

A desert landscape at sunset with saguaro cacti and a white text box.

Challenging Ideals of Motherhood:

Perceptions of Disability &
Babywearing as an Inclusive Practice

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Parenting & Motherhood as a Historical and Social Construction



Historical Context of Parenting

Industrial Revolution

19th Century

- Women in the workplace
- Labor reformers advocating for a nuclear family

1950's

- Housework is a way to express your femininity and identity as wives and mothers

1960-70's

- Gender revolution: men would increase in participation in domestic activities in response to women in the workforce.

90s-2020

- Across race, ethnicity, and social class, mothers do more parenting work despite increases in mothers' relative earnings and increases in fathers' participation in childcare.
- "Gender deviance neutralization" (increased time spent on household chores despite higher relative earnings) happens only for mothers and fathers, and not for childfree couples.

Googles' View on Parenting

“

WHEN MY AVOCADOS GO BAD I FEEL LIKE I'LL NEVER BE A GOOD MOTHER AND GET NOTICEABLY DISTRAUGHT.

Chrissy Teigen

”

babble



Having children is like living in a **frat house** - nobody sleeps, everything's broken, and there's a lot of **throwing up.**

- Ray Romano

INSIDE: TAKE THE QUIZ AND FIND OUT!

am i a normal parent?

EXPERT ADVICE, PARENTING TIPS, AND THE REASSURANCE YOU'VE BEEN LOOKING FOR

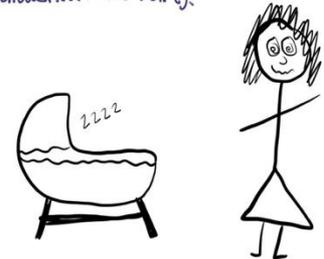
Sara Dimerman

FOREWORD BY HANNY DEB CARROLL OF FOX TV'S *Nanny 911*

PARENTHOOD IS WANTING TO BE WITH YOUR KID FOREVER ONE MINUTE, AND BEING TEMPTED TO SELL THEM THE NEXT.

MOMSGOTINK

While baby sleeps, Mummy stares into space wondering if he will sleep long enough for her to shower..... (he won't).



I decide what we wear, what we eat, and what kind of toilet paper we use. I try not to let all the the power go to my head.



baby screaming

Me: CAN YOU BE MORE SPECIFIC

someecards user card

Therapist: You need to start removing all the stressors in your life.
Me:

@MOMMYMEMEST



ASU

What Does “Good Parenting” Look Like?



What Does “Bad Parenting” Look Like?



So, what is a “good mother”?

Motherhood, Disability, and Social Expectations



Motherhood, Disability, and Professional Influences

- Motherhood is a fundamental right
- Approximately 4.4 million parents have disabilities in the United States, illustrating that despite societal perceptions, individuals with disabilities actively seek and desire to become parents and create families
- Individuals with disabilities are viewed as asexual, denying their sexual citizenship in society
- Professionals often hold biased assumptions
- Future social workers may unconsciously reinforce harm





**Mind your own
Motherhood**

Cultural Pressures on Mothers

- Society defines “good motherhood” with impossible standards
- Mothers are expected to sacrifice everything for their children
- Social media amplifies the pressure to be perfect
- Mothers are often blamed when children struggle
- Disabled mothers face all these pressures—and more

Disability, Stigma, Sexual Citizenship

- Disabled women often viewed as asexual or incompetent
- Denied full participation in relationships & family life
- Stigma undermines parenting rights
- Social systems may restrict reproductive freedom
- Sexual citizenship = bodily autonomy, reproductive choice, family-making



Types of Disability

- Physical disabilities
 - Often visible, better understood
- Neurodevelopmental disabilities
 - Invisible, less accepted
- People with NDD face more doubt about their behavior, decisions, parenting
- Stigma varies by type of disability and visibility

Perceptions of Mothers with Disabilities:

A Mixed-Methods Study of Social Work Students' Confidence in Maternal Readiness

The Present Study

- How are mothers with disabilities perceived?
- What influences these perceptions?
- How do these beliefs translate into practice?



The Study Design

- Social work students (N = 233) reviewed one brief vignette describing a pregnant woman
- Vignettes varied by disability condition
- Participants rated their confidence in her ability to be a “good mother”
- Opportunity to explain ratings and discuss challenges and recommendations
- Measured their social attitudes towards disability using Attitudes and Perspectives on Persons with Disabilities (APPD; Myong et al., 2021)

Control Vignette



Elena is a 27-year-old woman who has just discovered she is pregnant. She is both excited and nervous about the pregnancy. She lives with the baby's father in a two-bedroom apartment. The apartment is in a safe neighborhood and there are other families in the building. Elena doesn't have a driver's license and instead takes public transportation, which is typical in the area she lives in. Elena works part-time close to home, and financially is able to pay her bills each month. Elena has a close-knit family, with her parents living nearby. Socially, Elena has close friends that she meets up with at least once a month.

NDD Addition

“ As an individual with autism, she thrives in structured routines and appreciates quiet, familiar environments. She has unique strengths in focusing on details and values consistency in her daily life. Elena prefers clear communication, as she processes verbal cues more effectively than non-verbal ones, and she carefully manages her sensory environment by opting for quieter spaces.

PD Addition

As a wheelchair user due to spina bifida, she encounters inaccessible spaces, but she has developed effective strategies to navigate daily life, adapting her home and utilizing accessible public transportation to maintain her independence.

”

After Reading the Vignette...

- **How confident are you that Elena can be a good mother?**
 - **1 (not at all confident) to 10 (extremely confident)**
- **What factors in Elena's story contributed to your rating?**
- **What do you see as the primary concern or challenge with Elena's transition to parenthood?**
- **What recommendations do you have for Elena as she prepares for parenthood?**

Aims of The Study

Aim 1

- Examine whether confidence in parenting differs based on disability type
- **Hypothesis:** Confidence scores will be highest for the control, followed by physical disability, and lowest for neurodevelopmental disability

Aim 2

- Explore how perceptions are shaped by individual-level factors:
 - Parent vs. non-parent
 - Disability status (self or child)
 - Work experience (3+ years vs. fewer)
 - APPD disability attitude scores
- **Goal:** Understand which participant traits may be protective or predictive of bias.

Aim 3

- Use thematic coding to analyze how participants explain their confidence ratings across groups
- Identify recurring themes and differences by vignette condition
- **Goal:** To identify how participants construct their perceptions of maternal readiness

Disability Attitudes Measure

Measure: Attitudes and Perspectives on Persons with Disabilities (APPD)

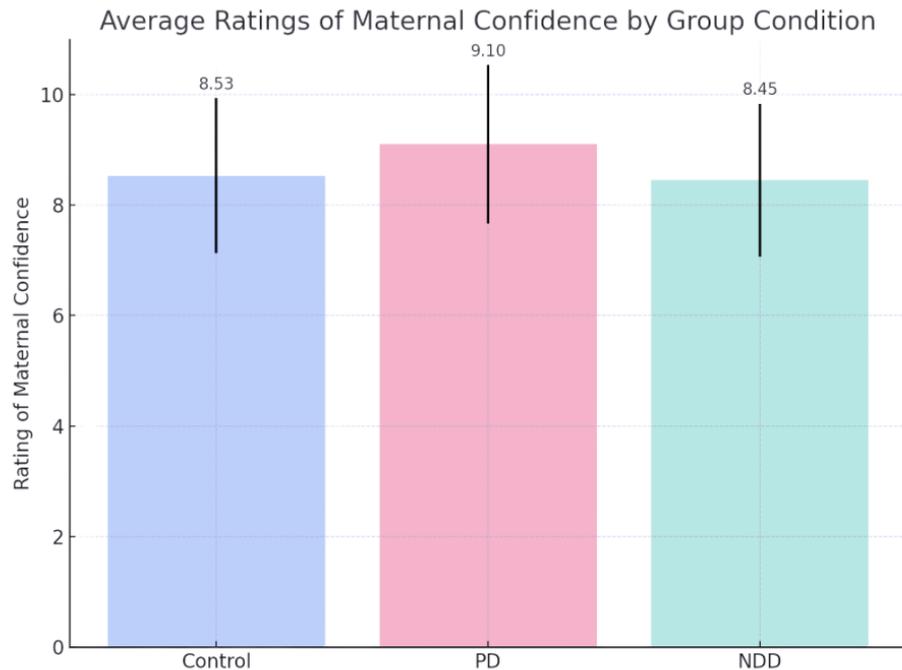
- 14 original items (4 subdomains: burden, discomfort, charity, integration)
- For the study, 4 items were added on dating, marriage, parenting (reverse-coded)

Scoring:

- 5-point scale (1 = strongly agree → 5 = strongly disagree)
- Higher scores = more negative attitudes

Results of Aim 1

- There was a statistically significant effect of disability status on perceptions of her ability to be a "good mother", $F(2, 232) = 4.72$, $p = .010$, with an effect size of $\eta^2 = 0.039$



Results of Aim 2

Parental Experience:

- No difference between parents and non-parents ($p = .209$)

Disability Experience:

- No difference based on having a disability ($p = .267$)
- No difference based on knowing someone with a disability ($p = .089$)

Professional Experience:

- No difference between less (0–2 yrs) and more (3+ yrs) social work experience ($p = .201$)

Attitudes Toward Disability:

- Overall APPD scores: no correlation
- APPD Relationships subscale showed significant negative associations with confidence ratings in both disability conditions

	Control	Physical	NDD
APPD scale	.10	-.16	-.13
APPD relationships	-.16	-.34**	-.34**

Note: * $p < .05$, ** $p < .01$

Qualitative Themes (Aim 3)

Top Themes

- Social Support
- Individual Characteristics
- Basic Needs



Alice Neel
Mother and Child, 1982

	Control	%	NDD	%	Physical	%
Social Supports	64	81%	59	72%	59	82%
Individual Characteristics	18	23%	56	68%	51	71%
Basic Needs	61	77%	46	56%	40	56%

PD: “Her resilience. Although she has to get around in a wheelchair, she is doing her best to get around, get to work and is responsible by paying her bills.”

NDD: “She wants the pregnancy; she has nearby in-person social support; she seems to be very self aware about strengths and weaknesses.”

Control: “She is excited, but sill logical enough to be nervous. She is able to work part-time while being financially responsible. She seems to know how to maintain stable relationships.”



Themes Across Groups

Across Groups

- Emotional readiness (e.g., adaptability, stress tolerance)
- Social support (partner, family, resources)
- Basic needs (housing, income, transportation)

Between Groups

- Control: Focus on practical/logistical resources
- PD: Focus on personal resilience + external barriers
- NDD: Focus on internal traits and limitations
 - Less mention of accommodations or systemic supports

Within Groups

- Within the PD group, mobility was often framed in two different ways:
 - Some viewed mobility limitations as a basic need, a supportable, contextual challenge (institutional deficit)
 - Others framed it as an individual characteristic, focusing on her mobility as something for her to "overcome" (personal deficit framing)

From Perception to Practice

If mothers are judged through biased beliefs that are *not grounded in behavior*, then what practices support the mother–infant relationship despite stigma?

Primary Object Clinging

- Bowlby (1958) described “Primary Object Clinging” as the built-in desire for infants to touch and cling to another human, distinct from the need for food and warmth but just as primary.
- Research shows that close physical proximity to infants increases the caregivers’ awareness of their infants’ needs, which subsequently allows them to be more responsive to those needs.



EARLY CUES - "I'm hungry"



• Stirring



• Mouth opening



• Turning head
• Seeking/rooting

MID CUES - "I'm really hungry"



• Stretching



• Increasing physical movement



• Hand to mouth

LATE CUES - "Calm me, then feed me"



• Crying



• Agitated body movements



• Colour turning red

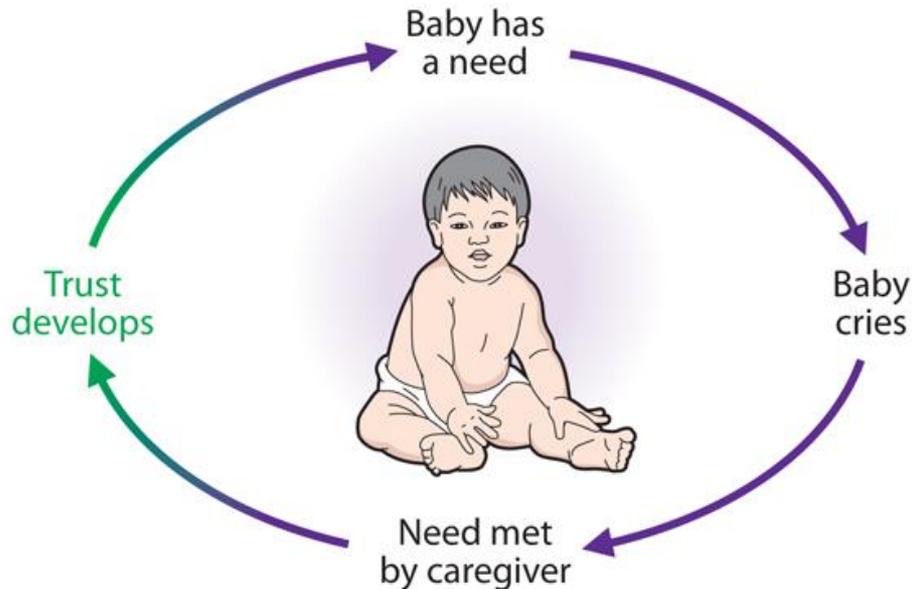
Time to calm crying baby

- Cuddling
- Skin to Skin on chest
- Talking
- Stroking



Communication & Attachment

Infant Attachment Cycle



Touch in Rodents



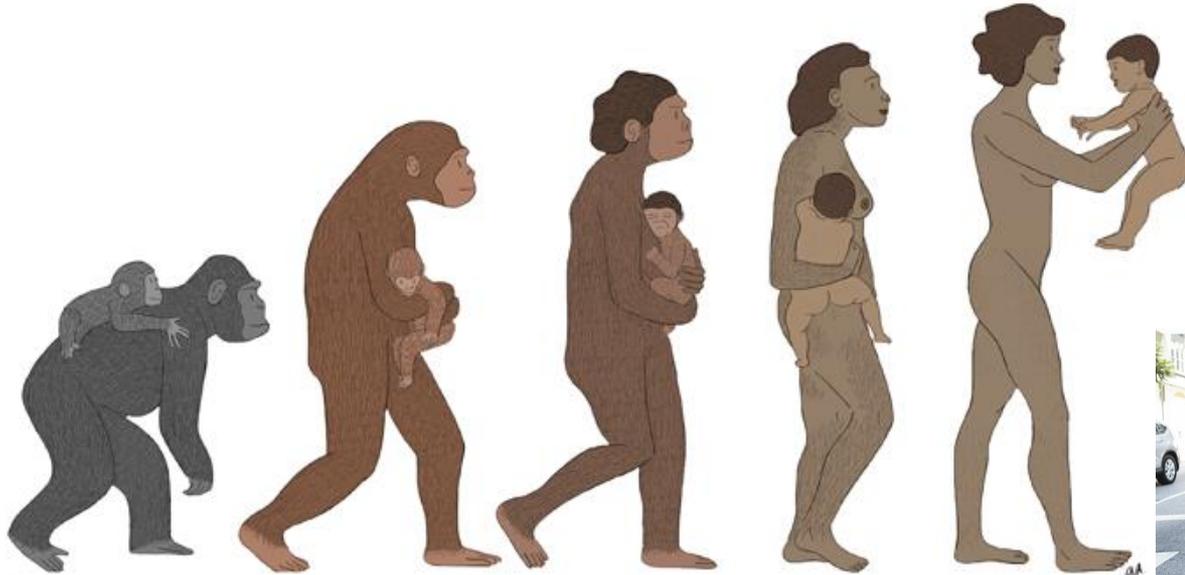
- Some mother rats spend a lot of time licking, grooming and nursing their pups whilst others seem to ignore their pups.
- Highly nurtured rat pups tend to grow up to be calm adults, while rat pups who receive little nurturing tend to grow up to be anxious.
- The difference between a calm and an anxious rat is not genetic - it's epigenetic.
- Nurturing behaviour during the first week of life shapes the pups' epigenomes and the epigenetic pattern that has been established tends to stay put, even after the pups become adults.

And Touch in Humans

- Powerful suppressor of HPA-axis activity.
- Increases in CRH, ACTH and corticosterone after separation of pups is reduced by stroking touch.
- High frequency 'licking grooming' produces a more adult 'beneficial phenotype':
 - Reduced HPA responsivity to stress
 - Reduced hypothalamic CRH content
 - Reduced CRH receptor expression in amygdala
 - Increased glucocorticoid receptors in hippocampus
- In human infants gentle touch reduces pain responses and reactivity to stress
- Increased vagal activity
- Increased growth and immune system



The Evolution of Parenting





Babywearing as an Evidence Based Relational Practice

Infant Behavior and Development 58 (2020) 101413



RESEARCH ARTICLE

The impact of infant carrying on adolescent mother–infant interactions during the still-face task

Lela Rankin Williams ✉

First published: 15 February 2020 | <https://doi.org/10.1002/icd.2169> | Citations: 15



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Contents lists available at ScienceDirect

Infant Behavior and Development

journal homepage: www.elsevier.com/locate/inbede



Infant carrying as a tool to promote secure attachments in young mothers: Comparing intervention and control infants during the still-face paradigm

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Experiences with “Babywearing”: Trendy parenting gear or a developmentally attuned parenting tool?

Lela Rankin Williams*, Patricia R. Turner



> Adv Neonatal Care. 2020 Dec;20(6):440-449. doi: 10.1097/ANC.0000000000000788.

"Babywearing" in the NICU: An Intervention for Infants With Neonatal Abstinence Syndrome

Lela Rankin Williams¹, Molly Gebler-Wolfe, Lisa M Grisham, M Y Bader

Affiliations + expand

PMID: 33009160 DOI: 10.1097/ANC.0000000000000788

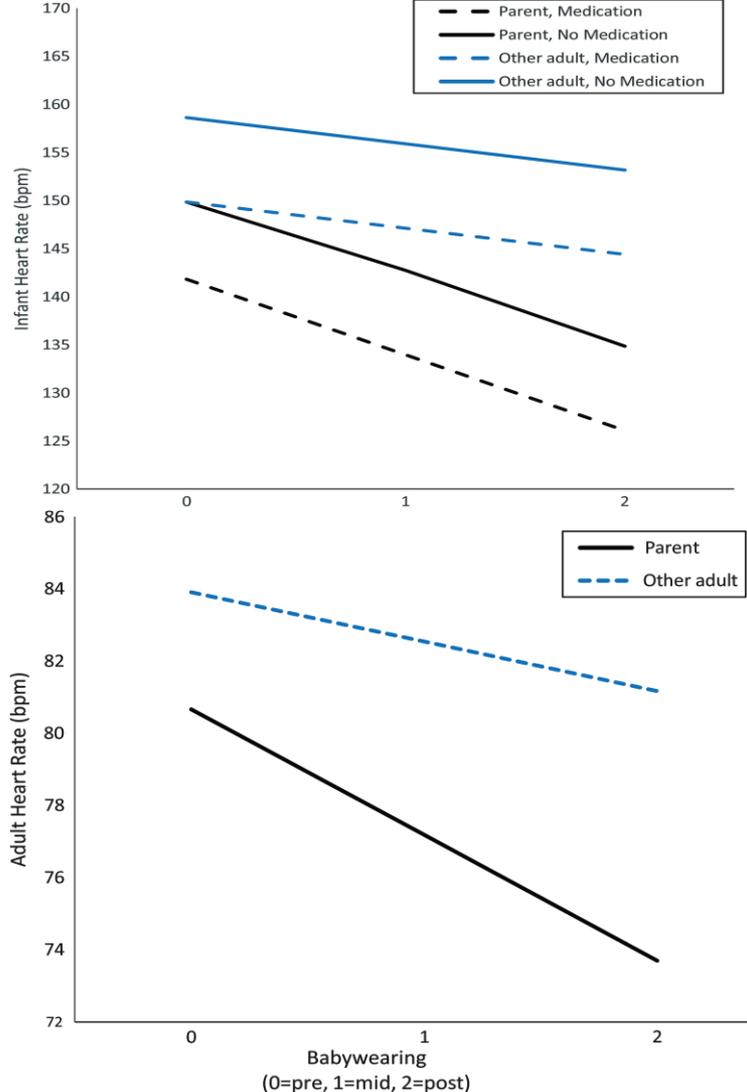
Abstract

Background: The US opioid epidemic has resulted in an increase of infants at risk for developing neonatal abstinence syndrome (NAS). Traditionally, treatment has consisted of pharmacological interventions to reduce symptoms of withdrawal. However, nonpharmacological interventions (eg, skin-to-skin contact, holding) can also be effective in managing the distress associated with NAS.

Purpose: The purpose of this study was to examine whether infant carrying or "babywearing" (ie, holding an infant on one's body using cloth) can reduce distress associated with NAS among infants and caregivers.

Methods: Heart rate was measured in infants and adults (parents vs other adults) in a neonatal intensive care unit (NICU) pre- (no touching), mid- (20 minutes into being worn in a carrier), and post-babywearing (5 minutes later).

Results: Using a 3-level hierarchical linear model at 3 time points (pre, mid, and post), we found that babywearing decreased infant and caregiver heart rates. Across a 30-minute period, heart rates of infants worn by parents decreased by 15 beats per minute (bpm) compared with 5.5 bpm for infants worn by an unfamiliar adult, and those of adults decreased by 7 bpm (parents) and nearly 3 bpm (unfamiliar adults).





What The Research Tells Us

- Babywearing is associated with increased caregiver–infant closeness
- Linked to improved infant regulation and reduced crying
- Supports caregiver responsiveness and attunement
- Associated with positive bonding and attachment-related outcomes

Babywearing as Accessibility

- Soft-structured carriers or wraps can be used while seated
- Baby is positioned securely against the caregiver's chest
- Transfers (chair ↔ bed/couch) can occur before placing the baby
- Allows hands-free caregiving while moving the wheelchair



The Today Show, 2020

Babywearing in the Context of Disability Stigma

- Disabled mothers often face pre-existing doubts about parenting competence
- Babywearing research centers the relationship, not perceived capacity
- Babywearing is a way caregiving relationships can be supported despite stigma



What Babywearing Can – and Cannot – Do

Babywearing can:

- Support caregiver–infant connection
- Facilitate closeness and responsiveness
- Offer practical and emotional support for some caregivers

Babywearing cannot:

- Eliminate stigma or bias
- “Prove” “good mothering”
- Replace systemic or institutional support



Thank you

Questions or discussion

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