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I've Grown a Human, but I Don't Feel Like 'Me' Anymore: Body Image Narratives in Early Motherhood in Australia

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ABSTRACT

Introduction: The postpartum period can be a wonderful time for women as they embark on motherhood. However, this time is not without its surprises and challenges as new mothers support the life of another and navigate the physical and psychological changes they experience. This transformation period can often negatively impact body image and self-esteem, which can lead to further adverse health outcomes for mothers and children.

Methods: This research employs a qualitative design of semi-structured interviews with 20 Australian mothers with at least one child under four.

Results: Using reflexive thematic analysis, our study identified three key themes: (i) *navigating expectation vs experience: Physical and psychological transformations in the postpartum*, (ii) *navigating body image in a socially influenced world*, and (iii) *navigating well-being in a busy world: Balancing self-care and external demands*.

Conclusions: The results highlight the influence of societal thin ideals on mothers' eating attitudes, the crucial role of support networks serving as protective factors against body image concerns, and the need for enhanced education and preparation to guide women through this transformative period.

So What? The findings shed light on the lived experiences of postpartum women, providing valuable insights into the complex interplay of body image, eating attitudes, and self-care practices, sharing information for healthcare and support interventions, aiming to improve overall health and well-being for mothers.

The postpartum phase, following childbirth, marks a uniquely individual journey characterised by physical and psychological changes [1]. For some women, this phase brings a mixture of exhaustion and fulfilment [2]. In contrast, others grapple with the stress and anxiety inherent to shifts in self-identity, newfound responsibilities, and the ever-evolving dynamics within their families [3]. The postpartum period ranges from the weeks

following childbirth to an extended period, commonly defined as up to 12 months. The 'long-term' postpartum period is considered to be up to four years post-childbirth [4]. In a study across 15 countries, Finlayson and Crossland [5] highlight several facets of importance during the postpartum period: the desire for maternal confidence and competence, adaptation to altered identity, accommodation of changes in intimate relationships

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(including children), and the proficient navigation of physical and emotional challenges.

The psychological impact of the postpartum period is profound, sometimes culminating in postpartum depression, which affects up to 17% of women globally [6]. The postpartum period encompasses notable physical changes such as shifts in breast anatomy, weight changes, skin elasticity, and sexual function. These are influenced by various factors, including mode of delivery, breastfeeding, and hormonal fluctuations [7, 8]. The physical and psychological changes a woman experiences in the postpartum period can come as a shock to some women and may not align with their pre-pregnancy expectations. Higgins' [9] self-discrepancy theory suggests that individuals possess three self-representations: the actual self, the ideal self, and the ought self. The actual self reflects how an individual perceives themselves to be, the ideal self reflects how they wish to be, and the ought self represents how they believe they should be according to societal or cultural standards. Discrepancies between these selves can contribute to body dissatisfaction and feelings of unease. During the postpartum period, women are more likely to experience these discrepancies as they adjust to their new realities and roles whilst feeling pressure to conform to societal expectations of postpartum recovery and appearance [4, 10].

Body image, which pertains to an individual's cognitive and emotional evaluation of their physical self, substantially impacts the postpartum period. Body image perceptions influence self-assurance, self-worth, overall psychological well-being, and quality of life [10, 11]. Body image can be influenced by a range of factors, including interpersonal characteristics, social support and sexual functioning, mental health and stressors, cultural values, peer comparisons and media representations [12–15]. The Tripartite Influence Model [16] provides a valuable framework for understanding body image development. It suggests that societal, familial, and peer influences contribute to body image concerns, specifically identifying media influence, one's family, and peers as the primary sources of influence on an individual's self-worth, factors which can also impact eating behaviours. This model highlights the importance of a mother's support network as she navigates the postpartum period.

The emerging social media body positivity movement (#BOPO; 17) signifies a notable shift towards embracing diverse body appearances and challenging conventional media ideals. Complementary to this movement, positive body image is characterised by the unwavering acceptance of one's body regardless of daily fluctuations in self-perception [17]. Conversely, 'body neutrality' promotes a shift from excessive preoccupation with physical appearance, emphasising respect for the body's functionality regardless of outward form [18]. However, the digital landscape presents a paradox. While online movements encourage body acceptance, apps and websites offer filters that enable extensive editing, distort perceptions of appearance, and foster augmented reality [19]. Betz, Sabik, and Ramsey [20] revealed that exposure to social body ideals can lead to negative social comparisons, decreasing body esteem and appreciation, and adversely impacting body image and well-being.

Body image concerns consistently show associations with adverse health outcomes, including depression, anxiety, self-esteem, and disordered eating [21–25]. Women's body image dissatisfaction is particularly prevalent during the postpartum period, associated with the significant physical changes experienced before, during and after childbirth and the pressures aligned with societal thin ideals [4, 10]. These negative perceptions can impact self-care practices and pose challenges to breastfeeding, interpersonal relationships, and managing the early phases of motherhood [26, 27].

Media representations of pregnant and postpartum bodies are often unrealistic and can negatively impact body image [28]. While a woman's growing body in the pregnancy period is celebrated, women frequently harbour unrealistic expectations of their postpartum bodies, making them susceptible to disordered eating styles to alter their physical appearance and manage psychological distress [10, 29]. Current findings suggest that dietary choices may influence postpartum depression symptoms, metabolic disorders, body satisfaction, and overall well-being [4, 30, 31].

The dynamics of the relationship between women's dietary behaviours and body image in the postpartum period requires exploration. Significant gaps remain in our comprehensive understanding of body image and eating attitudes in the postpartum period, especially concerning mothers' emotional and identity transformations, the impact of physical changes, and how cultural, social, and individual factors influence these experiences. A notable oversight is the extent to which women are often unprepared for the physical changes postpartum, underscoring a need for a deeper exploration into how these changes affect their overall well-being and self-perceptions. This semi-structured interview study is designed to delve into the nuanced and deeply personal experience of mothers, capturing narratives, emotions, and experiences of body image and eating attitudes in the postpartum period.

1 | Methods

1.1 | Research Design

Due to the exploratory nature of the research, centred on understanding women's lived experiences of body image and eating attitudes during the postpartum period, we chose a reflexive thematic analysis approach [32]. Researchers used the COREQ checklist (in [Supporting Information](#)) as a framework for the research design [33]. The **Removed for Peer Review** University Research Ethics Committee (BUHREC) and the **Removed for Peer Review** Human Research Ethics Committee (CQUHREC) granted ethical approval for the study.

1.2 | Participants

Twenty mothers from two metropolitan and regional locations in Australia (Gold Coast and Central Queensland) were recruited through convenience sampling using social media and word-of-mouth networks of the research team. Inclusion criteria included mothers older than 18 years with a child under the

age of four years. All participants who signed up completed an interview with no attrition. Interested participants emailed the facilitator and received an information sheet outlining the research aims and informed consent and organised a time that suited their availability for a face-to-face or online interview. No demographic information was obtained from participants to reduce intrusiveness in line with the **Removed for Peer Review** University Human Research Ethical approval.

1.3 | Data Collection Procedure

Five female psychology honour's students with no research or clinical experience with postpartum populations facilitated the interviews. Before each interview, participants were informed that the research aim was to explore mothers experiences with body image and eating attitudes for the facilitator's honour's thesis. Participants were also informed of their right to withdraw. They were assured anonymity and confidentiality, and written informed consent was obtained. Facilitators verified that the participant were who they claimed to be, and noted genuine engagement in the interview process. Interviews lasted approximately 60 min. The semi-structured interview approach was chosen to create a setting where women could freely express their thoughts and experiences and elicit rich and nuanced responses from participants [34]. An example interview question included, "Now that you are a Mum, is there anything you did or did not expect pre-pregnancy?" (See [Supporting Information](#) for full interview guide). The interview questions were piloted by five women in the facilitators' social networks prior to the interviews... Interviews were audio recorded using mobile phone devices or the record option on Zoom and transcribed verbatim.

1.4 | Data Analysis

The six stages of reflexive thematic analysis, outlined by Braun and Clarke [35], were used to analyse the interview transcripts. All interview data was coded as a meta-synthesis by one psychology Honour's student (the lead author). The first phase, "Data familiarisation," entailed immersion in the dataset, listening to audio transcripts, transcribing, reading, re-reading transcripts, and reflecting on the data. During the second phase, "Systematic data coding," NVivo 12 software [36] was used to identify preliminary code labels and codes. The third phase, "Generating initial themes," involved using physical Post-it notes for grouping code labels, codes, and preliminary themes. In the fourth phase, "Developing and reviewing themes," preliminary themes were reviewed, and codes were rechecked for relevance to each identified theme. In phase five, "Refining and naming themes," further analysis and refinement were conducted to ensure each theme covered a distinct concept within the dataset. Theme names were reviewed, and summaries for each theme were created. The final phase, "Writing the report," involved interpreting findings and developing a research report. This stage encompassed continued synthesis of codes and themes into a coherent narrative and drawing meaningful conclusions from the data. All researchers completed regular reflexive journaling to acknowledge and mitigate the potential influence of personal beliefs and biases throughout the process.

2 | Results and Discussion

Through the process of reflexive thematic analysis, three themes were identified. Theme 1, *Navigating expectation versus experience: Physical and psychological transformations in the postpartum*, provides insight into the impact of the changes women experienced in the postpartum period and the discrepancies between their lived experiences and expectations. Theme 2, *Navigating body image in a socially influenced world*, outlines how societal influences impact body image and the importance of education and support networks for postpartum women. Theme 3, *Navigating well-being in a busy world: Balancing self-care and external demands*, addresses the patterns of behaviours related to eating attitudes, exercise, and specific factors that impact choices and motivations to look after themselves. The three themes provide insight into the body image journey of postpartum women and the significant challenges they face. An example of the code labels, codes, and themes identified through the semi-structured interviews is reported in Table 1 (see [Supporting Information](#) for full thematic coding tree).

2.1 | Theme One: Navigating Expectation Versus Experience: Physical and Psychological Transformation in Postpartum

Theme 1 provides insight into the impact of postpartum changes and the discrepancies between lived experience and expectations. All participants indicated they experienced physical changes at some level. Some found physical and cognitive changes minimal and readily embraced their new motherhood identity. For others, the more visible and permanent changes, such as sagging breasts, stretch marks, and loss of skin elasticity, led to apprehension and dissatisfaction. Mum 11 reflected on her body, saying:

I was quite slim before pregnancy, and after having my daughter, my stomach stretched so much ... it was like a deflated balloon ... it was all squishy ... I had these prominent stretch marks, and I'd never had stretch marks on my stomach. I remember going—Oh my god, that's really visible. It was almost frightening to look down at myself because it was so different ... The nurse said they go back to a regular colour, and it will go down. I remember in that moment, thinking—Oh my god, my body just changed, like, what's, what's next?... No one told me about that

(Mum 11)

Similarly, Mum 10 referred to her breasts as "empty sacks of nothing," and Mum 1 contemplated permanent physical alterations "*I might look at getting a breast reduction more for physical reasons, with my neck and my back, than the fact that I don't like the look of my boobs*". Other women noted practical aspects that impacted how they felt about themselves. For example, Mum 7 indicated, "My clothes don't fit my tummy now; I'm not sure they ever will." Additionally, unmet goals and expectations often lead

TABLE 1 | Reflexive thematic analysis: Themes, codes and code labels of body image in the postpartum.

Themes	Codes	Code labels
Navigating expectation versus experience: Physical and psychological transformation in postpartum	Appearance	Body image views in postpartum
	Identity	Body changes in postpartum
	Mourning old self	Body appreciation
	Weight-focused thinking	Impact of breastfeeding on the body and mind
	Body as a functioning machine	Adjustment to identity
Navigating body image in a socially influenced world	Breastfeeding	Conscious awareness of weight
	Social support networks	Social circles change in postpartum
	Social comparisons	Support networks impact body image
	Social ideals	Losing weight in postpartum is celebrated
	Media influences	Social ideals are deeply embedded
	Expectations	Ideals lead to self-worth
		Social media influences body image
		Motherhood is challenging
		Hearing something is different to experiencing it
Navigating well-being in a busy world: Balancing self-care and external demands	Nutrition	Convenience eating
	Exercise	Restricting food
	Time constraints	Structure around food and mealtimes
	Putting others before self	Role modelling healthy eating habits
	Guilt	Eating to nourish the body and
	Gratitude	brain, not to lose weight
	Motivation	Exercise looks different in the postpartum
		Feeding the kids first
		Celebrating bodies achievements

to disappointment and dissatisfaction, reflecting societal pressures of thin ideals [4].

Many participants felt unprepared for long-term bodily changes, commenting on experiencing a profound identity shift, leading some to mourn their former selves. Mum 19 emphasised the value of her mind over her appearance, acknowledging a heightened sense of self-consciousness, “So much has changed, my brain has changed, I feel like a different person ... I’m accepting the changes are more permanent.” Daily routines and activity changes profoundly impacted self-identity when adapting to motherhood, as evidenced by Mum 7:

Stuck at home, only able to leave the house to go on your walk within a five-kilometre radius, you wonder, what do I do all day? Babies don't talk back; they're gorgeous and smile but not intellectually stimulating. It's about shifting gears, adding a new role, and finding a way to do that that feels like it fits with your sense of who you are as a person

(Mum 7).

The women in our project exhibited a heightened awareness and motivation to regain their pre-pregnancy bodies through lifestyle changes like diet and exercise, a trend well supported by the literature [27, 37]. Differently, some participants embraced the transformations, expressing gratitude for their bodies, like Mum 1:

My stretch marks are extensive, but since having my son, I've never cared less about my body's look. This

photo, taken in summer, shows his tiny hand on my postpartum belly, making me realise that my body is incredible. I made a whole human

(Mum 1)

Others also reported that body image was not a significant concern for them, with Mum 10 stating, “It’s not on my radar; I’m not overly concerned about it.” For others, body image occupied a prominent place in their thoughts, as expressed by Mum 9: “Body image has always been something quite front of mind.” Others reported a decrease in their body image satisfaction, such as Mum 5, who commented, “I hate looking in the mirror now; I feel like I am not me,” and Mum 2, who mentioned, “I’m not happy with it [body], it gets you down quite a lot. I think it’s definitely changed my overall demeanour and happiness.”

Some participants acknowledged a sense of “body neutrality” despite not always favouring these changes, often viewing their bodies as functioning machines, like Mum 4, “I was super keen to get the baby weight off as soon as humanly possible; however, I am aware of the impact to my milk supply” and Mum 1: “I value my body’s performance [feeding] over the image. My body’s purpose has changed now; other people’s opinions don’t hold as much weight.”, and Mum 9 “For the first time, I really started to appreciate my body for what it could do, and how strong it was, because it had another purpose, not just what it looked like”. These findings align with existing literature that indicates that a mother’s identity can shift as they appreciate the body’s role in creating and keeping their children nourished [4, 10, 20].

Theme. one suggests that the mothers' experiences of navigating expectations versus the reality of postpartum body image are individualised. Each mother experienced physical and psychological changes in different ways. This could be due to pre-pregnancy expectations, the societal thin ideal, or social support explored in the following themes.

2.2 | Theme Two: Navigating Body Image in a Socially Influenced World

This theme explores how mothers' perceptions of body image are influenced by their support networks, social comparisons, and media exposure. Most participants emphasised the positive impact of their support networks. Family and peers played pivotal roles as healthy role models, understanding, and nurturing positive body image.

Supportive partners who showed care and encouragement played a crucial role in how mothers felt about themselves, acting as a protective factor against body dissatisfaction. Mum 7 emphasised her partner's encouragement of exercise for her mental well-being and reassurance regarding postpartum body changes;

When he comes home, and I'm overwhelmed, he suggests, 'Have you exercised today? If I haven't, he encourages me, 'Go for a walk, come back in 20 min'. When I'm self-critical, especially about my postpartum body, he reassures me, Give yourself a break. You just had a baby. It's fine. That's normal.

(Mum 7)

Participants admitted that their partners generally expressed supportive attitudes towards their bodies with comments like *"That's not the reason I fell in love with you"* (Mum 17). Mum 1 noted that she never felt pressured to *"present the best made-up version of myself"* with her partner complimenting, *"You're so much more beautiful without makeup"*. The resilience displayed by mothers within secure relationships demonstrates the positive impact of partner support and the importance of how this support influenced the participants' experiences during this adjustment period [38].

Family support played a crucial role in shaping participants' self-perceptions. Mum 8 noted the healthy role models in her family: *"I've grown up in a family where you were supported no matter what,"* while Mum 9 noted the need for support networks nearby, *"My parents and sister live one street away, so they are very close. We've got quite a few friends within a 5 to 10 km radius ... so that's been helpful to have that support."* (Mum 9). Family members and peers were cited as significant supportive role models fostering positive body image and self-esteem. Mum 17 summarised, *"You can't do all the extras without support for your kids."*

These findings highlight the crucial role of support networks in shaping body image and eating attitudes, aligning with the Tripartite Influence Model [16] and existing literature that emphasises the importance of positive social support networks for postpartum body image and well-being [15, 26, 39–41].

The influence of social comparisons, societal thin ideals, and media exposure on body image varied among participants depending on the media content they consumed. Mum 11 highlighted feelings of self-doubt and comparison with other mothers:

I've been more conscious of it now [social media] because when you are isolated at home with two kids, that's your social outlet ... online is what you are exposed to. That plays a part in your confidence

(Mum 11)

Social media exposure may play a crucial role in postpartum body image, where mothers seek reassurance and validation but can also fall into the trap of comparison [20]. Differently, Mum 10 expressed curiosity rather than comparison when she saw other Mums looking good, *"I didn't compare myself to them; it's more like, how did you do that?"* Mum 10 also acknowledged that people could manipulate images with Photoshop and that social media often portrayed a curated *"highlight reel"*.

Some participants felt pressure from media exposure, mainly through social media marketing. Mum 9 found it relentless: *"Whether it's intentional or not, you see stuff that impacts your sense of body image and everything to do with motherhood."* In contrast, Mum 11 was aware of the media's impact and opted for activity-based content, stating, *"I don't follow appearance-based social media accounts at all."*

Overall, participants were aware of societal ideals pressuring postpartum women to return to their pre-pregnancy shape and size. Mum 2 summed up this awareness, saying, *"It's patriarchal, capitalist crap that informs how we view ourselves. But even with that knowledge, I've found it hard not to buy into it."* Participants acknowledged engaging with online content, and their experiences demonstrated a notable level of awareness and critical thinking, enabling them to identify the unhelpful and often unrealistic nature of online content and usage patterns and counteract potentially harmful comparisons [4, 38]. Our findings resonate with prior research that highlights the potential harm posed by postpartum images and content encountered by mothers online [28].

While mothers felt well-supported during the pregnancy, they reported minimal engagement with external allied health providers during the postpartum. Mum 9 reported that accessing services, including a private midwife, occupational therapy, and psychological support, was helpful. *"Postpartum was the first time I really understood the importance of education support."*

Participants acknowledged that postpartum nutritional guidance was lacking, leading them to return to pregnancy habits or the internet for ideas. Some attempted to adopt healthier habits for better overall health and to be role models for their new child, while others restricted food in an attempt to return to their pre-pregnancy shape and size. Mum 5 highlighted that she tried unconventional methods like periods of *"starvation"* and *"pharmaceutical drugs"* to lose weight, which were

unsuccessful, resulting in further weight gain and body dissatisfaction. The experience of Mum 5 exemplifies the need for tailored support interventions, improved targeted support mechanisms, and comprehensive education to empower at-risk mothers [42].

Despite most mothers feeling well-supported during pregnancy, postpartum engagement with allied health professionals was often limited, raising questions about the services' affordability, accessibility and availability [43]. Mum One stating: "I had a really horrific midwife so that the whole general experience post-birth was pretty traumatic and horrible." Additionally Mum Four describes how health professionals inappropriately commented on her body after pregnancy which made her feel uncomfortable "I had a couple of the midwives and the doctor comment on how my stomach got flat which was unnecessary. Like, you don't really need to comment." Although nutritional guidelines exist for breastfeeding and standard postpartum care, their integration into care by health practitioners could be enhanced to better reach new mothers. Additionally, educating about bodily changes and debunking unrealistic postpartum body expectations and beauty standards perpetuated by the media [4, 20], may empower women to develop a healthier body image.

2.3 | Theme Three: Navigating Well-Being in a Busy World: Balancing Self-Care and External Demands

Theme. three addresses the patterns of behaviours related to eating attitudes that impact postpartum body image. Participants reveal experiences where convenience collides with intentionality, and self-nourishment intersects with pressures to 'bounce back' to pre-pregnancy shape and size. Participants discuss their eating attitudes, daily food and activity choices, motivations, and the impact on postpartum self-image.

Participants reported diverse postpartum eating attitudes. Some practised food restrictions, like Mum 10, *"I live on coffee or tea until supper, then have a massive meal and then crave a sweet."* However, not all mothers shared this experience; some adopted an intuitive eating style—removal of food restriction and dieting and listening to the body's hunger and satiety cues [44] like Mum 7, who highlighted family connections as more important, *"As long as I eat enough and I'm drinking enough, I place more emphasis on sitting down together as a family and having dinner."* Previous eating attitudes also played a significant role in shaping participants' approaches towards food choices. Mum 1 stated:

I'm never going to be a person who is stick thin; it's not in my genetic makeup...I'm okay with that. I think I'm lucky coming into this discussion 10kg lighter than my pre-pregnancy weight...I wouldn't say I've dieted; I haven't done anything differently, but I do make a conscious effort for what I put in my body compared to what I did before ... I'm making healthier food choices postpartum.

(Mum 1)

Conversely, Mum 3 mentioned, *"I'm always on a perpetual cycle of going on a diet,"* and Mum 10 commented, *"I never dieted, but it's always in the back of my mind."* Participants recognised the influence they could have on their child/ren, motivating them to adopt healthy lifestyle choices. As Mum 9 noted, *"I want to be a healthy role model for my daughter."* Others commented on the ease of losing weight postpartum. Mum 7 shared, *"I experienced weight loss almost immediately,"* and Mum 8, *"I bounced back to my pre-baby weight within a couple of months."*

This aligns with the prior literature that postpartum women often experience these pressures to conform to certain ideals, characterised as "bouncing back" after childbirth [4, 45]. While some participants in our study appeared to feel societal pressures to conform to the thin ideal, other participants reported eating intuitively, striving to be health role models for their children and were more focused on mealtimes being a connection point with family. The findings suggest that the postpartum experience is diverse and women experience self-oriented body comparisons in individual ways. Literature suggests that self-compassion could act as a buffer towards engaging in disordered eating behaviours in an attempt to return to pre-pregnancy body shape and size [42].

Participants also discussed the link between sleep, diet, and energy levels. When they experienced fatigue due to disrupted or inadequate sleep, they tended to turn to less healthy coping mechanisms, as expressed by Mum 1: *"Alcohol and takeaway consumption goes up when I'm fatigued."* The literature also supports that physical changes and experiences impact eating styles, influenced by time restraints, caregiving needs and personal support (Hodgkinson et al., 2014). These findings highlight the necessity of advocating for healthy postpartum weight management strategies alongside addressing societal pressures that prioritise "bouncing back" post-childbirth. Such pressures often breed comparison, feelings of inadequacy, and adverse health consequences when women fall short of these expectations [28].

Participants expressed contrasting perspectives while breastfeeding. Mum 1 stated, *"When breastfeeding, the weight just dropped off,"* and Mum 10 mentioned, *"Breastfeeding helped regulate my weight."* In contrast, Mum 7 indicated that when breastfeeding, *"My appetite takes over,"* and Mum 8 stated, *"When I stopped breastfeeding was when I really started to lose the weight."* Individual breastfeeding experiences can vary widely, as can the role in weight loss [46]. Breastfeeding can impact energy expenditure and appetite differently; some participants described increased appetite and decreased energy levels whilst breastfeeding, factors that can also influence postpartum weight fluctuations. This highlights the need for further research to understand better the complex dynamics of breastfeeding and postpartum weight management [47].

Participants shared concerns about the impact on physical activity during the postpartum. Mum 3 reflected, *"It's a juggle to find the time and then not using that as an excuse because you're tired."* Physical activity has been associated with various health benefits, including decreasing stress hormones, improving overall mood, boosting self-esteem, and improving sleep [48, 49]. Most mothers in the research reported returning to

exercise in various forms within the postpartum period. Mum three commented on how her physical activity regime needed to change postpartum “I try and go walking a lot more than I normally would. I used to go to the gym. But obviously, I can’t, so I just changed it up, I do more walking.” Mum ten mirrors this sentiment and comments on how exercise is important for her mental wellbeing “But pre kids, I would go to the gym every day and I was doing pole fitness, aerial hoop, I was at the gym and doing some sort of class pretty much every single day I could, but you’ve got to be careful postpartum of hurting yourself and building your strength back up and your pelvic floor and all of that. So, you start off just going on a couple of light walks because I knew for my mental health as well that it’s really good for me.” Literature supports these findings, when postpartum women cannot maintain their regular exercise routines during this vulnerable period, it can negatively impact their well-being [50].

Participants described prioritising physical activity for their mental health concerns rather than their physical appearance. Short walks with their children were a popular form of self-care and social interaction. Mum 11 mentioned, “*I like to get out for my mental as much as my physical well-being,*” and Mum 8 “*Exercise is good for my mental health; I exercise for health benefits, not appearance.*” Mum 2 highlighted the changes in her physical activity regime post-birth:

My bones have moved...my hips and shoulders are out of line, which is perfectly normal for three or one kid... I can't just get up and go running like I used to... I can't participate in the active things my friends do now, like triathlons. I find the best thing for me is to walk.

(Mum 2)

These findings underscore the multifaceted nature of postpartum self-care, where individual motivations interact with external influences. Participants displayed diverse experiences, with moments of self-compassion in eating, breastfeeding and physical activity.

2.4 | Synthesis

Interviews with 20 postpartum women explored their lived experiences with body image and eating attitudes. Within the three themes, (i) *Navigating expectation versus experience: Physical and psychological transformations in the postpartum*, (ii) “*Navigating body image in a socially influenced world,*” and (iii) *Navigating well-being in a busy world: Balancing self-care and external demands*, the participants revealed diverse and complex experiences influenced by interconnecting factors. While many desired to regain their pre-pregnancy body shape and size and used food restriction and exercise, societal pressures of thin ideals and acceptance of new motherhood identities also played significant roles in shaping perceptions of themselves. Support networks were crucial in nurturing positive postpartum body image and eating attitudes.

Women’s adjustments in eating behaviours and exercise routines were shaped by personal beliefs, motivations, and societal

pressures, which sometimes led to disordered eating or food restriction. However, they also incorporated exercise to manage mental health concerns. Participants expressed self-compassion and a desire to prioritise overall health and well-being in their self-care practices.

Our research emphasises the importance of education and healthcare services in navigating the postpartum. The quality of education and support services available could significantly influence an individual’s experiences and expectations, with research indicating that a woman’s awareness enables her to tap into positive coping strategies and utilise support during this adjustment period [38]. Prenatal classes and healthcare providers could aim to prepare women on what they can expect and how to care for themselves and their newborns in the prenatal period. However, the quality and accessibility may vary across regions, along with services available after the baby is born, which can leave some new mothers with limited or practical support [43].

Collectively, the findings of this research support the Self-Discrepancy Theory (Higgins, 1989) and the Tripartite Influence Model (TIM: Thompson, 1999). The challenges and experiences shared by the participants can offer valuable insights for healthcare providers to customise communication and guidance to better align with the diverse needs of mothers. By focusing on promoting healthy self-care practices in nutrition and exercise that prioritise overall well-being over unrealistic body ideals, healthcare providers may assist postpartum women in navigating the challenges they encounter [51].

2.5 | Strengths and Limitations

Semi-structured interviews facilitated open and flexible discussions, enriching the depth of our data. Moreover, this approach successfully avoided issues like groupthink, often associated with focus group methods [52]. While our study provided valuable insights, it has limitations. The data was collected from women across Australia. Therefore, our sample may not fully represent postpartum women of other cultures. Despite our best efforts to mitigate social desirability bias, it is essential to recognise that participants may have hesitated to disclose responses they believed might be viewed unfavourably (Spielman et al., 2020). Additionally, the research team chose not to collect key demographic details from the participants to avoid the intrusiveness of the interviews as approved by the **Removed for Peer Review** University Human Research Ethics Committee. The lack of demographic details collected may limit valuable nuance in the findings reported. We are unable to discern from the data postpartum differences in body image and eating attitudes in older mothers compared to younger mothers and those from different geographical locations.

2.6 | Future Directions

Policymakers should consider these findings when developing prenatal education programs, acknowledge physical changes in the postpartum recovery period, and integrate nutritional

guidelines. Addressing these factors in policy planning creates an opportunity to improve the well-being of postpartum women and their families. Future research in Australian postpartum experiences of body image and eating attitudes could collect key demographic details to compare differences between age, socioeconomic status, geographical location, and marital status.

In conclusion, our research provides valuable insight into women's body image in the postpartum. From the 20 interviews, we can better understand that the physical and psychological changes a woman experiences postpartum are uniquely individual. Some mothers are less prepared for postpartum body shape and size changes than others. Participants acknowledged the pressures they felt from societal ideals to 'bounce back' after having a baby, which led to altered eating habits with varying degrees of efficacy. Support networks were crucial in shaping eating attitudes and body image and developing resilience towards media and societal thin ideals. When a woman feels healthy, competent, and supported, her overall well-being increases, and she can better nourish, care for, and support herself and her family.

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Ethics Statement

The study's ethics approval (Ethics #ML01999) was obtained from Bond University Human Research Ethics Committee.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data generated during and/or analysed during the current study are not publicly available due to the confidential nature of the interview transcripts but is available from the corresponding author on reasonable request. Ethics approval, participant permissions, and all other relevant approvals were granted for this data sharing.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.