

Statement of Permission to Copy

In presenting this professional paper in partial fulfillment of the requirements for an advanced degree at Montana State University, I agree that the Library shall make it freely available for inspection. I further agree that permission for extensive copying of this professional paper for scholarly purposes may be granted by my major professor, or, in his absence, by the Director of Libraries. It is understood that any copying or publication of this professional paper for financial gain shall not be allowed without my written permission.

Signature Karen Wilson

Date May 23, 1973

AN EXPERIMENTAL STUDY ON THE CONCEPT OF CONTINUITY OF CARE
IN THE MATERNITY CYCLE: THE POSTPARTAL PERIOD

by

KAREN HAUF WILSON

A professional paper submitted to the Graduate Faculty
in partial fulfillment of the requirements for the degree

of

MASTER OF NURSING

Approved:

Mrs. Laura Walker Bn PhD
Head, Major Department

Mrs. Laura Walker Kn PhD
Chairman, Examining Committee

Henry L. Parsons
Graduate Dean

MONTANA STATE UNIVERSITY
Bozeman, Montana

June, 1973

ACKNOWLEDGMENTS

Sincere appreciation is expressed to the members of my Graduate Committee for their guidance, support, and encouragement throughout the production and preparation of this professional paper: Dr. Laura Walker, Committee Chairman, Mrs. Barbara Hauf, School of Nursing, Miss Fay Sweeney, State Department of Health, and Dr. C. Jack Gilchrist, Department of Sociology.

I wish to give special thanks to my husband, Rob, whose support, love, and sense of humor were invaluable.

TABLE OF CONTENTS

	Page
LIST OF TABLES	vi
ABSTRACT	x
 Chapter	
1. INTRODUCTION.	1
Statement of Problem.	7
Purpose	9
Definition of Terms	10
Assumptions	13
Limitations	13
Hypotheses.	15
Methodology	17
Background Information.	17
Selection of the Sample	17
Treatment Groups.	20
Composition of Data Collection Tools.	22
2. REVIEW OF LITERATURE.	30
3. ANALYSIS OF DATA.	55
Hospital Interview.	55
Interim Contact 1	67
Interim Contact 2	78

Chapter	Page
Final Contact.	90
Part 1.	91
Part 2.	106
Part 3.	118
4. SUMMARY OF STUDY	127
Conclusions.	132
Recommendations for Further Study.	135
APPENDIXES	137
A. Data Collection Tools for Hospital Interview	138
B. Data Collection Tools for Interim Contact Interviews.	146
C. Data Collection Tools for Final Interview.	148
D. Questions Asked During Hospital Interview.	159
E. Problems or Concerns Expressed During Interim Contact 1	161
F. Questions Asked During Interim Contact 1	165
G. Problems or Concerns Expressed During Interim Contact 2	168
H. Questions Asked During Interim Contact 2	171
I. Problems or Concerns Expressed During Final Interview	177
J. Questions Asked During Final Interview	184
K. Paraphrased Responses Concerning Benefit of Nursing Contact	190
LITERATURE CITED	192
LITERATURE CONSULTED	197

LIST OF TABLES

Table	Page
1. Summary Distributions of Background Variables Regarding Study Population.	56
2. Percentage of Mothers With Questions At Hospital Interview	60
3. Number of Questions Asked Regarding Infant Care at Hospital Interview.	61
4. Number of Questions Asked Regarding Self Care at Hospital Interview.	62
5. Number of Mothers Desiring More Participation in Infant Care Prior to Hospital Discharge	63
6. Mean Pretest Scores on Self-Rating Perceived Anxiety Scale	65
7. Percentage of Mothers Who Have Encountered Problems Since Being Home	68
8. Number of Concerns Expressed Regarding Infant Care at Interim Contact 1 Interview.	69
9. How Mothers Have Managed Infant Care Problems by Interim Contact 1 Interview.	70
10. Number of Concerns Expressed Regarding Self Care at Interim Contact 1 Interview.	71
11. How Mothers Managed Self Care Problems by Interim Contact 1 Interview.	72
12. Number of Concerns Expressed in Other Areas of Family Life at Interim Contact 1 Interview.	73
13. How Mothers Managed Other Family Problems by Interim Contact 1 Interview.	74
14. Percentage of Mothers With Questions at Interim Contact 1 Interview.	75

Table	Page
15. Number of Questions Asked Regarding Infant Care and Development at Interim Contact 1 Interview.	76
16. Number of Questions Asked Regarding Self Care and Progress at Interim Contact 1 Interview	77
17. Percentage of Mothers Who Have Encountered Problems Since Interim Visit 1.	79
18. Number of Concerns Expressed Regarding Infant Care at Interim Contact 2 Interview.	80
19. How Mothers Managed Infant Care Problems by Interim Contact 2 Interview	81
20. Number of Concerns Expressed Regarding Self Care at Interim Contact 2 Interview.	82
21. How Mothers Managed Self Care Problems by Interim Contact 2 Interview.	83
22. Number of Concerns Expressed in Other Areas of Family Life at Interim Contact 2 Interview.	84
23. How Mothers Managed Other Family Problems by Interim Contact 2 Interview.	85
24. Percentage of Mothers With Questions at Interim Contact 2 Interview.	86
25. Number of Questions Asked Regarding Infant Care and Development at Interim Contact 2 Interview . .	87
26. Number of Questions Asked Regarding Self Care and Progress at Interim Contact 2 Interview	88
27. Number of Questions Asked Regarding Other Family Concerns at Interim Contact 2 Interview	89
28. Percentage of Mothers Who Had Encountered Problems Since Hospital Discharge.	92

Table	Page
29. Number of Concerns Encountered Regarding Infant Care and Development Since Hospital Discharge	94
30. How Mothers Managed Infant Care Problems Since Hospital Discharge.	96
31. Number of Concerns Encountered Regarding Self Care and Progress Since Hospital Discharge	97
32. How Mothers Managed Self Care Problems Since Hospital Discharge.	98
33. Number of Concerns Encountered in Other Areas of Family Life Since Hospital Discharge.	99
34. How Mothers Managed Other Family Problems Since Hospital Discharge.	100
35. Percentage of Mothers With Questions at Final Interview	101
36. Number of Questions Asked Regarding Infant Care and Development at Final Interview.	103
37. Number of Questions Asked Regarding Self Care and Progress at Final Interview	105
38. Number of Questions Asked in Other Areas of Family Life at Final Interview.	106
39. Percentage of Mothers With Unresolved Concerns Nursing Contact Versus No Nursing Contact Groups.	111
40. Percentage of Mothers With Unresolved Concerns Home Visit Versus Telephone Visit Groups	117
41. Percentage of Mothers Who Asked Questions of Others.	120
42. Percentage of Mothers Who Have Utilized Books and Magazines	121

Table	Page
43. Mother's Perception of Adequacy of Community Resources by Percent.	121
44. Percentage of Mothers Who Indicated Need for Various Community Services.	122
45. Percentage of Mothers Who Benefited or Thought They Would Have Benefited From Nursing Contact	124
46. Number of Mothers Indicating Preference for Method of Contact	126

ABSTRACT

The purpose of this study was to determine whether or not nursing contact in the postpartal period following hospital discharge has an influence on the health and well-being of the mother and her infant. It also proposed to determine whether or not the telephone is an effective means by which well postpartum families can receive continued care, guidance, and support with a minimum of professional nursing time involved.

It was hypothesized that mothers who receive nursing contacts will experience a greater reduction in perceived anxiety in relation to certain mothering tasks; that a smaller proportion of those mothers who receive nursing contact will express unresolved concerns in the area of infant care, self care, and in other areas of family life; that a smaller proportion of those mothers and their infants who receive nursing contact will have negative findings on their postpartal exams. It was also hypothesized that there could be no significant difference on the variables just mentioned for those mothers who were contacted by means of a telephone visit or by means of a home visit.

The research method used was an experimental design utilizing two treatment groups and a control group. Thirty mothers, both primiparas and multiparas, comprised the study population. One treatment group was contacted by home visits, one group was contacted by telephone visits, and the control group received no post-hospital nursing contacts. Personal interview schedules, composed of both open and closed questions, and a self-rating scale were developed by the investigator for data collection.

The data was analyzed according to the timing of the particular interview--hospital interview, interim contact interviews, and final interview. It was found that mothers who received nursing contact after hospital discharge did experience a significantly greater reduction in the amount of perceived anxiety in relation to certain mothering tasks than did those mothers who had not received nursing contacts. Differences between the groups on the other hypotheses were not statistically significant. Analysis showed that there were no statistically significant differences between those mothers who were contacted by home visits or by telephone visits on any of the hypotheses.

It was concluded that the majority of mothers, both primiparas and multiparas, do encounter problems and concerns in the areas of infant care, self care, and in other areas of family life during the postpartal period following hospital discharge. Mothers need and desire more participation in their infant's care prior to hospital discharge. Mothers, particularly primiparas, need a qualified person in addition to the doctor, to whom they can go with their questions and problems. A majority of the mothers indicated that nursing contact was or would be beneficial to them. The results of this study indicate that the telephone seems to be an effective means by which many well postpartum families can receive continued care, guidance, and support with a minimum of professional nursing time involved.

Chapter 1

Introduction

With increasing frequency words like health promotion and health maintenance are appearing in professional and lay health publications. Certainly, preventive health is not a new concept, but one which is enjoying new applications. One approach that shows encouragement from improving family and community health is the provision of health services to healthy families. "Greater efforts must be made to promote the changes in individual, family and community behavior that will lead to positive health, rather than the mere absence of illness."¹

One portion of the population which has always received much attention and the concern of health professionals is the young family engaged in childbearing and childrearing activities. The medical and nursing professions have taken strides toward providing preventive health care for maternity patients in all phases of the maternity cycle.

According to Zabriski,

Obstetrics deals with three distinct periods: pregnancy or antepartal, the period from the time of conception to the beginning of labor; labor, the series of processes by which the baby and placenta are expelled from the mother's body into the

¹Hester Young Kenneth, "Community Nursing Service to the 'Well-Family'," ANA Clinical Sessions, ed. American Nurses' Association (New York: Appleton-Century-Crofts, 1968), p. 72.

outside world; and the puerperium, the period in which the organs of reproduction are restored to approximately their former size and condition.²

Ideally, every pregnant woman should participate in prenatal care and guidance. There is ample evidence to show that antepartal care contributes to a healthy mother and healthy baby with fewer complications at the time of delivery. Therefore, all pregnant women are encouraged to place themselves under a physician's care early in their pregnancy. It is suggested that both expectant parents attend Education for Parenthood classes, particularly if this is their first baby. According to delivery room personnel and physicians, those who participate in Education for Parenthood classes are better informed, less fearful, more responsive, need less medication and anesthesia, are interested in what is happening to them, have an understanding of the mechanism of labor, and are anxious to be aware of the birth of their babies.³

Advances in science and medicine have influenced obstetrical practice. These advances coupled with prenatal supervision, care, and guidance have made for a safer and more satisfying labor and delivery.

²Elise Fitzpatrick and Nicholson J. Eastman, Zabriskie's Obstetrics Nurses (Philadelphia: J. B. Lippincott Co., 1960), p. 3

³Phyllis S. Williams and Miriam Campbell, "A Community Approach to Maternal-Child Health," Nursing Outlook, 19:1:46, January, 1971.

Maternal and infant mortality have steadily decreased. In 1915 maternal mortality was listed as 60.8 deaths per 10,000 births. That same year infant mortality (during the first year of life) was set at 99.1 per 1000 live births.⁴ In 1970 maternal mortality was calculated at 2.47 per 10,000 live births, and infant mortality as 19.8 per 1000 live births. Neonatal mortality (under 28 days old) in 1970 was 14.9 per 1000 live births.⁵ "By most predictions 90% or more of expectant mothers have an uneventful pregnancy with a favorable outcome."⁶

During the postpartal period in the hospital, obstetrical nurses strive to assure the safety of the mother and the baby. They endeavor to send home a well baby and a well-rested mother. Also among their objectives is to send the parents home feeling adequate to care for their baby. Often this objective is not accomplished. Many sources say that it is about the third day after delivery that the mother has coped adequately with the changes of her own body, and can then begin to take on some of the aspects of mothering.

⁴Edwin M. Gold and Martin Stone, "Total Maternal and Infant Care: A Realistic Appraisal," American Journal of Public Health, 58:1:1219, July, 1968.

⁵U. S. Bureau of the Census, Statistical Abstracts of the United States (Washington, D. C.: U. S. Government Printing Office, 1972 (93d edition), p. 57.

⁶Leona Rubbelke and Mildred Waller, "Maternal Health Index-- A Nursing Aid to Decision on Priority of Services," ANA Clinical Sessions, ed. American Nurses' Association (New York: Appleton-Century-Crofts, 1969), p. 175.

Since the average hospital stay following delivery of a child is only three to five days, many mothers do not become aware of their concerns about self and infant care activities until they are discharged from the hospital and actually assume responsibility for such care.⁷

Sometimes there is a continuum of guidance and support for the new family that extends over this crucial postpartum period, but more often, for the normal mother and baby, it stops with the day of hospital discharge. For countless American families, the first weeks at home with a new baby are stressful and anxiety-producing.⁸

It is with these normal mothers and babies that comprise around 90% of all deliveries that this study is concerned. The concept of continuity of care is repeated time and again in professional literature. The three distinct periods of the maternity cycle--pregnancy, labor and delivery, and the puerperium--are considered a continuous, interrelated process in this natural process called childbearing. Each of these periods can rightly be considered only in relation to the other two. Care provided in any one of these phases needs to be closely related to that provided in the other two. Mother and child must be thought of as part of a particular family, located within a particular community at a particular time.

⁷Myrna Chamberlin Yunck, "Early Concerns of Mothers Regarding Self Care and Infant Care Activities" (unpublished Master's thesis, Montana State University, 1967), pp. 4-5.

⁸Mary Hilliard, "The Evolution of a Maternity Nurse," Nursing Forum, 4:2:22, 1965.

The concept of care which is evolving in maternity nursing is "patient-focused" and "family-centered." A safe outcome for mothers and babies remains a minimum requirement of obstetrics. Maternity nursing also concerns itself with the effects which child bearing experiences have upon individuals and families, and can no longer be confined primarily to the hospital framework. Maternity nursing is being challenged to provide the best care possible in a variety of settings.⁹

Recent discussions have illuminated the inadequacies of the American health care delivery system. "The numbers of professional and allied health care personnel have not increased in proportion to the general population."¹⁰ At the same time, emphasis on programs of health promotion and health maintenance require increased numbers of health-related personnel and/or a reorganization of health services.

Community health nursing services are major providers of preventive health care. These services are generally understaffed and/or not organized to meet increasing demands of preventive health practices. Inherent in their programs are the establishment of priorities for the provision of health services. First on the list are, understandably, those persons with the most critical health needs. It follows almost without saying that relatively low priority is given to normal mothers and normal infants with no overt problems at the time of hospital discharge.

⁹ Anna Pearl Rains, "Forward--Symposium on Maternity Nursing," The Nursing Clinics of North America, 3:2:276, June, 1968.

¹⁰ Rubbelke and Waller, op. cit., p. 176.

Research studies have shown that new mothers (not only mothers of first babies) experience concerns and anxieties during the first few weeks after their return home with a newborn infant. Many authors suggest that the role changes required of all family members at this time may produce problems within the family unit. A sympathetic ear, a little advice, teaching, or guidance, a little reassurance and encouragement, or a referral to another helping person may be all that is needed to help this young family to a good beginning of healthy, stable family relationships. And, in the interest of health promotion, this relationship is vital.

If currently existing health services delivery programs are to survive and provide the health services that are demanded, aggressive creativity and fresh approaches are needed.¹¹ "Attention needs to be focused on methods of conserving professional time and diverting services to those mothers (and families) with the most critical needs."¹² This should be done without neglecting services to the "well-family."

The telephone is one communication device readily available to the majority of individuals. The 1972 issue of Statistical Abstracts of the United States states that 92% of American households had telephones in 1970. This source states that this figure may be a

¹¹Young, op. cit., p. 72

¹²Rubbelke and Waller, op. cit., p. 176.

slight overstatement, however, the vast majority of American households do have telephones.¹³ There is a real dearth of literature regarding the use of the telephone for therapeutic communication. This investigator can foresee a valuable contribution of the telephone to the conservation of professional time, and at the same time providing certain health promotion and health maintenance services to those individuals and families who are considered "low priority" by current standards of health delivery. This study was undertaken to consider the feasibility of utilizing the telephone for continuity of care to postpartum patients.

Statement of Problem

Current professional literature suggests that the childbearing process is a natural human experience that normally requires role changes of all family members. These role changes and adjustments to the new infant are accompanied by concerns, anxiety, and problems with family relationships. Since the majority of these concerns do not arise until the mother is home with her infant, and since anticipatory guidance can never fully prepare the family for the addition of a new member, it is recommended that care be continued after the mother and infant leave the hospital setting. "It can hardly be said that the

¹³U. S. Bureau of the Census, op. cit., p. 494.

(prenatal) classes offer a preparation for parenthood because they offer information about some specific functions which parents perform."¹⁴

Emphasis is being placed on promotion and maintenance of health rather than strictly on curative and palliative aspects. However, the general population and its demands for preventive health services have increased more rapidly than the numbers of professional and allied health care personnel.¹⁵ Therefore, it is essential that ways of conserving professional time and new methods of health care delivery be studied and utilized.

This investigator believes that the telephone has promising possibilities for continued health surveillance in the postpartum period for "normal" mothers and "normal" infants as defined in the study. The questions to be answered are: Do mothers of newborns benefit from nursing contact in the postpartal period after hospital discharge? Does nursing contact have an influence on the health and well-being of the mother and her infant? And, is the telephone an effective means by which well postpartum families can receive continued

¹⁴David Mann, Luther E. Woodward, and Nathan Joseph, Educating Expectant Parents (New York: Visiting Nurse Service of New York, 1962), p. 77.

¹⁵Rubbelke and Waller, op. cit., p. 176.

care, guidance, and support with a minimum of professional nursing time involved?

Purpose

The main purpose of the investigation is to evaluate and compare the effects of two methods of nursing contact on the postpartal outcomes of new mothers and their infants. The two methods of contact are the home visit and the telephone visit. Variables to be measured and compared include:

- 1) perceived anxiety of the mothers in relation to various mothering tasks as indicated by the mothers on a self-rating scale,
- 2) concerns of the mother regarding self care as indicated by the mother in an interview situation,
- 3) concerns of the mother regarding infant care and development as indicated by the mother in an interview situation,
- 4) concerns of the mother in other areas of family life as indicated by the mother in an interview situation,
- 5) results of the mother's six or eight week postpartal exam as reported by the mother in an interview, and
- 6) results of the baby's one month or six week exam as reported by the mother in an interview situation.

A secondary purpose of the study is to collect descriptive information. Among the information desired is to elicit from the mothers the concerns they have, the resources they utilize for information, their perception of the adequacy of their community's facilities for new mothers, their perception of public health nurses as being able to assist them, and the method of contact they would prefer. The impetus for this portion of the study came from an article entitled "You're Not Reaching Us!" written by Hazel Perry, a lay person. This report, which she presented at a workshop on maternal and child health teaching, states that professional assistance and guidance should be available to the new mother for at least the first month or two after her return home.¹⁶ A second factor was the investigator's realization of the absence of consumer participation in health delivery programs as reported in the literature.

Definitions of Terms

Primipara - a woman who has delivered her first live born infant

Multipara - a woman who has delivered two or more live born infants

¹⁶Hazel E. Perry, "You're Not Reaching Us!" RN, 27:12:37, December, 1964.

Concerns - "areas of special interest or worry to mothers as indicated by questions pertaining to particular areas of care"¹⁷

Self Care - those activities which are necessary for the mother's well-being, including rest, diet, episiotomy care, breast care, exercise, and weight control¹⁸

Infant care - "those 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 navel or circumcision, and controlling environment)"¹⁹

Postpartum or puerperium - that period of time between delivery of the baby and the return of the reproductive organs to their normal condition, usually about six weeks²⁰

¹⁷Martha Adams, "Early Concerns of Primigravida Mothers Regarding Infant Care Activities," Nursing Research, 12:2:72, Spring, 1963.

¹⁸Margaret H. Vojnovich, "An Exploratory Study of the Effect of Prenatal Classes on the Amount of Concerns Expressed by Primipara Patients" (unpublished Master's thesis, Montana State University, 1971), p. 4.

¹⁹Adams, op. cit., p. 72.

²⁰Elise Fitzpatrick, Nicholson J. Eastman, and Sharon R. Reeder, Maternity Nursing, 11th ed. (Philadelphia: J. B. Lippincott Company, 1966), p. 606.

Crisis - an "upset in a steady state."²¹ A "crucial point or situation in the course of anything; a turning point."²² "any sharp or decisive change for which old patterns [of action] are inadequate"²³

Anxiety - a vague, uneasy sense of dread, nervousness, or apprehension that is experienced when the self-image is threatened.²⁴

²¹ Lydia Rapaport, "The State of Crisis--Some Theoretical Considerations," Crisis Intervention: Selected Readings, ed. Howard J. Parad (New York: Family Service Association of America, 1965); p. 24.

²² William Morris (ed.), The American Heritage Dictionary of the English Language (New York: Houghton Mifflin Company, 1969), p. 314.

²³ E. E. LeMasters, "Parenthood as Crisis," Crisis Intervention: Selected Readings, ed. Howard J. Parad (New York: Family Service Association of America, 1965), p. 113.

²⁴ Basic Systems, Inc. under supervision of American Journal of Nursing editors, "Anxiety Recognition and Intervention-- Programmed Instruction," American Journal of Nursing, 65:9:137, September, 1965.

Assumptions

This study is based upon the following assumptions.

- 1) Mothers do have concerns regarding infant care and self care after leaving the hospital and assuming this responsibility themselves.
- 2) Mothers do experience varying degrees of anxiety as they assume responsibility for the care of their infant after leaving the hospital.
- 3) Mothers do not assume independent responsibility for the care of their child until they are discharged.
- 4) Mothers are able to verbalize their concerns in an interview situation.
- 5) Mothers are able to complete a self-rating scale.
- 6) Mothers are able to relate the results of their six or eight week postpartal exam and their infant's one month or six week exam in an interview with the investigator.

Limitations

The following are limitations of this study.

- 1) The limited size of the sample permits only broad generalizations to be made from the data.

2) The investigator's lack of experience in interviewing may be a limiting factor.

3) Validity and reliability of the coding for open end questions was impossible to establish as the investigator made all contacts and independently coded all open end questions.

4) The investigator's biases may have led to inaccurate interpretation of mothers' comments although attempts to be objective, record verbatim comments, and verify with the mothers were made.

5) The amount of time following delivery prior to initial contact by the investigator was impossible to control. Therefore, the difference in the mothers' levels of readiness to discuss going home activities may be a limiting factor.

6) Some mothers took advantage of "rooming-in" and others did not which may have affected the amount of attention and teaching received from the hospital nursing staff.

7) Validity and reliability of the data collecting tools utilized in this study have not been tested.

8) The mothers may have misinterpreted or misunderstood the physician's comments concerning their exam or their infant's exam. The investigator had no check for the accuracy of the mothers' reports.

Hypotheses

1) Mothers who are recipients of nursing contact during the postpartal period following hospital discharge will experience a greater reduction in perceived anxiety relating to various mothering tasks as indicated on a self-rating scale (to be completed after the mother has had her postpartal exam) than mothers who do not receive nursing contact during this period.

2) A smaller proportion of mothers who are recipients of nursing contact during the postpartal period following hospital discharge will express unresolved concerns in a) the area of infant care, b) the area of self care, and c) other areas of family life, during an interview with the investigator (after the mother has had her postpartal exam) than mothers who do not receive nursing contact during this period.

3) A smaller proportion of mothers who are recipients of nursing contact during the postpartal period following hospital discharge will have negative findings on their postpartal exam as indicated by the mother during an interview with the investigator than mothers who do not receive nursing contact during this period.

4) A smaller proportion of infants of mothers who are recipients of nursing contact during the postpartal period following hospital discharge will have negative findings on their one month

to six week exam as indicated by their mothers in an interview with the investigator than infants whose mothers did not receive nursing contact during this period.

5) There will be no significant difference in the amount of reduction in perceived anxiety in relation to various mothering tasks as indicated on a self-rating scale (to be completed after the mother has had her postpartal exam) among mothers who were contacted by the nurse investigator by way of home visit or telephone visit during the postpartal period following hospital discharge.

6) There will be no significant difference in the proportion of mothers expressing unresolved concerns in a) the area of infant care, b) the area of self care, and c) other areas of family life, during an interview with the investigator (after the mother has had her postpartal exam) among mothers who were contacted by the nurse investigator by way of home visit or telephone visit during the postpartal period following hospital discharge.

7) There will be no significant difference in the proportion of mothers with negative findings on their postpartal exam, as indicated by the mother during an interview with the investigator, among mothers who were contacted by the nurse investigator by way of home visit or telephone visit during the postpartal period following hospital discharge.

8) There will be no significant difference in the proportion of infants with negative findings on their one month to six week exam, as indicated by the mother during an interview with the investigator, among infants whose mothers were contacted by the nurse investigator by way of home visit or telephone visit during the postpartal period following hospital discharge.

Methodology

Background Information

The charge nurse on the maternity unit of the hospital utilized was consulted about the study, and permission was granted to carry it out. Since the maternity unit does have some type of referral service with the Public Health Nursing Department, the nursing supervisor of this department was made aware of the study. A joint meeting was held between the supervisor of the Public Health Nursing Department, the charge nurse of the maternity unit, and the nurse investigator to discuss the purpose and scope of the study. The nursing personnel agreed to select for the investigator those patients who met the selection criteria.

Selection of the Sample

A total of thirty newly delivered mothers, both primiparae and

multiparae, were included in the study population. Five primiparae and five multiparae were randomly placed into each of three experimental groups. The mothers in this study were selected from the regular admissions to the maternity unit of a 164 bed hospital in southwestern Montana between March 1 and April 7, 1972. Their selection was made according to the following criteria.

- 1) The mother is married and living with her husband.
- 2) The mother has had an uncomplicated vaginal delivery.
- 3) This was a single birth.
- 4) The mother has delivered an infant with a minimum birth weight of 5 lbs. 8 oz.
- 5) The mother has delivered a normal infant--i.e., there are no congenital anomalies recognized by the time of hospital discharge.
- 6) The mother does not have an associated illness, and is well and able to care for her infant.
- 7) The mother and her infant are under the care and supervision of (a) physician(s).
- 8) The mother has indicated a willingness to participate in the study.
- 9) The mother and infant are not being referred to the Public Health Nursing staff. Criteria that the hospital maternity nursing staff employs in making referrals include:
 - a) premature infants,

- b) infants with low Apgar scores,
 - c) infants with congenital anomalies,
 - d) infants who are eating poorly,
 - e) mothers who had/have toxemia,
 - f) mothers who are diabetic,
 - g) mothers who seem afraid of their babies; who don't understand home care,
 - h) mothers who are having difficulties with nursing,
 - i) families in which there is a known problem or conflict,
- and
- j) the nurses also "play it by ear," and if they feel that problems are eminent, they refer that mother and infant.

During the period of time the sample was collected, 56 infants were delivered at this hospital. Of these 56, thirty infants and their mothers were included in the study. Twenty-six infants and their mothers were rejected for study purposes. Of these 26 rejected, 12 were primiparae and 17 were multiparae. The reasons for their exclusion from the study were as follows:

Primiparae

- 3 mothers were unwed
- 2 mothers delivered premature infants
- 1 mother delivered a low birth weight infant
- 2 mothers delivered by Cesarean Section

1 infant was suspected to have a staph infection

1 mother had emotional difficulties and was referred to the
Public Health Nursing Department

1 mother was leaving town after hospital discharge

1 mother went home early

Multiparae

4 mothers delivered by Cesarean Section

5 mothers went home early

9 mothers were rejected because the multipara sample was
completed

Treatment Groups

Each of the thirty mothers comprising the study population were randomly placed into one of three treatment groups. Random placement by toss of a die was accomplished prior to the initiation of the study interviews. Assignment was partially controlled as each group was designated to contain five primiparae and five multiparae. Each mother in each group was contacted personally by the investigator on the second or third postpartum day and prior to hospital discharge. Each was again contacted personally by the investigator in the participant's home after the mother's postpartal exam had been completed, six to eight

weeks after the initial contact. The method of interim contact was the independent variable under study.

Group 1 The 10 mothers in this group were contacted by home visits conducted by the investigator. The first home visit took place during the first week after hospital discharge. The second visit took place during the third or fourth week after hospital discharge. At the time of the initial contact made in the hospital, the mothers were given a card containing the investigator's name and telephone number. They were invited to initiate further contacts if they so desired.

Group 2 The 10 mothers in this group were contacted by telephone visits conducted by the investigator. The first phone visit took place during the first week after hospital discharge. The second visit took place during the third or fourth week after hospital discharge. At the time of the initial contact made in the hospital, the mothers were given a card containing the investigator's name and telephone number. They were invited to initiate further contacts if they so desired.

Group 3 The 10 mothers comprising the third group were considered the control group. The mothers received no interim contacts by the investigator. They were not given the investigator's phone number, nor invited to initiate further contacts with the investigator.

Composition of Data Collection Tools

The research method used in this study was an experimental design utilizing two treatment groups and a control group. Refer to page 21 for a discussion of the treatment groups. Personal interview schedules and a self-rating scale were developed as tools of choice for data collection.

The interviews were composed of a combination of open and closed questions. Composition of the interview schedules were based, in part, upon the outcomes of studies conducted by Yunck²⁵ and Adams²⁶ in which the postpartal concerns of mothers were investigated, and, in part, upon additional objectives of this investigator.

To determine a measure of the mothers' perceived anxiety level in relation to certain mothering tasks, the investigator developed a self-rating scale. With this tool the participant reports on her own feelings related to anxiety, and, in effect, rates her own anxiety level.²⁷ In constructing this tool the investigator utilized descriptive adjectives found in the literature which were used to describe the state of anxiety. Among the words used were: tense, nervous, apprehensive, insecure, helpless, overwhelmed, afraid, jittery, incompetent.²⁸

²⁵Yunck, op. cit.

²⁶Adams, op. cit., pp. 72-77.

²⁷Lawrence C. Hartlage, "Common Approaches to the Measurement of Anxiety," American Journal of Psychiatry, 128:9:1145, March, 1972.

²⁸Basic Systems, Inc., op. cit., p. 137.

Adjectives such as these were then used as the definitions for the poles indicating high anxiety. Words with opposite meaning were chosen by the investigator as the definitions for the opposite poles indicating low or no anxiety.

The self-rating scale was pretested by four new mothers. They were asked to raise any questions about the rating and the different points on the continuum if they were unclear. The revised form of the rating scale was used in this investigation.

Investigator contacts with the participants during the course of this study can be classified into three categories. According to timing of the contact, these are: 1) hospital interview, 2) interim contact interviews, and 3) final interview. Each interview session had specific purposes and objectives.

Hospital Interview - (see Appendix A for the tools) The objectives of this contact were to:

- 1) introduce myself and the study to the mother,
- 2) elicit the cooperation of the mother in participating in this study,
- 3) ask the mother to complete a self-rating scale concerning her feelings at this point in time about certain mothering tasks,

4) gather background data in relation to the mother, father, and infant as a check for randomness of assignment to the three treatment groups. Information elicited includes:

- a) the mother's age,
- b) whether or not this is the mother's first baby,
- c) if this is not the first baby, the number of other children she has,
- d) the mother's educational background,
- e) the mother's occupation,
- f) whether or not she plans to return to work or school,
- g) the father's educational background,
- h) the father's occupation,
- i) whether or not the mother attended prenatal classes, where, and how many,
- j) the month her prenatal care began,
- k) length of stay in the hospital,
- l) the infant's sex,
- m) the infant's birth weight, and
- n) whether the mother is breastfeeding or bottlefeeding,

5) gather information on the mother's present situation for the primary purpose of checking randomness of group assignments. Information elicited includes:

- a) the mother's feelings regarding her readiness to go home,
- b) the mother's evaluation of her physical condition,
- c) concerns and questions the mother has about her physical condition or care of herself after discharge,
- d) the amount of experience primiparas have had in taking care of babies,
- e) how well the baby is eating,
- f) questions the mother has concerning the care of her infant after hospital discharge,
- g) the kind and amount of help the mother will have at home,
- h) the anticipated reaction of other children to the new baby, and
- i) the feelings of the mother regarding participation in various aspects of her infant's care prior to hospital discharge.

Interim Contact Interviews - (see Appendix B for the tools) The objectives for these contacts were the same regardless of the method of contact. The same interview guide was utilized for those mothers contacted by phone as was used for those contacted by home visit. The objectives for the interim contacts were to:

- 1) elicit from the mother concerns and problems dealing with care of the baby that she has encountered since she has been home,

- 2) determine how the mother has been able to handle these infant-care problems,
- 3) answer questions and supply information and support concerning the baby's care and development when necessary,
- 4) elicit from the mother concerns and problems dealing with her own care that she has encountered since she has been home,
- 5) determine how the mother has been able to handle these self-care problems,
- 6) answer questions and supply information and support concerning the mother's care and progress when necessary,
- 7) elicit from the mother concerns and problems in other areas of family life that she has encountered since she has been home,
- 8) determine how the mother has been able to handle these problems in other areas of family life, and
- 9) answer questions and supply information and support concerning problems in other areas of family life when necessary.

Final Interview - (see Appendix C for the tools) The objectives of this contact were to:

- 1) ask the mother to complete a self-rating scale concerning her feelings at this point in time about certain mothering tasks,
- 2) determine the mother's physical condition at this time as determined by herself and her physician. Information in the following areas were elicited:

- a) weight,
- b) exercise,
- c) condition of breasts,
- d) condition of perineum,
- e) birth control measures,
- f) general health,
- g) rest,
- h) blood test, and
- i) urinalysis,

3) elicit from the mother concerns and problems dealing with her own care that she has encountered since she has been home,

4) determine which of these self-care problems remain unresolved at the time of this contact,

5) answer questions and supply information and support concerning the mother's care and progress when necessary,

6) determine the baby's physical condition and adequacy of his development at this time as indicated by the physician to the mother and by the mother's own observation. Information in the following specific areas was elicited:

- a) weight gain,
- b) eating,
- c) elimination,
- d) sleeping,

e) motor development,

1) reflexes,

2) head control,

f) senses,

1) hearing

2) sight,

g) immunizations,

7) elicit from the mother concerns and problems dealing with her baby's care and development that she has encountered since she has been home,

8) determine which of these infant-care problems remain unresolved at the time of this contact,

9) answer questions and supply information and support concerning the infant's care and development when necessary,

10) elicit from the mother concerns and problems dealing with other areas of family life that she has encountered since she has been home,

11) determine which of these problems in other areas of family life remain unresolved at the time of this contact,

12) answer questions and supply information and support concerning other areas of family life when necessary,

13) determine which persons the mother has found to be most helpful to her since she has been home from the hospital,

14) determine which persons the mother has gone to with questions as they have arisen,

15) determine which books and magazines the mother turns to for help in answering her questions and how much she relies on these sources of information,

16) determine the mother's perception of the adequacy of her community's resources in meeting the needs of new mothers, and her suggestions for needed additional resources,

17) determine the mother's perception of the benefit of the contacts made by the investigator or the desirability of such contracts as indicated by those mothers in the control group, and

18) determine the mother's preference for method of contact by a nurse or other helping person after return to the home environment.

Chapter 2

Review of Literature

Of the three phases of childbearing--pregnancy, labor and delivery, and the puerperium--the latter has been selected as the period of emphasis for this particular investigation. In reviewing the professional literature, the majority of publications concerning objective study of nursing care during the maternity cycle refer to the antepartal period, labor and delivery, and that postpartal period during hospitalization. Relatively few references were found dealing with the postpartal period after return to the home environment. The puerperium is "a most important part of the maternity cycle and the one which probably receives the least attention."¹ The investigator believes that this indicates a need for more study in this area. All phases of the maternity cycle must be considered a continuous, inter-related process. Therefore, care in the community should be an extension of hospital and prenatal care.

During the puerperium, the six weeks following delivery of an infant, numerous physiological changes are taking place in the woman's body. Her body is returning to its prepregnant state. Changes which have evolved during the previous nine months now suddenly reverse

¹Elizabeth Hosford, "The Maternity Cycle--A Time of Challenge," Bulletin of the American College of Nurse Midwifery, 12:48, May, 1967.

themselves in a matter of weeks. These changes are occurring in all the systems of the body, not just the reproductive system. Involution of reproductive organs is taking place. Hormonal balance is shifting. The muscles of the abdominal wall are recovering from overstretching. Displaced organs are returning to their prepregnant position. There is a profound reduction in circulating blood volume, and a marked weight loss. The episiotomy, if performed, or any perineal lacerations are healing. Lactation is being established if the mother has elected to breast-feed her infant, and being suppressed if she has elected to bottle-feed her baby. This all demands an enormous amount of energy. No wonder the new mother is very often sore and exhausted.

Physical changes and adaptations are only a portion of the activities demanding the mother's attention and energies at this time. In addition to the strictly physical manifestations of the puerperium, the mother must learn a new role definition. ". . . She must acquire certain values, expectations, knowledge, and behaviors deemed appropriate to her new position of 'mother'."²

The puerperium is a complex state of the childbearing experience during which the physical and psychological work of gestation and delivery becomes final. And, during this stage, a new role, with a complete set of new tasks is begun--before

²Sharon Reeder, "Becoming a Mother--Nursing Implications in a Problem of Role Transition," ANA Regional Clinical Conferences, ed. American Nurses' Association (New York: Appleton-Century-Crofts, 1967), p. 204.

the previous work is quite finished. What is past and what is future combine to form the composite present of the puerperium.³

Reva Rubin has committed much time and effort to the study of role-taking in the postpartal phase of childbearing. She discusses this process in three phases--the "taking-in" phase, the "taking-hold" phase, and the phase of rapid and frequent mood swings. The first two to three days following delivery comprise the "taking-in" phase. At this point the mother is dependent; she is a receiver. "She accepts what she is given, tries to do what she is told, awaits the actions of others, and initiates very little herself."⁴ The parturient is concerned with rest and food. She is generally quite talkative and demonstrates concern about the baby's oral intake. ". . . the woman now needs a great deal of 'mothering', just at a time when she has to learn to do the mothering."⁵

Sometime during the third day postpartally the mother will usually arrive at the second phase. During this "taking-hold" phase she becomes the initiator. If her dependency needs have been met during the "taking-in" phase, the mother is now ready to assert her

³Reva Rubin, "Puerperal Change," Nursing Outlook, 9:12:754, December, 1961.

⁴Ibid., p. 754.

⁵Marcel Heiman, "Pregnancy Interwoven with People and Problems," Medical Insight, August, 1970, p. 19.

independence. "There is a strong element of anxiety here in this phase. If she cannot control her own body, how can she expect to assume responsibility for anyone or anything else."⁶

When she is successfully coping with the autonomy of her own body and begins to take-on the tasks of mothering, the parturient enters a phase of frequent and rapid mood swings.

Because her sphere of functional autonomy is persistently widened from self to self-and-baby to self-and-immediate family, we never see equilibrium achieved during the average hospital stay. At an estimate this phase lasts about ten days, which would mean it ends just about two weeks after delivery.⁷

During this period of frequent mood swings the new mother may experience many ambivalent feelings about this new role of hers and this newborn baby. She may feel clumsy and not confident to care for this tiny, helpless person. She may at the same time reject and accept this new responsibility. However, she may be most distressed if she experiences no strong maternal feeling or attachment for her baby immediately after delivery.

The woman does not necessarily make emotional contact with the child immediately after birth. There is usually a time lag of a few hours, a few days, or even a few weeks before she experiences a maternal feeling toward the infant.⁸

⁶Rubin, op. cit. p. 754.

⁷Ibid., p. 755.

⁸Gerald Caplan, "Origin and Development of Mother-Child Relationships," Concepts of Mental Health and Consultation: Their Application in Public Health Social Work (Washington, D. C.: U. S. Department of H. E. W., 1959), p. 62.

If she doesn't realize this, the new mother may feel doomed to be a failure from the outset.

Not only the mother, but also the whole family must alter their roles for the inclusion of a new family member. "With each new baby there begins a new family with all its inherent problems."⁹

Whether the family previously consisted of two, three, or four persons, former ties must be loosened, readjusted, and reformed in a way that is never exactly the same as it was before.¹⁰

Several authors discuss the birth of a baby as a critical point or a crisis period in the life of a family. Utilizing the definitional framework of crisis as "an upset in a steady state,"¹¹ "a crucial point or situation in the course of anything; a turning point,"¹² "any sharp or decisive change for which old patterns [of action] are inadequate,"¹³ one can consider crises in either normal or abnormal contexts. This discussion is limited to the concept of crisis as a normal individual and family reaction to the birth of a baby. The Chinese word meaning crisis consists of two characters, one a symbol

⁹Aileen Hogan, "The Role of the Nurse in Meeting the Needs of the New Mother," The Nursing Clinics of North America, 3:2:339, June, 1968.

¹⁰Reva Rubin, "Maternity Care in Our Society," Nursing Outlook, 11:7:521, July, 1963.

¹¹Rapaport, op. cit., p. 24. ¹²Morris, op. cit., p. 314.

¹³E. E. LeMasters, op. cit., p. 113.

of danger, one a symbol of opportunity.¹⁴ This seems particularly applicable to the situation under discussion.

There are critical transition points in the normal, expectable development of the family life cycle: getting married, birth of the first child, children going to school, the death of a spouse, or the children leaving home. These are all seen as points of no return.¹⁵

Although both normal and expectable, these standard status transition points in the life cycle of the family always have elements attached to them that are novel for the individuals experiencing them. This is perhaps especially true in our society where "rites de passage" are limited, where anticipatory socialization for new familial roles tends to be minimal, and where the prescriptions for behavior expected in the new roles may be highly variable. Thus these critical turning points often provoke disequilibrium both in the individuals concerned and in the family system.¹⁶

Since babies do not usually appear to married couples completely by surprise, it might be argued that this event is not really a crisis--"well adjusted" couples should be "prepared for it." The answer seems to be that children and parenthood have been so romanticized in our society that most middle-class couples are caught unprepared, even though they have planned and waited for this event for years. The fact that parenthood is "normal" does not eliminate crisis.¹⁷

LeMaster conducted a study of 46 middle-class couples who had recently borne their first baby. Of these, 38, or 83%, said that the

¹⁴Ann L. Clark, "The Beginning Family," American Journal of Nursing, 66:4:802, April, 1966.

¹⁵Rhona Rapoport, "Normal Crises, Family Structure, and Mental Health," Crisis Intervention: Selected Readings, ed. Howard J. Parad (New York: Family Service Association of America, 1965), p. 76.

¹⁶Ibid., p. 76.

¹⁷E. E. LeMasters, op. cit., p. 116.

birth of their first baby caused a crisis situation with them.¹⁸ A modified replication of LeMaster's study conducted by Dyer indeed found that arrival of the first child constitutes a "crisis" or "critical event."¹⁹

Another concept which should be considered concomitantly with the concept of crisis is that of anxiety. There is little agreement among theoreticians as to the nature of the phenomenon of anxiety. Much research has been and continues to be conducted around this elusive concept. In each case, indices of anxiety are operationally defined and correlated with myriads of other variables. Confusion seems to exist as to the influences of "state" versus "trait" anxiety.

According to Spielberger's Trait-State Anxiety Theory, state anxiety may be conceptualized as a transitory emotional state or condition of the human organism that varies in intensity and fluctuates over time. This condition is characterized by subjective, consciously perceived feelings of tension and apprehension, and by activation of the autonomic nervous system. Level of A-State intensity should be high in circumstances that are perceived by an individual to be threatening,

¹⁸ Ibid., p. 117.

¹⁹ Everett D. Dyer, "Parenthood as Crisis: A Re-Study," Crisis Intervention: Selected Readings, ed. Howard J. Parad (New York: Family Service Association of America, 1965), p. 313.

irrespective of the objective danger; A-State intensity should be relatively low in objectively nonstressful situations, or under circumstances in which an existing danger is not perceived as threatening. On the other hand, trait anxiety (A-Trait) refers to relatively stable individual differences in anxiety proneness. Persons who are high in A-Trait tend to perceive a larger number of situations as more dangerous or threatening than persons who are low in A-Trait, and to respond to threatening situations with A-State elevations of greater intensity. Anxiety scales which require individuals to report how often they have experienced symptoms such as "worrying" or diarrhea would thus appear to be measures of A-Trait.²⁰

The theoretical framework of anxiety (state) which appears to be most applicable to the normal crisis of childbirth is that discussed by Frieda Fromm-Reichman.

The most unpleasant and at the same time, the most universal experience, except loneliness, is anxiety. Anxiety is a reaction to a danger, often nonspecific, that causes a person to feel a vague, uneasy sense of dread, nervousness, or apprehension.²¹

Anxiety is frequently associated with three underlying states of mind which all threaten one's sense of identity. These three states of mind

²⁰Charles D. Spielberger, "The Effects of Anxiety on Computer-Assisted Learning," Florida State University, Tallahassee, Florida, June, 1970, Eric no. Ed 045 720.

²¹Basic Systems, Inc., op. cit., p. 131.

are interrelated but often one dominates. These states of mind are:

- 1) sense of helplessness, 2) sense of isolation (alienation), and
- 3) sense of insecurity (threat to identity).²²

Every person needs to see himself as able to satisfy his wants, as able to control himself, and to a degree, his environment. He needs to perceive himself as able to communicate meaningfully, as "belonging," as being useful and productive, and as able to meet goals and expectations he has set for himself. These are all aspects of the self-image. Whenever there is a threat to the self-image, from whatever source, anxiety arises.²³

In addition to being uncomfortable, the highly anxious person seems at least partially deprived of his ability to cope with his environment. This reduced coping power leads frequently to a loss of self-confidence and a faltering self-concept.²⁴

Nearly every mother wants to be an ideal mother, yet she may be very ill prepared by way of her own background and lack of experience and preparation. The gap between what she would like to be and what she realizes she is. . . creates anxiety and depression. . . . The woman who is anxious and depressed may seem to discourage social contact, but she needs this more than ever. . . . She wants and needs someone to talk to, someone with whom to share her doubts and fears.²⁵

²²Ibid., p. 132.

²³Ibid., p. 132.

²⁴Florence Bright, "Parental Anxiety--A Barrier to Communication," ANA Clinical Sessions, ed. American Nurses' Association (New York: Appleton-Century-Crofts, 1966), p. 13.

²⁵Elizabeth Hosford, "The More Meaningful Childbearing Experience," Briefs, 31:8:127.

At this point, several questions might be posed. Haven't women been giving birth since the beginning of man? Is not birth a normal physiological process? Then, why the concern that care be extended from the hospital to the community for well mothers and infants and their families? Professional literature gives impetus to the argument that continuity of care is essential.

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.²⁶

This situation doesn't necessarily apply only to young mothers or primiparae. Mary Hilliard states,

Mothers who have borne other children are usually more selective in their questions, or they may not ask them at all, thinking that since they have already had a baby, they should know all the answers. Yet a little effort on the part of the nurse will show that the "multips" do, indeed, need help with the various aspects of childbearing.²⁷

". . . the problem facing the mother of several children are just as great--though very different from the mother of one."²⁸ In one

²⁶Ann L. Clark, "The Adaptation Problems and Patterns of an Expanding Family: The Neonatal Period," Nursing Forum, 1:104, 1966.

²⁷Hilliard, op. cit., p. 25.

²⁸Ethel Donny, "Imagination in Maternity Care," American Journal of Nursing, 60:1:47, January, 1960.

study a multipara commented, "Just because a baby is not the first, the nurse should not assume the mother knows what to do. We forget even in two years, and then methods do change."²⁹

As mentioned previously, all families encounter problems; all families are concerned with certain role transitions.

One of the most important of these problems is that the woman is preparing for a completely new role. If this is her first baby, she is moving from being a wife to becoming a mother. If it is her second baby, she is changing from being a mother of one child to becoming a mother of two. I suppose that one would expect the problems to be greater for the woman who is having her first baby, because the change from being a wife to becoming a mother is usually greater than the change from being a mother of one child to becoming a mother of two children. But in certain circumstances, becoming the mother of two children may be a good deal more complicated a situation than being the mother of one.³⁰

One explanation for the difficulty and uncertainty of young parents in taking-on the parent role is the change in family structure in our society. The extended family is all but an institution of the past, and the smaller nuclear family is the dominant structure today. Therefore, the young parents are often separated from the role models of the wider family circle. In many spheres of family life, outside

²⁹Eugenia Veckyte, "A Study of Selected Obstetric Patients' Satisfaction or Dissatisfaction with Nursing Care Practices" (unpublished Master's thesis, Montana State University, 1961), p. 22.

³⁰Gerald Caplan, An Approach to Community Mental Health (New York: Grune and Stratton, Inc., 1961), p. 66.

influences and organizations are looked to for the guidance that once was inherent in family relationships. Therefore, "nurses must take on the responsibility of teaching the new mother and father in an 'accepting atmosphere'."³¹

With emphasis being placed on prenatal care and Education for Parenthood classes becoming quite prevalent, is post-hospital follow-up of well mothers and infants essential or is this an expensive duplication of services? There is ample evidence to show that antepartal care contributes to a healthy mother and healthy baby with fewer complications at the time of delivery. However,

It can hardly be said that the [Education for Parenthood] classes offer a preparation for parenthood because they offer information about some specific functions which parents perform.³²

According to a study entitled "Early Concerns of Primigravida Mothers Regarding Infant Care Activities,"

. . . the period of pregnancy had not been a time of active interest in infant care, as far as they [mothers] could remember. . . . A number of respondents mentioned they had been more interested in changes in themselves during their pregnancies and their babies had not seemed separate and real to them until after they had delivered.³³

³¹Ann L. Clark, "Meeting the Readjustment Problems of the Expanding Family," Briefs, 30:5:70, May, 1966.

³²Mann, Woodward, and Joseph, op. cit., p. 77.

³³Adams, op. cit., p. 76.

This same thought was expressed to this investigator when a newly delivered woman said, "I wasn't ready to learn about being a parent before the baby was born; I just wanted to know what was happening to me, and what I should do to make the baby healthy."

Anticipatory guidance as presented in Education for Parenthood classes can help prepare parents for the addition of the baby to their family. From the information received in the classes they can develop certain anticipations and expectations of the behavior and care required of a newborn infant. They can also begin to explore the role transitions that will be necessary with the arrival of the new baby.

Many preparations can be made ahead of time for the birth of a baby--equipment can be bought, books on baby care read, and finances put in order; but the full impact of the baby as a new, helpless, demanding member of the family about which family organization and activities must revolve at least for a time does not come until after the baby is brought home from the hospital.³⁴

As previously mentioned, it is about the third day following delivery that the mother has coped with the autonomy of her own body and begins to turn her attention to the baby and aspects of mothering.

³⁴E. E. LeMasters, "Parenthood as Crisis," Marriage and Family in the Modern World, ed. Ruth Shonle Cavan (New York: Thomas Y. Crowell Co., 1965), p. 502.

"This is essentially an intrusive stage, a stage in which she is very curious and interested, a stage of maximal readiness for learning."³⁵

However, Hilliard doubts that this is the optimum time to teach.

. . . is this early postpartum 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?³⁶

Brown comments,

The mother, in hospital before she has had any experience with her own infant, seems unable to assess accurately what areas will be of concern to her and how much of a concern [when she gets home with the baby and has complete responsibility for his care].³⁷

Whether or not the early postpartum is the optimum time for teaching the mother, it must be utilized, since the average hospital stay for the American mother is only three to five days.³⁸ There are several things the mother ought to know about her own care and the care of her baby before hospital discharge. The nursing staff can also provide anticipatory guidance concerning several problems the new family is likely to encounter at home.

³⁵Rubin, op. cit., p. 755 ³⁶Hilliard, op. cit., pp. 21-22.

³⁷Louise Brown, "Effectiveness of Nursing Visits to Primigravida Mothers," The Canadian Nurse, January, 1967, p. 49.

³⁸Hilliard, op. cit., p. 20.

Most new mothers reveal that they do need a certain amount of experience and learning during their hospital stay to help to give them confidence. . . . The mother who does not have the opportunity to "try out" her abilities under supervision may feel inadequate when she must suddenly do so when alone.³⁹

However thorough prenatal education has been, however complete hospital postpartal teaching has been, the first few days and weeks at home with a new baby are stressful and anxiety-producing for a great number of new parents. This thought has been expressed by a variety of authors.

The mother, under routine care, often goes home quite early. There has been no time for teaching. The parents know little of the natural changes that take place in the lactating process. They will worry over such ordinary events as the change in the baby's stool from meconium through transition to the normal bowel movement. They will not know that there will be an abrupt change in the baby's feeding habits as he hits a growth level. Even the sudden normal changes in the newborn's breathing patterns will cause apprehension and concern, and many sleepless nights.⁴⁰

For countless American families, the first weeks at home with a new baby are stressful and anxiety-producing. Neither older, experienced family members, nor professional persons are readily available to bolster their confidence, reassure them, or guide them in the all-important task of starting their infants out wisely. Assuredly, books and magazine articles are available in great numbers, but they are poor substitutes for the warmth of an interested, knowledgeable, supportive human being.⁴¹

³⁹Marion S. Lesser and Vera R. Keane, Nurse-Patient Relationships in a Hospital Maternity Service (St. Louis: The C. V. Mosby Company, 1956), p. 177.

⁴⁰Hogan, op. cit., p. 343. ⁴¹Hilliard, op. cit., pp. 22-23.

When a newborn is being introduced into a family, this is a time of stress. The mother goes home with instructions from her doctor to return for a 3-week or 6-week check-up. Much can happen in this time that the mother does not feel is of importance to the doctor. But seemingly small irritations can be of much importance to the family health at this time. So again the nurse makes doubly sure that the parents have someone to turn to in the lay problems that do not require professional obstetrical attention.⁴²

The views thus presented have been of professionals knowledgeable in the area of maternal and child health. What does the literature report as to the feelings of mothers in relation to continuity of care? The one reference found was the report of a speech given by Hazel Perry, a lay person and a mother, at a workshop on maternal and child health teaching. Mrs. Perry suggested that post-natal care should be available for the first month or two following delivery.

After the new mother has given birth, she feels a desperate need to know where to turn for answers to her "silly little questions." When her baby is ten days to two weeks old, she needs to sit down and talk with a knowledgeable person about the things that have happened that she couldn't anticipate. . . . The first time these problems (everyday baby care problems) come up they seem far from ordinary and everyday to the new mother. . . . It's during those first postpartum days that we crave most the opportunity to talk with them (nurses) and ask questions.⁴³

⁴²Hogan, op. cit., pp. 343-344.

⁴³Perry, op. cit., p. 40.

Professional literature offers the reports of a few studies investigating the problems and needs for continued care of the postpartum patient and her family after return to the home environment. As can be expected more investigations have been conducted with "high-risk" mothers and infants than with the "well" or "normal."

. . .the term "high risk" infant has been coined to designate infants who should be under close observation by the most interested and experienced nurses available and visited frequently by a physician until complications arising from the circumstances leading to the increased risk may no longer reasonably be expected.⁴⁴

Certain maternal and environmental conditions as well as conditions which exist within the infant or which appear soon after birth predispose the infant to difficulties during the adjustment phase to extrauterine life. One factor that the majority of high-risk infants have in common is prematurity or low birth weight. Program services for follow-up care are by priority directed toward the population with the most critical need. However, the studies which will be presented are those dealing with "well" mothers and infants as compared with those at "high-risk."

The majority of these investigators reported, as did Dr. Virginia Larsen, that the early postpartum weeks and months generated the greatest number of stresses, and the hospital stay, the fewest.

⁴⁴Joy P. Clausen, et. al., Maternity Nursing Today (New York: McGraw-Hill Book Company, 1973), p. 820.

Dr. Larsen's study was conducted with 130 mothers predominantly from the upper socio-economic classes. Neither they nor their infants had accompanying complications which would place them on a priority list for nursing service.⁴⁵

Adams conducted a comparison study with mothers of premature infants comprising one subgroup and mothers of normal birth weight infants comprising the second subgroup. This was the first baby for all participants. Adams reported that the only time the mothers of premature babies had more questions than the mothers of normal birth weight babies was in anticipating care at home prior to their departure from the hospital. After assuming responsibility for care in the home environment, both groups seemed to have similar numbers of questions in similar areas of infant care activities.⁴⁶ As one of the recommendations from her study, Adams said,

As the mother's questions seem the greatest when she first begins taking care of her infant, it would seem a point of information for all health workers that early days of care in the hospital and at home may be times of special needs for new mothers. It would seem that answers to her questions at this time could give her valuable assistance in gaining skills and a greater sense of security.⁴⁷

⁴⁵Virginia Larsen, "Stresses of the Childbearing Years," Briefs, 30:4:61-62, April, 1966.

⁴⁶Adams, op. cit., p. 76.

⁴⁷Ibid., p. 77

Evans reported in her study concerning the needs of breast-feeding mothers that many mothers, particularly the more emotionally hypersensitive mothers, may abandon breastfeeding if they don't encounter an interested person who will help them with problems associated with breast-feeding. She stated that such problems as nipple pain, nipple damage, engorgement, inhibited let-down reflex, and lack of nipple protactility are likely to develop prior to hospital discharge. However, they are seldom resolved during the hospital stay, so the mother goes home with these problems as well as others to face.⁴⁸ She concluded,

The data suggest that nursing intervention is vital during the first month of breast feeding. The number of needs encountered by mothers at home implies that anticipatory guidance is most important to help mothers achieve success in breast feeding. It also suggests the need for home visits by a maternity nurse.⁴⁹

Carpenter analyzed recorded and observed home visits by public health nurses to 38 mothers of first children.

Because of the anxiety expressed to the nurses and the reports made by the observers, Carpenter recommends in her study that the mother with her first baby should be given priority upon public health nursing time.

⁴⁸Ramona Evans, "Needs Identified Among Breast-Feeding Mothers," ANA Clinical Sessions, ed. American Nurses' Association (New York: Appleton-Century-Crofts, 1968), p. 162.

⁴⁹Ibid., p. 171.

She recommends, also, "that to be most useful, this service should be available as soon as possible after the mother's return home from the hospital."⁵⁰

Yunk conducted a study to determine the concerns that mothers are confronted with during the first month after they assume self care and infant care activities. Both primiparae and multiparae were included in the study. She found that "The two groups of mothers were more alike than different in the numbers and kinds of self care and infant care concerns."⁵¹ She stated on one conclusion of her study,

As the mother's questions seem the greatest when she first begins caring for herself and her infant, this indicates that early days of care in the hospital and at home are time of special needs for new mothers.⁵²

We found that one of the most difficult times for the mother is during the three to four weeks after she leaves the lying-in hospital. In most places this is a relative hiatus as far as agency service is concerned. The mother is usually expected to make her first visit to the well-baby clinic when the infant is about one month old. During that month she is left largely to her own resources unless she is lucky enough to have a supportive family around her.⁵³

A brief summary of the literature presented thus far indicates that the postpartum period is normally a time of many adjustments of

⁵⁰Brown, op. cit., p. 46

⁵¹Yunk, op. cit., p. 43

⁵²Ibid., p. 45

⁵³Gerald Caplan, *An Approach to Community Mental Health* (New York: Grune and Stratton, 1961), p. 9.

the part of all family members. It is certainly a time when problems, stresses, and anxiety are not unheard of. It may be a time of personal and family crisis. Role definitions are in a process of transition. It may be assumed that satisfactory experiences in the initial mothering and fathering would facilitate this role transition.⁵⁴

However, the young parents may be very ignorant in their expectations of the behavior and care required of a newborn. The emergence of the nuclear family in our society has contributed to this uncertainty and lack of confidence.

Anticipatory preparations can be made, but "the full impact of the baby as a new, helpless, demanding member of the family. . . does not come until after the baby is brought home from the hospital."⁵⁵

Many experts in maternal and child health profess that the puerperium is a continuing phase of the childbearing experience. Delivery is not an end, but only a beginning. Studies have shown that most problems and concerns of new families arise in the early weeks and months after the birth of the baby, during which time the majority of families are left to their own devices.

⁵⁴Reeder, op. cit., p. 204

⁵⁵E. E. LeMasters, "Parenthood as Crisis," Marriage and Family in the Modern World, ed. Ruth Shonle Cavan (New York: Thomas Y. Crowell Co., 1965), p. 502.

The psychologists and psychiatrists tell us that the beginnings of mental health or illness develop, often, with the stresses inherent in the new family.⁵⁶

With the significance attributed to the importance of a healthy beginning with good, stable family relationships, shouldn't more emphasis be placed on meeting the post-hospital needs of all new mothers and families? This statement is made with a realization of health services delivery systems and their problems. Not all hospitals have liaison persons who have contact with patients after discharge to provide some continuity of services. Perhaps they should. Community health nursing services find themselves faced with increasing demands for preventive and rehabilitative health services, but with inadequate staffs and funding to meet these growing needs. Priorities have to be made, and, understandably, those with the most critical health needs, or those who are considered the "highest risk," are given highest priority.

This investigator believes that new approaches, new methods of health delivery must be studied and adopted if found feasible. Ways of preserving professional time without destroying human relationships must be sought. The use of the telephone seems to be one possible approach to this problem. Very few studies have been conducted, or reported in the literature, concerning the use of the telephone for health surveillance activities.

⁵⁶Hogan, op. cit., p. 343.

The Department of Social and Preventive Medicine at the State University of New York at Buffalo conducted a survey in 1971 to estimate the incidence of head injury within a defined geographic area and to gather some descriptive information on the nature of these head injuries. Another specific objective for the survey was validation of the use of the telephone for personal interviews. Those households without phones were interviewed only once in the field. Those households with phones were divided into two groups. The first group was interviewed initially by phone, followed by a validation interview in the field. The second group was interviewed initially in the field followed by a validation interview by phone. The phone method of interviewing proved more effective than the field method in this particular study, as it reduced the time needed to complete the same number of interviews by approximately 2/3. The t-test indicated that none of the differences in the proportion of agreement when initial interviews were validated were statistically significant.⁵⁷

A second study concerning the use of the telephone was conducted by Ramona Evans. This study was conducted with 52 mothers who were breast-feeding their babies. The mothers were observed during breast-feeding periods in the hospital and interviewed by

⁵⁷ Harry A Sultz, "Summary Report of the Epidemiological Study of Head Injuries" (unpublished report from the Department of Social and Preventive Medicine, State University of New York at Buffalo to the National Institute of Mental Health, 1968). (mimeographed).

telephone at home at one, three, and six months after delivery to identify their needs and to determine whether the discomforts they experienced seemed to affect their success or lack of success in breast feeding. Use of the telephone for the interviews was not a variable under investigation in this study. However, judging from the responses and results that were expressed in the written report of the study, this investigator ventures that the telephone was a satisfactory means of eliciting questions and comments from the participants concerning this area of mothering. It is not mentioned in the article, but since the investigator is a registered nurse, it is assumed that she gave advise, direction, and support to the participants, particularly when they asked direct questions. There was, however, no discussion of the use of the telephone as a therapeutic medium.⁵⁸

Dorothy Petrowski, in an article entitled, "How Do Public Health Nurses Use the Telephone?," reported the findings of a five day study of twenty nurses in two health department in Michigan. According to nine of the nurses, 15 of their calls replaced home visits. Seventy-four minutes were used to make these 15 calls, or an average of 5 minutes per call. Time for pre- and post-planning for the calls was not included in this 74 minutes. Petrowski stated,

⁵⁸Evans, op. cit.

A time study made in the Washtenaw County Health Department in 1959 showed that the average time for a home visit took 69 minutes, which included 30 minutes for pre- and post-planning and 12.9 minutes for traveling. Allowing the same pre- and post-planning time for telephone calls, the total time would be 35 minutes, or 34 minutes less than the average time for a home visit.⁵⁹

This study did not make any attempt to identify the nursing process or content of the home versus the telephone visit. There was no documentation of reasons or purposes behind the phone calls nor outcomes of the two types of nursing contact. However, the author concluded,

A comparison of telephone calls and home visits suggests that possibly nurses should look at their work more critically to see if the purpose of some visits could be accomplished by a telephone call as satisfactorily as they could be carried out in a home visit.⁶⁰

It is time for the various areas of nursing to dispense with giving lip service to the continuum of health care and assume their roles in community health. Community nursing care can no longer be limited to those people who wear the appropriate uniform; it is the responsibility of each individual nurse to build the bridge into the community for the continuation of nursing care. It will be the sum total of all nursing efforts that will enable citizens of a community to obtain preventive, continuous, and comprehensive nursing care.⁶¹

⁵⁹ Dorothy Dummer Petrowski, "How Do Public Health Nurses Use the Telephone?," Nursing Outlook, 13:1:43, January, 1965.

⁶⁰ Ibid., p. 43

⁶¹ Marguerite W. Bozian, "Nursing Care of the Infant in the Community," The Nursing Clinics of North America, 6:1:93, March, 1971.

Chapter 3

Analysis of Data

Data will be presented and discussed in three categories according to the three different interview periods in which information was collected. First, data that was collected during the initial interview prior to hospital discharge will be presented. Second, data gathered during the interim contacts to those mothers assigned to the nursing contact groups (groups 1 and 2) will be discussed. Third, data collected during the final interview will be presented and analyzed. Considered at this point will be evaluation of the data in terms of the hypotheses set forth for the study.

Hospital Interview

The data at the time of this interview was collected primarily for the purpose of checking for randomness of placement into the three treatment groups. The following table presents summary distributions of background variables which the investigator thought necessary to consider. As can be observed, there appears to be no systematic differences among the treatment groups on these variables. The treatment groups were accepted as equal by the investigator according to the variables presented in Table 1.

Table 1

Summary Distributions of Background Variables
Regarding Study Population

Background Variables	Group 1	Group 2	Group 3
Mothers' Age			
Range	15-31 years	18-37 years	18-32 years
Mean	23.2 years	23.9 years	25.1 years
Mothers' Education			
Range	8-16 years	8-16 years	11-17 years
Mean	13.4 years	12.9 years	13.1 years
Mothers' Occupation			
Housewife	8 mothers	6 mothers	6 mothers
Student	1 mother	1 mother	2 mothers
Employed	1 mother	3 mothers	2 mothers
Return to Work or School			
yes	1 mother	2 mothers	4 mothers
no	1 mother	1 mother	
don't know		1 mother	
Fathers' Education			
Range	8-17 years	12-17 years	9-18 years
Mean	14.3 years	14.5 years	13.6 years
Fathers' Occupation			
Student	3 fathers	3 fathers	3 fathers
Professional		2 fathers	3 fathers
Manager		1 father	
Sales	2 fathers		1 father
Craftsman, Foreman	2 fathers	1 father	2 fathers
Operative	2 fathers		1 father
Laborer	1 father	3 fathers	

Table 1 (continued)

Background Variables	Group 1	Group 2	Group 3
Attended Prenatal Classes			
yes	2 mothers	3 mothers	2 mothers
no	8 mothers	7 mothers	8 mothers
Month Prenatal Care Began			
Range	1-5 months	2-3 months	1-3 months
Mean	2.1 months	2.5 months	1.9 months
Length Hospital Stay			
Range	2-4 days	3-6 days	2-4 days
Mean	3.3 days	3.7 days	3.1 days
Babies' Sex			
Male	7 babies	4 babies	2 babies
Female	3 babies	6 babies	8 babies
Babies' Weight			
Range	6 lb 5½oz-9 lb 2½oz	5lb 14½oz-7lb15½oz	5lb 8oz-9lb 2oz
Mean	8 lbs. 1 oz.	7 lbs. 2 oz.	6 lbs. 15 oz.
Type of Feeding			
Bottle	2 mothers	3 mothers	5 mothers
Breast	8 mothers	7 mothers	5 mothers
Number Other Children (multipara)			
Range	1-3 children	1-3 children	1-3 children
Mean	2 children	2 children	2 children
Mode	1 child	1 child	1 child
Primiparas Experience With Babies			
Yes	5 mothers	5 mothers	5 mothers

Table 1 (continued)

Background Variables	Group 1	Group 2	Group 3
Amount of Experience			
Much	4 mothers	3 mothers	4 mothers
Some		2 mothers	1 mother
Little	1 mother		
Ready to Go Home			
Yes	7 mothers	9 mothers	8 mothers
No	3 mothers	1 mother	2 mothers
If Not Ready--Why?			
No Help at Home	1 mother		1 mother
Not Strong Enough	2 mothers	1 mother	1 mother
Help at Home			
Yes	9 mothers	10 mothers	9 mothers
No	1 mother		1 mother
Help From Whom			
Husband	2 mothers	2 mothers	2 mothers
Mother	6 mothers	6 mothers	5 mothers
Mother-in-law	1 mother	3 mothers	1 mother
Other Relative	1 mother		2 mothers
Friend	1 mother	1 mother	
Hired Help			1 mother
Amount of Help			
Constant	5 mothers	8 mothers	6 mothers
Regular Visits		2 mothers	1 mother
Intermittent Visits	4 mothers		2 mothers
Period of Time Have Help			
Less than 1 Week	1 mother	2 mothers	3 mothers
1 Week	3 mothers	5 mothers	3 mothers
2 Weeks	2 mothers	1 mother	1 mother
More than 2 Weeks	4 mothers	2 mothers	2 mothers

The mothers were also asked to evaluate their physical condition at this time. Again, there was no systematic difference among the three groups. The responses given were those expected based upon knowledge of physical changes in the early postpartal period. Some of the mothers complained of hard, sore breasts if lactation had begun. A majority of the mothers experienced sore perineums. A majority continued to have a moderate to heavy, bright red flow. A majority of the mothers still felt pretty tired at this time, although a few in each treatment group stated that they felt rested.

To further compare the groups and to gather baseline data for later purposes of this study, each mother was asked if she had any questions about her care or her infant's care after their hospital discharge. Each was asked to indicate her feelings regarding participation in various aspects of her infant's care prior to hospital discharge. Each was also asked to complete a self-rating scale regarding her feelings at this time concerning various mothering tasks. It is believed by the investigator that mothers who ask more questions regarding self and infant care, who desire more participation in their infant's care prior to hospital discharge, and who rank themselves higher on the perceived anxiety self-rating scale, may have less self confidence and therefore more anxiety in relation to their mothering abilities.

It can be observed in Table 2 that the percentage of mothers with questions regarding infant care is identical at 60% for groups 1 and 2. However, in group 3 only 20% of the mothers had questions in the area of infant care. By statistically comparing the percentages of those mothers placed in nursing contact treatment groups (group 1 and 2) with the percentages of those mothers placed in the control or no nursing contact group (group 3), a Z value of 2.1 was obtained. This difference in proportions was significant at the .05 level. There was no significant difference in the percentage of mothers who asked questions regarding self care.

Table 2
Percentage of Mothers With Questions
At Hospital Interview

Area of Questions	Group 1		Group 2		Group 3		Averages		
	P*	M*	P	M	P	M	Group 1	Group 2	Group 3
infant care	60	60	80	40	20	20	60	60	20
self care	60	0	80	20	80	20	30	50	50

*P = Primipara

*M = Multipara

Group 1 N = 10

Group 2 N = 10

Group 3 N = 10

Consistent with the findings in Table 2, the mothers in group 1 and 2 asked many more questions regarding infant care than did those mothers in group 3. At this time several primiparae in all three

groups stated that they didn't know what to ask and would probably have a lot of questions after they got home with the baby. For a listing of specific questions asked refer to Appendix D.

Table 3
Number of Questions Asked Regarding Infant
Care at Hospital Interview

Area of Questions	Group 1		Group 2		Group 3	
	P*	M*	P	M	P	M
Bathing Baby	1		3		1	
Cord care	1		3			
Circumcision care		2	1	1		
Care of genitals		1				
Skin care			2			
Handling baby	1	1				
Formula preparation		1				
Feeding baby	1		1			
Crying	1					1
Environmental control	1			1		
Total	6	5	10	2	1	1
	11		12		2	

*P = Primipara

*M = Multipara

Group 1 N = 10

Group 2 N = 10

Group 3 N = 10

Primiparae had more questions than did multiparae in the area of self care indicating that multiparas, understandably, probably know more about what to expect than do primiparas. As can be seen in Table 4 the mothers in group 2 had more questions in this area than did those in the other two groups, although the proportion of mothers asking these questions was not significantly different. For a listing of specific questions asked regarding self care refer to Appendix D.

Table 4
Number of Questions Asked Regarding Self
Care At Hospital Interview

Area of Questions	Group 1		Group 2		Group 3	
	P*	M*	P	M	P	M
Breast care			1		1	
Care of perineum	1		3			
Flow	3		3	1	3	
Rest				1		1
Total	4	-	7	2	4	1
	4		9		5	

*P = Primipara

*M = Multipara

Group 1 N = 10

Group 2 N = 10

Group 3 N = 10

When group totals indicating a desire for more participation in infant care before hospital discharge were compared, groups 1 and 2

appeared approximately equal. Group 3's total was considerably lower than either group 1 or group 2. This may indicate that the mothers in group 3 as a whole were more confident in their mothering abilities than those mothers in groups 1 or 2. It was primarily the multiparae in group 3 who indicated little desire for more participation in their infants' care before going home. However, the primiparae in group 3 indicated a somewhat lessened desire for more participation than primiparae in group 1 or group 2. Observe this relationship as presented in Table 5.

Table 5

Number of Mothers Desiring More Participation
in Infant Care Prior to Hospital Discharge

Area of Infant Care	Group 1		Group 2		Group 3		Total		Total in %	
	P*	M*	P	M	P	M	P	M	P	M
Bathing baby	5	3	5	3	5	1	15	7	100	46.7
Cord care	5	3	5	4	5		15	7	100	46.7
Circumcision care	2	3	3	1	1		6	4	40	26.7
Care of genitals	4	3	4	4	2	1	10	8	66.7	53.3
Care of eyes, ears, nose	5	2	4	4	5	1	14	7	93.3	46.7
Skin care	5	3	4	4	5	1	14	8	93.3	53.3
Diapering	5	1	4	2	2		11	3	73.3	20
Dressing	5	1	5	2	3		13	3	86.7	20
Handling baby	5	2	3	2	4	2	12	6	80	40
Formula preparation	4	3	3	2	3		10	5	66.7	33.3
Other		1						1		3.3
Total	45	25	40	28	35	6				
	70		68		41					

*P = Primipara *M = Multipara

Groups 1, 2, & 3 N = 10

Each mother was asked to complete a self-rating scale regarding her feelings at this time concerning various mothering tasks. The scale contained whole number values of 1 to 5, with number 5 indicating a high level of anxiety and number 1 indicating a very low level of anxiety. Each mother was assigned a mean score by averaging her responses to each of the items. Each group was then assigned a mean pretest score by averaging the mean scores of the mothers in that group. This information is presented in Table 6. As can be observed, the means for each group indicated a relatively low anxiety level for all three groups if a mean of 3 is considered to indicate moderate anxiety. However, to compare the scores among the groups a statistical comparison of the means was computed. The mean scores of the mothers who were to receive nursing contact (group 1 and group 2) were compared with the mean score of the mothers who would not receive nursing contact (group 3). The Student's t-test, applicable to samples with a small N, was selected. The values used for the nursing contact group were a mean pretest score of 2.0, S. D. of .548, and an N of 20. The values used for the no nursing contact group were a mean pretest score of 1.6, S. D. of .311, and an N of 10. Statistical analysis resulted in a t-value of 2.2 which indicates a significant difference in the mean at the .05 level.

Table 6
Mean Pretest Scores on Self-Rating
Perceived Anxiety Scale

	Group 1	Group 2	Group 3
Primiparas	1.98	2.36	1.7
Multiparas	1.92	1.62	1.44
Group mean	1.95	1.99	1.57
Group mean to nearest tenth	2.0	2.0	1.6

The mothers were asked to indicate on the rating scale how they do feel at this particular time (pretest score) and how they wish they felt at this time in relation to the various mothering tasks listed. (Refer to the data collecting tool in Appendix A) According to the literature consulted, the discrepancy between what the mother would like to be and what she realizes she is may create anxiety. Each mother and then each group was assigned a mean score for the discrepancy between how the mother felt at this time and how she wished she felt at this time.

Again Student's t-test was conducted comparing the mean differences of the mothers who were to receive nursing contact (group 1 and group 2) and the mothers who would not receive nursing contact (group 3). The values used for the nursing contact group were a mean

difference score of .73, S. D. of .5, and an N of 20. The values used for the no nursing contact group were a mean difference of .47, S. D. of .35, and an N of 10. Statistical analysis resulted in a t-value of 1.74 which indicates a significant difference in the means at the .10 level.

Statistical evaluation of the pretest scores on the self-rating scale indicated that group 3 mothers expressed a significantly lower level of anxiety in relation to the various mothering tasks presented than did mothers in group 1 and group 2. The discrepancy between how they felt and how they wished they felt was also significantly smaller for group 3 mothers than the discrepancy for group 1 and group 2 mothers. This data combined with the apparent lessened interest in additional participation in their infants' care and the significantly fewer questions asked in the area of infant care, may indicate that treatment group 3 mothers were more competent, had more self-confidence, and thus were less anxious in relation to the mother role than the mothers in group 1 and group 2. No significant differences were found between mothers in group 1 and group 2 on these variables.

In addition to the comparison purposes, the information presented in Table 5 may be of benefit to maternity nursing service personnel. As can be observed, the vast majority of primiparae indicated a desire for more participation in all areas of infant

care presented. Circumcision care was of importance to only 40% of the total primipara sample. However, 75% of the primiparae with boy babies desired more participation in this area. A consistently smaller percentage of multiparae indicated a desire for more participation in their infants' care. However, in several of the different areas approximately half of the multiparae desired more participation. Again, only 26.7% of the total sample of multiparae wanted more participation in circumcision care. However, this was 80% of those multiparae who had delivered boy babies.

This data suggests that program services be re-evaluated and that primiparae be encouraged to participate more in their babies' care. Participation by multiparae should also be encouraged, particularly when they feel they need or would like this.

Interim Contact 1

During the first week following hospital discharge, mothers in group 1 were contacted by means of a home visit, and mothers in group 2 were contacted by means of a telephone call. The duration of the home visits ranged from 20 minutes to 60 minutes with a mean of 32.5 minutes. The duration of the phone visits ranged from 10 minutes to 20 minutes with a mean of 14.5 minutes.

As can be observed in Table 7, approximately the same proportion of mothers in each group indicated that they had encountered problems

or had concerns in the three areas of infant care, self care, and other family concerns. It is interesting to note that at least half of the mothers, and, in most cases, considerably more than 50%, indicated problems or concerns. These first few days at home with a new baby do seem to be a time of many adjustments.

Table 7

Percentage of Mothers Who Have Encountered
Problems Since Being Home

Area of Concern	Group 1		Group 2		Average	
	Primips	Multips	Primips	Multips	Group 1	Group 2
Infant care	100	60	100	80	80	90
Self care	100	40	60	60	70	60
Other family concerns	60	40	60	80	50	70

Group 1 N = 10

Group 2 N = 10

Even though a slightly higher proportion (90% as compared with 80%) of mothers in group 2 indicated having encountered problems concerning infant care, mothers in group 1, and primiparas in particular, mentioned more problems or concerns in this area. (See Table 8). The most prominent problem or concern for both groups was in the specific area of feeding. This was followed in group 1 by skin care

and in group 2 by elimination. For a specific listing of problems or concerns related to infant care refer to Appendix E.

Table 8

Number of Concerns Expressed Regarding Infant Care
by Interim Contact 1 Interview

Area of Concern	Group 1		Group 2	
	P*	M*	P	M
Bathing	2		1	
Cord care		1		
Care of genitals	1	1		
Circumcision care		1		
Skin care	2	2	1	
Feeding	3	2	3	1
Weight gain				1
Sleeping	1		1	
Crying	1			
Illness	1			2
Elimination	1		1	2
Other	2			
Total	14	7	7	6
	21		13	

*P = Primipara

*M = Multipara

Group 1 N = 10

Group 2 N = 10

It is apparent from Table 9 that many problems for both groups, and especially for primiparae in group 1, were unresolved during the first week at home. At this point the nurse investigator was asked several questions and her advice solicited by many mothers in the area of infant care.

Table 9
How Mothers Have Managed Infant Care Problems
By Interim Contact 1 Interview

Area of Problem	Self				Doctor				Other Help				Disappeared				Still Exists			
	Group 1		Group 2		Group 1		Group 2		Group 1		Group 2		Group 1		Group 2		Group 1		Group 2	
	P*	M*	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M
Bathing																	2		1	
Cord care									1											
Care of genitals																	1	1		
Circumcision care									1											
Care of eyes, ears, nose																		1		
Skin care	1		1						1								1			
Diapering	1																1			
Feeding	1	1	2	1					1								2	1		
Weight gain							1													
Sleeping																	1		1	
Crying													1							
Environmental Control																				
Illness					1											1				1
Elimination							1									1	1		1	
Other					1												1			
Total	3	1	3	1	2	-	-	2	-	4	-	-	1	-	-	2	10	3	3	1
	4		4		2		2		4		-		1		2		13		4	

*P = Primipara

*M = Multipara

Group 1 N = 10

Group 2 N = 10

The most common problem expressed at this time in the area of self care was feeling tired and not getting enough rest, as can be observed in Table 10, Primiparae tended to encounter more problems or have more concerns in this area than did multiparae. Again, in terms of total numbers, group 1 expressed a few more concerns than did group 2. For a specific listing of problems or concerns related to self care refer to Appendix E.

Table 10

Number of Concerns Expressed Regarding Self Care
at Interim Contact 1 Interview

Area of Concern	Group 1		Group 2	
	P*	M*	P	M
rest	4		2	2
weight	1			1
breast care			1	
anemia	2			
other	2	2	1	
	9	2	4	3
Total	11		7	

*P = Primipara

Group 1 N = 10

Group 2 N = 10

*M = Multipara

Although a few problems in the area of self care still exist at this time, the majority of mothers in both groups had found a workable solution to their problems or had resolved their concerns in some way by themselves. In a few cases other assistance was sought or the problem disappeared by itself. (Refer to Table 11).

Table 11
How Mothers Managed Self Care Problems
By Interim Contact 1 Interview

Area of Problem	Self				Doctor				Other Help				Disappeared				Still Exists			
	Group 1		Group 2		Group 1		Group 2		Group 1		Group 2		Group 1		Group 2		Group 1		Group 2	
	P*	M*	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M
Rest	4		1	2															1	
Weight	1			1																
Care of breasts																			1	
Anemia					2															
Other	1								1				1	1			1			
Total	6	-	1	3	2	-	-	-	-	1	-	-	-	1	1	-	1	-	2	-
	6		4		2		-		1		-		1		1		1		2	

*P = Pimipara

*M = Multipara

Group 1 N = 10

Group 2 N = 10

In other areas of family life group 2 outnumbered group 1 in total number of concerns as can be seen in Table 12. The primary concern for multiparae was sibling rivalry, whereas feeling tied down and getting their housework done were prominent concerns to primiparae. For a specific listing of problems or concerns related to other areas of family life refer to Appendix E.

Table 12

Number of Concerns Expressed in Other Areas of
Family Life at Interim Contact 1 Interview

Area of Concern	Group 1		Group 2	
	P*	M*	P	M
sibling rivalry		2		4
feeling tied down	1		1	
housework	2		1	1
other			1	1
Total	3	2	3	6
	5		9	

*P = Primipara

Group 1 N = 10

Group 2 N = 10

*M = Multipara

Almost unanimously mothers in both groups were managing these problems or concerns in other areas of family life by themselves. This can be seen in Table 13. No attempt was made to determine how well the problems were being managed, nor how satisfactory this was to the mother and the family. This may have implications for further study.

Table 13
How Mothers Managed Other Family Problems
By Interim Contact 1 Interview

Area of Problem	Self				Doctor				Other Help				Disappeared				Still Exists			
	Group 1		Group 2		Group 1		Group 2		Group 1		Group 2		Group 1		Group 2		Group 1		Group 2	
	P*	M*	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M
Sibling rivalry		2		4																
Feeling tied down	1																		1	
Housework	2		1	1																
Other				1										1						
Total	3	2	1	6	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-
	5		7		-		-		-		-		-		1		-		1	

*P = Primipara

Group 1 N = 10

Group 2 N = 10

*M = Multipara

As observed in Table 14, the majority of both groups asked questions regarding infant care. However, in group 2 considerably more primiparae than multiparae had questions (100% of the primiparae as compared with 20% of the multiparae). Half as many mothers in group 2 as in group 1 had questions regarding self care. Only one mother had a question in the area of other family concerns.

Table 14

Percentage of Mothers With Questions At
Interim Contact 1 Interview

Area of Concern	Group 1		Group 2		Average	
	Primips	Multips	Primips	Multips	Group 1	Group 2
Infant care	80	60	100	20	70	60
Self care	60	60	40	20	60	30
Other family concerns	0	0	0	20	0	10

Group 1 N = 10

Group 2 N = 10

Group 1 mothers asked over twice the number of questions in the area of infant care and development that group 2 mothers asked. As presented in Table 15, the most prominent area of questioning was feeding the baby. For a specific listing of questions asked regarding infant care and development refer to Appendix F.

Table 15
Number of Questions Asked Regarding Infant Care
and Development At Interim Contact 1 Interview

Area of Questions	Group 1		Group 2	
	P*	M*	P	M
bath	1	1		
cord care	1		2	
care of genitals	1	1		
circumcision care			1	
skin care	2	1		
formula preparation	1		1	
feeding	4	2	2	
crying	1			
illness	1			1
elimination	1	1	1	1
behavioral habits	1			
motor development	1			
immunizations		1		
other		1		
Total	15	8	7	2
	23		9	

*P = Primipara *M = Multipara Group 1 & 2 N = 10

Group 1 mothers again asked over twice the number of questions in the area of self care and progress that group 2 mothers asked. (See Table 16). The most prominent area of questioning for group 1 was that of care of the perineum. The most prominent area of questioning for group 2 was that of breast care. For a specific listing of questions asked regarding self care and progress refer to Appendix F.

Table 16

Number of Questions Asked Regarding Self Care
and Progress at Interim Contact 1 Interview

Area of Question	Group 1		Group 2	
	P*	M*	P	M
diet	1			1
exercise		1		
breast care			2	
care of perineum	2	1		
other	2	1		
Total	5	3	2	1
	8		3	

*P = Primipara

Group 1 N = 10

*M = Multipara

Group 2 N = 10

Only one question was asked regarding other family life concerns. A mother in group 2 was concerned with whether or not she

should wait a while before putting the baby in her daughter's old crib. See Appendix F.

Interim Contact 2

During the third or fourth week following hospital discharge mothers in group 1 were again contacted by means of a home visit, and mothers in group 2 were again contacted by means of a telephone call. The duration of the home visits ranged from 15 minutes to 60 minutes with a mean of 37 minutes. The duration of the phone visits ranged from 10 minutes to 30 minutes with a mean of 16 minutes.

The majority of mothers in both groups again had encountered problems or had concerns in the area of infant care. Note in Table 17 that 100% of primiparae in both groups indicated this, while a slightly lower proportion of multiparae indicated problems or concerns in the area of infant care. Again, at least half of the mothers in both groups indicated concerns in the area of self care, with primiparae indicating concerns in slightly higher proportions than multiparae. In the area of other family concerns, a larger proportion of multiparae (particularly in group 1) indicated problems or concerns than did primiparae.

Table 17

Percentage of Mothers Who Have Encountered
Problems Since Interim Visit 1

Area of Concern	Group 1		Group 2		Average	
	Primips	Multips	Primips	Multips	Group 1	Group 2
infant care	100	60	100	80	80	90
self care	60	40	80	60	50	70
other family concerns	20	100	20	40	60	30

Group 1 N = 10

Group 2 N = 10

At the time of the second contact the total number of problems or concerns in the area of infant care were approximately equal for both groups. The area of feeding continued to be the number one concern for both groups of mothers. At this time it was followed by illness in the baby. In addition to diagnosed illness, vomiting, colic, and excessive gas were included in this category. This information is presented in Table 18. For a specific listing of problems or concerns expressed regarding infant care refer to Appendix G.

Table 18

Number of Concerns Expressed Regarding Infant
Care At Interim Contact 2 Interview

Area of Concern	Group 1		Group 2	
	P*	M*	P	M
care of eyes, ears, nose		1		
skin care	1	1	1	
handling infants	1		1	
feeding	2	2	3	3
sleeping			1	
illness	2	1	3	
elimination	1			1
other		2		
Total	7	7	9	4
	14		13	

*P = Primipara

Group 1 N = 10

Group 2 N = 10

*M = Multipara

It is apparent in Table 19 that for the majority of infant care problems, mothers in group 2 consulted their doctor or managed the problems by themselves. Less than 25% of their problems remained unresolved at this time. The mothers in group 1 also consulted their

doctors and managed problems themselves; however, slightly over half of their problems remained unresolved at this time. Again, the investigator was asked questions and her advice was solicited in regard to infant care by mothers in both groups.

Table 19
How Mothers Managed Infant Care Problems
By Interim Contact 2 Interview

Area of Problem	Self				Doctor				Other Help				Disappeared				Still Exists			
	Group 1		Group 2		Group 1		Group 2		Group 1		Group 2		Group 1		Group 2		Group 1		Group 2	
	P*	M*	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M
Care of eyes, ears, nose		1																		
Skin care																	1	1	1	
Handling baby	1		1																	
Feeding		2	2	3			1										2			
Sleeping																			1	
Illness			1		1	1	1										1		1	
Elimination								1									1			
Other																		2		
Total	1	3	4	3	1	1	2	1	-	-	-	-	-	-	-	-	5	3	3	-
	4		7		2		3		-	-			-				8		3	

*P = Primipara

*M = Multipara

Group 1 N = 10

Group 2 N = 10

Mothers in group 2 expressed a few more concerns in the area of self care than did mothers in group 1. (See Table 20). The areas with the highest frequencies across both groups were weight, breast care, and anemia. Two mothers in group 2 still indicated problems with getting enough rest at this time. For a specific listing of problems or concerns regarding self care refer to Appendix G.

Table 20

Number of Concerns Expressed Regarding Self Care
At Interim Contact 2 Interview

Area of Concern	Group 1		Group 2	
	P*	M*	P	M
rest			2	
weight	1	1		2
breast care		1	2	
care of perineum		1		
anemia	2		1	
general health				1
other			1	1
Total	3	3	6	4
	6		10	

*P = Primipara

Group 1 N = 10

Group 2 N = 10

*M = Multipara

It is apparent in Table 21 that these self care problems were under control by the mothers in both groups. They either consulted their doctors or someone else or were managing the problems themselves.

Table 21

How Mothers Managed Self Care Problems
By Interim Contact 2 Interview

Area of Problem	Self				Doctor				Other Help				Disappeared				Still Exists			
	Group 1		Group 2		Group 1		Group 2		Group 1		Group 2		Group 1		Group 2		Group 1		Group 2	
	P*	M*	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M
Rest			2																	
Weight		2		1	1			1												
Breast Care		1	1					1												
Care of perineum						1														
Anemia					2			1												
Other								2			1									
Total	-	3	3	1	3	1	2	3	-	-	1	-	-	-	-	-	-	-	-	-
	3		4		4		5		-		1		-		-		-		-	

*P = Primipara

Group 1 N = 10

Group 2 N = 10

*M = Multipara

At this contact, group 1 mothers indicated more than twice the number of concerns in other areas of family life than did mothers in group 2, as seen in Table 22. Sibling rivalry was again of concern to multiparae in both groups although not so great as it was at the time of the first contact. For a specific listing of problems or concerns expressed regarding other areas of family life refer to Appendix G.

Table 22

Number of Concerns Expressed in Other Areas of
Family Life At Interim Contact 2 Interview

Area of Concern	Group 1		Group 2	
	P*	M*	P	M
sibling rivalry		2		1
illness family	1		1	
finances	1	1		
managing other children		1		
other		2		1
Total	2	6	1	2
	8		3	

*P = Primipara

Group 1 N = 10

Group 2 N = 10

*M = Multipara

Predominantly in both groups the concerns in other areas of family life were under control without assistance outside the family. Two problems in group 1 were considered unresolved at this time. (See Table 23).

Table 23

How Mothers Managed Other Family Problems

Area of Problem	Self				Doctor				Other Help				Disappeared				Still Exists			
	Group 1		Group 2		Group 1		Group 2		Group 1		Group 2		Group 1		Group 2		Group 1		Group 2	
	P*	M*	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M
Sibling rivalry		2		1																
Illness							1										1			
Finances		1															1			
Managing other children		1																		
Other		2		1																
Total	-	6	-	2	-	-	1	-	-	-	-	-	-	-	-	-	2	-	-	-
	6		2		-		1		-		-		-		-		2		-	

*P = Primipara

*M = Multipara

Group 1 N = 10

Group 2 N = 10

Groups 1 and 2 were similar with respect to the proportions of the total group who asked questions regarding the three areas of infant care and development, self care and progress, and other family concerns. Again, as presented in Table 24, a higher proportion of primiparae than multiparae asked questions regarding infant care and self care in both groups. Also, again, as was expected, infant care and development was the primary area in which questions were asked.

Table 24

Percentage of Mothers With Questions At
Interim Contact 2 Interview

Area of Question	Group 1		Group 2		Average	
	Primips	Multips	Primips	Multips	Group 1	Group 2
infant care	100	60	100	20	80	60
self care	40	20	60	20	30	40
other family concerns	20	20	20	20	20	20

Group 1 N = 10

Group 2 N = 10

As observed in Table 25, group 1 mothers asked twice as many questions in the area of infant care and development as did mothers in group 2. Again, the most prominent area of questioning for both groups was feeding. This was followed in group 1 by skin care. Note that only one multipara in group 2 asked a question in the area of infant care. In group 1, multiparae asked half as many questions as did primiparae in that group. For a specific listing of questions asked regarding infant care and development refer to Appendix H.

Table 25

Number of Questions Asked Regarding Infant Care
and Development At Interim Contact 2 Interview

Area of Questions	Group 1		Group 2	
	P*	M*	P	M
bath	1			
skin care	2	2		
handling baby			1	
feeding	4	2	3	1
sleeping		1	2	
environmental control	2			
illness	1	1	2	
elimination	1		2	
motor development	1			
development of senses	2			
other	1	1		
Total	15	7	10	1
	22		11	

* P = Primipara

Group 1 N = 10

Group 2 N = 10

*M = Multipara

Group 2 mothers asked two more questions in the area of self care and progress than did group 1 mothers. As seen in Table 26, the

category with the highest number of questions across both groups was care of the perineum. For a specific listing of questions asked regarding self care and progress refer to Appendix H.

Table 26

Number of Questions Asked Regarding Self Care and Progress At Interim Contact 2 Interview

Area of Questions	Group 1		Group 2	
	P*	M*	P	M
weight	1			
exercise				1
breast care			1	
care of perineum	1	1	1	
general health			1	
other				1
Total	2	1	3	2
	3		5	

* P = Primipara

Group 1 N = 10

Group 2 N = 10

*M = Multipara

Mothers in group 1 asked twice as many questions in other areas of family life as did mothers in group 2. Overall, there was an increase in the proportion of mothers asking questions in this area from

the time of the first interim contact. Consequently, the number of questions asked also increased. Refer to Table 27, and for a specific listing of questions asked regarding other areas of family life refer to Appendix H.

Table 27

Number of Questions Asked Regarding Other Family
Concerns At Interim Contact 2 Interview

Area of Questions	Group 1		Group 2	
	P*	M*	P	M
sibling rivalry				1
illness	1		1	
other	1	2		
Total	2	2	1	1
	4		2	

*P = Primipara

Group 1 N = 10

Group 2 N = 10

*M = Multipara

It can be noted that although approximately the same proportion of mothers in both groups experienced problems or concerns and had questions, especially in the area of infant care, quite consistently the mothers in group 1 expressed substantially greater numbers of these. There are several possible explanations for this. The most obvious is that possibly group 1 mothers did encounter more problems and had

more questions. Another explanation could be that the longer duration of the home visit (for the first contact, a mean of 32.5 minutes for the home visit as compared with a mean of 14.5 minutes for the phone visit, and for the second contact, a mean of 37 minutes for the home visit compared with a mean of 16 minutes for the phone visit) allowed more time for the mothers in this group to recall problems they had encountered and to think of questions they might wish to ask. A third explanation might be the physical presence of the investigator during the home visit. The mothers contacted by phone visit may not have felt able to confide over the phone or may have been involved in another activity at the same time which prevented full concentration on the interview questions. Observations of the investigator during the home visits may also have stimulated additional comments and questions from the mothers in group 1. Whatever the explanation, group 1 mothers were more expressive in terms of quantity of concerns expressed and questions asked.

Final Contact

Following the six or eight week postpartal exam, each mother in each group was visited in her home for completion of the final interview. The duration of the final interview session ranged from 45 minutes to 90 minutes. The mean duration for group 1 was 70.5

minutes. For group 2 the mean duration was 58 minutes. And, for group 3 the mean duration was 60.5 minutes.

Analysis of the data collected at this final interview will be presented in three parts. Part 1 will include discussion of the problems and concerns the mothers had encountered in the six or eight weeks since delivery of their baby. Also discussed will be the ways in which the mothers had been able to manage these problems or concerns. A third consideration for the first part of the analysis will be the questions that the mothers asked the nurse investigator regarding infant care and development, self care and progress, and other family concerns. Part 2 will include discussion of the hypotheses made for the study, including any statistical evaluations employed. Part 3 of this analysis will be devoted to presentation and discussion of descriptive data which the investigator believes will be useful to maternity and public health nurses.

Part 1

The mothers were asked to think back over the period of time since they had been discharged from the hospital, and to tell the investigator what problems or concerns they had encountered during this time. All but one mother, a multipara in group 2, stated that they had encountered problems or concerns in the area of infant care.

This can be seen in Table 28. All but one mother in group 1 and two mothers in group 2 stated that they had encountered problems or concerns in the area of self care. Fifty percent of the mothers in group 1, 60% of the mothers in group 2, and 80% of the mothers in group 3 indicated that they had encountered problems or concerns in other areas of family life. This indicates that those first six to eight weeks at home with a new baby were certainly not problem-free for any of the groups of mothers. At least half, and in most cases a considerably larger proportion, of the mothers in each group indicated that they had encountered problems or concerns in each of these three areas.

Table 28
Percentage of Mothers Who Had Encountered
Problems Since Hospital Discharge

Area of Concern	Group 1		Group 2		Group 3		Average		
	Primips	Multips	Primips	Multips	Primips	Multips	Group 1	Group 2	Group 3
Infant care	100	100	100	80	100	100	100	90	100
Self care	100	80	80	80	100	100	90	80	100
Other family concerns	20	80	40	80	80	80	50	60	80

Group 1 N = 10
Group 2 N = 10
Group 3 N = 10

Although almost 100% of the mothers indicated having encountered problems or concerns in the area of infant care, the number of these concerns expressed by the mothers was lower for group 2 than for the other two groups. Unanimously in all three groups, primiparae indicated

more problems or concerns in the area of infant care than did multiparae. However, this difference was small in group 1. This can be seen in Table 29. The most prevalent area of concern for group 1 mothers was feeding the baby, followed by skin care. In group 2, feeding the baby was also the most prevalent concern, followed by the baby's elimination and illness of the baby. The baby's elimination was the most frequently mentioned specific area of concern for group 3 mothers. This was followed by feeding the baby and illness of the baby. For a specific listing of the problems and concerns encountered in the area of infant care refer to Appendix I.

Table 29

Number of Concerns Encountered Regarding Infant Care
and Development Since Hospital Discharge

Area of Concern	Group 1		Group 2		Group 3	
	P*	M*	P	M	P	M
bath	1		1		1	
cord care	2	1				1
care of circumcision	1	1		1		
care of eyes, ears, nose		1				1
skin care	3	2	3		3	1
handling baby	1				1	1
formula preparation	1					
feeding	4	3	5	2	5	
weight gain					2	
sleeping	1	1		1		2
crying	1	1			1	
environmental control	1					
illness	1	3	3	1	3	2
elimination	1	1	3	1	5	3
other	1	2	1	3	2	
Total	19	16	16	9	23	11
	35		25		34	

P = Primipara M = Multipara Groups 1, 2, & 3 N = 10

It is interesting to note the trends that are evident when looking at the way the mothers were able to manage their infant care problems or concerns as presented in Table 30. Mothers in group 2 were able to manage a larger number of concerns by themselves than were mothers in group 1 and group 3. A considerably larger number of concerns were managed by group 3 mothers with assistance from the physician. A smaller number of concerns of group 1 and group 2 mothers were referred to the physician. However, particularly mothers from group 1 received help from other persons. Many times the help received was specified as that received from the nurse investigator. At the time of the final interview, several problems or concerns were listed as still existing or as being unresolved. Group 1 and group 3 mothers mentioned approximately the same numbers of such concerns. Group 2 mothers mentioned a considerably smaller number of unresolved concerns. It is possible that the telephone contacts provided the mothers with adequate supportive guidance toward dealing with their own problems, whereas, the face-to-face contact of the home visit may have allowed overdependence on the nurse investigator for assistance with problem-solving.

Table 30
How Mothers Managed Infant Care Problems
Since Hospital Discharge

Areas of Problem	Self						Doctor						Other Help						Disappeared						Still Exists					
	Group 1		Group 2		Group 3		Group 1		Group 2		Group 3		Group 1		Group 2		Group 3		Group 1		Group 2		Group 3		Group 1		Group 2		Group 3	
	P*	M*	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M
Bath					1								1															1		
Cord care	2					1								1																
Circumcision care													1	1		1														
Care of eyes, ears, nose								1					1																	
Skin care		1	2		1		2					2	1	1		1				1										
Handling baby																									1				1	1
Formula preparation														1																
Feeding	1	1	2	2	1		1		1			3		1	2	1				1		1		1						
Weight gain												2																		
Sleeping				1				1					1														1			1
Crying																			1							1			1	
Environmental control													1																	
Illness			1		1		1		2	1	1	2		1	1												2		1	
Elimination			2		1	1				1	1							1	1							1	1		2	1
Other				1				2	1	1	2		1																1	
Total	3	2	7	4	5	2	5	3	4	3	11	5	7	5	3	1	1	1	2	1	1	-	1	-	2	5	1	1	5	3
	5		11		7		8		7		16		12		4		2		3		1		1		7		2		8	

*P = Primipara

*M = Multipara

Group 1 N = 10
Group 2 N = 10
Group 3 N = 10

Mothers in group 1 and group 3 indicated having encountered the same number of problems or concerns in the area of self care since their hospital discharge. Group 2 mothers again expressed a smaller number of these concerns. Again, primiparae encountered more problems or concerns in this area than did multiparae, although the difference in each group was not great. The problem area mentioned most often was that of feeling tired and having trouble getting enough rest those first few days and weeks at home. Problems or concerns were mentioned in several other specific areas as can be noted on Table 31. For a specific listing of the problems and concerns encountered in the area of self care refer to Appendix I.

Table 31

Number of Concerns Encountered Regarding Self Care
and Progress Since Hospital Discharge

Area of Concern	Group 1		Group 2		Group 3	
	P*	M*	P	M	P	M
rest	4	1	1	2	2	2
weight	1			1	1	
diet					1	
exercise						1
breast care	1	1	1		1	1
care of perineum		2	1			
vaginal, kidney, bladder infection		1			1	
anemia	2		1		1	
general health			1	1	2	1
other	2	2	2	1	1	2
Total	10	7	7	5	10	7
	17		12		17	

*P = Primipara

*M = Multipara

Group 1 N = 10

Group 2 N = 10

Group 3 N = 10

In the area of self care, mothers in all three groups managed these problems or concerns by themselves or sought assistance from their physicians. Three mothers in group 1 received assistance from other persons. Very few concerns in the area of self care remained unresolved at the time of the final interview. This can be observed in Table 32.

Table 32
How Mothers Managed Self Care Problems
Since Hospital Discharge

Areas of Problem	Self						Doctor						Other Help						Disappeared						Still Exists					
	Group 1		Group 2		Group 3		Group 1		Group 2		Group 3		Group 1		Group 2		Group 3		Group 1		Group 2		Group 3		Group 1		Group 2		Group 3	
	P*	M*	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M
Rest	4	1	1	2	2	2																								
Weight	1			1	1																									
Diet					1																									
Exercise																													1	
Breast Care						1			1		1		1	1																
Care of Perineum								2											1											
Kidney infection											1																			
Anemia							2		1		1																			
General health								1		1	1															1				
Other	1		2	1	1	1		1			1	1		1											1		1			
Total	6	1	3	4	5	4	2	4	2	1	5	1	1	2	-	-	-	-	-	-	1	-	-	-	1	-	2	-	-	1
	7		7		9		6		3		6		3		-	-	-	-	-	-	1	-	-	-	1	-	2	-	-	1

*P = Primipara

*M = Multipara

Group 1 N = 10
Group 2 N = 10
Group 3 N = 10

As can be observed in Table 33, mothers in group 2 again expressed having encountered a slightly smaller number of problems or concerns in other areas of family life than did mothers in group 1 and group 3. It is interesting to note that in both group 1 and group 2 multiparae expressed having encountered substantially more problems than did primiparae in this area. The most prevalent problem or concern

for these multiparae was sibling rivalry. In group 3 primiparae and multiparae expressed having encountered equal numbers of problems or concerns. The most frequently mentioned problem of the multiparae in group 3 was sibling rivalry. For the primiparae in group 3 the most frequently encountered problem or concern was feeling tied down. For a specific listing of problems and concerns encountered in other areas of family life refer to Appendix I.

Table 33

Number of Concerns Encountered in Other Areas of Family
Life Since Hospital Discharge

Area of Concern	Group 1		Group 2		Group 3	
	P*	M*	P	M	P	M
sibling rivalry		3		4		2
feeling tied down		1	1		3	
housework		1				1
illness						1
finances	1				1	
managing other children		2				
other	1	2	1	3	2	2
Total	2	9	2	7	6	6
	11		9		12	

*P = Primipara

*M = Multipara

Group 1 N = 10

Group 2 N = 10

Group 3 N = 10

It appears from Table 34 that either the mothers were able to manage their problems or concerns in other areas of family life by themselves or else the problem or concern remained unresolved at the time of the final interview. It appears that perhaps mothers feel that concerns in this area are something they have to work out by themselves, as only two mothers indicated that they had received assistance from other persons. Very few questions in this area of other family concerns were asked of the nurse investigator during the interim contacts with group 1 and group 2 mothers. (See page 77 and page 88).

Table 34
How Mothers Managed Other Family Problems
Since Hospital Discharge

Areas of Problem	Self						Doctor						Other Help						Disappeared						Still Exists					
	Group 1		Group 2		Group 3		Group 1		Group 2		Group 3		Group 1		Group 2		Group 3		Group 1		Group 2		Group 3		Group 1		Group 2		Group 3	
	P*	M*	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M
Sibling rivalry		3		4		1																								
Feeling tied down						1																								
Housework						1																								
Illness												1																		
Finances		1				1																								
Managing other children			2																											
Other		1				1	1																							
Total	2	5	-	4	3	3	-	-	-	-	-	1	-	-	-	-	1	-	-	1	-	-	1	-	3	2	3	4	-	
	7		4		6		-	-			1	-	-			1	-		1		1		1		3		5		4	

*P = Primipara

*M = Multipara

Group 1 N = 10
Group 2 N = 10
Group 3 N = 10

As can be observed in Table 35, the majority of mothers in all three groups asked questions regarding infant care and development at the time of the final interview. One-hundred percent of the primiparae and 60% of the multiparae asked questions in the area of infant care. The majority of multiparae in group 1 and group 2 asked questions in this area. Forty percent of the multiparae in group 3 asked infant care and development questions.

A smaller proportion, but still at least half of the mothers in each group asked questions regarding self care and progress. The majority of primiparae in each group asked questions in this area at the time of the final interview. Less than 50% of the multiparae in each group asked self-care questions at this time.

Consistent with results obtained in the interim contacts of group 1 and group 2 mothers, a very small proportion of the mothers in each group asked questions concerning other areas of family life. The focus remained on the baby and the mother.

Table 35
Percentage of Mothers With Questions
At Final Interview

Area of Question	Group 1		Group 2		Group 3		Average		
	Primips	Multips	Primips	Multips	Primips	Multips	Group 1	Group 2	Group 3
Infant care	100	80	100	60	100	40	90	80	70
Self care	60	40	80	20	80	40	50	50	60
Other family concerns	0	20	20	20	20	0	10	20	10

Group 1 N = 10
Group 2 N = 10
Group 3 N = 10

In the area of infant care and development group 1 mothers asked more questions than did mothers in group 2 or group 3, as can be seen in Table 36. There are several possible explanations for this fact. First, perhaps mothers in this group simply had more questions. A second explanation might be that the rapport established with group 1 mothers during the several face to face contacts during the previous six or eight week period allowed those mothers to feel more free to ask questions of the investigator. On the average the final interview lasted 10 minutes longer for group 1 mothers than for the other two groups. Perhaps because of the increased amount of time spent in the home, more occasions or situations presented themselves that prompted questions. However, it seems more logical to deduce that increased time was spent in the home because the mothers in group 1 had more questions. In any event, in all three groups, primiparas consistently asked more questions than did multiparas in the area of infant care and development.

The greatest number of questions asked referred to feeding the baby. Two other areas prevalent at this time were development of the senses and questions about immunizations. The number of questions asked in the different areas of infant care and development can be seen in Table 36. For a specific listing of questions asked regarding infant care and development refer to Appendix J.

Table 36

Number of Questions Asked Regarding Infant Care
and Development at Final Interview

Area of Questions	Group 1		Group 2		Group 3	
	P*	M*	P	M	P	M
bath			1			
care of eyes, ears, nose	1		1			
skin care	1	1			1	
handling baby	1				1	
feeding	4	1	4		5	
weight gain	1	2	1			
sleeping		2		2		2
crying	1				2	
environmental control	1		2			
illness		3			1	
elimination	1	1	1	1	2	
behavioral habits	1	2			1	
motor development	1	1	2		1	
development of senses	4	1	3	1	3	
immunizations	3		4	2	3	
other	3	2	1		1	
Total	23	16	20	6	21	2
	39		26		23	

*P = Primipara

Group 1 N = 10

Group 2 N = 10

*M = Multipara

Group 3 N = 10

Table 37 shows that, again, group 1 mothers asked more questions in the area of self care and progress than did mothers in group 2 or group 3. The same explanations that were presented in relation to the questions asked regarding infant care and development (page 102) may be applicable here. Again, primiparae asked more questions than did multiparae in all three groups. The category in which the most questions were asked was that of birth control. Following this in frequency were questions about exercises.

Even after supposedly discussing birth control with their physicians, many mothers had misconceptions and misunderstandings regarding the various methods. The investigator recognized this as one area in which education was needed by this sample of mothers, and as one area which did not seem to be given adequate attention by the physicians.

For a specific listing of the questions asked regarding self care and progress refer to Appendix J.

Table 37

Number of Questions Asked Regarding Self Care
and Progress at Final Interview

Area of Question	Group 1		Group 2		Group 3	
	Primips	Multips	Primips	Multips	Primips	Multips
weight	1		1		1	
diet	1	1			1	
exercise	2	1	3		1	1
breast care		2	2			
care of perineum	1		1		1	
anemia			1			
general health		1				
birth control	3	2	3	1	2	1
other	3		1		2	
Total	11	7	12	1	8	3
	18		13		11	

Group 1 N = 10

Group 2 N = 10

Group 3 N = 10

As can be seen in Table 38, only one mother in each of the three groups asked a question regarding other areas of family life. This again, was consistent with previous findings. For a specific listing of the questions asked regarding other areas of family life refer to Appendix J.

Table 38

Number of Questions Asked in Other Areas of
Family Life at Final Interview

Area of Questions	Group 1		Group 2		Group 3	
	P*	M*	P	M	P	M
sibling rivavly				1		
other		1			1	
Total	-	1	-	1	1	-
	1		1		1	

*P = Primipara

Group 1 N = 10

Group 2 N = 10

*M = Multipara

Group 3 N = 10

Part 2

The twelve hypotheses which were generated for this study will be presented one at a time and evaluated according to the data collected.

Hypothesis 1 - Mothers who are recipients of nursing contact during the postpartal period following hospital discharge will experience a greater reduction in perceived anxiety relating to various mothering tasks as indicated of a self-rating scale (to be completed after the mother has had her postpartal exam) than mothers who do not receive nursing contact during this period.

The derivation of a mean pretest score for each mother and each group on the self-rating scale was explained on page 52. The same

rating scale was again completed by the mothers at the time of the final interview. Similarly, a post-test score was derived for each mother and each group. The difference between the mean pretest score and the mean post-test score was calculated for each mother, and in turn, for each treatment group. These scores represent the mean reduction in anxiety of each of the three groups in relation to the mothering tasks included on the scale.

The mean reduction score of group 1 was averaged with the mean reduction score of group 2 generating a new mean reduction score for those mothers who received nursing contact following hospital discharge.

The Student's t-test, which is applicable to the comparison of means of samples with a small N, was utilized to test this hypothesis. The values used for the nursing contact group were a mean reduction score of .32, S. D. of .48, and N of 20. The values used for the no nursing contact group were a mean reduction score of -.06, S. D. of .405, and an N of 10. Statistical analysis resulted in a t-value of 2.54 which indicates a significant difference in the means at the .02 level. The hypothesis as stated was supported.

It is interesting to note that not only did the mothers in group 1 and group 2 indicate a significantly greater reduction in perceived anxiety than did mothers in group 3, but also the mean post-test score on the anxiety scale was slightly higher than the pretest score for the mothers in group 3. Rather than a reduction in anxiety,

these scores indicate that the group 3 mothers felt slightly more anxious in relation to these mothering tasks at the end of the postpartal period than they had at the beginning.

Nursing contacts to mothers in group 1 and group 2 may have had some influence on the reduction of anxiety in relation to those mothering tasks mentioned on the rating scale. However, it cannot be said that any of the mothers in any of the groups were highly anxious according to the rating scale used. No one had a pretest mean or a post-test mean higher than 3.0, the midpoint on the scale. Many of the mothers indicated high anxiety (by marking 4 or 5) in relation to certain items on the rating scale. However, the investigator did not attempt to analyze these for purposes of comparison and discussion.

Hypothesis 2 - A smaller proportion of mothers who are recipients of nursing contact during the postpartal period following hospital discharge will express unresolved concerns in the area of infant care during an interview with the investigator (after the mother has had her postpartal exam) than mothers who receive no nursing contact during this period.

As can be observed in Table 39, on page 111, 25% of the mothers in group 1 and group 2 together expressed unresolved concerns or problems in the area of infant care. Forty percent of the mothers in group 3 expressed such unresolved concerns. Table 30, on page 96, points out that the most prominent areas of infant care in which problems still

existed at this time were illness of the baby and the baby's elimination for group 1 and group 2, and the babies elimination and handling of the baby for mothers in group 3. A statistical comparison of the two percentages was conducted, resulting in a Z value of .9. Interpreted, this indicates that 34% of the time the differences observed would occur due to sampling variation alone at the .05 level. Therefore, this hypothesis was not substantiated.

Hypothesis 3 - A smaller proportion of mothers who are recipients of nursing contact during the postpartal period following hospital discharge will express unresolved concerns in the area of self care during an interview with the investigator (after the mother has had her postpartal exam) than mothers who receive no nursing contact during this period.

Observation alone of Table 39, on page 111, indicates that there was no measurable difference in the proportion of mothers who received nursing contacts and those who did not receive nursing contacts with respect to unresolved concerns in the area of self care. Ten percent of each group indicated that problems or concerns in this area still existed at the time of the final interview. No statistical comparison was possible. This hypothesis was not substantiated.

Hypothesis 4 - A smaller proportion of mothers who are recipients of nursing contact during the postpartal period following hospital discharge will express unresolved concerns in other areas of

family life during an interview with the investigator (after the mother has had her postpartal exam) than mothers who receive no nursing contact during this period.

As can be observed in Table 39, on page 111, again the same proportions of mothers in the nursing contact and no nursing contact groups expressed unresolved concerns in other areas of family life. Thirty percent of the mothers in each group indicated that problems still existed in this area at the time of the final interview. It is interesting to note that in the nursing contact group these unresolved concerns belonged predominantly to the multiparae, whereas in the no nursing contact group it was the primiparae who stated that problems still existed at this time. Since the proportions were equal, no statistical comparison was possible. This hypothesis was not substantiated.

Table 39

Percentage of Mothers With Unresolved Concerns Nursing
Contact Versus No Nursing Contact Groups

Area of Concern	Groups 1 & 2		Group 3		Average	
	Primips	Multips	Primips	Multips	Groups 1,2	Group 3
infant care	30	20	40	40	25	40
self care	20	0	0	20	10	10
other family concerns	10	50	60	0	30	30

Groups 1 and 2 N = 20

Group 3 N = 10

Hypothesis 5 - A smaller proportion of mothers who are recipients of nursing contact during the postpartal period following hospital discharge will have negative findings on their postpartal exam as indicated by the mother during an interview with the investigator than mothers who receive no nursing contact during this period.

Several conditions were considered to be indications of negative findings on the mothers' postpartal exam. Among these were: no weight loss or no attempted weight loss when this was considered desirable by the physician, sore, cracked nipples or evidence of caked breast, infected, unhealed stitches, insomnia, newly diagnosed anemia, and evidence of bladder or kidney infection in the urinalysis. No

statistical analysis was attempted as only two mothers in the entire sample reported any negative findings according to the criteria just specified. Two mothers in group 3 had no lost weight nor had attempted to lose weight at the time of this interview, but stated that their physicians wanted them to do so. It is possible that these mothers would have benefited from encouragement and guidance during the previous six or eight week period. Weight control by diet and exercise were areas discussed and encouraged by the investigator during nursing contacts to group 1 and group 2. A possible trend has been indicated, but this hypothesis was not substantiated.

Hypothesis 6 - A smaller proportion of infants of mothers who are recipients of nursing contact during the postpartal period following hospital discharge will have negative findings on their one month to six week exam as indicated by their mothers in an interview with the investigator than infants of mothers who receive no nursing contact during this period.

Evidence of negative findings on the infants' one month or six week exam included: unsatisfactory weight gain, unsatisfactory eating patterns, unsatisfactory elimination patterns, unsatisfactory motor development (reflexes and head control), or unsatisfactory development of the senses (hearing and sight) as judged by the physician. One mother in group 1 stated that her baby had gained too much weight during this six week period, however, her doctor didn't consider this

significant. Two mothers in group 1, one mother in group 2, and two mothers in group 3 indicated that they thought their baby's elimination to be unsatisfactory. Their concern was that the baby had too few or too many stools in a day. In all cases, each baby's elimination pattern appeared to be normal to the investigator. None of the mothers had asked the physician about this. One mother thought her infant's sleeping to be inadequate, saying she didn't think he slept enough. Her physician had told her that this was satisfactory. None of the findings just discussed were considered by the investigator to be indications of negative findings on the infants' exams. Only one infant had true negative findings diagnosed at his six week exam. This infant, from group 3, exhibited symptoms of neurological damage or mental retardation. He was a very limp baby with very little reflex action and very little control of his head at six weeks of age. He didn't track with his eyes if head movement was necessary. He didn't kick with his legs or flail his arms as normal babies do. This was the mother's first baby, and she didn't know what to expect a baby to act like. It didn't occur to her that all was not right with her baby. She was, therefore, surprised and shocked with the physician's findings.

No statistical evaluation of this hypothesis was possible. Although the hypothesis as stated cannot be accepted, the investigator thinks that the data found in relation to this hypothesis does have important implications. If this mother had been receiving nursing

contacts, her infant's anomalies could have been noticed possibly at the first contact, and certainly by the second contact. She could have been referred to treatment at least three weeks earlier than she was. Depending on the nature of the abnormality, early treatment can be very significant and even vital to the outcome. The nature of this infant's anomalies were so obvious, that this investigator believes a nurse would have been able to discern a possible problem in conversation with the mother about the child's activities by telephone as well as in face to face conversation.

Hypothesis 7 - There will be no significant difference in the amount of reduction in perceived anxiety in relation to various mothering tasks as indicated on a self-rating scale (to be completed after the mother has had her postpartal exam) among mothers who were contacted by the nurse investigator by way of home visit or telephone visit during the postpartal period following hospital discharge.

The derivation of the mean reduction in anxiety score for each group was explained in discussing hypothesis 1 on page 106. The same t-test was employed to test this hypothesis. The values used for group 1 (home visit group) were a mean reduction score of .29, S. D. of .49, and an N of 10. The values used for group 2 (telephone visit group) were a mean reduction score of .35, S. D. of .41, and an N of 10. Statistical analysis resulted in a t-value of .26 which is

not significant. Therefore, this hypothesis of no difference is accepted.

Hypothesis 8 - There will be no significant difference in the proportion of mothers expressing unresolved concerns in the area of infant care during an interview with the investigator (after the mother has had her postpartal exam) among the mothers who were contacted by the nurse investigator by way of home visit or telephone visit during the postpartal period following hospital discharge.

As can be observed in Table 40, on page 117, 30% of the mothers in group 1 and 20% of the mothers in group 2 expressed unresolved concerns in the area of infant care at the time of the final interview. Table 32 on page 98 points out that group 1 mothers expressed seven such unresolved concerns, and group 2 mothers expressed two unresolved concerns. A statistical comparison of the proportions of mothers with unresolved concerns in group 1 and group 2 resulted in a Z value of 0.5. This indicates that 58% of the time this difference observed would occur due to sampling variation alone. Therefore, this hypothesis of no difference is accepted.

Hypothesis 9 - There will be no significant difference in the proportion of mothers expressing unresolved concerns in the area of self care during an interview with the investigator (after the mother has had

her postpartal exam) among the mothers who were contacted by the nurse investigator by way of home visit or telephone visit during the postpartal period following hospital discharge.

In referring to Table 40, on page 117, it can be seen that 10% of the mothers in group 1 and 10% of the mothers in group 2 expressed unresolved concerns in the area of self care. In both groups it was primiparas who expressed unresolved concerns in this area. Since there was no difference in the proportions, no statistical analysis could be conducted. This hypothesis of no difference is accepted by observation of the data alone.

Hypothesis 10 - There will be no significant difference in the proportion of mothers expressing unresolved concerns in other areas of family life during an interview with the investigator (after the mother has had her postpartal exam) among the mothers who were contacted by the nurse investigator by way of home visit or telephone visit during the postpartal period following hospital discharge.

The same proportions of mothers in group 1 and group 2 expressed unresolved concerns in other areas of family life at the time of the final interview. As can be observed in Table 40, 30% of the sample in both groups expressed unresolved concerns in this area. In both groups it was predominantly the multiparae who expressed these unresolved concerns. Again, since there was no difference in the

proportions, no statistical analysis could be conducted. This hypothesis of no difference is accepted by observation of the data alone.

Table 40
Percentage of Mothers With Unresolved Concerns
Home Visit Versus Telephone Visit Groups

Area of Concern	Group 1		Group 2		Group 3		Average		
	Primips	Multips	Primips	Multips	Primips	Multips	Group 1	Group 2	Group 3
Infant care	40	20	20	20	40	40	30	20	40
Self care	20	0	20	0	0	20	10	10	10
Other family concerns	0	60	20	40	60	0	30	30	30

Group 1 N = 10
Group 2 N = 10
Group 3 N = 10

Hypothesis 11 - There will be no significant difference in the proportion of mothers with negative findings on their postpartal exam as indicated by the mother during an interview with the investigator, among mothers who were contacted by the nurse investigator by way of home visit or telephone visit during the postpartal period following hospital discharge.

Refer to the discussion of hypothesis 5 on page 111 for the definition of negative findings employed for use in this study. There were no mothers in group 1 or group 2 who exhibited negative findings on their postpartal exam as defined by the criteria presented. Therefore, this hypothesis of no difference is presumed correct.

Hypothesis 12 - There will be no significant difference in the proportion of infants with negative findings on their one month to six week exam, as indicated by the mother during an interview with the investigator, among infants whose mothers were contacted by the nurse investigator by way of home visit or telephone visit during the post-partial period following hospital discharge.

Refer to the discussion of hypothesis 6 on page 112 for the definition of negative findings on the infant's exam as used for this study. There were no infants in group 1 or group 2 who exhibited negative findings on their one month or six week exam as defined by the criteria presented. Therefore, the hypothesis of no difference between group 1 and group 2 on this count is presumed correct.

Part 3

The data presented is of a general descriptive nature. The mothers were asked several questions, some specifically about the study and the period of time during which the study was conducted, and others of a more general nature which the investigator thought would provide interesting and useful information to maternity and public health nurses. The mothers were asked to be candid in their responses.

The mothers were asked to list in rank order those persons who had been the most helpful to them since they had been home from the hospital. The most popular responses were that their husband had

been the most helpful, and their mother was second most helpful. It was interesting that one primipara in group 1 listed the nurse investigator as being most helpful, and one multipara in group 1 listed the nurse investigator as being second most helpful to her.

The mothers were then asked to name those persons to whom she had gone with questions during the previous six or eight weeks. The results are presented in Table 41. Notice that the most common source of information was their mother for the primiparae and their physician for the multiparae. It is interesting to note that for those mothers who received nursing contact (group 1 and group 2), 60% of the primiparae and 20% of the multiparae stated they had gone to the nurse investigator with questions. The primiparas appeared to feel more comfortable in asking questions of a nurse than of the doctor. Many times it was stated that some of their questions seem so dumb (but real), and they didn't want their doctor to think they were ignorant. Another response given often was that doctors are too busy to be bothered with silly questions. This leads one to wonder how many times "silly" questions and "dumb" problems which could be easily resolved with a little guidance from a knowledgeable person, turn into serious problems because mothers don't want to appear ignorant to their physicians.

Table 41
Percentage of Mothers Who Asked Questions of Others

Persons Asked	Group 1		Group 2		Group 3		Average Group X			Total X		X all
	Primips	Multips	Primips	Multips	Primips	Multips	Group 1	Group 2	Group 3	Primips	Multips	
Doctor	20	60	20	40	20	20	40	30	20	20	40	30
Nurse Investigator	40	40	80	0			40	40		60	20	40
Mother	80	40	40	40	80		60	40	40	67	27	47
Mother-in-law	20		20		20		10	10	10	20	0	10
Other relative	20		20			20	10	10	10	13	7	10
Friend	40	20	60	20	40	40	30	40	40	47	27	37
Neighbor	20			20	20	20	10	10	20	13	13	13
Husband					20				10	7	0	4
Other			20					10		7	0	4

*Calculated with N from group 1 and group 2 only.

Group 1 N = 10
Group 2 N = 10
Group 3 N = 10

The mothers were then asked whether or not they had used any books or magazines to answer questions about their baby's care and development. As can be seen in Table 44, the majority of mothers had utilized books and magazines. As can be expected, a higher proportion of primiparae than multiparae used books and magazines to answer some of their questions. The majority of primiparae indicated that they used books and magazines often or occasionally. On the other hand, multiparae stated that they referred to reading materials occasionally or seldom. Several books, magazines, or pamphlets were listed as sources of information by the mothers. Those sources which were indicated by at least two mothers will be listed in rank order according to their popularity with this sample of mothers.

- 1) Dr. Spock, Baby and Child Care
- 2) Redbook Magazine Supplement--a pamphlet for new mothers given out at the hospital
- 3) Dr. Spock, Problems of Parents
- 4) Better Homes and Gardens, Baby Book

Table 42
Percentage of Mothers Who Have Utilized
Books and Magazines

	Group 1		Group 2		Group 3		Average Group %			Total %		% all Mothers
	Primips	Multips	Primips	Multips	Primips	Multips	Group 1	Group 2	Group 3	Primips	Multips	
yes	60	20	100	40	60	100	40	70	80	73	53	63
no	40	80	0	60	40	0	60	30	20	27	47	37

Group 1 N = 10
Group 2 N = 10
Group 3 N = 10

The mothers were asked if they thought their community has adequate resources to meet their needs as new mothers. As seen in Table 43, the majority of the mothers, 70% answered in the negative.

Table 43
Mothers' Perceptions of Adequacy of
Community Resources by Percent

	Group 1		Group 2		Group 3		Average Group %			Total %		% all Mothers
	Primips	Multips	Primips	Multips	Primips	Multips	Group 1	Group 2	Group 3	Primips	Multips	
adequate	60	0	20	40	20	40	30	30	30	33	27	30
not adequate	40	100	80	60	80	60	70	70	70	67	73	70

Group 1 N = 10
Group 2 N = 10
Group 3 N = 10

Without any prompting or suggestions made by the investigator, the mothers were asked what services in their opinion, were needed in their community. A composite of their answers is found in Table 44. The two services mentioned most often were a community-wide babysitting cooperative and a well baby clinic. The responses given to this question were those considered most important to the respondents at that particular time without any suggestions from the interviewer. This investigator wonders what responses would result if mothers were asked to complete a survey of this question with suggested services given. Implications for consumer-oriented health services might result.

Table 44
Percentage of Mothers Who Indicated Need for
Various Community Services

Services Needed	Group 1		Group 2		Group 3		Average Group %			Total %		% all Mothers
	Primips	Multips	Primips	Multips	Primips	Multips	Group 1	Group 2	Group 3	Primips	Multips	
Volunteer house-keeping						20	0	0	10	0	7	3
Daycare center	20			20	20		10	10	10	13	7	10
Babysitting cooperative		60	20	20	60		30	20	30	27	27	27
More home health service					20	20	0	0	20	7	7	7
Advertise prenatal classes				20	20		0	10	10	7	7	7
Well baby clinic	20	40	40	40			30	40	0	20	27	23
New mothers group		20			20		10	0	10	7	7	7
Laleche League	20			20	20	20	10	10	20	13	13	13
Diaper service			20	20			0	20	0	7	7	7
Other		40		20	20	20	20	10	20	7	20	13

Group 1 N = 10
Group 2 N = 10
Group 3 N = 10

Next, the mothers in group 1 and group 2 were asked if they thought they had benefited from the contacts made by the nurse investigator. A special effort was made to assure the mothers that their honest opinion was desired. It was explained that their answers would help public health nurses improve their services by helping them decide which mothers would benefit most from nursing contact. They were assured that the investigator's feelings would not be hurt if the answer was negative. As can be observed in Table 45, 90% of the mothers in group 1 and 80% of the mothers in group 2 indicated that they had benefited from the nursing contacts. One hundred percent of the primiparae and 70% of the multiparae in these two groups answered the question in the affirmative.

Those mothers in group 3 who had not received nursing contact were asked if they thought they would have benefited from nursing contacts after leaving the hospital. As seen in Table 45, 100% of the primiparae in this group and none of the multiparae in group 3 answered in the affirmative. In total, 100% of the primiparae and 47% of the multiparae thought they had benefited or would have benefited from nursing contacts after leaving the hospital.

Those mothers who answered in the affirmative were asked to explain in what ways they thought they had benefited or would have benefited from nursing contacts. Various reasons were given, but

several points were made repeatedly. Their questions were answered, and they could trust the information; they could ask the nurse investigator questions that they didn't feel comfortable asking their doctor; they knew the investigator was interested and cared about them; the investigator gave them encouragement and helped enhance their self-confidence. Refer to Appendix K for specific paraphrased responses to this question.

Table 45
Percentage of Mothers Who Benefited or Thought They
Would Have Benefited From Nursing Contact

	Group 1		Group 2		Group 3		Average Group %			Total %		% all
	Primips	Multips	Primips	Multips	Primips	Multips	Group 1	Group 2	Group 3	Primips	Multips	
yes	100	80	100	60	100	0	90	80	50	100	47	47
no	0	20	0	40	0	100	10	20	50	0	53	27

Group 1 N = 10
Group 2 N = 10
Group 3 N = 10

The final item asked the mothers to indicate their preference for method of contact by a nurse or other helping person. Each mother was given a copy of the question (see Appendix C, page 148), and asked to rank her first three choices. Results are presented in Table 46. As can be observed, the most popular choice for all the mothers was to have a telephone number available where one could reach a nurse if one had a question. At this point many mothers stated that they would feel able to call this person only if they had met

him or her previously so they would know who they were talking to. This may have implications for public health nurses introducing themselves and their services to new mothers prior to hospital discharge. The most popular second choices were telephone calls periodically by a nurse to see how things are going and group meetings with other new mothers to discuss common problems (led by a nurse). Many stated that group meeting would be desirable, but they could attend only if babysitting would be provided. The most popular third choice was home visits periodically by a nurse to see how things are going. Several mothers stated that they preferred to receive phone calls rather than home visits because those first few days and weeks they were unable to keep up with their housework, and they didn't want people to see their houses so messy.

This data gives impetus to the argument that the consumer be considered and consulted in planning and implementing services which will affect him. Many good services may otherwise go unused by many persons who could benefit from them.

Table 46
 Number of Mothers Indicating Preference
 for Method of Contact

Method Preferred	First Choice			Second Choice			Third Choice		
	Primips	Multips	Total	Primips	Multips	Total	Primips	Multips	Total
Telephone number	7	9	16	3	3	6	3	2	5
Telephone calls	1		1	5	4	9	4	4	8
Home visits	3	1	4	3		3	3	6	9
Group meetings	3	3	6	4	5	9	3	3	6
Other helping services	1	2	3		3	3	1		1

Primiparas N = 15

Multiparas N = 15

Chapter 4

Summary of Study

This study proposed to determine whether or not nursing contact in the post-partal period has an influence on the health and well-being of the mother and her infant. It also proposed to determine whether or not the telephone is an effective means by which well post-partum families can receive continued care, guidance, and support with a minimum of professional nursing time involved.

The investigator hypothesized that mothers who are recipients of nursing contact during the postpartal period following hospital discharge will experience greater reduction in perceived anxiety relating to various mothering tasks, as indicated on a self-rating scale, than mothers who do not receive nursing contact during this period. Also, a smaller proportion of those mothers who receive nursing contact will express unresolved concerns in the area of infant care, self care, and other areas of family life than mothers who do not receive nursing contact during the postpartal period. A smaller proportion of mothers and their infants who receive nursing contact will have negative findings on their postpartal exams than those mothers and infants who do not receive nursing contacts. It was also hypothesized that there would be no significant difference on the variables just mentioned for those mothers who were contacted by means of a telephone visit or by means of a home visit during the postpartal period.

The research method used in this study was an experimental design utilizing two treatment groups and a control group. Thirty mothers who met the criteria for selection comprised the study population. Each of the mothers was randomly placed into the three treatment groups. Mothers in group 1 were contacted by the nurse investigator by means of home visits during the postpartal period. Mothers in group 2 were contacted by telephone visits, and mothers in group 3 received no postpartal nursing contacts. Each mother was contacted personally by the investigator prior to hospital discharge and again after the mother's postpartal exam had been completed. In addition, group 1 and group 2 mothers were contacted during the first week after hospital discharge and again during the third or fourth week following hospital discharge.

Personal interview schedules, composed of both open and closed questions, and a self-rating scale were developed by the investigator as tools of choice for data collection.

Analysis of the data collected at the time of the initial interview prior to hospital discharge indicated that there were no systematic differences among the three treatment groups on the background variables that were compared. However, statistical evaluation of the pretest scores on the self-rating scale indicated that group 3 mothers expressed a significantly lower level of anxiety (at .05 level) in relation to the various mothering tasks presented than did

mothers in group 1 and group 2. Mothers in group 3 also indicated less interest in additional participation in their infants' care prior to hospital discharge, and asked considerably fewer questions in the area of infant care. This appears to indicate that treatment group 3 mothers felt more competent, had more self-confidence, and thus were less anxious in relation to the mother role than the mothers in group 1 and group 2. This may have had an influence on the study results.

Analysis of the contents of the final interview revealed that the mothers in all three groups were more alike than different in the number and kind of problems and concerns encountered during the six or eight weeks following hospital discharge. The majority of mothers in each group indicated having encountered problems or concerns in the areas of infant care, self care, and in other areas of family life. The majority of mothers in each group asked questions concerning infant care and development. At least half of the mothers asked questions in the area of self care. However, mothers in group 1 consistently asked more questions in all areas than did mothers in group 2 or group 3.

Although the proportion of mothers who expressed unresolved concerns in the area of infant care at the time of the final interview was higher for those mothers who had not received nursing contact, the difference between the nursing contact and no nursing contact groups was not statistically significant. Likewise, there was no significant

difference between the nursing contact group and the no nursing contact group concerning the proportion of mothers who had unresolved concerns in the area of self care and in other areas of family life. Mothers in the no nursing contact group more often referred to their physician for assistance with their problems or concerns. Mothers in the nursing contact group more often referred to other persons, many times the nurse investigator, for assistance with their problems or concerns.

The results of the self-rating anxiety scale did indicate that mothers who had received nursing contact experienced a significantly greater reduction of anxiety (at .02 level), in relation to the mothering tasks presented, than did the mothers in the no nursing contact group. And, in fact, mothers in the no nursing contact group experienced a slight increase in anxiety as indicated by this scale.

No significant differences were indicated between the nursing contact group and the no nursing contact group in the proportion of mothers and infants who had negative findings on their postpartal exams. However, some trends were noted. Two mothers in the no nursing contact group had not lost weight nor had attempted to do so, but stated that their physicians wanted them to. It is possible that these mothers would have benefited from encouragement and guidance during the previous six or eight week period. Weight control by diet and exercise was discussed and encouraged by the investigator during

nursing contacts to mothers in group 1 and group 2. Only one baby, who happened to be in the no nursing contact group, had true negative findings diagnosed at his six week exam. Unknown to the mother, this infant exhibited obvious symptoms of neurological damage or mental retardation. If this mother had been receiving nursing contacts, her infant's anomalies could have been noticed possibly at the first contact, and certainly by the second contact. She could have been referred to treatment at least three weeks earlier than she was. Depending on the nature of the abnormality, early treatment can be very significant and even vital in the outcome. The nature of this infant's anomalies were so obvious, that this investigator believes a nurse would have been able to discern a possible problem in conversation with the mother about the child's activities by telephone as well as in face-to-face conversation.

Analysis on all the variables just discussed produced no significant differences between those mothers contacted by home visits and those contacted by telephone visits. In analyzing the interim contact interviews it was noted that approximately the same proportion of mothers in both groups experienced problems or had concerns and asked questions, especially in the area of infant care. Quite consistently the mothers contacted by home visit expressed greater numbers of these. Several possible explanations for this were discussed by the investigator. The data does illustrate, however, that mothers are able

and willing to express their problems and concerns over the telephone to a helping person. They also were not hesitant in asking questions over the telephone. It was noted that mothers in the telephone contact group were more often able to deal with their own problems and concerns than were mothers in the home visit group. Not counting travel time or pre- and post-planning time, the telephone visits took about half as much time as did the home visits. In light of the comparable effectiveness of the home visit and the telephone visit for the mothers in this sample, the use of the telephone as an effective method of follow-up for postpartum patients, with an economical use of professional nursing time, may be implicated.

Conclusions

1. The majority of mothers, both primiparae and multiparae, do encounter problems and concerns in the areas of infant care, self care, and in other areas of family life during the postpartal period following hospital discharge.
2. This study seemed to indicate the need and desire for greater participation by the mothers in the care of their infants while still in the hospital, as such participation may lessen certain concerns encountered after return to the home environment.
3. This study indicated that the majority of mothers consulted available literature and other persons for answers to their questions,

however, they still wanted and needed confirmation of their findings and reassurance that they were being "good" mothers. Therefore, a professional nurse made available to all new mothers would seem valuable.

4. This study indicated that particularly mothers of first babies often don't know what to expect of newborns, and in addition, don't feel comfortable asking the doctor some of their "dumb" questions, fearing he would think they were ignorant. Therefore, it seems particularly important that a professional nurse be made available to all primiparae the first few days and weeks at home with a new baby.

5. This study indicated that when a professional nurse was available as a resource person to the mothers, the number of referrals to their physicians were decreased. This indicated that the professional nurse can and should handle questions and concerns which don't require medical expertise.

6. This study indicated that those mothers who received nursing contacts expressed a significantly greater reduction in anxiety in relation to certain mothering tasks than did those mothers who did not receive nursing contacts. In fact, according to the scores on the anxiety scale, mothers in group 3 felt slightly more anxious in relation to these mothering tasks at the end of the postpartal period than they had at the beginning. This adds support to the argument for continuity of care after hospital discharge.

7. This study indicated that 100% of the primiparae and approximately half of the multiparae reported that they had benefited or thought they would have benefited from nursing contacts. This indicates that possibly all primiparae should be provided with post-hospital follow-up, and all multiparae should be given an option for follow-up.

8. When preference for method of contact was polled, the most popular first choice was to have a telephone number available where one could reach a nurse if one had a question (provided the nurse had introduced herself prior to hospital discharge). The most popular second choices were telephone calls periodically by a nurse and group meetings with other new mothers which are led by a nurse (if babysitting was provided). The most common third choice was periodical home visits by a nurse. The data indicated that the mother probably would be able to indicate prior to hospital discharge which method of post-hospital contact she would prefer, and that she would like to be consulted in making this decision.

9. The results of this study indicate that the telephone seems to be an effective means by which many well postpartum families can receive continued care, guidance, and support with a minimum of professional nursing time involved. In fact, it was noted that mothers in the telephone contact group were more often able to deal with their own problems and concerns than were mothers in the home visit group. It

is possible that the telephone contacts provided the mothers with adequate supportive guidance toward dealing with their own problems, whereas, the face-to-face contact of the home visit may have allowed overdependence on the nurse investigator for assistance with problem-solving.

10. The majority, 70%, of the mothers indicated that their community did not have adequate resources to meet the needs of new mothers. The need for a community-wide babysitting cooperative and a well baby clinic were mentioned most frequently. This may have implications for planning consumer-oriented health services.

11. Even after supposedly discussing birth control with their physicians, many mothers had misconceptions and misunderstandings regarding the various methods. The investigator recognized this as one area in which education was needed by this sample of mothers, and as one area which did not seem to be given adequate attention by the physicians. Implications for inclusion of education in birth control methods in community services is indicated.

Recommendations for Further Study

Additional study is necessary to determine the most effective and economical means of providing continuity of care in the postpartal period. In order to assure all newborn infants and their families a healthy start in life, health professionals must continually evaluate

the services they are providing and attempt to improve these services.

In light of the analysis of the data received from this study, several recommendations can be made:

1. a replication of this study using a larger sample and more refined data collection tools,
2. a replication of this study controlling for the level of trait anxiety expressed by the mothers (possibly utilizing the Taylor Manifest Anxiety Scale which proposes to measure trait anxiety),
3. a replication of this study giving the mothers the choice of the method of interim contact,
4. a replication of this study conducted with a Public Health Nursing Department over a longer period of time and with utilization of the various referral services available,
5. additional evaluation of the use of the telephone with postpartum patients and surveillance of other health-related conditions.
6. a study conducted to determine the family dynamics involved in problem-solving during the first few days and weeks at home with a new baby--including measures of satisfaction or dissatisfaction with the outcomes of these decisions, and
7. a study to determine the adjustment problems and the concerns of all members of the family, including the father and the children, with the introduction of a new family member.

APPENDIXES

138
APPENDIX A

DATA COLLECTION TOOLS FOR HOSPITAL INTERVIEW

Name: Mrs. _____

Address: _____

Phone: _____

Age of Mother: _____

Primipara: _____

Multipara: _____

Other Children:	Age	Sex (M or F)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education of Mother: (indicate highest attained)

_____ years of high school

_____ years of college

Occupation of Mother: _____

Return to work: yes _____ no _____ ? _____

Education of Father: (indicate highest attained)

_____ years of high school

_____ years of college

Occupation of Father: _____

Attended prenatal classes: yes _____ no _____

where _____

how many _____

Prenatal care began at _____ month of pregnancy

Dr. _____

Date of delivery: _____

Length of stay in hospital _____ days

Next Dr. appointment _____

Appendix A (continued)

Infant

Name: _____

Sex: M _____ F _____

Birth Weight: _____ lbs. _____ oz.

Type of feeding: Bottle _____ Breast _____

Baby's Dr. _____

Next Dr. appointment _____

HOSPITAL INTERVIEW

1. How do you feel?
2. Do you feel ready to go home?
yes _____ no _____

If no, what seems to be the trouble?

- a. doesn't have things ready for the baby
 - b. won't have help
 - c. is afraid of the responsibility
 - d. doesn't feel strong enough yet.
 - e. other _____
3. How is your physical condition?
 - a. Breasts
 1. sore
 2. hard
 3. cracked nipples
 4. OK
 5. other _____
 - al. Do you have any questions about how to care for your breasts when you are home?
yes _____ no _____
 - b. Perineum
 1. sore
 2. infected stitches

Appendix A (continued)

perineum (cont.)

3. OK

4. other _____

b₁. Do you have any questions about how to care for your perineum when you are home?

yes _____ no _____

c. Flow

1. heavy

2. moderate

3. light

4. color

5. clots

6. other _____

c₁. Do you have any questions about your flow?

yes _____ no _____

d. Rest

1. tired

2. rested

3. restless

4. other _____

d₁. Do you have any questions about rest when you go home?

yes _____ no _____

4. (for primiparas) Have you had experience in taking care of babies?

yes _____ no _____

4a. If yes, what kind?

a. smaller brothers and sisters

b. relatives with babies

c. friends with babies

d. babysitting

e. other _____

4b. How much?

a. much

b. some

c. little

Appendix A (continued)

5. How is your baby eating?
- a. getting enough
 - b. needs supplements
 - c. falls asleep during feeding
 - d. unable to suck adequately
 - e. refuses nipple
 - f. has an established schedule
 - g. does not have an established schedule
 - h. other _____
6. Do you have any questions about how you will care for your baby when you are home?
- yes _____ no _____
- a. bathing baby
 - b. cord care
 - c. circumcision care
 - d. care of genitals
 - e. care of eyes, ears, nose
 - f. skin care
 - g. diapering baby
 - h. dressing baby
 - i. handling baby
 - j. formula preparation
 - k. feeding baby
 - l. sleeping
 - m. crying
 - n. environmental control
 - o. other _____

Appendix A (continued)

7. Will you have any help at home?

yes _____ no _____

7₁. From whom?

- a. husband
- b. mother
- c. mother-in-law
- d. other relative (specify)
- e. friend
- f. neighbor
- g. hired help
- h. other _____

7₂. How much help?

- a. constant
- b. periodically
 - 1. regular visits
 - 2. intermittent visits
- c. other _____

7₃. For how long?

- a. less than 1 week
- b. 1 week
- c. 2 weeks
- d. more than 2 weeks
- e. other _____

8. (for multiparas) How do you think your other children will react to the new baby?

- a. accept
- b. ignore
- c. maltreat
- d. other _____

Appendix A (continued)

9. Do you wish you could observe more of your baby's care being done or do more of your baby's care before going home?

	observe more	do more	both	neither	don't know
a. bathing baby	_____	_____	_____	_____	_____
b. cord care	_____	_____	_____	_____	_____
c. circumcision care	_____	_____	_____	_____	_____
d. care of genitals	_____	_____	_____	_____	_____
e. care of eyes, nose, and ears	_____	_____	_____	_____	_____
f. skin care	_____	_____	_____	_____	_____
g. diapering baby	_____	_____	_____	_____	_____
h. dressing baby	_____	_____	_____	_____	_____
i. handling baby	_____	_____	_____	_____	_____
j. formula preparation	_____	_____	_____	_____	_____
k. other _____	_____	_____	_____	_____	_____

Appendix A (continued)

Listed below are some of the concerns that mothers of new babies often have. Please rate your feelings regarding each of the items by circling a number between 1 and 5 on the first scale which you think best indicates how you feel right now. Directly below this scale rate how you wish you felt by circling a number between 1 and 5 on the second scale.

Example: How do you feel right now?

How I feel Happy 1 2 3 4 5 Sad

How I wish I felt Happy 1 2 3 4 5 Sad

The person in this sample feels very sad but wishes she felt very happy.

1. How do you feel about going home?

How I feel Eager 1 2 3 4 5 Dreading

How I wish I felt Eager 1 2 3 4 5 Dreading

2. How do you feel about assuming complete responsibility for the care of your baby?

How I feel Competent 1 2 3 4 5 Overwhelmed

How I wish I felt Competent 1 2 3 4 5 Overwhelmed

3. How do you feel about your ability to care for your baby?

How I feel Confident 1 2 3 4 5 Not Confident

How I wish I felt Confident 1 2 3 4 5 Not Confident

4. How do you feel about bathing your baby?

How I feel Comfortable 1 2 3 4 5 Uncomfortable

How I wish I felt Comfortable 1 2 3 4 5 Uncomfortable

5. When the baby cries, how do you feel?

How I feel Able to help 1 2 3 4 5 Helpless

How I wish I felt Able to help 1 2 3 4 5 Helpless

6. How do you feel when you feed your baby?

How I feel Relaxed 1 2 3 4 5 Tense

How I wish I felt Relaxed 1 2 3 4 5 Tense

Appendix A (continued)

7. How do you feel about the amount of time your baby sleeps?
How I feel Unconcerned 1 2 3 4 5 Worried
How I wish I felt Unconcerned 1 2 3 4 5 Worried
8. How many problems do you anticipate after leaving the hospital?
How many I think I'll have No problems 1 2 3 4 5 Many problems
How many I wish I'd have No problems 1 2 3 4 5 Many problems
9. How do you think you will manage?
How I think I will Very well 1 2 3 4 5 With much difficulty
How I wish I would Very well 1 2 3 4 5 With much difficulty
10. How do you think your family will adjust to the new baby?
How I think they will Easily 1 2 3 4 5 With difficulty
How I wish they would Easily 1 2 3 4 5 With difficulty
11. When you think about the future, how do you feel?
How I feel Calm 1 2 3 4 5 Nervous
How I wish I felt Calm 1 2 3 4 5 Nervous

APPENDIX B

DATA COLLECTION TOOLS FOR INTERIM CONTACT INTERVIEWS

HOME AND PHONE VISITS

1. How do you feel?
2. How are things going?
3. What problems have you run into since being home?
 - a. care of baby
 1. bathing baby
 2. care of genitals
 3. care of eyes, ears, nose
 4. skin care
 5. diapering baby
 6. dressing baby
 7. handling baby
 8. formula preparation
 9. feeding baby--baby's eating
 10. weight gain
 11. sleeping
 12. crying
 13. environmental control
 14. illness
 15. elimination
 16. other _____

What did you do? How were you able to manage?

Do you have any questions about your baby's care or progress?

yes _____ no _____

Appendix B (continued)

b. care of self

1. getting enough rest
2. weight
3. diet
4. exercises
5. taking care of breasts
6. taking care of perineum
7. kidney infection
8. anemia
9. other _____

What did you do? How were you able to manage?

Do you have any questions about your care and progress?

yes _____ no _____

c. other problems

1. sibling rivalry
2. being tied down
3. other _____

What did you do? How were you able to manage?

Do you have any questions about these concerns?

yes _____ no _____

APPENDIX C

DATA COLLECTION TOOL FOR FINAL INTERVIEW

FINAL INTERVIEW FOLLOWING POSTPARTAL EXAM

1. How do you feel?
2. What is your physical condition at this time, as determined by yourself or your doctor?
 - a. weight
 1. need to lose (how much)
 2. have lost -- need to continue (how much)
 3. need to gain (how much)
 4. have gained -- need to continue (how much)
 5. OK
 6. other _____

Do you have any questions about your weight or diet?

yes _____ no _____

- b. exercise
 1. Dr. gave some
 - a) is doing
 - b) is not doing
 2. Dr. didn't give any
 - a) is doing some on own
 - b) would like to know some
 3. other _____

Do you have any questions about your exercises?

yes _____ no _____

Appendix C (continued)

c. breasts

1. sore
2. cracked nipples
3. hard (lumps)
4. OK
5. other _____

Do you have any questions about care of your breasts?

yes _____ no _____

d. perineum

1. healed
2. not healed
3. sore
4. infected
5. other _____

Do you have any questions about the care of your perineum?

yes _____ no _____

e. birth control

1. Dr. prescribed method
 - a) is using
 - b) is not using
2. Dr. didn't mention
3. would like information
4. other _____

Do you have any questions about birth control?

yes _____ no _____

f. general health

1. OK
2. some problem (what)

Appendix C (continued)

general health (cont.)

Do you have any questions about your general health?

yes _____ no _____

g. rest

1. take rest breaks during day
2. feel tired
3. unable to sleep well
4. feel rested
5. other _____

Do you have any questions about getting enough rest?

yes _____ no _____

h. blood test

1. OK
2. anemia
 - a) on medication
 - b) not on medication

Do you have any questions about your blood test results?

yes _____ no _____

i. urinalysis

1. OK
2. infection
 - a) on medication
 - b) not on medication

Do you have any questions about your urinetest results?

yes _____ no _____

Appendix C (continued)

3. What problems have you run into since being home? .

a. care of baby

1. bathing baby
2. care of genitals
3. care of eyes, ears, nose
4. skin care
5. diapering baby
6. dressing baby
7. handling baby
8. formula preparation
9. feeding baby - baby's eating
10. weight gain
11. sleeping
12. crying
13. environmental control
14. illness
15. other _____

What did you do? How have you been able to manage?

Do you have any questions about your baby's care or development?

yes _____ no _____

b. care of self

1. getting enough rest
2. diet
3. exercises
4. taking care of breasts
5. taking care of perineum
6. kidney infection

Appendix C (continued)

care of self (cont.)

7. anemia

8. other _____

What did you do? How have you been able to manage?

Do you have any questions about your care or progress?

yes _____ no _____

c. other problems

1. sibling rivalry

2. being tied down

3. other _____

What did you do? How have you been able to manage?

Do you have any questions about these?

yes _____ no _____

4. What people have been the most help to you since being home from the hospital? (Of those mentioned, please rank them in order of helpfulness. For example, that person who has been most helpful would be 1)

a. husband

b. mother

c. mother-in-law

d. other relative (specify)

e. friend

f. neighbor

g. hired help

h. nurse

i. other _____

Appendix C (continued)

5. When did the Dr. last see the baby? _____

6. What did he say about his/her development?

a. physical development

1. weight gain

a) adequate

b) not adequate

1) not enough

2) too much

c) other _____

Do you have any questions you'd like to ask about the baby's weight gain?

yes _____ no _____

2. eating

a) satisfactory

b) not satisfactory

c) other _____

Do you have any questions about the baby's eating?

yes _____ no _____

3. elimination

a) satisfactory

b) not satisfactory

c) other _____

Do you have any questions about the baby's elimination?

yes _____ no _____

Appendix C (continued)

4. sleeping

a) satisfactory

b) not satisfactory

c) other _____

Do you have any questions about the baby's sleeping?

yes _____ no _____

b. motor development

1. reflexes

a) satisfactory

b) not satisfactory

c) other _____

Do you have any questions about the baby's reflexes?

yes _____ no _____

2. head control

a) satisfactory

b) not satisfactory

c) other _____

Do you have any questions about the baby's head control?

yes _____ no _____

c. senses

1. hearing

a) satisfactory

b) not satisfactory

c) other _____

Do you have any questions about the baby's hearing?

yes _____ no _____

Appendix C (continued)

senses (cont.)

2. sight

a) satisfactory

b) not satisfactory

c) other _____

Do you have any questions about the baby's sight?

yes _____ no _____

d. immunizations

1. has started series

2. has not started series

a) when will start?

3. other _____

Do you have any questions about the baby's immunizations?

yes _____ no _____

7. Have you asked any person or persons questions as they have arisen?

yes _____ no _____

If so, who? _____

a. doctor

f. friend

b. nurse

g. neighbor

c. mother

h. hired help

d. mother-in-law

i. husband

e. other relative (specify)

j. other _____

8. Do you use any books or magazines to answer questions about your baby's care and development?

yes _____ no _____

If so, which ones? _____

Often _____ Occasionally _____ Seldom _____ Never _____

Appendix C (continued)

9. Do you think this community has adequate resources to meet the needs of new mothers?

yes _____ no _____

If no, what is needed?

- a. homemaker services
 - b. volunteer aid services
 - c. qualified babysitting service
 - d. more home health care services
 - e. new mothers group
 - f. other
10. Do you think you would have benefited if you were contacted by a nurse after leaving the hospital?

yes _____ no _____

If yes, in what ways? _____

11. Each of the items listed below could be considered as being ideal by some persons. Assuming that each is possible, please indicate in order of preference (1, 2, 3,) the three you would prefer most for yourself.

- _____ no contact by a nurse
- _____ a telephone number where you could reach a nurse if you had a question
- _____ telephone calls periodically by a nurse to see how things are going
- _____ home visits periodically by a nurse to see how things are going
- _____ group meetings with other new mothers to discuss common problems (led by a nurse)
- _____ services from helping persons other than a nurse
- _____ specify _____
- _____ other
- _____ specify _____

Appendix C (continued)

Listed below are some of the concerns that mothers of new babies often have. Please rate your feelings regarding each of the items by circling a number between 1 and 5 on the first scale which you think best indicates how you feel right now. Directly below this scale rate how you wish you felt by circling a number between 1 and 5 on the second scale.

Example: How do you feel right now?

How I feel	Happy 1 2 3 4 5 Sad
How I wish I felt	Happy 1 2 3 4 5 Sad

The person in this example feels very sad but wishes she felt very happy.

1. How do you feel about having complete responsibility for the care of your baby?

How I feel	Competent 1 2 3 4 5 Overwhelmed
How I wish I felt	Competent 1 2 3 4 5 Overwhelmed

2. How do you feel about your ability to care for your baby?

How I feel	Confident 1 2 3 4 5 Not confident
How I wish I felt	Confident 1 2 3 4 5 Not confident

3. How do you feel about bathing your baby?

How I feel	Comfortable 1 2 3 4 5 Uncomfortable
How I wish I felt	Comfortable 1 2 3 4 5 Uncomfortable

4. When the baby cries, how do you feel?

How I feel	Able to help 1 2 3 4 5 Helpless
How I wish I felt	Able to help 1 2 3 4 5 Helpless

5. How do you feel when you feed your baby?

How I feel	Relaxed 1 2 3 4 5 Tense
How I wish I felt	Relaxed 1 2 3 4 5 Tense

Appendix C (continued)

6. How do you feel about the amount of time your baby sleeps?

How I feel	Unconcerned 1 2 3 4 5 Worried
How I wish I felt	Unconcerned 1 2 3 4 5 Worried

7. How many problems have you encountered since being home?

How many I've had	No problems 1 2 3 4 5 Many problems
How many I wish I'd have	No problems 1 2 3 4 5 Many problems

8. How are you managing?

How I think I am	Very well 1 2 3 4 5 With much difficulty
How I wish I was	Very well 1 2 3 4 5 With much difficulty

9. How do you think your family is adjusting to the new baby?

How I think they are	Easily 1 2 3 4 5 With difficulty
How I wish they were	Easily 1 2 3 4 5 With difficulty

10. When you think about the future, how do you feel?

How I feel	Calm 1 2 3 4 5 Nervous
How I wish I felt	Calm 1 2 3 4 5 Nervous

APPENDIX D

QUESTIONS ASKED DURING HOSPITAL INTERVIEW

Infant Care

1. Bathing
 - a. How do you give a baby a bath?
 - b. Can I put her in a tub right away?
2. Cord Care
 - a. What should I do to take care of the cord?
 - b. When will the cord fall off?
3. Circumcision Care
 - a. Is there anything special about this? What is involved?
4. Care of Genitals
 - a. How thorough do I have to clean her?
5. Skin Care
 - a. Is it okay to use lotion on his skin?
6. Handling the baby
 - a. How should I lay him down?
 - b. Can he be on his back?
 - c. Can I lay her on her stomach before the cord comes off?
7. Formula Preparation--Sterilization
 - a. How do you mix it up? I breast-fed my first baby.
8. Feeding baby
 - a. It is okay to give her supplement bottles? Will it affect my milk supply or her ability to breast-feed?
 - b. Is it okay to give him a bottle sometimes--like when we go out?
9. Crying
 - a. What should I do when the baby has fussy periods--pick her up or let her cry?
 - b. Do you know how to assure that the baby won't have fussy evenings? My other two did, and I don't want to go through that again.
10. Environmental Control
 - a. How hot should I keep the house?
 - b. Where do you think I should put the baby's crib--in our room or my little boy's room?

Appendix D (continued)

Self Care

1. Care of Breasts--Breastfeeding
 - a. Should I put something on them to keep them soft?
 - b. Should I wash them off before each feeding?
 - c. Should I use soap on them?
 - d. What color is milk?
 - e. When will my milk come in?
 - f. How do you dry up breasts if you want to quit nursing?
 - g. Is it okay to take birth control pills while nursing?
2. Care of Perineum
 - a. What should I do at home?
 - b. Will these stitches dissolve or will the doctor have to take them out?
3. Flow--Next Menstrual Period
 - a. Why is my flow so heavy?
 - b. How long will it last?
 - c. Does nursing make any difference in how long it lasts?
 - d. Is it okay to take a really hot shower or will bleeding and clot passing increase?
 - e. Is it normal to pass clots? I can't remember from my first baby.
 - f. How long will it be before my next period?
 - g. How soon can I become pregnant again?
4. Rest
 - a. Do you have any suggestions about how I can get some rest with other small children who need so much attention?

APPENDIX E

PROBLEMS OR CONCERNS EXPRESSED DURING INTERIM CONTACT 1

Infant Care

1. Bathing
 - a. I'm not coordinated enough to give him a good bath in the tub.
 - b. She really screams when I give her a bath, especially when I put lotion on afterwards.
 - c. He hates it and screams the whole time, especially when I take his clothes off.
2. Cord Care
 - a. His cord has bled a little bit.
3. Care of Genitals
 - a. I don't know how to clean his penis.
 - b. I'm not sure how to clean her genitals. My first baby was a boy.
4. Circumcision Care
 - a. It worried me that his circumcision bled a little.
5. Skin care
 - a. He has a diaper rash.
 - b. She had a rash on her chin and neck.
 - c. He has a rash on his neck, under his arms, and on the tops of his legs.
6. Feeding
 - a. One night I think I fed him too much cereal.
 - b. He eats very slowly--it takes 1½ - 2 hours to feed him.
 - c. He doesn't take the breast very well--I still need to use the nipple shield.
 - d. I don't think my breast milk is potent enough--he gets hungry too soon after he eats.
 - e. He wants to eat every 2 hours, and then when he eats he usually falls asleep before he gets enough to eat.
 - f. He's a real lazy nurser.
 - g. He's been having some trouble with spitting up since I had to quit breast feeding and put him on Similac.
 - h. She doesn't have any kind of eating schedule, and it frustrates me.

Appendix E (continued)

7. Weight Gain
 - a. The baby hasn't gained any weight since leaving the hospital.
8. Sleeping
 - a. He only sleeps 2 hours at a time at night; this bothers me.
 - b. Is it normal for him to sleep so much during the day?
9. Crying
 - a. The first two nights she cried all the time.
10. Illness
 - a. He had some jaundice for a few days.
 - b. She had a very bad stomach ache one night.
 - c. She gets pretty gassy after she eats.
11. Elimination
 - a. His b.m.'s are runny.
 - b. He has several b.m.'s a day.
 - c. For two days she had irregular bowel movements, and they were thick and pasty.
 - d. One day her b.m.'s were real frothy.
12. Other
 - a. After I came home I noticed a funny bump on her head. The doctor said it was a bruised bone from the forceps.
 - b. The baby still hasn't settled into any kind of schedule.

Self Care and Progress

1. Rest
 - a. I have to get up with the baby about every 3 hours, so I'm not getting enough sleep.
 - b. My mother is here to help me, so I thought I'd get a lot of rest, but we have so much to talk about and do before she goes home.
 - c. I feel so tired all the time. I hope it will get better.
 - d. When I was breastfeeding I had trouble sleeping. I kept waking up to see if it was time to feed the baby.
 - e. I just can't take naps during the day. I keep trying, but it doesn't work.
 - f. It's hard to catch naps with my little boy running around.
 - g. I've had too many visitors since I've been home. It has really tired me out.
2. Weight
 - a. I still feel really fat.
 - b. The doctor wants me to lose 40 pounds.

Appendix E (continued)

3. Breast Care
 - a. I have a very sore cracked nipple
4. Anemia
 - a. I'm still anemic.
5. Other
 - a. The last few days I've been getting very depressed in the evenings. No certain things set it off, and I feel like crying.
 - b. I'm really preoccupied with what others think of the way I'm taking care of the baby.
 - c. My back gets real sore often, just like when I was pregnant.
 - d. The calves of my legs get real sore.
 - e. The stitches from my tubal ligation have bled a small amount a few times.
 - f. My tailbone is still pretty sore so I have to move slowly.

Other Family Concerns

1. Sibling Rivalry
 - a. My son tries to sit in my lap while I'm feeding the baby, and sometimes he's a bit too rough.
 - b. My youngest son is very hostile when his father holds the baby. He kicks him and pulls his hair.
 - c. My daughter gets real obnoxious sometimes. I'm afraid she will hurt the baby by trying to get him to play with her heavy toys.
 - d. My youngest son is jealous of the baby and doesn't want anything to do with her.
 - e. My two year old is having a little trouble giving up his place as the baby.
 - f. My son gets sulky when he has to be quiet while the baby is sleeping.
2. Feeling Tied Down
 - a. I like to take walks especially when I'm feeling low. With the baby I can't just take off.
 - b. Breastfeeding really makes me feel tied down.
3. Getting Housework Done
 - a. I feel guilty that the house isn't always clean and picked up.
 - b. I'm really having trouble getting everything done.
 - c. With my tailbone so sore I just can't get around fast enough to get all my housework done.
 - d. It's kind of a problem getting into a routine with a new baby around again, so my housework is suffering.

Appendix E (continued)

4. Other

- a. I have too much help with both my mother and mother-in-law here.
- b. I need a larger crib for my daughter, so I can put the baby in the smaller crib. I can't seem to find a good second hand one.

APPENDIX F

QUESTIONS ASKED DURING INTERIM CONTACT 1

Infant Care and Development

1. Bathing
 - a. How do you hold the baby and wash him at the same time in the tub?
 - b. Is it okay to put him in the tub now--his cord fell off today?
2. Cord Care
 - a. When will the cord fall off?
 - b. The cord is bleeding a little--is that okay?
 - c. Should I use alcohol or just soap and water on the cord?
3. Care of Genitals
 - a. How should I clean his penis?
 - b. How should I clean her genitals?
4. Circumcision Care
 - a. How long after birth should he be circumcised?
5. Skin Care
 - a. Is it okay to powder him after every bath and each change of diapers?
 - b. Can powder clogged in the creases cause infection?
 - c. What should I do about diaper rash?
 - d. Why do some disposable diapers irritate him more than others?
 - e. What do you think this rash is from? Is there anything I should do about it?
 - f. His eyelids are peeling. Is that normal?
 - g. Is it okay just to use a sponge to wash him off when he's messed his pants rather than those special wipes they use in the hospital?
6. Formula Preparation--Sterilization
 - a. How long should I keep sterilizing the baby's bottles and nipples?
 - b. Is it okay to sterilize a jar and a lot of nipples at once?
 - c. Should I sterilize the bowl and spoon each time I feed him cereal?
 - d. How long can I keep sterilized water in the refrigerator?
 - e. How long will Similac last before it spoils?

Appendix F (continued)

7. Feeding
 - a. Do many babies take this long to eat?
 - b. Is it okay to put his vitamins in water?
 - c. Will vitamins lose their potency if I keep them in water for a couple days?
 - d. Do you have any suggestions about how to keep him awake during feeding?
 - e. Do you have any suggestions on how to get him to give up the nipple guard? My nipples are getting sore.
 - f. Is there a kind of nipple guard that brings out more of the nipple?
 - g. Is it okay to change his diaper half-way through the feeding rather than before feeding as the nurse in the hospital told me to do?
 - h. Is it okay if I start to give him cereal?
 - i. What time of day is best to feed him cereal?
 - j. Is it okay to give him Similar sometimes instead of nursing when we go out?
 - k. Does it make a difference whether the baby is bottle or breast-fed in the amount of spitting up he does?
 - l. How much cereal should I give him?
 - m. How much should the baby be eating at each feeding now?
 - n. Is it normal for him to have to eat so often?
 - o. What do you think about giving up breastfeeding? Will it be bad for the baby?
8. Crying
 - a. What would make the baby so fussy the first two nights at home?
9. Illness
 - a. Could some of the gas the baby has be because of the two kinds of milk she's getting?
 - b. How can you tell when a baby has gas, and what can you do about it?
 - c. What foods that I might eat could transmit through my milk and make the baby gassy?
10. Elimination
 - a. Is it normal for him to have 4-5 b.m.'s a day?
 - b. For a couple days her b.m.'s were irregular and thick and pasty. What does this mean? Is something wrong?
 - c. When will his b.m.'s get harder?
11. Behavioral Habits
 - a. Do you think it's okay to give him a pacifier?

Appendix F (continued)

12. Physiological Development
 - a. When do babies usually smile?
13. Immunizations
 - a. When will the doctor start his shots?
14. Other
 - a. When the baby burps there is a real sour odor. Is that normal?
 - b. Do you think he breaths funny?

Self Care and Progress

1. Diet
 - a. What foods that I might eat could transmit through my milk and make the baby gassy?
 - b. How many calories are needed a day to nurse?
2. Exercise
 - a. How soon after delivery should I start doing some exercises?
3. Breast Care
 - a. What can I do about my cracked nipple?
 - b. Why does milk just stop coming in?
 - c. Do birth control pills dry up the milk supply or is it okay to take them while nursing?
4. Care of Perineum
 - a. What kind of stitches do doctors use--will they disintegrate or will he have to take them out?
 - b. When will my flow stop?
 - c. Does the flow last longer when bottle-feeding or when nursing?
5. Other
 - a. What makes me feel depressed and what can I do about it?
 - b. Is it normal for tubal ligation stitches to bleed a little?
 - c. What does itching stitches mean?
 - d. When will the doctor take my tubal ligation stitches out, and does it hurt?
 - e. Do nursing mothers often get pains in the chest?

Other Family Life Questions

1. Other
 - a. Is it a good idea to wait a while before putting the baby in my daughter's old crib?

APPENDIX G

PROBLEMS OR CONCERNS EXPRESSED DURING INTERIM CONTACT 2

Infant Care

1. Care of Eyes, Ears, Nose
 - a. The baby's nose is full all the time and hard to clean.
2. Skin Care
 - a. She has little bumps on her face.
 - b. His face is real flaky.
 - c. She has a red rash on both cheeks.
3. Handling the Baby
 - a. He cries until we pick him up all the time. I think he's spoiled.
4. Feeding
 - a. She pulls away from my nipple after eating for a few minutes and then takes it again in a few seconds. This is very annoying to me.
 - b. I had to quit breast feeding so he's on formula now. He doesn't like it as well. He doesn't like his cereal either.
 - c. I started her on orange juice, and it gave her a terrible stomach ache.
 - d. He seems to get gassy when he eats cereal. I don't think he eats enough.
 - e. He still won't take the nipple sometimes without the nipple guard, and then he gulps his food.
 - f. He isn't satisfied with just my milk. He nurses for an hour and then is hungry again an hour later.
 - g. He's having some trouble switching from breast to bottle.
 - h. She was waking up hungry every 2-3 hours. I just couldn't stand it so I started her on cereal.
 - i. My baby refused to take milk from me.
 - j. My breasts dried up so he's on formula now. Adjusting was hard on us both.
5. Sleeping
 - a. She still wakes up about every 3 hours at night.
6. Illness
 - a. He has vomited a few times.
 - b. The baby had a really bad cold last week.
 - c. He has been very congested for a few days.
 - d. She has colic every evening from 7-10 and again sometimes around 4:00 a.m.

Appendix G (continued)

Illness (cont.)

- e. I think she has colic; she has fussy periods almost every day between 6:00 and 10:00 p.m.
 - f. I think he gets car sick. He has really thrown up bad a couple times after we've been riding in the car.
7. Elimination
- a. His stools are pretty runny.
 - b. She was constipated for a week.
8. Other
- a. He has some funny bumps on the tip of his tongue.
 - b. He breaths heavily when he is awake. It bothers me.

Self Care

1. Rest
- a. With the baby still waking up at night I just don't get enough sleep.
2. Weight
- a. The doctor wants me to lose 15 pounds, and it sure is going slow.
 - b. I need to lose 10 pounds.
 - c. The doctor put me on a diet, but it's hard for me to resist temptations.
 - d. I'm not losing so well since I quit nursing.
3. Breast Care
- a. I have a cracked nipple
 - b. I had caked breast for about 1½ weeks, first one side, then the other. I was very ill with a temperature of 103° and chills.
 - c. I had to quit nursing because of my school schedule, but I'm still leaking some. It causes a few problems.
4. Care of Perineum
- a. I hurt so bad I could hardly walk for three days.
5. Anemia
- a. I'm still anemic.
6. General Health
- a. I got an infection in my lymph glands, and it affected my milk.
7. Other
- a. I was really depressed when I was sick. I cried every time the baby cried. It was terrible.
 - b. I got very depressed for a few days. I started thinking of my undesirable hospital stay, but I'm sure I just used this as an excuse.

Appendix G (continued)

Other Family Concerns

1. Sibling Rivalry
 - a. My son is still a little jealous, but it's lessening all the time.
 - b. Our youngest son still insists on sleeping in our room as long as the baby is in there.
 - c. My youngest son has become a real behavior problem. He's been very naughty like dumping lotion on the floor. He pretty much ignores the baby.
2. Illness of Other Family Members
 - a. My husband is getting a cold.
 - b. My husband has been quite ill with a high fever, the shills, etc. for a little over a week.
3. Financial Problems
 - a. My husband hasn't been working for about 3 weeks and our finances are getting pretty tight.
 - b. We are pretty broke so don't get to do much.
4. Keeping Up With the Other Children
 - a. My son wants to handle the baby all the time. It's hard to keep track of him.
5. Other Problems
 - a. I don't have a washer. It's really a problem going to the laundromat all the time.
 - b. My youngest daughter has fallen twice today and cut the back of her head in two places.
 - c. I can't get over being upset about the treatment by baby and I got in the hospital. I'm going to complain to the administrator.

APPENDIX H

QUESTIONS ASKED DURING INTERIM CONTACT 2

Infant Care and Development

1. Bathing
 - a. Where would you suggest I give her a bath? Is the sink okay?
2. Skin Care
 - a. Could cereal give him these little red bumps on his chin?
 - b. What are these white bumps on the baby's face? Should I do anything special?
 - c. Would mentholatum be too harsh on his skin?
 - d. What could I put on his face to make it less flaky?
3. Handling the Baby
 - a. Can babies be spoiled at this age by picking them up too much?
4. Feeding
 - a. Is there any reason to let her nurse over 30 minutes?
 - b. What other kind of juice can I give her instead of orange juice?
 - c. Should I be giving him water during the day?
 - d. How much should the baby be taking at each feeding?
 - e. Why do different doctors have you start cereal at different times?
 - f. Does it hurt the baby if he gulps his food?
 - g. When do you think is a good time to stop breast-feeding?
 - h. Why do you think she pulls away from my nipple when feeding?
 - i. When do doctors usually recommend starting babies on cereal?
 - j. When do babies usually start on fruits, vegetables, and fruit juices?
5. Sleeping
 - a. Do you have any hints on how I could get her to sleep better at night?
 - b. Should I wake him up at night to feed him or let him sleep through?
 - c. Is there any way to determine how soon a baby will sleep through the night?

Appendix H (continued)

6. Environmental Control
 - a. Is it okay to take him out for walks now?
7. Illness
 - a. Is there anything I can do when she gets a little colicky?
 - b. What is colic, and what can you do about it?
 - c. Could a baby this young get car sick?
 - d. He has vomited a couple times--what makes him do this?
 - e. Do you think he could be getting thrush? He has some funny bumps on the tip of his tongue.
 - f. Should I be taking his temperature while he's congested?
8. Elimination
 - a. She has only one large b.m. a day now--why, and is this okay?
 - b. Sometimes his stools are pasty and sometimes real runny. What makes them like this, and is it normal?
 - c. His b.m.'s are runny--is this normal?
9. Motor Development
 - a. When will he smile back at me?
 - b. Will he become bowlegged if I let him kick against my stomach?
10. Development of Senses
 - a. When will he be able to really focus his eyes?
11. Other
 - a. Could these white bumps on his gums be teeth coming in?
 - b. Is his heavy breathing normal?

Self Care and Progress

1. Weight
 - a. How long does it take to get rid of this extra flab?
2. Exercises
 - a. Why shouldn't I lift heavy things? What could this do?
3. Breast Care
 - a. How long will it be until my breasts completely dry up?
4. Care of Perineum
 - a. Is it normal for my flow to quit for a day, and then start up again?
 - b. Sometimes my stitches feel like they're pulling; does this mean they're healing?
 - c. How long does this flow usually last?
 - d. Does the flow usually quit sooner when you're nursing?

Appendix H (continued)

5. General Health
 - a. What do you think I might be doing that would irritate my tailbone? Or are they always so sore when healing?
6. Other
 - a. Do very many other women get this depression after they've had a baby?

Other Family Life Questions

1. Sibling Rivalry
 - a. My youngest boy has really become a behavior problem
Do you know how long this usually lasts?
2. Illness of Other Family Member
 - a. How susceptible is the baby to picking up the flu from my husband?
 - b. How susceptible is the baby to getting a cold?
 - c. Does the baby really get some antibodies from me?
3. Other
 - a. How should I clean the thermometer for the baby to use?
 - b. What do you think about taking Vitamin C all at once or is small doses throughout the day?
 - c. Would you look at these cuts (on back of daughter's head). Do they look okay to you?

APPENDIX I

PROBLEMS OR CONCERNS EXPRESSED DURING FINAL INTERVIEW

Infant Care

1. Bathing
 - a. When I first brought the baby home I didn't know what to do. It was a problem for a while.
 - b. I just started putting her in the sink last week, and she hates it.
 - c. The first time I put her in the tub was a really bad situation for both of us.
2. Cord Care
 - a. That first week I was afraid I'd pull off the cord and hurt her.
 - b. At first taking care of his navel right concerned me.
 - c. I was worried when his cord bled a little. I was sure I did something wrong.
 - d. I was worried that the cord would never fall off. It seemed to take so much longer than my other kids.
3. Circumcision Care
 - a. When I came home I didn't feel competent in taking care of the circumcision.
 - b. I was concerned when his circumcision bled a little.
4. Care of Eyes, Ears, Nose
 - a. My baby always has a stuffy nose.
5. Skin Care
 - a. He has a rash on his face.
 - b. My baby has a rash on his face and on the top of his head.
 - c. He has a rash on his face and neck.
 - d. My daughter has very sensitive skin and has been having some problems with diaper rash.
 - e. She has a pretty bad diaper rash.
 - f. His scalp was really peeling, and the doctor said it wasn't normal.
 - g. She has had a prickly heat rash for two days.
6. Handling the Baby
 - a. The baby is spoiled rotten. He cries unless someone is holding him.
 - b. Sometimes I am really worried about dropping her especially when I'm coming up the stairs.
 - c. I'm afraid we're spoiling her; we pick her up too much.

Appendix I (continued)

7. Formula Preparation--Sterilization
 - a. I was really worried about what and how long to sterilize.
8. Feeding
 - a. At first I tried to feed him too much. That was a problem for both of us.
 - b. He eats so fast I'm afraid he will choke.
 - c. Sometimes he sleeps so much I wonder if he gets enough to eat. Sometimes he just skips a feeding.
 - d. At first he had some trouble taking my breast.
 - e. At first it was hard to determine how often she needed to eat.
 - f. For a while she kept pulling away from my nipple, and it made feeding time real frustrating for me.
 - g. At first he took so long to eat and he waited so little time in between, it seems I was feeding him all the time.
 - h. For a few days last week I lost my milk, and the baby threw up on Similac.
 - i. I was really concerned when my milk seemed so watery and didn't satisfy the baby.
 - j. At first he didn't eat too well and wanted to eat every two hours.
 - k. I lost my milk and had to switch to formula. There were a few problems while we were both adjusting.
 - l. I fed her bananas, and they didn't go over too great. She got very constipated.
 - m. I wonder if the baby is getting enough to eat.
 - n. When he started with bottle feeding he tried to get too much too fast and gagged alot.
 - o. She doesn't really have a schedule of feedings, and I am wondering if she should.
 - p. I wonder if she is allergic to orange juice. When I gave her some she really got a bad stomach ache.
 - q. At first he was a real lazy nurser.
 - r. He doesn't like his vegetables.
 - s. When my milk supply dried up I put her on Similac and she broke out.
 - t. I started him on the wrong kind of cereal, and he had a lot of problems with gas.
 - u. She wasn't getting enough milk from me, and lost weight the second week home.
 - v. My breast milk supply has reduced, so I need to give him several supplements.

Appendix I (continued)

Feeding (cont.)

- w. I was worried that she wasn't getting enough milk from me, and the doctor encouraged me to quit. Now I want to try again.

9. Weight Gain

- a. The first couple of weeks he didn't gain an ounce.
- b. She wasn't getting enough milk from me, and lost weight the second week home.

10. Sleeping

- a. Sometimes he sleeps most of the time. It worries me that he's sleeping too much.
- b. I'm worried that he hasn't been getting enough sleep since he has been so gassy.
- c. It really bothers me that she sleeps so little. She still wakes up twice during the night to eat.
- d. I think she stays awake too much during the day.
- e. She really has her days and nights mixed up. She sleeps all day, and is awake most of the night.

11. Crying

- a. I just didn't know what to do. I didn't want to hold her all the time but felt mean if I didn't.
- b. It really gets to me since he's been crying so much the last few days.
- c. When she cries she holds her breath for a long time.

12. Environmental Control

- a. I didn't know how warm to keep the baby's room. At first I had it too hot and uncomfortable.

13. Illness

- a. The baby had a bad cold for 10 days, I was really worried.
- b. He has lots of gas almost constantly.
- d. He has a bad cold that he got from my other son.
- e. The baby had a little fever, diarrhea, and vomiting for about two days.
- f. She had colic for about 2 weeks.
- g. The first week or so he threw up alot.
- h. She had colic until about 2 weeks ago.
- i. She had an ear infection when she was 2 weeks old.
- j. At first she threw up quite a bit through her nose and mouth after eating. She really worried me.
- k. She has had a bad cold since the weekend.
- l. She got a cold from the other kids as soon as she came home from the hospital.

Appendix I (continued)

14. Other

- a. I was worried at first about the baby's breathing. It was irregular and kind of gaspy.
- b. The baby has a blocked tear duct.
- c. He breaths really heavily when he's awake.
- d. Her breasts were engorged a little, and she had a little period when I first brought her home.
- e. I have this constant fear of crib death.
- f. I think I worry more with my third baby than with the first that something might be abnormal.
- g. My baby is allergic to plastic.
- h. I worry about him getting a hernia.
- i. He has water in the testicle. He may have to have surgery if it doesn't correct itself.
- j. She has a small umbilical hernia.
- k. He is very limp--he has little head, arm, and leg control.
- l. He had a funny patch on his head when he was born. It really worried me, but it is gone now.

Self Care

1. Rest

- a. At first I was tired all the time. I just couldn't get enough rest.
- b. Especially at first it was terrible. I was so tired I couldn't sleep.
- c. These last few days the baby has been so fussy, I just haven't been able to get my rest.
- d. When I first got home I had so much company, I didn't get the rest I needed.
- e. I got sick right after I got home and then was really pooped out.
- f. Sometimes even now I get pretty tired trying to keep up with the baby and the other kids.

2. Weight

- a. Losing weight is so hard and slow. Sometimes I wonder if it's worth it.
- b. I just can't seem to lose any weight. It's really a problem.

3. Diet

- a. I have trouble regulating what I eat. I just like to eat too much.

Appendix I (continued)

4. Exercise
 - a. I have trouble motivating myself to do them every day.
5. Breast Care
 - a. My breasts have gotten really sore a few times.
 - b. For a few days my nipples were cracked and gave me a lot of trouble.
 - c. I had cracked nipples and caked breasts, and was really miserable for a while.
6. Care of Perineum
 - a. I had trouble with my stitches hurting about 2-3 weeks after I got home.
 - b. After my flow stopped for a while, I started bleeding again.
 - c. I was worried a few times that I had pulled my stitches loose.
7. Anemia
 - a. I'm still anemic
 - b. I was anemic up until the time of my six-week check-up.
8. General Health
 - a. A couple weeks ago I had a vaginal infection.
 - b. The second week home I had a bladder infection.
 - c. My tailbone was cracked during delivery.
 - d. This week the flu has gotten me down.
 - e. For about a week I had a lymph infection that affected my milk.
 - f. Hemorrhoids have been giving me problems.
 - g. I got sick shortly after I came home.
 - h. I have had hyperthyroid for several years.
9. Other
 - a. For a while I had occasional periods of depression
 - b. My teeth and gums hurt sometimes.
 - c. I was worried some when my tubal ligation incision bled a little.
 - d. I've been more nervous that something might go wrong with this baby than with the others.
 - e. I get pretty nervous with the two kids all day. The doctor prescribed a tranquilizer for me.
 - f. I was depressed for a couple days when my milk supply dried up.
 - g. I was quite nervous at first.
 - h. At first I got too wrapped up with the baby and tended to ignore my husband.
 - i. I had periods of depression I think because I was confined to home and feeling so rotten when I was sick.

Appendix I (continued)

- j. I get nervous and uptight when things pile up.
- k. I stepped on a nail shortly after I got home. My foot got swollen and it was hard to get around.

Other Family Problems

1. Sibling Rivalry
 - a. My son still gets a little pouty when I spend a lot of time with the baby.
 - b. Our youngest son still sleeps with us. He's turned into a real whining child.
 - c. Since the baby was born my daughter has been wetting her pants more and asks for a bottle when I'm feeding the baby. Occasionally she's been waking up screaming during the night.
 - d. The first couple of weeks my daughter was pretty naughty. She was much worse than I expected.
 - e. My youngest son still is pretty naughty at times. I'm sure it's just to get attention.
 - f. My son has really gotten bad in the last week. He dirties his pants and whines and does naughty things to get attention.
 - g. My youngest was kind of down for a week or so. He always wanted on my lap when I was holding or feeding the baby.
2. Feeling Tied Down
 - a. I've only been out of the house 4 times since the baby was born. I'm really getting to me.
 - b. We don't get out much because we have no one to leave the baby with. I'd like to get out and do something.
 - c. My husband is gone quite a bit and for the first 4 weeks these four walls got very confining. Now I just pack up the baby and take him with me.
3. Getting Housework Done
 - a. Since the baby has been so colicky I just haven't been able to get the housework done. It really bothers me. And, my neighbor is so efficient she makes me sick.
 - b. I'm having a hard time scheduling my housework around the baby's schedule. I have to get used to having a baby around the house again.
4. Illness of Other Family Member
 - a. My one year old got really sick teething, and then got a light case of croup.

Appendix I (continued)

5. Financial Problems
 - a. For a few weeks my husband wasn't working, and we were pretty strapped financially.
6. Keeping Up With the Other Children
 - a. I just don't seem to have the time to meet the needs of both of the kids.
 - b. I really would like to spend more time with my little boy. He's hard to keep up with.
7. Other Problems
 - a. I sometimes feel like my husband is neglecting me and giving all his attention to the baby.
 - b. My sister and three cousins have diabetes, and I'm worried that my children might get it.
 - c. My husband doesn't give me any help at all with the kids. It's hard and unfair trying to be both parents.
 - d. I had too much so-called help at first. My mother-in-law made me so nervous. I'm sure that had something to do with losing my milk supply.
 - e. I'm working because I have to. But I sure wish I could spend more time with the baby.
 - f. We're in the middle of moving so are kind of living out of suitcases. The kids and I are staying with my folks while my husband is getting us settled. It's hard on all of us.
 - g. I haven't been able to spend much time with my husband. We kind of cheat each other.
 - h. My husband is gone quite a bit, and at first he was very reluctant to help with the baby. This really upset me.
 - i. I wish my husband would have more to do with the baby; he holds her, but I think he could do more with her.
 - j. My little boy wants to play with and love the baby, but sometimes gets a little rough. I'm having trouble teaching him to be gentle.
 - k. Two years ago my youngest daughter was killed in an accident. Sometimes I can't help but think of her as I take care of the baby, and then I get depressed.

APPENDIX J

QUESTIONS ASKED DURING FINAL INTERVIEW

Infant Care and Development

1. Bathing
 - a. Do you have any suggestions to get her to enjoy her bath more?
2. Care of Eyes, Ears, Nose
 - a. How do you blow a baby's nose?
 - b. Does it hurt him to get water in his ears during the bath?
3. Skin Care
 - a. Is it okay to put lotion on his whole body?
 - b. Do you think this rash on his face could be an allergy?
 - c. Do you think my milk could have caused the baby's rash last week when I was upset?
 - d. What do you think this rash on his face is?
4. Handling the Baby
 - a. Is it okay to lay him on his back--even after eating?
 - b. Can babies be spoiled at this age by picking them up too much?
5. Feeding
 - a. Is there anything I can do to make water more appealing to him?
 - b. He doesn't like water. Should I be giving it to him every day?
 - c. Should I feed the baby solids before nursing or the other way around?
 - d. What is your opinion of giving babies solids and at what age?
 - e. Are many babies allergic to orange juice?
 - f. Should I be giving the baby vitamins?
 - g. She chokes on water. Is there something I can put in it so she'll like it better.
 - h. Is the eating schedule I have her on okay?
 - i. When can I start him on baby dinners?
 - j. When can I give him orange juice? Should it be diluted?
 - k. Is it okay to start him on fruit yet? The doctor didn't mention it.
 - l. When I start to breast-feed again should I give the bottle right after breast-feeding or wait until she wakes up next?
 - m. Could starting my period affect the amount of milk I have? Will it come back in?

Appendix J (continued)

Feeding (cont.)

- n. Do you think he could be allergic to peaches and this cause the rash?
 - o. How long does it take babies to get the knack of eating from a spoon.
 - p. Why doesn't the doctor want me to start him on orange juice yet?
 - q. The doctor doesn't want me to start her on solids until she's 3 months old. Is this usual?
 - r. When is it okay for me to start her on fruits?
6. Weight Gain
- a. How much weight do babies usually gain at first?
 - b. About how much per month should she gain now?
 - c. Does this often happen that babies don't grow in length but gain weight?
7. Sleeping
- a. Do you think it would be okay to put a little whiskey on his pacifier to calm him down so he will go to sleep?
 - b. Do you have any suggestions to get him to sleep longer during the day?
 - c. Do you have any more suggestions to get her to sleep longer at night?
 - d. Is it normal for babies to stay awake so much during the day.
 - e. How much will the head shape be affected if he sleeps in the same position all the time?
 - f. Is this usual for babies to sometimes want to sleep the whole day? She occasionally does this, and I have to wake her to eat.
 - g. How much sleep should a baby this age be getting? Do you have any suggestions how I could get her to sleep more?
8. Crying
- a. Why do you think he's crying now?
 - b. Will crying real hard hurt him?
9. Environmental Control
- a. Is it okay to take the baby outside when it's nice without covering his head?
 - b. His hands are cold pretty often. Is that okay or should the heat be higher?
 - c. Is it okay to have the window open in his bedroom?

Appendix J (continued)

10. Illness

- a. What are the chances that the baby could get the flu that my family has been having?
- b. Do you think I should call the doctor about the baby's cold?
- c. Do you have any other suggestions about what I can do when the baby gets so gassy?
- d. How susceptible to colds are babies?
- e. How many antibodies does she have from me, and how long will they last?
- f. What would make him vomit occasionally?

11. Elimination

- a. Will having such a constipated stool hurt him? Is there anything I can do about it?
- b. What is it about bananas that causes constipation?
- c. Is it normal for her to have a bowel movement every other day?
- d. Is one bowel movement every day or every other day normal?
- e. What does it mean if the bowel movement is greenish?
- f. Is there anything wrong because his bowel movement turned red after he ate beets.

12. Behavioral Habits

- a. Is it okay to put honey on his pacifier or will it become a bad habit?
- b. Is it okay to put sugar on his pacifier? Do you think he would demand it that way every time?
- c. Is it okay for her to have a pacifier? How long is it okay to let her have it?

13. Motor Development

- a. When do babies start burping on their own?
- b. When will he be able to roll from side to side?
- c. At what age are babies big enough to take swimming?
- d. Do you have any idea why he is so limp?
- e. When do babies usually get good control of their heads?
- f. What reflexes should she have?
- g. What reflexes does the doctor check? He didn't say anything to me.
- h. Is this pretty early for her to be rolling over?

14. Development of Senses

- a. How developed are his taste buds? Can he tell the difference between vegetables.

Appendix J (continued)

Development of senses (cont.)

- b. When will he really be able to focus his eyes?
- c. What color do you think his eyes will be? When are they decided for sure?
- d. Does it bother babies to have a piece of lint in their eyes?
- e. Occasionally he crosses his eyes; is this normal?
- f. How much can she see now?
- g. When will he really be able to distinguish objects?
- h. When do babies usually follow you with their eyes?
- i. How clear can she see now?
- j. Can babies hear very well the first couple weeks of life?

15. Immunizations

- a. When do immunizations usually start? The doctor told me in the hospital, but I can't remember.
- b. Do they give smallpox vaccinations anymore?
- c. What shots will she get?
- d. Do babies often get sick when they have their shots?
- e. Is it pretty common for babies to be fussy after their shots?
- f. Do most doctors start shots at 2 months now?
- g. Could her fussiness today be due to the shot? Is a reaction usual?
- h. What is the usual schedule of immunizations?

16. Other

- a. What is a blood vessel tumor?
- b. Is it normal for babies to lose some hair on top of the head?
- c. Is there any way to stop a baby's hiccoughs?
- d. What causes a blocked tear duct?
- e. Are umbilical hernias quite common in infants? Do they often have to be corrected surgically?

Self Care and Progress

1. Weight

- a. What is the normal weight for me? I'm 5'8".
- b. Is this natural for women to have so much trouble losing weight?
- c. How long should it take me to get my figure back?

2. Diet

- a. Is it possible that onions could get into my milk and make the baby gassy?
- b. Is it true that I shouldn't eat chocolates while nursing?

Appendix J (continued)

Diet (cont.)

- c. Could I be eating something which gives the baby gas?
- d. Do I have to stick just to the foods on the diet the doctor gave me? It's so hard when I'm also cooking for my husband.
- e. How does diet affect the quantity of milk produced?

3. Exercise

- a. Is there a specific exercise I can do so my breasts won't be so saggy?
- b. What specific exercises can I do to flatten my stomach?
- c. Do you think softball is enough exercise?
- d. What exercises would be good for me to do?
- e. What is a tipped uterus, and what will this exercise that the doctor gave me do?
- f. I was raking in the yard and could really feel my muscles pull. Is anything wrong?
- g. After starting these exercises I started flowing a little again. Is that okay?
- h. How careful should I be about lifting?
- i. Do you know if there is any kind of a group of new mothers who do exercises together?
- j. Is there anything I should do to help get my uterus back to normal size?

4. Breast Care

- a. Do you think I should take any more of those pills to dry up my breasts? They make me very nauseated.
- b. Why would I have less milk at the afternoon and evening feeding?
- c. Do many other women leak like this? It's kind of a pain.
- d. Do you think that my mother-in-law making me so nervous could have had an effect on my losing my milk?

5. Care of Perineum

- a. How long does this flow usually last? I'm still spotting.
- b. How long will intercourse be painful?
- c. How long does it usually take for the cervix to completely heal?

6. Anemia

- a. How long does it take for blood to build back up?

7. General Health

- a. Could the sulfa pills I'm taking make me tired and mopey?

8. Birth Control

- a. The doctor suggested that we use foam and condoms until I start with birth control pills. Why should we use both?

Appendix J (continued)

Birth Control (cont.)

- b. What do you think about I. U. D.'s? Are they really as safe as the doctor says?
- c. I'm getting a diaphragm next month, but is anything really safe to use in the meantime?
- d. What is your opinion on the whole subject of birth control? I'm thinking about an I. U. D.
- e. Why does the doctor want to put the I. U. D. in during a period?
- f. Do the pills make most girls gain weight?
- g. If you have a prescription at one drug store do you always have to get pills there?
- h. Is it true that when you have your tubes tied that you can't lose weight?
- i. Would you explain how to take the pill. How do pills work and when do they start working? I didn't understand what the doctor said.
- j. How safe are the foams and condoms really?
- k. Is there any way to tell ahead of time if you can tolerate an I. U. D?

Other

- a. Could the baby be taking calcium from my teeth?
- b. Are these periods of depression all psychological, and are they really normal?
- c. What does the doctor check with a blood test?
- d. Why is a urine test taken?

Other Family Life Questions

- 1. Sibling Rivalry
 - a. We're in the process of moving, and my little boy has really been a brat this week. What do you think about his behavior?
- 2. Other
 - a. Is it possible for diabetes to go away by itself?
 - b. Do many other mothers feel that their husbands don't have enough to do with the baby?

APPENDIX K

PARAPHRASED RESPONSES CONCERNING BENEFIT OF NURSING CONTACT

1. You answered questions that I had. I knew you were interested, and I could depend on your answers. You weren't nosey, and I was comfortable talking to you.
2. I could ask you questions that I didn't want to ask the doctor. It was a relief knowing that there really wasn't anything to worry about. I asked you instead of a neighbor and was sure that I could believe the information.
3. Talking to you kind of gave me confidence that I was doing okay.
4. You answered many questions for me. You encouraged me and gave me confidence in myself. It's nice to know somebody cares and there is someone to call if I have problems.
5. I've enjoyed asking you things. You made me feel more confident that I was doing the right things. It was good to have your opinion on how the baby is doing. After all, you're a nurse and know about these things.
6. I hate to ask the doctor some questions; he would probably think I'm a real dumb mother. I probably would have just worried and not asked anyone if you hadn't come out. I could ask neighbors, but I'd get more opinions than facts from them.
7. You helped me especially today about the boys' colds. I knew I could call you if I had any questions.
8. It was nice to have somebody to talk to who knows what they're about. I asked you things I would feel dumb asking the doctor.
9. I knew that if I had any problems you were concerned, and I could call you.
10. I know you're interested, and I could ask you any questions that I have.

Appendix K (continued)

11. We're kind of isolated out here, and it was nice to have someone who knows what they're talking about to ask questions of. For some questions I don't like to call the doctor; he will think I'm dumb.
12. You answered my questions. I knew I could call you if something came up.
13. I asked you several questions. I knew I could call you if something came up.
14. I could ask you questions I'd feel dumb asking the doctor about. I knew if I had questions there was someone I could call.
15. The biggest boost was just to know you were interested. Sometimes you wonder if anyone really cares. I could call you if I needed to.
16. I knew I could count on you to answer questions as they came up.
17. I had a few questions to ask you. It's nice to know someone is interested. I felt able to call you if I needed to.
18. I don't want to call the doctor about every little thing. There needs to be someone else who knows a lot about babies to ask questions of.
19. Every little bit of information from someone who's experienced helps. It's important for someone to kind of keep looking after you and care. It would give encouragement and confidence.
20. The nurse who taught the prenatal classes did come to see me about the third or fourth week home. She answered several questions that I didn't want to call the doctor about but wanted to know. But, it would have been nice if someone could have come earlier.
21. The nurse who taught the prenatal classes did come to see me about the third or fourth week home. She answered several questions that I didn't want to call the doctor about but wanted to know. But, it would have been nice if someone could have come earlier.
22. I'm new in town and don't know who to go to with questions. I hate to bother the doctor with some of my questions.

LITERATURE CITED

LITERATURE CITED

- Adams, Martha. "Early Concerns of Primigravida Mothers Regarding Infant Care Activities," Nursing Research, 12:2:72-77, Spring, 1963.
- Basic Systems, Inc. under supervision of American Journal of Nursing editors. "Anxiety Recognition and Intervention--Programmed Instruction," American Journal of Nursing, 65:9:129-152, September, 1965.
- Bozian, Marguerite W. "Nursing Care of the Infant in the Community," The Nursing Clinics of North America, 6:1:93-101, March, 1971.
- Bright, Florence. "Parental Anxiety--A Barrier to Communication," ANA Clinical Sessions, ed. American Nurses' Association. New York: Appleton-Century-Crofts, 1966, pp. 13-19.
- Brown, Louise. "Effectiveness of Nursing Visits to Primigravida Mothers," The Canadian Nurse, January, 1967, pp. 45-49.
- Caplan, Gerald. An Approach to Community Mental Health. New York: Grune and Stratton, Inc., 1961.
- _____. "Origin and Development of Mother-Child Relationships," Concepts of Mental Health and Consultation: Their Application to Public Health Social Work. Washington, D. C.: U. S. Department of H. E. W., 1959, pp. 57-78.
- Clark, Ann L. "The Adaptation Problems and Patterns of an Expanding Family: The Neonatal Period," Nursing Forum, 1:93-109, 1966.
- _____. "The Beginning Family," American Journal of Nursing, 66:4:802-805, April, 1966.
- _____. "Meeting the Readjustment Problems of the Expanding Family," Briefs, 30:5:70-71, May, 1966.
- Clausen, Joy P. et. al. Maternity Nursing Today. New York: McGraw-Hill Book Company, 1973.
- Donny, Ethel. "Imagination in Maternity Care," American Journal of Nursing, 60:1:46-49, January, 1960.

- Dyer, Everett D. "Parenthood as Crisis: A Re-Study, "Crisis Intervention: Selected Readings. ed. Howard J. Parad. New York: Family Service Association of America, 1965, pp. 312-323.
- Evans, Romona. "Needs Identified Among Breast-Feeding Mothers," ANA Clinical Sessions, ed. American Nurses' Association. New York: Appleton-Century-Crofts, 1968, pp. 162-176.
- Fitzpatrick, Elise, Nicholson J. Eastman, and Sharon R. Reeder. Maternity Nursing. 11th ed. Philadelphia: J. B. Lippincott Company, 1966.
- _____. and Nicholson J. Eastman. Zabriskie's Obstetrics for Nurses. Philadelphia: J. B. Lippincott Company, 1960.
- Gold, Edwin M. and Martin Stone. "Total Maternal and Infant Care: A Realistic Appraisal," American Journal of Public Health, 58:1:1219-1229, July, 1968.
- Hartlage, Lawrence C. "Common Approaches to the Measurement of Anxiety," American Journal of Psychiatry, 128:9:1145-1147, March, 1972.
- Heiman, Marcel. "Pregnancy Interwoven with People and Problems," Medical Insight, August, 1970, pp. 17-21.
- Hilliard, Mary. "The Evolution of a Maternity Nurse," Nursing Forum, 4:2:7-30, 1965.
- Hogan, Aileen. "The Role of the Nurse in Meeting the Needs of the New Mother," The Nursing Clinics of North America, 3:2:337-344, June, 1968.
- Hosford, Elizabeth. "The Maternity Cycle--A Time of Challenge," Bulletin of the American College of Nurse Midwifery, 12:45-61, May, 1967.
- _____. "The More Meaningful Childbearing Experience," Briefs, 31:8:126-127, October, 1967.
- Kenneth, Hester Young. "Community Nursing Service to the 'Well-Family'," ANA Clinical Sessions. ed. American Nurses' Association. New York: Appleton-Century-Crofts, 1968, pp. 72-29.

- Larsen, Virginia. "Stresses of the Childbearing Year," Briefs, 30:4:61-62, April, 1966.
- LeMasters, E. E. "Parenthood as Crisis," Crisis Intervention: Selected Readings, ed. Howard J. Parad. New York: Family Service Association of America, 1965, pp. 111-117.
- _____. "Parenthood as Crisis," Marriage and Family in the Modern World, ed. Ruth Shonle Cavan. New York: Thomas Y. Crowell Company, 1965, pp. 111-117.
- Lesser, Marion S. and Vera R. Keane. Nurse-Patient Relationships in a Hospital Maternity Service. St. Louis: The C. V. Mosby Company, 1956.
- Mann, David, Luther E. Woodward, and Nathan Joseph. Educating Expectant Parents. New York: Visiting Nurse Service of New York, 1962.
- Morris, William (ed.). The American Heritage Dictionary of the English Language. Boston: Houghton Mifflin Company, 1969.
- Perry, Hazel E. "You're Not Reaching Us!" RN, 27:12:35-40, December, 1964.
- Petrowski, Dorothy Dummer. "How Do Public Health Nurses Use The Telephone?," Nursing Outlook, 13:1:42-44, January, 1965.
- Rains, Anna Pearl. "Forward--Symposium on Maternity Nursing," The Nursing Clinics of North America, 3:2:275-276, June, 1968.
- Rapaport, Lydia. "The State of Crisis--Some Theoretical Considerations," Crisis Intervention: Selected Readings. ed. Howard J. Parad. New York: Family Service Association of America, 1965, pp. 22-31.
- Rapoport, Rhona. "Normal Crises, Family Structure, and Mental Health," Crisis Intervention: Selected Readings. ed. Howard J. Parad, New York: Family Service Association of America, 1965, pp. 75-87.
- Reeder, Sharon. "Becoming a Mother--Nursing Implications in a Problem of Role Transition," ANA Regional Clinical Conferences. ed. American Nurses' Association. New York: Appleton-Century-Crofts, 1967, pp. 204-210.

- Rubbelke, Leona and Mildred Waller. "Maternal Health Index--A Nursing Aid to Decision on Priority of Services," ANA Clinical Sessions. ed. American Nurses' Association. New York: Appleton-Century-Crofts, 1969, pp. 175-184.
- Rubin, Reva. "Maternity Care in Our Society," Nursing Outlook, 11:7:519-521, July, 1963.
- _____. "Puerperal Change," Nursing Outlook, 9:12:753-755, December, 1961.
- Spielberger, Charles D. "The Effects of Anxiety on Computer-Assisted Learning." Florida State University, Tallahassee, Florida, June, 1970, Eric no. 045 720.
- Sultz, Harry A. "Summary Report of the Epidemiological Study of Head Injuries." Unpublished report from the Department of Social and Preventive Medicine, State University of New York at Buffalo to the National Institute of Mental Health, 1968. (mimeographed).
- U. S. Bureau of the Census. Statistical Abstracts of the United States. 93rd ed. Washington, D. C.: U. S. Government Printing Office, 1972.
- Veckyte, Eugenia. "A Study of Selected Obstetrics Patients' Satisfaction or Dissatisfaction with Nursing Care Practices." Unpublished Master's Thesis, Montana State University, 1961.
- Vojnovich, Margaret H. "An Exploratory Study of the Effect of Prenatal Classes on the Amount of Concerns Expressed by Primipara Patients," Unpublished Master's Thesis, Montana State University, 1971.
- Williams, Phyllis S. and Miriam Campbell. "A Community Approach to Maternal-Child Health," Nursing Outlook, 19:1:44-46, January, 1971.
- Yunck, Myrna C. "Early Concerns of Mothers Regarding Self Care and Infant Care Activities." Unpublished Master's Thesis, Montana State University, 1967.

LITERATURE CONSULTED

LITERATURE CONSULTED

- Caplan, Gerald. "Mother-Child Relationships During the First Year of Life," Concepts of Mental Health and Consultation: Their Application in Public Health Social Work. Washington, D. C.: U. S. Department of H. E. W., 1959, pp. 79-109.
- Cupoli, AnnMarie, et. al., "Postpartum Teaching Regarding Infant Care, Behavior, and Characteristics: A Study," Bulletin of the American College of Nurse-Midwives, 16:4:112-121, November, 1971.
- "Emotional and Physical Stress After the Baby Comes," Briefs, 30:3:38-39, March, 1966.
- Fox, Ruth I., Jack J. Goldman, and William A. Brumfield. "Determining the Target Population for Prenatal and Postnatal Care," Public Health Reports, 83:3:249-257, March, 1968.
- Heckerman, Luanne D. and Howard L. Wolf. "Continuity of Treatment as Prevention of Stress in High-Risk Maternity Cases," ANA Clinical Sessions, ed. American Nurses' Association, New York: Appleton-Century-Crofts, 1968, pp. 25-35.
- Hennel, Magdalena. "Family-Centered Maternity Nursing in Practice," The Nursing Clinics of North America, 3:2:289-298, June, 1968.
- Henry, Agnes P. "A Further Link Between Hospital and Community," Nursing Times, September 3, 1970, pp. 1127-1128.
- Hilliard, Mary Elizabeth. "The Changing Role of the Maternity Nurse," The Nursing Clinics of North America, 3:2:277-288, June, 1968.
- Johnson, Walter L. "Home Visits by Public Health Nurses Focus of Study by Foundation," Nursing Research Report, 4:3:4-8, September, 1969.
- Klaus, Marshall, H., et. al. "Maternal Attachment: Importance of the First Post-Partum Days," The New England Journal of Medicine, 286:9:460-463, March 2, 1972.
- Kowal, John S. and William L. Lane. "A Follow-up Program for Newborns," Hospital Topics, 44:138-140, June, 1966.
- Larsen, Virginia, et. al. "Stress and Parenthood," Briefs, 29:1:7, January, 1965.

Lubic, Ruth W. "What the Lay Person Expects of Maternity Care:
Are We Meeting These Expectations?," Journal of Gynecological
Nursing, 1:25-31, June, 1972.

Robertson, William O. "An Investigation of Maternal Concerns
by Mail Survey," Child Development, 32:423-436, 1961.

Swyer, Paul R. "Continuity of Care in the Reproductive Process,"
Canadian Medical Association Journal, 101:44-46, December 27,
1969.