostly been studied for career expectations, work values, and work attitudes [26-28] but not so much for perceptions and expectations of parenthood. Regarding preconception services, healthcare professionals need to be familiar with the thought processes of Millennial women regarding motherhood. It is therefore worthwhile to examine perceptions that Millennial women have about motherhood since these ideas shape their motivation for attitudes about pregnancy and thus maternity services. For example, Dutch childbearing Millennial women are more interested in pain relief and show a decreased use of home birth compared to earlier generations of child bearing women. Physiological childbirth has been maintained in the Netherlands until the current Millennial generation. Dutch midwives find this change often difficult and don't understand why this is taking place while it easily can be explained by the fact that Millennial women have other attitudes than the women from earlier generations [29]. This example illustrates the value to look at perceptions, feelings and thoughts that contemporary women have about motherhood as these ideas form the basis how they enter a potential pregnancy and midwifery services. Understanding Millennial women will contribute to conceptualize the modern woman as an embodied and autonomous self.

To our knowledge there is little to no qualitative research on the thoughts and expectations of female Millennials regarding motherhood before they decide to become mothers, or not. The present study was undertaken in an effort to explore young women's perspectives and expectations about becoming and being a mother. Insights in and understanding of young women's thought and decision-making processes regarding motherhood is a necessary first step to educate (student) midwives and other relevant healthcare professionals to help them support future mothers in their transition to parenthood, meeting the needs of modern women.

Material and methods

Design

In order to gain a better understanding of the topic, this qualitative exploratory study utilized a constant comparison method with a phenomenological approach [30-32]. We aimed to access, describe and analyze articulated perspectives to be integrated in an explanation and better understanding of the topic under study [33].

Participants

We aimed to recruit nulligravid women from the Millennial generation between the ages of 18-29. We included Dutch speaking female students who attended non-healthcare related higher education. Women with children were excluded, since we were looking for women without mothering experiences.

Procedure

Purposive sampling was used by approaching participants via mixed recruiting strategies [34]. Recruitment letters which described the aim and criteria for the study were posted on social media (Facebook groups and higher education institution's websites). Women that were interested could contact the researchers by email. Other participants were recruited via snowball sampling using the personal social (media) networks of the participants. The interviews were conducted at a time and place convenient to the participants. Prior

to the interviews, we performed a literature review and also reflected on our thoughts about the topic of study. None of the researchers were personally related to the interviewees. These steps were taken in order to minimize the likelihood of observant-expectancy and gratitude bias. [34].

Ethical considerations

Ethical approval was not required according to Dutch ethical research standards. We adhered to the ethical principles of the Central Committee on Research Involving Human Subjects [35]. Informed consent was obtained prior to the interview from all participants. They were informed to be able to withdraw at any time during the study, without giving reason. Each participant was given a number and their identities were known only to the researchers, which ensured confidentiality and anonymity. Participants were informed that the findings would be published without identifiable information.

Data collection

We conducted 12 individual semi-structured interviews between 12 March and 10 May 2016. The interviews lasted between 35 to 50 minutes. A topic list was constructed based on a literature review and was used to structure the interview, including the following:

- i. Thoughts and views of motherhood, including expectations, conditions, hindering, and promoting factors.
- ii. Experiences that might have been of influence on their view on motherhood (e.g. education, family life, love life, social network).

One researcher conducted the interview while another observed and noted non-verbal communication (IB, SS) (field notes) [36]. All interviews were audio recorded. To validate the findings, the interviewers checked the interpretation of the answers from the participants by summarizing the answers, throughout and directly following the interview [36]. After each interview, we evaluated the findings and formulated topics that called for more in-depth exploration in the next interview, according to the cyclical process of the constant comparison design [30, 36]. Post interview, the interviewers reflected and explored their own thoughts about what was said during the interview, to minimize personal bias. Additionally, the participants received the transcripts by email for a member check in order to validate the findings [31]. One participant responded because one word was misunderstood, after which the transcript was adjusted.

Data analysis

We anonymized the transcripts. Each interview was directly transcribed verbatim and coded. The field notes were added to the transcripts to aid the interpretation of the transcripts. First, all transcripts were independently read and then labelled (open coded) and categorized (axially coded) by two researchers (IB, SS). As a reliability check, two researchers (EB, YF) repeated these two steps and then arranged the categories thematically (selectively coded). Additionally, findings were compared and meaning was discussed until consensus was reached [31, 36]. The coding scheme was adjusted accordingly and inter subjectivity was achieved. After 12 interviews, we recognized that no additional information about the topic of interest was being discovered and repetition was occurring when data collected from participants did not develop new properties within the already established categories [36].

Results

After 204 labels, categorizing 36 codes, five themes were identified from the data, including: 'The Pinterest mom', 'Decision-making', 'Me, myself & I', 'Wishes of others', and 'Societal changes'. Quotes were added to illustrate the findings. Our participants were between 19 and 23 years of age and were predominantly from Dutch origin.

The Pinterest mom

Thinking about parenthood, participants displayed thoughts, wishes, fears, perceptions, and expectations which all contributed to the image of motherhood. As if they were making a mental mood board, a Pinterest board, that presented images of pregnancy, childbirth, and motherhood. All women mentioned their ideas of what it means to become a mother.

"Well, it's just when a woman becomes a mother; she unconditionally dedicates her life to her child."

They also considered the expected influence of motherhood on their love life and social life. Participants shared their thoughts on what it would mean to raise a child and what comes to mind when thinking about potentially having children. When participants were positive about having children, hopes and dreams for their future children were described. All participants addressed emotional and practical expectations they had about motherhood.

"What do you get in return? I guess love (...) satisfaction... when your child is happy or smiles or when you're having a good time, I presume it makes you happy."

"A lovely thought, drinking tea together when they come home from school (...) doing some arts and crafts."

"I'll do my best for them to become responsible citizens later in life."

Decision-making

All participants expressed thoughts on whether they did or did not want to become a mother at some point in their lives; some were sure they were meant to become mothers, others were sure they were not meant to become mothers, and some were indecisive.

"A lot of girls around me are like 'I've always wanted to become a mother and I definitely want to have children.' So far, I've never had that feeling. And I'm not sure if I ever will, maybe later."

Most participants talked about preconditions that need to be met before their wish to become a parent can be fulfilled. Security is required in many aspects of their lives, including financial, relational, emotional, and personal stability. A safe environment to raise children was found to be very important. The world's safety plays a crucial role in the women's mind when they think about motherhood.

"If I were to live in an unsafe country or area, no, I wouldn't want to have or raise a child. Same goes for money, relationship, being stable as a person... yeah, stability and security are very important."

All participants pointed out that motherhood can and should be a conscious decision. Most participants considered the risks involved in postponing motherhood, including complications during pregnancy and childbirth and an increased risk of having a child with disabilities. But most participants stated that they first want to achieve other goals and priorities, e.g. finishing education, getting a proper job, and getting to know the world by traveling. It is important to have children at the 'right time and place'.

"I want to do a bit of travelling, see the world, meet other people (...) do other things first before settling down."

"That I really have the feeling of well, now I'm ready, I can settle down, I really have something to offer to a child. When I have reached that point in life, then I can make a conscious decision."

Me, myself and I

Women's thoughts and views on motherhood were affected by autobiographical elements. All participants described how their personal experiences from their own childhood influenced thoughts on motherhood. These experiences ranged from their memories of growing up with or without siblings, to the norms and values they inherited by their upbringing. Most participants talked about how their personal development, e.g. getting older and education, had changed their views on motherhood, as did certain situations they observed in their environment or community.

"It's just the picture of children in the shops, in public (...) how annoying and irritating children can be. How parents respond to children's behavior, or actually, how they don't respond (...) how disrespectful children treat their parents."

One's own experiences as, for example, how they were raised themselves, being a babysitter or taking care of their siblings, also came to mind when thinking about parenthood. One woman talked about the influence of her religion on wanting to become a mother. Some participants described how painful experiences, like divorce or the death of a parent, had impacted on their thoughts of parenthood. Participants recalled about how they used to play with dolls and talked about their childhood dreams.

"That is, I reckon, when you are young and you think 'Oh, I want to be a mother when I grow up', because that is what I wrote in my diary: My dream is to become a mother."

Wishes of others

The social context affected women's thoughts about motherhood, including partners, friends, family, society and (social) media. Participants talked about the importance of their partner's thoughts wishes about becoming a parent and how this could potentially affect the relationship or, in the future, could affect their decision about becoming parents.

"You mean when your partner doesn't want to have children? Uhm, I think I will then change my mind. Because I don't want to have children with a father who wishes they were never born."

Most women felt pressured by the expectations of society, family, and friends.

"There is definitely pressure (...) When you're around 29-30, people start asking questions like: 'Shouldn't you be thinking of having kids by now?' But when you're 35, people say: 'Oh, isn't that a bit old to start a family?'"

"People can try to have some influence on my decision of having children, but then I get this feeling, argh (...) the more people try to influence me, the more I'll run in the other direction."

All of the participants talked about how (social) media had affected their thoughts on motherhood.

"Yes, so I guess television programs and social media really do have an influence. That goes for programs such as 'Teenage pregnancy' I wouldn't want to become a mum so young."

"Facebook posts show these videos of sometimes nasty but also very cute children. It either makes your heart melt, thinking 'yes I want that child', or completely the opposite: no way, never!"

"Those vlogs on the internet (...) stupid videos and stories that really put me off the whole idea of pregnancy and motherhood."

Societal changes

All participants made at least one comment that was related to being part of the Millennial generation. They talked about societal changes, e.g. what is currently happening in society that impacts thoughts on the future.

"I will not be the staying-at-home mum, that's not this day and age."

"How have we got ourselves in such a mess as a society? And you have to think about - at least, that goes through my mind sometimes- do I want to bring a child into this world?"

"When I see [terrorist] attacks (...) that's when I think, it isn't safe for a child to come into this world. Right now, the world isn't that much fun (...) yes, this is what you do to your child."

Discussion

We explored the thoughts, expectations and perceptions on becoming a mother among a sample of Dutch females of the Millennial generation in order to get a better understanding of their thought processes regarding motherhood. To our knowledge this has never been addressed before in such a manner. Although the thought process described by our participants might not be really different from the cognitive development theory regarding maternal role attainment [20], the content of the current transitional process, however, differs and does not seem to fit in transition theories of the 20th century. Our findings emphasize that current women seem to listen to their inner knowledge and autonomy and base their decisions on embodied and experienced knowledge, opposed to being a passive recipient of social forces - being common in the previous century and generations [20]. We believe that by knowing and acknowledging the perceptions and expectations of Millennial women, healthcare professionals, midwives and other maternity care practitioners in particular, can achieve a better understanding of these women's needs when guiding them into parenthood. Our findings showed that all participants had created fairly clear images of what motherhood will be like. Not all participants had reached a decision yet on whether they did or did not want to become a mother in the future. The results illustrated that participant's thoughts and expectations were influenced by perceived, idealistic as well as realistic ideas, decision-making processes, autobiographical elements, their social environment, media and the changes within society. The themes that emerged from our data offer topics for discussion between the mother(-to-be) and the healthcare professional to meet the Millennials woman's preconception's need for conscious decision-making [12,13] and to enhance the healthcare professional's understanding of the woman's thoughts.

The participants described being influenced by their partners, relatives, peers, and the media. The Millennial generation is the first generation where social media communication is having more effect than in previous generations, since social media was widely adopted after 2003 [37-39]. Members of this generation actively share, contribute, search for and consume information on social media platforms [40]. Our participants talked about how social media affected their thoughts on motherhood, which can be explained by the rapid rise of social media websites as popular sources of health information for teens

and young adults [41]. Childbearing used to be regarded as a private matter, although women's reproductive intentions, attitudes, and behavior have always been being confronted with attitudes, behavior, and comments of related and non-related others [42]. Nowadays women like our participants, however, are also impacted by social media. Social media adds to the well-known influences of social learning, social pressure, subjective obligation, and social contagion and represents a new, different, and additional social interactive medium that influences the reproductive preferences of women [39, 42]. Our participants also appointed the influence of situations and incidents they (had) observed in their environment as social learning components and described the influence of their larger group of peers. Hence, the effect and impact of social media on parenthood thoughts of young women adds on to existing knowledge and seems to be one of the strongest components of social influences, albeit that the portrayal of perfect mothers [13] was limited.

Around 80% of women in the fertile age group will become pregnant and therefore will come into contact with maternity services. Some of them will enter the maternity healthcare system before conception, others will only enter maternity care services once pregnant [43]. High quality midwifery care is characterized by a holistic perspective including foci on emotional, psychological, and social aspects. Current preconception care, however, is mainly focused on health behavior and risk assessment to decrease perinatal mortality and morbidity [21, 22]. To demonstrate a holistic approach of their profession, midwives should aim to bring preconception care services to a high standard level of care which also should include psychosocial aspects. Therefore, our findings might contribute to the midwife's understanding and insights in the thoughts of young women who might become midwives' future clientele. Midwives and other antenatal counselors such as doulas or obstetricians around the world are, and will be, providing care to the Millennial generation, which makes it important to expand the body of knowledge about Millennial's thoughts on motherhood. With this study we have made a first contribution to the scientific research on this globally relevant topic.

As midwives play such a profound role in preconception services and supporting women into parenthood, it is of interest to consider midwives' ages in relation to the group they care or will care for. In Western countries, the age of the midwifery population is apparent. Over one third of midwives in these countries is over 50 years of age; varying, for example, from 30% in Belgium, to 33-41% in the United Kingdom, 44% in New-Zealand, and 59% in Australia [44-46]. This might imply that these early Generation Xers and late baby boomers are experiencing more difficulties in connecting with the members of the Millennial generation, which makes it imperative for, specifically, these midwives to learn about the Millennial's perspectives on pregnancy, childbirth, and motherhood. A generation gap might be associated to misconceptions and misunderstandings about Millennial women's psychosocial needs during transition to motherhood.

There are some limitations to our study. The small number of participants, who were all Dutch and with fairly high levels of education, limits transferability of our findings to other Millennial populations. Due to the qualitative nature of this study, no characteristics were collected. However, we noticed few participants had different cultural backgrounds. Based on our study, we cannot make assumptions that there are cultural-specific beliefs about motherhood [47, 48]. Therefore, it would be interesting to reproduce the study among Millennials with other cultural backgrounds. It can also be reco-

recommended to study participants with other educational levels and to explore young men's thought and decision-making processes regarding parenthood.

Conclusion

With this study we have enhanced insight and understanding in young women's thought patterns regarding motherhood. The current Millennial generation has specific perspectives towards and expectations of becoming a mother, which are influenced by their own experiences, their social environment and the era they live in. Healthcare professionals, midwives in particular including those from earlier generations, should be aware of these perspectives in order to anticipate the preconception and transitional needs of this generation of new/future parents.

Conflicts of Interest

There are no conflicts of interest.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Acknowledgments

We thank Natalie White for proofreading the paper.

References

1. Arendell T. Conceiving and investigating motherhood: the decade's scholarship. *J Mar Fam*. 2000; 62:1192-1207. [\[Crossref\]](#)
2. DuBois-Reymond M. Young parenthood in the Netherlands. *Young*. 2009; 17:265-283. [\[Crossref\]](#)
3. Barker S. Midwives' emotional care of women becoming mothers. New Castle upon Tyne: Cambridge Scholars Publishing. 2011. [\[Crossref\]](#)
4. Douglas SJ, Michaels MW. The mommy myth. The idealization of motherhood and how it has undermined all women. New York: Free Press. 2004. [\[Crossref\]](#)
5. Solera C. Combining marriage and children with paid work: changes across cohorts in Italy and Britain. *J Comp Fam Stud*. 2009; 40:635-659. [\[Crossref\]](#)
6. Eddy SW, Schweitzer L, Lyon ST. New Generation, Great Expectations: A Field Study of the Millennial Generation. *J Bus Psychol*. 2010; 25:281-292. [\[Crossref\]](#)
7. Newick L, Vares T, Dixon L, Johnston J, Guilliland K. A midwife who knows me: women tertiary students' perceptions of midwifery. *J New Zealand Coll Midwives*. 2013; 47:5-9. [\[Crossref\]](#)
8. Odenweller KG, Booth-Butterfield M, Weber K. Investigating Helicopter Parenting, Family Environments, and Relational Outcomes for Millennials. *J Comm Studies*. 2014; 65:407-425. [\[Crossref\]](#)
9. Donnelly K, Twenge JM, Clark MA, Shaikh SK, Beiler-May A, Carter NT. Attitudes toward women's work and family roles in the United States, 1976-2013. *Psychol Women Quart*. 2016; 40:41-54. [\[Crossref\]](#)
10. Houston DM. Work life balance in the twenty-first century. London: Palgrave MacMillan. 2005. [\[Crossref\]](#)
11. Matushka K, Bass J, Schmitt J. Life balance and perceived stress: predictors and demographic profile. *OTJR*. 2013; 33:146-158. [\[Crossref\]](#)
12. Wang W, Taylor P. For Millennials, parenthood trumps marriage. *Pew Social & Demographic Trends*. 2011. [\[Crossref\]](#)
13. Cramer R. Millennials rising: coming of age in the wake of the great recession. *A New America*. 2014. [\[Crossref\]](#)
14. Good fellow A, Frank J, McAteer J, Rankin J. Improving preconception health and care: a situation analysis. *BMC Heal Serv Res*. 2017; 17:595. [\[Crossref\]](#)
15. Dean SV, Lassi ZS, Imam AM, Bhutta ZA. Preconception care: closing the gap in the continuum of care to accelerate improvements in maternal, newborn and child health. *Reprod Health*. 2014; 11:S1. [\[Crossref\]](#)
16. Benzies K, Tough S, Tofflemire K, Frick C, Faber A, Newburn-Cook C. Factors influencing women's decisions about timing of motherhood. *J Obstet Gynecol Neonatal Nurs*. 2006; 35:625-633. [\[Crossref\]](#)
17. Fontein-Kuipers Y, Kogels E, Kolukirik G. How the topic 'transition to parenthood' relates to the learning and role expectation of Dutch student midwives who-are-mothers. *J Soc Sci Human*. 2018; 1:1-8. [\[Crossref\]](#)
18. Fontein-Kuipers Y, Banda A, Oude Hassink E, de Ruiter D. Shared decision-making regarding place of birth-mission impossible or mission accomplished? *Women's Health*. 2017; 3:36-44. [\[Crossref\]](#)
19. Hall J. Midwives play a pivotal role in preconception care. *Pract Midwife*. 2010; 13:3. [\[Crossref\]](#)
20. Parratt J, Fahy KM. A feminist critique of foundational nursing and research and theory on transition to motherhood. *Midwifery*. 2011; 27:445-451. [\[Crossref\]](#)
21. WHO. Meeting to develop a global consensus on preconception care to reduce maternal and childhood mortality and morbidity [meeting report]. Geneva: World Health Organization. 2012. [\[Crossref\]](#)
22. Robbins CL, Zapata LB, Farr SL, Kroelinger CD, Morrow B, Ahluwalia I, et al. Core state preconception health indicators-pregnancy risk assessment monitoring system and behavioral risk factor surveillance system, 2009. *MMWR: Surveill Summ*. 2014; 63:1-62. [\[Crossref\]](#)
23. Farr SL, Bish CL. Preconception health among women with frequent mental distress: a population-based study. *J Women's Health*. 2013; 22:153-158. [\[Crossref\]](#)
24. Howe N, & Strauss, W. Millennial's rising: The next great generation. New York: Vintage Books. 2000. [\[Crossref\]](#)
25. Howe N. Harnessing the Power of Millennials. *School Administrator* [serial online]. 2005; 62:18. [\[Crossref\]](#)
26. Kowske BJ, Rasch R, Wiley J. Millennials' (lack of) attitude problem: an empirical examination of generational effects on work attitudes. *J Bus Psychol*. 2010; 25:265-279. [\[Crossref\]](#)
27. Ng ESW, Schweitzer L, Lyons STJ. New generation, great expectations: a field study of the Millennial generation. *J Bus Psychol*. 2010; 25: 281-292. [\[Crossref\]](#)
28. Twenge JM, Campbell SM, Hoffman BJ, Lance CE. Generational differences in work values: leisure and extrinsic values increasing, social and intrinsic values decreasing. *J Manag*. 2010; 36:1117-1142. [\[Crossref\]](#)
29. Vries de R, Nieuwenhuijze M, Buitendijk SE. The members of the Midwifery Science Work Group. What does it take to have a strong and independent profession of midwifery? Lessons from the Netherlands. *Midwifery*. 2013; 29:1122-1128. [\[Crossref\]](#)
30. Boeije H. A Purposeful Approach to the Constant Comparative Method in the Analysis of Qualitative Interviews. *Quality & Quantity*. 2002; 36:391-409. [\[Crossref\]](#)
31. Flick E. An introduction to qualitative research. London: Sage Publications. 2014. [\[Crossref\]](#)
32. Van Manen M. Phenomenology of practice. Meaning-Giving Methods in Phenomenological Research and Writing. California: Left Coasts Press. 2014. [\[Crossref\]](#)
33. Olson JD, McAllister C, Grinnell LD, Gehrke Walters K, Appunn F. Applying Constant Comparative Method with Multiple Investigators and Inter-Coder Reliability. *Qualitative Report*. 2016; 21:26-42. [\[Crossref\]](#)
34. Boeije H. Analysen in kwalitatief onderzoek. Denken en doen [Analysis in qualitative research. Thinking and doing it]. Amsterdam: Boom Lemma Uitgevers. 2014. [\[Crossref\]](#)
35. CCMO. Central committee on research involving human subjects (reference WC2016-055). The Hague: Central Committee on Research Involving Human Subjects. 2014. Retrieved 24 February 2016. [\[Crossref\]](#)
36. Moser A, Korstjens I. Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *Eur J Gen Pract*. 2018; 24:9-18. [\[Crossref\]](#)
37. Bahr N, Pendergast D. The millennial adolescent. Camberwell, Vic: Australian Council for Education Research. 2007. [\[Crossref\]](#)
38. Boyd DM, Ellison NB. Social network sites: definition, history, and scholarship. *J Computer-Med Comm*. 2007; 13:210-230. [\[Crossref\]](#)

39. Westlund O, Bjur J. Media life of the young. *Young*. 2014; 22:21-41. [[Crossref](#)]
40. Bolton RN, Parasuraman A, Hoefnagels A, et al. Understanding Generation Y and their use of social media: a review and research agenda. *J Serv Manag*. 2013; 24:245-267. [[Crossref](#)]
41. Vance K, Howe W, Dellavalle RP. Social internet sites as a source of public health information. *Dermatol Clin*. 2009; 27:133-136. [[Crossref](#)]
42. Bernardi L. Channels of social influence on reproduction. *Popu Res Policy Rev*. 2003; 22:527-555. [[Crossref](#)]
43. NICE. Fertility problems. Quality standard [QS73]. London: National Institute for Health and Care Excellence. 2014. [[Crossref](#)]
44. AIHW. Nursing and midwifery workforce 2015 web report. Canberra: Australian Institute of Health and Welfare. 2016. [[Crossref](#)]
45. Benahmed N, Hendrickx E, Adriaenssens J, Stordeur S. Planning van gezondheidszorg personeel en gegevens over vroedvrouwen [Planning healthcare staff and midwives]. Health Services Research (HSR) Brussels: Belgian Health Care Knowledge Centre (KCE). 2016. [[Crossref](#)]
46. RCM. State of maternity services report 2016. London: Royal Coll Midwives. 2016. [[Crossref](#)]
47. Koniak-Griffin D, Logsdon MC, Hines-Martin V, Turner CC. Contemporary mothering in a diverse society. *J Obstet Gynecol Neonatal Nurs*. 2006; 35:671-678. [[Crossref](#)]
48. Bornstein M. Cultural approaches to parenting. *Parenting Sci Pract*. 2012; 12:212-221. [[Crossref](#)]