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Date June 11, 1971

AN EXPLORATORY STUDY OF THE EFFECT OF PRENATAL CLASSES ON THE AMOUNTS OF CONCERNS EXPRESSED BY PRIMIPARA PATIENTS

by

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ABSTRACT

The purpose of this study was to determine what, if any, effect the primipara's attendance at prenatal classes during pregnancy will have on the first two post partum weeks.

A questionnaire was constructed for distribution to the sample population. Items, which dealt with identified areas of concern in the mother's self care and the care of her infant, were planned so that a positive response to an item indicated the presence of a concern, while a negative response to an item denoted the absence of a concern. The sample population consisted of two (2) groups of primiparas. Group I - the experimental group - was made up of ten (10) primiparas who had attended prenatal classes, and Group II - the control group - consisted of ten (10) primiparas who had not attended prenatal classes.

Results showed that the mothers in Group I expressed more concerns regarding self care and fewer concerns about their infant care activities than did those mothers in Group II, the control group.

The conclusions reached included the possibility that concerns of primiparas in regard to self care which arose during prenatal classes were not resolved by the second post partum week, due to lack of discussion opportunities during the classes.

In the area of infant care activities, the lowering of the number of expressed concerns in the mothers of Group I seems to be a justification for the continuance of these methods of prenatal instruction.

CHAPTER I

INTRODUCTION

For generations, much attention has been given to the survival of human society through careful consideration of the child rearing practices of parents. These practices have, in various societies, been perpetuated through precept and example, through religious and social sanctions, and through the presence of parent role-models. In today's "nuclear family" society, these tasks have been assumed by various organizations in the more formal way of reading, films, and discussion groups.[1] One small facet of this educational program--the pre-natal classes--has proved to be most wide-spread, and judging by the number of classes held and their enthusiastic attendance, most popular.[2] These classes have been provided to disseminate specific information to the expectant parents in the areas of pre-natal development, preparation for labor and delivery, and early infant care. Limited investigation was made to determine whether or not attendance at these classes made any appreciable difference in the amounts and numbers of concerns expressed by primiparas in their first few post-partal weeks at home.

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[1]Aline B. Auerbach, "Having a Baby - The Emotional Aspects of Pregnancy," Child Study, (reprint) (New York: Child Study Association of America), p. 1.

[2]David Mann, Luther E. Woodward, and Nathan Joseph, Educating Expectant Parents (New York, New York: Visiting Nurse Service of New York, 1962), p. 4.

STATEMENT OF THE PROBLEM

Prenatal classes are offered for the purpose of providing specific information to the expectant parent in the area of pre- and post-partal care and early infant care. The problem is one of determining whether or not attendance at these classes makes any appreciable difference in the amounts and types of concerns expressed by primiparas in their first few post-partal weeks at home.

PURPOSE

The purpose of this study is to determine what, if any, effect the primigravida's attendance at prenatal classes during pregnancy will have on the numbers of concerns expressed during the first two postpartum weeks.

BASIC ASSUMPTIONS

1. The entire cycle of pregnancy constitutes a series of crises.
2. Anticipatory guidance, in the form of prenatal classes, will tend to lessen post-partal anxiety.
3. The possession of specific knowledge in the area of self care and neonatal care will enable the new mother to develop more self confidence in these areas.
4. The mother assumes complete responsibility for her own or her

baby's care only when she leaves the hospital.

5. Young expectant families, living at a distance from parents or other significant role-models, will depend on the information gained through parent classes, as well as other sources, to provide them with the skills necessary for successful self care and infant care.

DEFINITION OF TERMS

Crisis - an "upset in a steady state."[3] A "crucial point or situation in the course of anything; a turning point."[4]

Prenatal, also Antepartal - occuring before birth.

Postpartum - after delivery or childbirth. The postpartal period, or puerperium, embraces the period between delivery and the return of the uterus to its normal position, usually about six weeks.[5]

Primigravida - a woman who is pregnant for the first time.[6]

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[3]Lydia Rapaport, "The State of Crisis - Some Theoretical Considerations," Crisis Intervention: Selected Readings, ed. Howard J. Parad (Family Service Association of America, 1965), p. 24.

[4]William Morris (ed.), The American Heritage Dictionary of the English Language (New York: Houghton Mifflin Company, 1969), p. 314.

[5]Elise Fitzpatrick, and others, Maternity Nursing, 11th edition (Philadelphia: J.B. Lippincott Company, 1966), p. 606.

[6]Ibid.

Primipara - a woman who has given birth to her first child.[7]

Infant care - functions "which are necessary for the infant's well-being but which, due to his stage in development, must be performed by others (e.g. feeding, bathing, caring for naval or circumcision, and controlling environment)."[8]

Self care - activities which the mother carries out and which are necessary for her well being. These include breast care, and care of the episiotomy, as well as the general activities of rest, diet, exercise, and weight control.

Concerns - "areas of special interest or worry to mothers as indicated by questions pertaining to particular areas of care."[9]

Prenatal classes - also referred to as Antepartal classes - or Expectant Parent classes - classes offered to expectant parents, which offer information about the physiology of child-bearing, general hygiene during pregnancy and lactation, preparation for the baby, and care of the mother and baby after delivery.[10] (See also Appendix C)

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[7] Ibid.

[8] Martha Adams, "Early Concerns of Primigravida Mothers Regarding Infant Care Activities," Nursing Research, 12:2:72-78, Spring, 1963.

[9] Ibid.

[10] Fitzpatrick, op. cit., pp. 171-172.

METHODOLOGY

A data gathering tool, in the form of a questionnaire, was constructed for distribution to the sample population. Items, which dealt with identified areas of concern in the mother's self care and the care of her infant, were planned so that a positive response to an item indicated the presence of a concern, while a negative response to an item indicated the absence of a concern.

The sample population consisted of two (2) groups of primiparas. Group I - the experimental group - was made up of ten (10) primiparas who had attended prenatal classes, and Group II - the control group - consisted of ten (10) primiparas who had not attended prenatal classes.

The prenatal classes which were attended by the experimental group (Group I) were quite large, the attendance averaging between 95 and 100. Information about prenatal development, preparation for labor and delivery, and post partum care was disseminated, for the most part, through the use of films (see Appendix C). Very few questions were asked during class periods--perhaps because of the presence of so many participants.

HYPOTHESES

1. Primiparas who have attended prenatal classes will express fewer concerns in the area of self care than primiparas who have not attended prenatal classes.
2. Primiparas who have attended prenatal classes will express fewer concerns in the area of infant care than primiparas who have not attended prenatal classes.

LIMITATIONS

1. Limited size of the sample. It would be highly inaccurate to make any but the broadest generalizations from such a limited sample size.
2. Attendance, by the participants, at only one type of prenatal class - the demonstration-lecture type.
3. Lack of information about the prior knowledge and experience of the participants. The presence or absence of these dimensions affect attitudes and skills in coping with new situations.
4. Validity and reliability of the testing tool used to measure numbers of concerns expressed has not been tested.

CHAPTER II

REVIEW OF LITERATURE

Available literature provides ample support for the assumption that the entire cycle of pregnancy constitutes a crisis period. There is consistent agreement, also, that the early post-partum period is a time fraught with problems and the anxiety that these problems generate. "For countless American families, the first weeks at home with a new baby are stressful and anxiety-producing."[11] Parents

> want to know....what they can expect....how to handle a baby, and ....what changes a baby will make....[12]

> They are unprepared....for the characteristic appearance of a newborn with his large head....his often mottled skin and shock of hair....and his unresponding look....(and)....may find the first brush of reality something of a shock.[13]

This crisis period, with its abrupt role change, seems to be recognized most clearly with the arrival of the first baby. His appearance is an event which is accompanied by "varying degrees of concern"[14] on the part of the new mother. The primipara "...at home with the new baby...(is)...especially concerned about (her) ability to

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[11] Mary E. Hilliard, "The Evolution of a Maternity Nurse," Nursing Forum, IV:2;22, 1965.

[12] Aline B. Auerbach, "Meeting the Needs of New Mothers," Children, 11:6:224, November-December, 1964.

[13] Ibid., p. 226.

[14] Adams, op. cit., p. 72.

handle the mothering role and to adjust to the needs of the new baby."[15] LeMasters, in his study, points out that:

> ....thirty-eight of the forty-six couples...reported "extensive" or "severe" crisis in adjusting to the first child....They appear to have almost completely romanticized parenthood. They felt they had had very little if any effective preparation for parental roles. As one mother said: "We knew where babies came from, but we didn't know what they were like."[16]

The comment has been made that "...mothering is an emotional experience and a skill that the new mother must learn. It doesn't follow automatically upon the birth of the infant."[17] Rubin adds, "The first, and sometimes most dramatic, maternal behavior observed is the mother's own concern for her ability to function in a mothering capacity."[18]

It is during this period of pregnancy, which demands such a sudden transformation of roles, that a need has been seen to provide basic information in the form of expectant parent classes. These classes have, for the past fifty years, been offered in an attempt to

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[15]Virginia Larsen, "Stresses of the Childbearing Year," American Journal of Public Health, 56:1:34, January, 1966.

[16]Edgar LeMasters, "Parenthood as Crisis," Crisis Intervention, Selected Readings, ed. Howard J. Parad (New York: Family Service Association of America, 1965), pp. 113-114.

[17]Gwendolyn Bellam, "The First Years of Life," American Journal of Nursing, 69:6:1246, June, 1969.

[18]Reva Rubin, "Basic Maternal Behavior," Nursing Outlook, 9:11:684, November, 1961.

dispell "...some of the anxieties (mothers) have in anticipating the care of their infants."[19]

One of the objectives identified in providing prenatal classes is that of preparing

> ....class members to feel confident about their coming parenthood, and thereby to increase their self-confidence, by presenting accurate, factual information about the physical and psychological processes involved in becoming a parent.[20]

The greater proportion of today's young mothers have grown up "having had little contact with infants...(and)...are completely unfamiliar with the needs of infants and the care they require."[21]

> An unbelievable number of young mothers face motherhood with inadequate skills and self-confidence to meet the needs of their infants. Furthermore, they are unaware of the behavior that can be expected of a neonate.[22]

Also, since many of "today's young couples expecting their first baby live in a community far away from family and friends,"[23] the unfamiliar responsibilities of parenthood are often assumed in

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[19]Marian Lesser, and Vera B. Keane, Nurse-Patient Relationship in a Hospital Maternity Service (St. Louis: The C.V. Mosby Company, 1956), p. 75.

[20]Mann, et al., op. cit., p. 9.

[21]Morris Wessel, "Maternal and Child Nursing," Nursing Outlook, 11:3:207, March, 1963.

[22]Ann L. Clark, "The Adaptation Problems and Patterns of an Expanding Family: The Neonatal Period," Nursing Forum, V:1:104, 1966.

[23]Wessel, op. cit., p. 207.

locations in which those who are more experienced, and to whom they might have been able to turn for support and counsel, are missing.[24]

In an attempt to alleviate some of the concerns expressed by these young mothers-to-be, community hospitals and public health departments have sponsored prenatal classes, providing both the physical facilities and the nurse-instructors.

> The nature of such classes...is doubtless determined, in part, by the presumed or expressed needs for information and knowledge on the part of the expectant mothers and fathers. But the balance or weight of instruction, the methods used and the more personal qualities are influenced in each instance by the nature of the auspices under which classes are conducted....A public health department may be expected to stress prenatal maternity care and early infant care. A hospital is apt to focus attention on maternal health, preparation for labor and delivery and the immediate care of the new-born.[25]

In making another differentiation regarding antepartal classes it may be pointed out that these classes are intended to prepare expectant parents to cope with the demands of child birth and infant care. "It can hardly be said that the classes offer a preparation for parenthood because they offer information about some specific functions which parents perform."[26]

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[24] Ibid., p. 210.

[25] Mann, et al., op. cit., p. 4.

[26] Ibid., p. 77.

> Some new parents feel that when they can anticipate what is going to happen and more or less when it will happen, they are able, at least partially, to prepare for such happenings and are much more comfortable than if things happen suddenly with no prior knowledge or expectation.[27]

As has been previously stated, one of the main objectives of prenatal classes is to provide expectant parents with factual information designed to heighten their self-confidence about their approaching parenthood. There has been, however, little evidence uncovered which would testify to the success of this objective. One author feels that primiparas who have attended prenatal classes "...indicated less concern with bathing...crying...(and) with care of the naval and circumcision."[28] She adds, however, that "class attendance made little or no difference with regard to feeding and 'other' concerns."[29]

Most investigators agree that the primipara who attends prenatal classes will have a greater understanding of the physiology of labor and delivery, but that her concerns about her ability to function in a maternal role have not been resolved. The view has been expressed that readiness to learn the mothering skills, which may be seen during the first few days following delivery, should be exploited.

The parturient's involvement in internal body functioning is

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[27] Ibid., p. 79.

[28] Adams, op. cit., p. 76.

[29] Ibid.

> extended at this time to her baby, and a real maternal concern begins to develop. It is at this time (about the 3rd day after delivery), when she has successfully coped with the autonomy of her own body, that she begins to take hold of some of the tasks of mothering....This is essentially an intrusive stage, a stage in which she is very curious and very interested, a stage of maximal readiness for learning.[30]

Hilliard, on the other hand, questions whether instruction, even in this period, is of demonstrable value during the mother's first few weeks at home. She asks:

> ....is this early post-partum period the best time to begin our teaching? How receptive to learning is the new mother? How much understanding can she grasp of the situation that will exist a week hence, when right now she is busy coping with numerous physiological and emotional adjustments of being a new mother?[31]

Many attempts have been made to provide opportunities for expectant parent education, and these classes have been enthusiastically attended by parents-to-be.

> The people who come for classes want a familiarization with certain future problems in living....and assume that such familiarization may be obtained through educational channels....However, after the classes, when their babies are born, they discover that the newness of the experience cannot really be forestalled through education, that they, like all the people of all generations before them, have to work at their own adjustments...(and that they) sustain experiences as new parents which are like those of any new parent.[32]

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[30] Reva Rubin, "Peurperal Change," Nursing Outlook, 9:12:755, December, 1961.

[31] Hilliard, op. cit., pp. 21-22.

[32] Mann, et al., op. cit., pp. 78-79.

Thus, there appears to be firm agreement among those writing in the field of maternal-child health that, although the classes fulfill a need for specific information at the time they are offered, they play only a partial role in the education, knowledge, and the eventual adjustment of prospective parents.

CHAPTER III

COLLECTION OF DATA

The survey method of research was chosen for this study. "This method attempts...to describe a condition or learn the status of something and, whenever possible, to draw valid general conclusions from the facts discovered."[33] The data gathering tool which was used was in the form of a questionnaire. "The written questionnaire may be regarded as a substitute for the personal interview."[34]

The items of the data gathering tool were constructed so that completion of the questionnaire revealed the presence of concerns regarding the primipara's self care and the care of her infant during the first few weeks at home. The questionnaire was in two parts: the first part dealt with the mother's concerns regarding self care, (see Appendix A), and the second section dealt with the mother's concerns about infant care, (see Appendix B). Positive answers to questions in these areas indicated the presence of a concern, while negative answers indicated absence of a concern. There were several instances in which no response was made to questions. It might be assumed that no response would indicate the absence of a concern; however, no attempt was made to

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[33]Tyrus Hillway, Introduction to Research, 2nd edition (Boston: Houghton Mifflin Company, 1964), p. 189.

[34]Ibid., p. 201.

tabulate the instances of no response.

The population sample consisted of twenty (20) married primipara patients who had delivered full term infants, following uncomplicated labors, from January 25, 1970 to March 31, 1970. Group I - the experimental group - consisted of ten (10) patients who had attended prenatal classes, during pregnancy, conducted at Montana Deaconess Hospital in Great Falls; Group II - the control group - was made up of ten (10) patients who had not attended prenatal classes during pregnancy. Each patient was contacted during her confinement in the hospital, and if she indicated a willingness to participate in the study, received a copy of the questionnaire within one week of her discharge from the hospital. The questionnaire was identical for each group of patients, and there was sufficient space at the end of the questionnaire for comments to be written, (see Appendix D), although these were not specifically solicited.

ANALYSIS OF DATA

The data received from the completed questionnaire is analyzed according to the areas in which the responses fell, and not by individual question. Included in this analysis are rationales for the questions asked, and a discussion of the responses received in each area.

Expressed Concerns of Primiparas' Post Partum Self Care

Investigators in the area of maternal-child health have identified post partum concerns of self care as centering about "....physical discomforts...emotional upsets, fatigue...worry over the baby (and)... concern over regaining former weight and figure..."[35] Breast feeding, with its attendant problems, has also been identified as an area of concern of primiparas.[36] Other sources of difficulty in the first post partum weeks have to do with "feeling 'nervous, terrible, irritable, depressed, tense, tired, worn out, etc.'...."[37]

Question #1 - Do you feel it necessary to nap during the day?

	Yes	No
Group I	10	0
Group II	8	2

Question #2 - Do you feel you do not get enough sleep during the night?

Group I	8	2
Group II	7	3

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[35]Virginia Larsen, "Stresses of the Childbearing Year," American Journal of Public Health, 56:1:34, January, 1966.

[36]Merna C. Yunck, "Early Concerns of Mothers Regarding Self Care and Infant Care Activities," unpublished Masters' Thesis, Montana State University, 1967, p. 27.

[37]David Mann, Luther E. Woodward, and Nathan Joseph, Educating Expectant Parents (New York: Visiting Nurse Service of New York, 1962), p. 47.

Rationale: Rest has been identified as the greatest area of concern of new mothers.[38] According to Reva Rubin, post-partum fatigue stems, in part, from the mother's own inner drive for excellence.[39]

Discussion: Part of the information disseminated in prenatal classes deals with the desirability - even necessity - of frequent and regular rest periods. Class participants are informed that the feelings of fatigue are to be expected, and they are encouraged to rest as much as they can. This might be one reason for the discrepancies in responses; differences in individual sleep and rest requirements could be seen as another reason.

Question #3 - Have you had any trouble with your breasts?

	Yes	No
Group I	2	8
Group II	2	8

Question #4 - Have you had any trouble with your nipples?

Group I	2	8
Group II	2	8

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[38] Yunck, op. cit., p. 26

[39] Reva Rubin, "Puerperal Change," Nursing Outlook, 9:12:755, p. 754.

Question #5 - Do your breasts feel full after nursing?

	Yes	No
Group I	1	9
Group II	1	6*

*Three mothers did not respond to this question.

Rationale: One of the major concerns of new mothers centers around the area of feeding and breast care.[40]

Discussion: The large number of negative responses from both groups is undoubtedly due to the fact that many new mothers do not nurse their babies. In the study done by Mann, et al., it was found that "... thirty-six mothers (18 percent) said they were breast feeding their babies, and 165 (82 percent) were using bottle and nipple."[41] General figures obtained from casual queries of nursery personnel tend to agree with these figures. Those mothers who were nursing their babies, however, commented that they felt they needed additional information about the care of their breasts and techniques involved in breast feeding. (See Appendix D.)

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[40] Yunck, op. cit., p. 28.

[41] Mann, et al., op cit., p. 44.

Question #6 - Do you plan to lose any weight within the next month?

	Yes	No
Group I	8	2
Group II	7	3

Question #7 - Do you plan to gain any weight within the next month?

Group I	1	9
Group II	0	10

Question #8 - (If 'yes' to #6) Are you on a weight reduction diet?

Group I	2	8
Group II	1	9

Question #9 - Do you have any difficulty balancing your diet?

Group I	1	9
Group II	2	8

Question #10 - Do you plan to do any exercises?

Group I	10	0
Group II	9	1

Question #11 - Are you now doing any exercises?

Group I	1	9
Group II	3	7

Rationale: The general areas of diet, weight, and exercise follow closely the area of rest as major areas of concern of

the new mother, especially the primipara.[42]

Discussion: In the investigator's experience many primiparas look forward, following delivery, to immediate return to their pre-pregnancy weight and body contour. Quite often these patients are dismayed to discover they are not yet able to wear 'regular' clothes, and leave the hospital with firm resolves to embark on an exercise-diet regime as quickly as possible. This would account for the large number of positive responses to the questions regarding weight reduction and plans for exercise.

Question #12 - Do you have any perineal discomfort?

	Yes	No
Group I	6	4
Group II	5	5

Question #13 - Does the change in vaginal discharge bother you?*

*This question was originally worded: "Have you noticed any change in vaginal discharge?

This was discarded after the first seven or eight responses, as it was obvious that a positive answer simply indicated that the patient was rather observant and that the change in vaginal discharge - a perfectly normal phenomenon - did not necessarily indicate an area of concern. Since part of the responses had been to the original question it was

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[42] Yunck, op. cit., p. 26.

decided to discard the question altogether, as responses to it could be considered neither valid nor accurate.

Rationale: Perineal care has been identified as an area of concern in the new mother's self care. "Almost all primigravidas experience some degree of discomfort from an episiotomy, depending largely on the extend of the wound and the amount of suturing done."[43]

Discussion: The responses to question #12 could be seen to be within normal limits, and participation in prenatal classes would have little effect on either positive or negative responses.

Question #14 - Have you talked with anyone about any type of birth control?

	Yes	No
Group I	6	4
Group II	6	4

Question #15 - Do you plan to seek advice about this?

Group I	9	1
Group II	6	4

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[43]Elise Fitzpatrick, and others, Maternity Nursing, 11th edition (Philadelphia: J. B. Lippincott Company, 1966), p. 321.

Rationale: Information about contraception has been identified as an area of concern to new mothers.[44]

Discussion: The slight difference in response between Groups I and II might be attributed either to individual attitudes regarding contraception, or to the fact that decisions had been made about family planning, making it unnecessary for those mothers in Group II, who indicated they did not plan to seek contraceptive advice, to ask for further counsel.

Question #16 - Do you plan to return to work in the near future?

	Yes	No
Group I	2	8
Group II	4	6

Question #17 - Do you plan to work in the near future?

Group I	3	5*
Group II	2	6*

*Two mothers in each group did not respond to this question.

Rationale: The question of whether or not to work after delivery has also been identified as an area of concern to new mothers.[45]

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[44] Yunck, op. cit., p. 26.

[45] Ibid.

Discussion: Those mothers who worked before delivery have, in some cases, been given maternity leaves. For others, working may be a matter of personal preference and not solely an economic necessity. The responses to question #17 might point to the conclusion that two mothers from each group had enough doubt about working outside their homes to avoid making a positive or negative decision.

Question #18 - Did you feel overwhelmed when you first came home?

	Yes	No
Group I	7	3
Group II	7	3

Rationale: The feelings of fatigue, uncertainty, and inexperience would contribute to a feeling of being overwhelmed. A source of this phenomenon has been reported as a "....lack of organization and...unfamiliarity with the sights and sounds and smells of new infants."[46]

Discussion: The greater percentage of new mothers are discharged from the hospital three or four days following delivery, and the feelings of fatigue and inexperience contribute - in a negative way - to the overwhelming tasks of making new decisions, assuming the unfamiliar role of motherhood, and coping with the duties of home and family. Some

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[46]Mann, et al., op. cit., p. 47.

mothers seem to be able to meet this period with equanamity; however, as the responses to this question indicate, most primiparas tend to view the tasks facing them as being almost insurmountable.

Expressed Concerns of Primiparas Infant Care Activities

Several investigators in the area of maternal-child health have determined the existence of a number of concerns of primiparas in the area of infant care. These concerns have been identified as feeding, infant crying, bathing, care of navel and/or circumcision.[47] There is fairly general agreement with those criteria: "...feeding and bathing the baby....(and housework)....seem to be never-ending."[48]

Question #1 - Does he cry frequently?

	Yes	No
Group I	2	8
Group II	3	7

Question #2 - Does his crying bother you?

Group I	3	7
Group II	4	6

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[47]Martha Adams, "Early Concerns of Primigravida Mothers Regarding Infant Care Activities," Nursing Research, 12:2:76, Spring, 1963.

[48]Aline B. Auerbach, "Meeting the Needs of New Mothers," Children, 11:6:227, November-December, 1964.

Rationale: Crying is listed as the second most critical area of concern by primiparas. "....if babies cried there had to be a reason, and part of being a good mother was knowing the reason and providing what was needed."[49] The majority of primiparas reported in the study done by Mann, et al., were "...upset by the baby's crying....(they)....could cope with confusion better than they could with the feelings stirred by their babies cries."[50]

Discussion: The pattern of responses to this question seems to contradict others' findings. Speculation about these responses might point to the mother's desire to report the fact that she had a 'good' baby (i.e., one that seldom cried), or to the fact that the babies of these particular mothers did, in fact, cry very little.

Question #3 - Does he seem to have trouble taking the nipple well?

	Yes	No
Group I	1	9
Group II	3	6

Question #4 - Does he spit up after feedings?

Group I	4	6
Group II	3	7

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[49] Adams, op. cit., p. 77

[50] Mann, et al., op. cit., p. 48.

Question #5 - Is it hard to burp him?

	Yes	No
Group I	4	6
Group II	4	6

Rationale: "Feeding was the area of greatest concern to... (new),...mothers during the first month they cared for their infants."[51]

Discussion: There seems to be little difference in response between the mothers in Group I and those in Group II with regard to feeding, although nearly half of the mothers in both groups report having difficulty in 'burping' their babies. With these responses it might be said that the primiparas in these groups report less concern with feeding than other studies have shown.

Question #6 - Does he cry frequently during his bath?

	Yes	No
Group I	1	9
Group II	5	5

Question #7 - Do you have any difficulty with his bath?

Group I	2	8
Group II	2	8

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[51] Adams, op. cit., p. 74.

Question #8 - Do you have any difficulty with his shampoo?

	Yes	No
Group I	3	7
Group II	4	6

Rationale: Bathing the infant has been documented by Adams as the third most important concern of new mothers.[52]

Discussion: The difference in responses between the two groups might be attributed to differences in bathing techniques, tension and anxiety on the part of the mothers, environmental surroundings (temperature of water or air), or to differences in individual infants. This response pattern corroborates Adams' findings that primiparas who have attended prenatal classes "indicated less concern with bathing..."[53]

Question #9 - Do you have any problems with the care of the baby's navel?

	Yes	No
Group I	2	8
Group II	2	6*

*Two mothers did not respond to this question.

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[52] Ibid.

[53] Ibid., p. 76.

Question #10 - Do you have any problems with the care of the baby's genitalia (vulva, circumcision, retracting foreskin)?

	Yes	No
Group I	1	9
Group II	4	5*

*One mother did not respond to this question.

Rationale: Care of the navel and/or circumcision has been documented as the fourth most frequently reported concern of new mothers.[54]

Discussion: The differences in responses between the two groups of mothers bears out, to some extent, Adams' statement that primiparas who have attended prenatal classes indicated less concern "...with care of the navel and circumcision..."[55]

Question #11 - Does he have more than two (2) bowel movements a day?*

	Yes	No
Group I	9	1
Group II	8	2

*This is not a valid question, as the greater percentage of newborns normally have more than two stools a day; therefore, a positive response to this question would not indicate an area of concern.

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[54]Ibid., p. 74.

[55]Ibid., p. 76.

Question #12 - Does he have more than four (4) bowel movements a day?

	Yes	No
Group I	2	8
Group II	2	8

Question #13 - Does a wet diaper bother him?

Group I	2	8
Group II	2	8

Question #14 - Have you noticed any diaper rash?

Group I	2	8
Group II	1	9

Rationale: Concerns about elimination and rashes, while not major areas of concerns, have been identified as subjects causing worry to new mothers in the first few weeks of caring for their babies.[56]

Discussion: Because of the uniformity of responses to this group of questions it is tempting to conclude that the same two mothers in both groups indicated concerns, both with elimination and with diaper rash--excepting responses to question #14. The general conclusion, however, would seem to be that this area does not seem of particular concern to these primiparas.

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[56] Ibid., p. 75.

Question #15 - Do you have any difficulty keeping his room at an even temperature?

	Yes	No
Group I	4	6
Group II	4	6

Question #16 - Do you feel he may be too warm?

Group I	0	10
Group II	3	7

Question #17 - Do you feel he may be too cold?

Group I	4	6
Group II	5	5

Rationale: Environmental surroundings have been named as an area of concern by primiparas.[57]

Discussion: Responses to control of environment and to keeping the baby warm enough are nearly equal - with more mothers in both groups feeling their babies might be too cold. It is interesting to note that three mothers in Group II felt their babies might be too warm, since the questionnaires were completed during the winter months. The responses to these questions do indicate that environmental control was an area of concern to the primiparas in this study.

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[57] Ibid.

Responses to questions about primipara concerns in the area of self care during the first two post partum weeks indicate very slight differences between the patients in Group I who attended prenatal classes, and those in Group II who did not. In several areas the patients in Group I indicated slightly greater concerns than those in Group II. In the area centering about fatigue and the need for rest (questions #1 and #2) eighteen (18) mothers in Group I saw this as a concern, while only fifteen (15) patients in Group II responded positively. In the area of diet, weight and figure control (questions #6, 7, 8, 9, 10, and 11) twenty-three (23) mothers in Group I indicated this was a concern. This was indicated as a concern by twenty-two (22) patients in Group II.

In the area of birth control (questions #14 and 15) fifteen (15) mothers in Group I indicated this as a concern, and in Group II twelve (12) mothers felt it was an area of concern. The response to question #18 ("Did you feel overwhelmed when you first came home?") was the same for both groups.

In making a non-statistical generalization from the data collected it would seem that attendance at prenatal classes had little effect in the numbers of concerns expressed by this group of primipara patients in the area of self care. Therefore, on the basis of these findings, hypothesis #1 is rejected:

"Primiparas who have attended prenatal classes will not express fewer concerns in the area of self care."

Responses to questions about primipara concerns in the area of infant care during the first two post partum weeks indicate that there are several areas in which expressed concerns of Group I - the mothers who attended prenatal classes - are slightly lower than those concerns expressed by the primipara patients in Group II - those mothers who did not attend prenatal classes.

Responses to questions about crying (questions #1 and 2) indicated that to five (5) of the patients in Group I this was an expressed concern, while it was indicated as an area of concern to seven (7) of the mothers in Group II. In the area of feeding (questions #3, 4, and 5), nine (9) mothers in Group I indicated this was an area of concern, and ten (10) mothers in Group II so indicated. To queries about bathing (questions #6, 7, and 8), six (6) patients in Group I indicated this was an area of concern, while eleven (11) patients in Group II responded positively to this area - thus corroborating findings by others that bathing activities were of less concern to those primiparas who had attended prenatal classes.[58]

In the area dealing with care of the baby's navel and genitalia (questions #9 and 10) two (2) mothers in Group I indicated these areas were of concern to them, and six (6) mothers in Group II saw this as being of concern to them. This, too, agrees with other findings that

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[58]Ibid., p. 76.

primipara concerns in this area were lowered by prenatal classes.

In the area of environmental control (questions #15 and 16), four (4) patients felt this was an area of concern, while seven (7) mothers in Group II indicated that control of temperature was of concern to them. This would seem to indicate that, although environmental control is an area of concern to new mothers, there is less concern expressed by those mothers who attended prenatal classes.

In making a non-statistical generalization from the data collected it can be said that attendance at prenatal classes tends to lower the number of concerns expressed by primipara patients in the area of infant care. Therefore, on the basis of these findings, hypothesis #2 is accepted:

"Primiparas who have attended prenatal classes will express fewer concerns in the area of infant care than primiparas who have not attended prenatal classes."

CHAPTER IV

CONCLUSIONS

The fact that a few more mothers in Group I, who had attended classes, expressed concerns about self care than those in Group II, who had not, (see graph #1, page 35), suggests that these concerns may have been present before or during attendance at prenatal classes. Part of the content of these classes deals with post partum self care, thus focusing the participants' attention on this facet of the maternal cycle. The evidence presented here indicates a possible need for some opportunities for mothers to talk about and resolve these concerns before - or as - they appear. This might be accomplished through discussion opportunities during prenatal class periods, and, also by post partum instruction groups held prior to the mother's discharge from the hospital.

> ....post partal meetings with well qualified professionals are providing parents...with valuable tools for meeting their problems, whether in specific or broad areas....When feasible, women in small groups (as in a post partum pavilion) might (all) be given information at the same time.[59]

It is also possible that some of the mothers in Group II did not recognize the various post partum phenomena as concerns.

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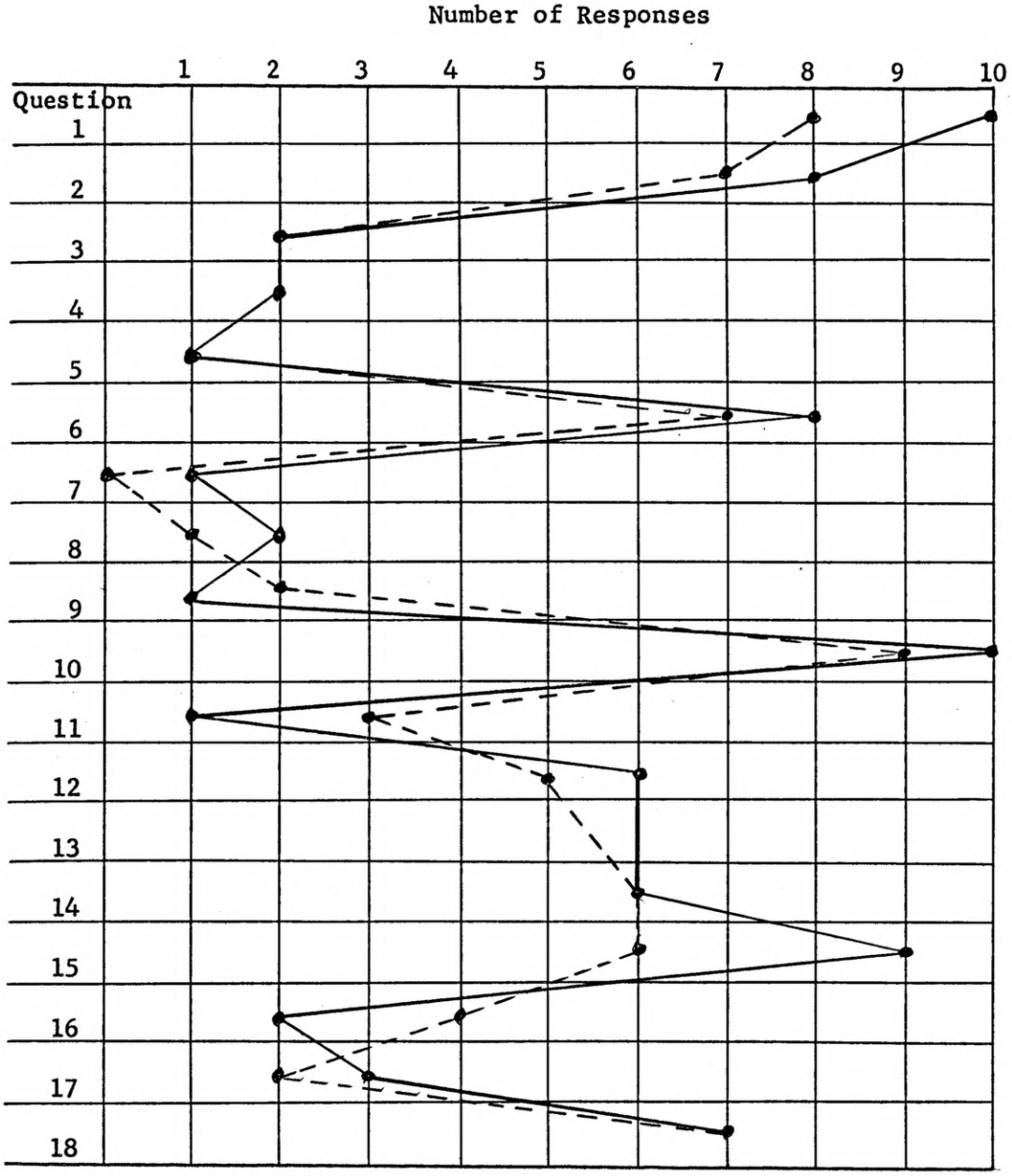
[59]Marian Lesser, and Vera B. Keane, Nurse-Patient Relationships in a Hospital Maternity Service (St. Louis: The C.V. Mosby Company, 1956), p. 220.



Graph #1

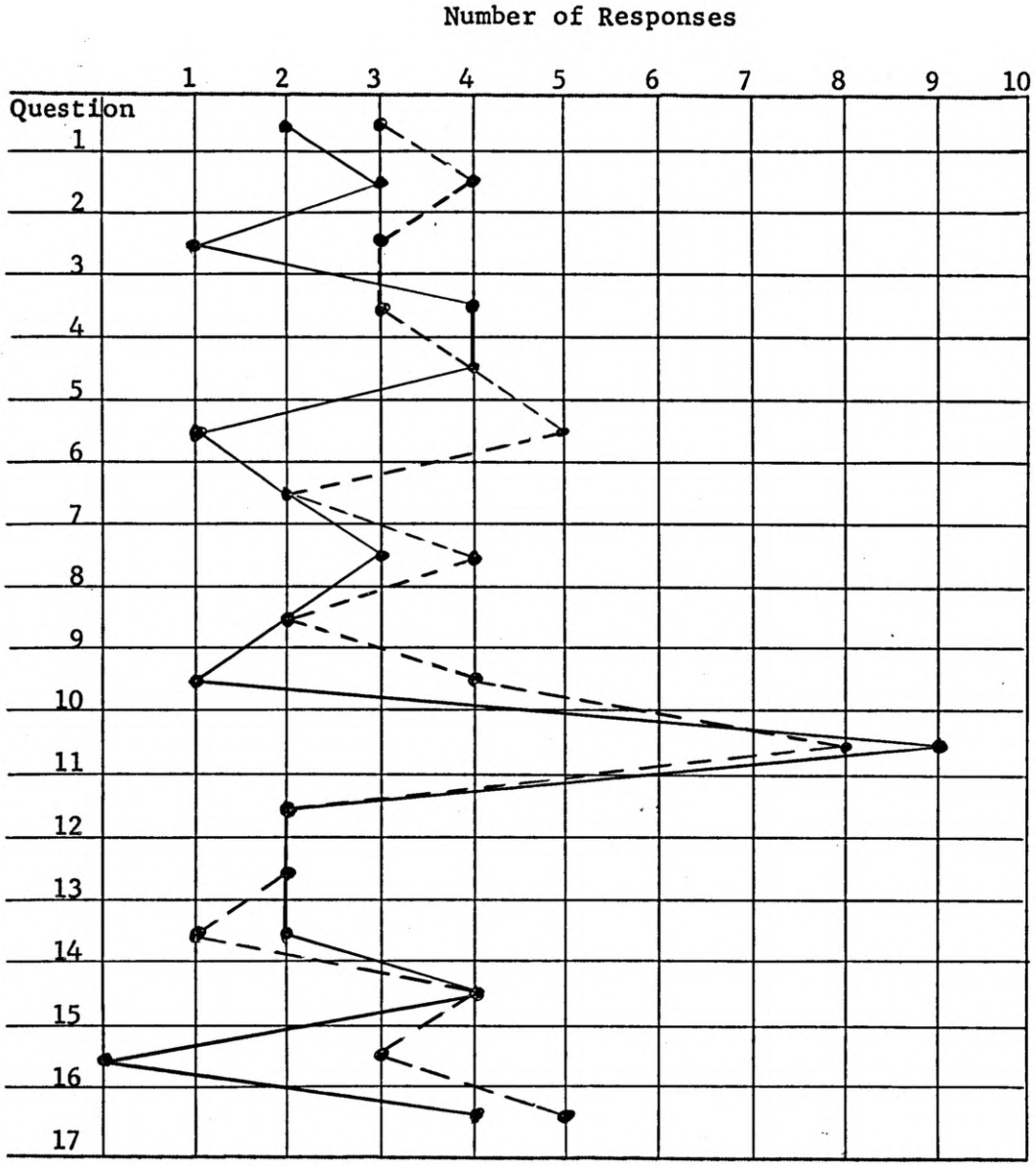
Concerns About Self Care

———— Group I
---------- Group II

Evaluation of the results of the data in regard to infant care activities seems to indicate there were fewer concerns expressed by the mothers in Group I (Graph #2, page 37), than by those in Group II, especially in the areas of bathing, care of the navel and/or circumcision, and environmental control. These activities have been found to be of less concern to primiparas who attended prenatal classes than to those who did not.

The limitations of this study undoubtedly have some bearing on the results obtained, especially in the areas of the mother's previous experience in handling small babies. This experience - coupled with the presence of a helping person in the home - would tend to lessen somewhat the numbers of concerns expressed.

The task of preparing people to assume the complicated and many-faceted task of parenthood is a difficult one, and it might be an error to make the results obtained from a limited sampling the criterion for post partum adjustment. However, there are fewer concerns expressed by those primiparas in Group I in almost all areas of infant care, and this lowering of concern certainly justifies the continuance of the prenatal class method of instruction.



Graph #2

Concerns About Infant Care

———— Group I

---------- Group II

RECOMMENDATIONS

Recommendations for further study in the light of data collected from this study were:

1. A replication of this study be done using a larger sample.
2. A replication of the study be done, using an expanded data gathering tool that has been tested for validity and reliability.
3. A study be conducted to determine the effects of prenatal classes which would be conducted in small seminar-type groups, with free discussion among participants.
4. The formation of small discussion groups, following the large information-gathering sessions, which might serve to elicit the participant's hitherto unasked questions. These discussion groups, conducted by a professional person who has had some experience in group dynamics, could serve to allay anxieties, provide support in feelings and experiences, and strengthen the prospective parents' self confidence.
5. A study of this type be carried out by the nurse conducting the prenatal classes, as well as giving additional post partum instruction. In this way, she would be in a position to determine what, if any, changes might be called for in pre- and post-partum instruction, course content, and techniques of teaching.

APPENDICES

APPENDIX A

MOTHER

	YES	NO
1. Do you feel it necessary to nap during the day?		
2. Do you feel you do not get enough sleep during the night?		
3. Have you had any trouble with your breasts?		
4. Have you had any trouble with your nipples?		
5. Do your breasts feel full after nursing?		
6. Do you plan to lose any weight within the next month?		
7. Do you plan to gain any weight within the next month?		
8. (If yes to #6) Are you on a weight reduction diet?		
9. Do you have any difficulty balancing your diet?		
10. Do you plan to do any exercises?		
11. Are you now doing any exercises?		
12. Do you have any perineal discomfort?		
13. Does the change in vaginal discharge concern you?		
14. Have you talked with anyone about any type of birth control?		
15. Do you plan to seek advice about this?		
16. Do you plan to return to work in the near future?		

	YES	NO
17. Do you plan to work in the near future?		
18. Did you feel overwhelmed when you first came home?		

APPENDIX B

BABY

	YES	NO
1. Does he cry frequently?		
2. Does his crying bother you?		
3. Does he have trouble taking the nipple?		
4. Does he spit up after feedings?		
5. Is it hard to 'burp' him?		
6. Does he cry frequently during his bath?		
7. Do you have any difficulty with his bath?		
8. Do you have any difficulty with his shampoo?		
9. Do you have any problems with his navel?		
10. Do you have any problems with his/her genitalia (vulva, circumcision, retracting foreskin)?		
11. Does he have more than 2 bowel movements a day?		
12. Does he have more than 4 bowel movements a day?		
13. Does a wet diaper bother him?		
14. Have you noticed any diaper rash?		
15. Do you have any difficulty keeping his room at an even temperature?		
16. Do you feel he may be too warm?		
17. Do you feel he may be too cold?		

APPENDIX C

Prenatal Classes

Prenatal classes held at Montana Deaconess Hospital, Great Falls, consist of four (4) weekly sessions. The content of these classes is presented largely through films, and is divided thus:

Class #1

Film: Human Reproduction: A film on the human reproduction system and on the process of normal human birth; includes information on the anatomy and physiology of the male and female reproduction system. Body mechanics of the delivery process are explained and illustrated by means of animated drawings.[1]

Film: Prenatal Care: Includes aspects of prenatal care: medical care, exercise, nutrition, and mental health.[2]

Class #2

Film: Personal Care During Pregnancy: Covers the second and third trimesters of pregnancy, showing the growth and movement of the fetus during these periods. Includes suggestions for avoiding some of the problems of pregnancy: constipation, backache, and leg cramps.

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[1] Health Film Catalogue, 1969 Revision, Montana State Department of Health, p. 25.

[2] Ibid., p. 38.

Stresses importance of regular medical supervision.[3]

Film: Labor and Delivery: Depicts actual events that occur during labor and delivery - follows a patient from the onset of labor through delivery.[4]

Class #3

Film: Especially for Fathers: Emphasizes the supportive role of the husband through the first stage of labor. The birth of the baby is shown on this film, with the husband waiting in the 'father's waiting room.'[5]

Lecture: by Nutritionist.

Class #4

Film: The New Baby: Shows steps in preparing for the new baby; includes elements of his care such as bathing, making formula, doing baby laundry. Stresses importance of regular medical supervision for both mother and baby.[6]

Discussion of Layette Items.

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[3]Ibid., p. 36.

[4]Ibid., p. 30.

[5]Ibid., p. 15.

[6]Ibid., p. 31.

Throughout the four weeks of class instruction, participants are encouraged to make appointments for tours of the obstetric wing. These tours are conducted in small groups of eight or ten persons, and are encouraged in order to reduce anxiety by decreasing the strangeness of the hospital atmosphere. This is also an opportunity for further teaching, as questions can be answered as they arise.

APPENDIX D

The following comments were received on returned questionnaires:

Re: Bathing the baby:

"I wish I could have practiced a baby bath before I bathed my own baby."

Re: Care of Navel and/or Circumcision:

"I was a little afraid of his healing navel and his circumcision, that it was hurting him. I know better now."

Re: Crying:

"Knowing that when he cries it can just be a bubble."

Re: Feeling Overwhelmed:

"Wish the classes had told us about the baby's schedule and his first weeks at home - his getting accustomed to being home."

"I guess there is nothing anyone can do to make this easier - I guess you just have to go through it yourself."

Re: Breast Feeding and Care of the Breasts:

"Even though my breasts and nipples - especially nipples - are soft (not cracked) they are still very tender when the baby starts to nurse. Everyone should be told to have a breast pump the first few

days because the baby doesn't eat much and they did get full and the pressure was relieved after using the breast pump."

"I believe more should be told on the care of the breasts and nipples and if they should become tender when the baby first starts to nurse, what can be done in more detail what a mother can do. (sic) The baby books do not state clearly what can be done to take the tenderness out of the nipple."

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