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A study of the immediate postpartal needs as verbalized by ten primigravidae after discharge from the hospital.

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A Study of the Immediate Postpartal Needs as  
Verbalized by Ten Primigravidae After  
Discharge from the Hospital

BY

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A field study submitted in partial fulfillment of the  
requirements for the Degree of Master of Science  
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CHAPTER I

INTRODUCTION

Through the centuries fundamental needs of people have probably changed very little. They need care when they are ill; ways of preventing illness; and health information they can use. Yet their perception of these needs has changed and deepened. Expectations have changed regarding how and to what extent needs can be met.<sup>1</sup>

The modern focus in nursing is on patient teaching. This aspect is being applied to all areas of medicine. Maternity nursing, as a parallel service to medical care, focuses its attention on the needs of mothers, which must be determined before any effective maternity teaching program can be established.

To determine needs, one must have insight about the seven basic needs of the individual plus knowledge and skills available to handle problems which may be presented. These seven basic needs center around the spiritual, intellectual, social, economical, physical, learning, and

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<sup>1</sup>Lucile P. Leone, "The Changing Needs of People," The American Journal of Public Health and the National Health, XLVII (January, 1957), 32.

emotional aspects of the individual.

Although basically the needs of the individual have not changed, the economic and social growth have provided for material wants and educational opportunities which changes the individual's perception of these needs.

#### STATEMENT OF THE PROBLEM

The purpose of this field study is to determine what the expressed needs of the primigravidae are during the first few days of adjustment at home.

#### JUSTIFICATION OF THE PROBLEM

On arriving home from the hospital the new mother should be fortified with a degree of skill and information which will contribute toward a postpartum adjustment with minimum depression, confusion, and anxiety.

An effective hospital teaching program could do much to educate the mothers in such a way that they could treat each problem intelligently without unnecessary stress and strain.

In order to accomplish this a study must be made in the home environment, working along with the mother to get a true perspective of the problems entailed from her point of view.

#### SCOPE AND LIMITATIONS

This study was designed to determine the more common needs of the new mother in her first days at home. Ten

primigravidae were selected for the study according to the following criteria:

1. Married, "normal" delivery, "normal infant"
2. Delivered at a local maternity hospital
3. Five women who had not attended prenatal classes and five women who had attended prenatal classes.

These new mothers were interviewed for approximately one hour on the fourth day after their discharge from the hospital. The mothers came from the same geographic area, were delivered at the same hospital and represent only a small sampling of primigravidae. The study included only those needs which were verbally expressed by the group of primigravidae studied. The wide range of problems expressed was anticipated due to the realization that individuals vary in their needs. During the interview other members of the family were present and eager to help by participating in the interview.

Generalizations can not be derived from the data, since the information gathered is pertinent only to this study.

#### DEFINITION OF TERMS

Primigravida refers to a woman who has given birth to her first child.

Needs - Although the word, needs, includes many connotations; the meaning in this study is to denote those learning and emotional needs expressed by the mothers and not those

perceived by anyone else.

Problem is defined as any difficulty or discomfort which the primigravida might experience.

#### PREVIEW OF METHODOLOGY

The selected primigravidae were involved in two studies. The first study was conducted by another writer to determine why the needs of the new mothers were not met during the hospital lying in period. The writer's study was to determine the expressed needs of these same group of mothers at home. The patients were met by the first writer who explained her purpose and obtained their cooperation for both studies. The purpose of the study was not emphasized to the patients, at this time. Each mother was simply told that studies were being done to help new mothers. If they were interested, they could participate by answering questions regarding their stay in the hospital and their adjustment at home.

While each patient was still in the hospital, she was introduced to this writer by the graduate student who planned to study the needs of the patient during her hospitalization. At this meeting the plans for the home interview were explained. The mother was told that the interview would involve approximately an hour and then arranged a time convenient for the patient. The interview was described as an informal discussion concerning her first few days at home.

The fourth day was chosen as an optimal time for the interview on the premise that the patient would have had an opportunity to encounter various postpartum problems in this length of time. Yet these problems would be sufficiently current to facilitate verbalization about them.

The writer felt that an interview would be the most reliable method for determining the immediate needs of new mothers in their home adjustment.

The guided interview used appears in the Appendix. The interview was structured to reveal the problems of the mothers. The information thus gained would aid in planning useful learning experiences for future primigravidae during their postpartal period.

During the interview the writer was able to maintain a climate which permitted the mother to express her needs as she experienced them during the first four days at home.

#### SEQUENCE OF PRESENTATION

In Chapter II the theoretical framework of the study is given with a statement of the hypothesis. Selection of the sample and its description will be found in Chapter III with explanation of the research tool. In Chapter IV the data is presented and discussed, and Chapter V contains a summary, the conclusions, and the recommendations.

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

Review of Literature

The hospital maternity services are the locale for 96 per cent of the births in the United States.<sup>1</sup> The influence of modern scientific advancement upon hospitals and obstetrical practice has greatly reduced the maternal mortality rate. The National Office of Vital Statistics indicates that between 1926 and 1956 the maternal mortality rate has steadily declined from 69.5 to 4.1 per 10,000 live births. The total maternal deaths in the United States were 1,746 in 1957.<sup>2</sup> From these facts it is obvious that the medical care which the mother receives in the hospital has steadily improved. At the same time there has been a lag in the recognition that the birth of the baby is a family affair<sup>3</sup> and that mothers have needs above and beyond physical care.<sup>4</sup>

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<sup>1</sup>Alice Chenoweth, "Postnatal Period--General Scope," The Journal of the American Medical Association, CLXXII (January, 1960), 419.

<sup>2</sup>"Facts and Figures," Children, May-June, 1959, p. 116.

<sup>3</sup>Hazel Corbin, "Maternity Nursing Education--Yesterday, Today and Tomorrow," Nursing Outlook, VII (February, 1959), 82.

<sup>4</sup>Vera Keane and Marion Lesser, Nurse-Patient Relationships in a Hospital Maternity Service, (New York: The C.V. Mosby Co., 1956), pp. 204-234.

The primary responsibility of the hospital maternity service is to give safe maternity care. Another aspect of the maternity service, moreover, includes helping the women adjust to her new role in preparation for her added responsibilities after leaving the safe environment of the hospital.

Corbin states, "Now the time has come for communication, interpretation for an interdisciplinary program designed not only to ensure healthy mothers and babies, but also to help achieve a happy family life and a warm secure relationship between parents and their children."<sup>5</sup>

The primigravida's ability to adjust to her new role as a mother with its new responsibilities and stresses is aided greatly by the understanding support she has received from her family and the type of maternity care she receives. Therefore, it is the responsibility of the hospital maternity service to contribute to the mental health of the mother and her family and to be aware of the total health needs of each new mother.<sup>6</sup> The function of the hospital maternity service should be to provide also a favorable environment in which these needs of the new mother are to be met.

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<sup>5</sup>Hazel Corbin, "Meeting the Needs of Mothers and Babies," The American Journal of Nursing, LVII (January, 1957), 54.

<sup>6</sup>Esther Robertson, "Mental Health and Maternity Care," The Canadian Nurse, LVI (March, 1960), 219.

Most hospital maternity services have recognized that the new mothers have a need for information regarding care of themselves and care of the baby. Many different teaching programs in postpartum units have been organized for this purpose. Moreover, the content of many of these teaching programs has emphasized the physical well-being of the mother and her baby, the major focus being directed toward the mechanics and techniques, such as bathing the baby and preparation of the formula.

One hospital has reported using an interdisciplinary collaboration of health personnel in order to plan a teaching program to meet mothers' needs.<sup>7</sup>

A study was done in 1956 at a New York hospital to determine the effectiveness of their maternity care program and to see if the needs of the maternity patients were being met. The researchers sought the opinions of the patients through the use of an interview. They explored the mothers expectations, satisfactions and dissatisfactions with their maternity care during the antepartal, interpartal, and postpartal phases of the maternity cycle at this hospital. Through an analysis of the patient's needs, their data indicated that maternity patients have needs for information

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<sup>7</sup>Beatrice Hilland, "Teaching Patients in a Maternity Pavilion," American Journal of Nursing, LVI (March 1956), 325.

above and beyond the physical aspects.<sup>8</sup>

For the past two decades it has been recognized that a gap exists between the discharge of the new mother from the hospital and her adjustment to home. It is not enough to assume that the new mother's needs are met, that all she needs is a routine sixth week checkup. Evidence comes from many professional and popular periodicals to substantiate the fact that the transition from the hospital to home is laden frequently with insecurity, confusion, anxiety, and unrecognized problems. Evidence exists in the popular media of newspapers and magazines which feature many articles on child care, and also Dr. Spock's Infant And Child Care, that many new families experience frustrations in trying to get the new baby off to a good start.

Professor Schlacter states that the mother of a first child "is undoubtedly more ill at ease and more worried than she is with her later children."<sup>9</sup>

In 1958 a study of interviews with 283 primigravidae in regard to pregnancy, childbirth, the neonatal period, and expectant parent classes showed that 75 per cent of the mothers felt "tired", "nervous", "depressed", or "confused"

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<sup>8</sup>Keane, op. cit., p. 234.

<sup>9</sup>Stanley Schlacter, "First Born-Last Born," Briefs, XXIV (March, 1960), 45.

when they arrived home from the hospital with the new baby. These feelings were largely related to the mothers themselves rather than a concern about their baby. The response of these 283 new mothers appeared to indicate that many mothers were not prepared to deal effectively with their postpartum feelings and their physical conditions at home.<sup>10</sup>

A study was instituted at the New York hospital to identify the problems experienced by mothers in the home following their discharge from the hospital's maternity service. The questions asked by these mothers were gathered from two sources, telephone calls to the hospital by the mothers and an interview with the mothers at her first visit to the Well-Baby Clinic. The data indicated that the physical care of the infant, lack of understanding of the baby's normal reactions and characteristics, were definite problem areas.<sup>11</sup>

Dr. Bowlby states: "Skilled help given to parents in the critical months before and after childbirth, and in the early years of the child's life, may go far in assisting them

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<sup>10</sup>Alfred Yankauer, et al, Pregnancy, Childbirth, the Neonatal Period and Expectant Parent Classes, (Albany: New York State Department of Health, 1958), pp. 20-22.

<sup>11</sup>Ethel Tschida, "Can the Nurse Bridge the Gap Between the Hospital and the Home," The Bulletin of Maternal Welfare, V (January-February, 1958), 23.

to develop the affectionate and understanding relationship to the baby which almost all of them desire. The infants earliest years, when unknown to him the foundations of his personality are being laid, are a critical period in his development."<sup>12</sup>

Modern education for parenthood is centered around the family. Not only do the parents need to learn techniques and mechanical skills, they need to receive help in understanding their own and the baby's behavior.<sup>13</sup> With encouragement and wise counseling, wholesome parental attitudes can develop as the parents learn to care for their new baby. Modern maternity hospital services are helping parents toward the achievement of a feeling of confidence in their ability to care competently for their child; an increasing sense of independence.

#### BASES OF THE HYPOTHESIS

The primigravida generally receives adequate physical care while in the hospital. However, the new mother has many other postpartum needs which are not being met during the lying-in period. The writer assumes that most patients are

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<sup>12</sup>John Bowlby, "Newborn Parents," Briefs, XXIII (November, 1959), 134.

<sup>13</sup>Hazel Corbin, "Education for Parenthood," Briefs, XXII (January, 1958), 27.

not adequately prepared to function satisfactorily in their maternal role in the first days or weeks at home after their discharge from the hospital.

Statement of the Hypothesis

One of the fundamental tenets of prevention in the area of mental health is concerned with fostering a more well-informed responsible family. The development of desirable attitudes in the new parents during the prenatal period is not sufficient; a teaching program should continue during the intrapartal and postpartal periods. Since the birth of the baby has a profound effect on the entire family, it is vital that each member is prepared for his or her role in meeting the needs of this new human being.

It is believed that many new mothers find that the care of the baby, in addition to resumption of home responsibilities, tends to create problems and upsets which may make her adjustment difficult. It is also believed that the opinions of the new mothers constitute the most reliable index for information essential in making the adjustment to their new role more comfortable. The writer feels that a more effective hospital teaching program for primigravida could be formulated by a collection of such data, which would tend to promote a more rapid and satisfactory adjustment.

The hypothesis is based on evidence from various studies reported in the area of maternal and child health nursing. It is also based on evidence from the nursing experience of the writer; experience gained while working with new mothers and infants in a hospital maternity service and also while on field experience with the Visiting Nurse Association of Boston.

CHAPTER III

METHODOLOGY

Selection and Description of Data

The study was concerned with determining the more common needs of the ten primigravidae in the first four days of their home adjustment. During a four week period primigravidae were interviewed to identify their needs. Mothers were selected according to the criteria which has been previously stated (page 2). All of the mothers were married and delivered a "normal" infant in a local maternity hospital. The length of hospitalization varied from four to seven days.

In addition to providing for good physical care, the hospital offers many other services including: prenatal classes, rooming-in plan of care, baby bath demonstrations and formula preparation classes. Mothers were also informed of the services of the Visiting Nurse Association in the area. The mothers were advised to contact the agency for assistance with problems pertaining to baby care and formula making.

This study had a similar focus to that conducted by an associate, who was concerned with the needs of the mothers

during their hospitalization.<sup>1</sup> The same mothers participated in both investigations.

Introductions were made during the patient's hospitalization and information was given to her regarding both parts of the studies. The primigravidae were selected by the first writer of the independent study, who explained her purpose and obtained their cooperation for both studies. The writer told the mothers she was a registered nurse and that their participation in this study could aid other mothers. Further information was given about the mechanics of the study. An opportunity to ask questions was given each patient for the purpose of trying to establish a favorable relationship with the mother. Each mother was assured that no preparation was needed for the interview which would last about one hour and would not interrupt her routine household activities. The interview was described as an informal discussion about adjustment at home. The mother was assured that she would not be identified.

An appointment was made while the mothers were in the hospital for an hour interview on their fourth day after

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<sup>1</sup>Sister Armella Oblak O.S.B., "What Factors Inhibit Learning on the Part of New Mothers During Their Postpartal Stay in the Hospital?" (unpublished Master's Field Study, School of Nursing, Boston University, 1960).

discharge. During a telephone conversation on the third day the mothers verified the appointments.

#### Tool Used to Collect Data

The guided interview was constructed and a pilot study was conducted which proved to be satisfactory. Twenty-five questions were formulated to give ample opportunity for the new mothers to express their needs. The questions were also designed to elicit responses concerning the various possible problem areas.

#### Procurement of Data

By the use of casual conversation a favorable relationship was established with the mother and her family in the home. The actual questions of the interview were not asked until the mother appeared to be at ease. The new mother was stimulated to give spontaneous responses to the questions presented. Listening attentively as each mother spoke, brief notations were made only after the new mother had finished answering the questions. The new mothers responded subjectively to the questions and seemed eager to tell of their experiences. It was felt that this subjectivity accounts for the wide range of responses received. The writer remained passive during the interviews in order to avoid injecting her own feelings or ideas. This environment not only permitted, but encouraged the mothers to express their

needs as they experienced them in their first four days at home.

If a mother asked a question during the interview, it was answered; however, these answers were not included in the study. It was interesting to note that other members of the household felt free to sit in on the interview. An occasional telephone call or doorbell did not seem to interrupt the interviewee's train of thought.

The writer was cordially received into each home. Each mother's hospitality was demonstrated by invitations to see the baby, to see the home, to have coffee, and even to visit them again. Such hospitality was interpreted to indicate the desire of these new mothers to help other new mothers faced with a similar situation.

CHAPTER IV

FINDINGS

Presentation and Discussion of Data

The following data are a composite of information and opinion expressed by the mothers on their fourth day at home regarding the various aspects of their hospital lying-in period. Of the ten selected primigravidae, five attended and five did not attend prenatal classes. Among the five who did not attend prenatal classes, three stated that their husbands worked during the class hours and they did not wish to attend the classes alone. The remaining two mothers felt that they had received adequate information from the family doctor and their friends.

Informational Needs Expressed by the Mothers

When the mothers were interviewed regarding the instructional care they received for themselves and the baby in the hospital, seven patients felt that the information they had received regarding the baby was sufficient. Three mothers felt it was inadequate. This inadequacy related to the baby's color, weight loss, bath, formula preparation, and holding the baby.

Of the seven mothers who considered the information they had received concerning the baby was sufficient, one mother felt that she was adequately prepared because she had

attended prenatal classes. Four patients in this group felt the instruction was sufficient because they had attended the formula preparation and bath demonstration classes. Two of the mothers, who found the bath classes adequate, felt that a real baby should have been used in the demonstration. They further stated that they would not have objected if their own baby had been used.

Six patients felt they had received adequate information regarding care of themselves. Of the four mothers who felt that more instruction was needed for self care, all wished they had received more information and instruction regarding perineal care.

It is interesting to note that satisfied mothers did not state where they had received information regarding care of themselves nor why they felt it was adequate.

It would appear from the responses to questions on instructional care for mothers and babies, that seven of the mothers had received adequate instruction on care of the baby, and six of the mothers felt they had received adequate information regarding care of themselves. However, this data were not supported. When the writer inquired about the questions they would have liked to have asked in the hospital regarding care of themselves and the baby, two mothers felt they had nothing to ask. Eight felt they should have asked more questions about self care during the hospital

lying-in period, in the following areas: perineal care, breast feeding, care of the breast and urinary difficulties. With five out of the eight women, perineal care was the most prevalent problem.

The same eight primigravidae related the following problems regarding baby care: bathing, feeding, holding and preparing the formula; of these problems the most prevalent was feeding the baby.

The rooming-in plan of care was discussed with the mothers. Five mothers were in favor of rooming-in and five were not. Two of the five mothers in favor of it actually experienced rooming-in plan of care. These mothers chose rooming-in because they felt it would facilitate a better adjustment at home. They also felt it would be a good learning situation. The other three mothers experienced problems when they attempted this plan of care and did not follow through; one mother's roommate had a "cold", the second mother had a "spinal headache", and the third mother felt she had to care for the baby too often and found it tiring.

Five mothers did not consider the rooming-in plan when making reservations. Of this number, four mothers felt that it would be too tiring and that they wanted to rest while in the hospital. One mother thought it would be too expensive.

Emotional Needs

Eight of the mothers felt at ease in asking questions of the hospital personnel and did so. Two of the mothers were unaware of what to ask. When asked with whom they felt most at ease asking questions, eight mothers indicated they felt more comfortable in asking questions of the nurse; two of the mothers felt more at ease in asking questions of their doctor.

The mothers were then asked if they felt relaxed during their hospitalization. The reason why three mothers felt relaxed was that they enjoyed the company of their roommates. Six felt that they were not entirely relaxed. Two of the six wanted to go home. Two others expressed feelings of being anxious at the beginning of their lying-in period. One mother who had an allergic reaction to "zephiran", was upset by having to remain in bed. One patient developed a "spinal headache" during her lying-in period. The tenth mother did not feel relaxed at all during the entire lying-in period because of her concern over the weight loss of her baby.

It appears from the information gathered that the relationship established with the mothers was influential in helping the mothers adjust to their hospital stay.

Opinion Regarding Hospital Care

The interviewees were questioned regarding what they found most satisfactory about their hospital stay. The answers varied. Four of the mothers stated that their greatest satisfaction regarding the hospital was the food. They explained further that they felt this way because they enjoyed being served meals for which they did not have to assume any responsibility. Three of the mothers felt that nursing care was pleasing because nurses were willing to converse, and showed understanding.

In response to the query about exploring ways in which their hospital stay could have been more satisfactory, two mothers felt they had no suggestions. Eight interviewees made the following recommendations:

1. More flexible visiting time for the husbands
2. More time for sleep
3. More perineal care by the nurse for the first few days
4. More instructions on feeding, holding the baby
5. More prompt response to lights by the nurse
6. More nursing service available on the afternoon and evening shifts
7. More information regarding the physical care of the mother
8. More understanding on the part of the nurses in relation to the discomfort of perineal sutures.

Home adjustment was the next area of discussion.

Mothers were asked how they had been feeling since their discharge from the hospital. This information was tabulated according to those who attended prenatal classes and those who did not attend prenatal classes. No conclusive opinion can be formed on the data. However, it appears that six of all the interviewees indicated that their physical condition was satisfactory. In the prenatal group one mother stated that her physical condition was improving because she was able to acquire a housekeeper to take over her household chores, this enabled her to get needed rest. The other mother who attended prenatal classes stated she was feeling physically tired because she had been up nights with the baby. In the non prenatal group, one mother stated her physical condition was improving because her "spinal" headache lessened. The other mother stated she was feeling physically tired because she had been up nights with the baby.

Stress Derived from Lack of Information Needs

During the interviews, the mothers expressed the following feelings related to caring for and handling the baby at home:

Mother

Comments

A.... "I don't know, I guess every beginning is hard.  
I just want to do the right things for my baby.

Mother

Comments

- A.... I am still scared of him."
- B.... No difficulties in this area due to the fact that she had rooming-in plan of care during her hospitalization. However, later in the interview: "I am still worried about my baby's weight loss and about meeting his nutritional needs."
- C.... No difficulties in this area due to the fact that she had rooming-in plan of care during her hospitalization. Later on: "I am afraid to give the baby a bath."
- D.... "I became frightened when the baby pulled the navel cord off."
- E.... "I am nervous about giving the baby a bath."  
"I keep the baby on either her left side or her abdomen because she cries if I place her in any other position. If a baby cries there is something wrong."
- F.... Expressed a lack of confidence in feeling capable to care for her baby.  
"I feel a little more at ease now, or at least sometimes. Each day I take care of her I am becoming more confident in handling and caring for her."

Mother

Comments

G.... "I feel more comfortable about handling the baby, but I become upset when the baby cries, especially when I bathe the baby."

H.... "I never took care of a small baby before: this is a new experience for me. I am still scared about caring for the baby. I am afraid the baby will start to cry and not stop."

I.... No problems because all her girl friends have had babies and she had been watching them care for their babies. Not understanding, "I am a bit nervous about bathing the baby because the baby is so nervous he shakes all over when I give him his bath."

J.... No problems in handling and caring for her baby, because during the hospitalization, her roommate, mother of six children, showed her how to handle, hold, and feed the baby, and gave her many helpful suggestions on the care of a new baby.

The above statements indicate that when the care of a baby is a new experience, the mothers encounter feelings of inadequacy. A second concept revealed by these comments is that when the new mother does not know what problems to anticipate, anxiety and fears are created.

The main learning needs of seven of the interviewees was in the preparation of the formula and feeding of the baby. Of the three remaining interviewees, those who were breast feeding their babies showed a need of increased skill in technique. This phase in the care of the infant seems to be the most arduous and frustrating problem with which the mothers had to cope.

All ten of the mothers acknowledged some difficulty in the bathing of the infant. While they had received instruction on the bathing of the baby, they were not able to adapt the instruction to the situation in the home. Therefore they had to seek advice from several different sources.

Eight of the mothers had received some direction for self care and infant care from their doctors before their discharge from the hospital. Two mothers however, had not been given any suggestions.

The specific needs expressed by the new mothers extended into several categories. These needs are best illustrated by the tables 1 and 2.

TABLE 1

Specific Informational Needs Expressed by New Mothers  
In Relation to the Care of the Newborn Baby

<u>Nutritional Needs</u>	<u>Prenatal Group</u>					<u>Non Prenatal Group</u>					<u>Total</u>	
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>Total</u>	<u>F</u>	<u>G</u>	<u>H</u>	<u>I</u>		<u>J</u>
Breast feeding (length of time)				*	*	2				x		1
Formula (amount needed)	*	*	*			3	x				x	2
<u>Technique required</u>	*	*	*			3	x	x		x	x	4
<u>Overfeeding</u>	*		*			2		x		x		2
Water (time and amount)	*	*	*			3		x	x		x	3
Vitamins (when instituted and how given)		*				1	x				x	2
<u>Feeding</u>												
Burping the baby	*	*			*	3		x	x	x		3
Holding the baby	*	*	*			3		x	x	x		3
Schedule	*	*	*			3		x	x	x		3
<u>Physical Care</u>												
Circumcision (care of)	*		*			2		x				1
Clothes (care of)	*			*		2	x				x	2
Cord (care of)	*	*		*	*	4		x			x	2
Dressing (the baby)	*				*	2		x		x		2
Elimination (bowel)		*	*		*	3		x		x	x	3
Equipment (more needed)		*		*		2	x		x	x		3
Positioning (of baby)	*	*			*	3		x		x		2
<u>Behavioral Characteristics</u>												
Crying	*	*	*		*	4	x	x	x	x		4
Sneezing	*	*			*	3		x	x	x		3
	14	13	9	4	8	47	6	13	8	11	7	45

TABLE 2

Specific Informational Needs Expressed by New Mothers in Relation to the Care of Themselves

<u>Physical Needs</u>	<u>Prenatal Group</u>					<u>Non Prenatal Group</u>				
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>	<u>H</u>	<u>I</u>	<u>J</u>
Breast (care of)	*	*	*	*	*	x	x	x	x	x
Eating habits	*	*					x		x	x
Lochia (information about)	*	*				x	x	x	x	
Over fatigue	*	*		*	*	x	x		x	
Sutures (care of)	*	*	*				x		x	
Visitors (restrictions)	*	*		*	*	x		x		

6 6 2 3 3=20 4 5 3 5 2 = 19

It can be seen from the Tables 1 and 2 that the problems of the two groups are relatively similar in character and number. This is evident that many new mothers do not anticipate the home problems they may encounter with their new baby. Therefore, through this lack of awareness, they do not know the kinds of information which would facilitate a better home adjustment. The writer concludes that the adaptation in the home is coupled with many problems, since the mothers informational needs are not being met during their lying-in period. The problems identified in the Tables 1 and 2 clearly indicate that the primary focus of instruction to postpartal mothers should be in preparing them to assume responsibility for the care of their babies at home.

It is interesting to note where the mothers obtain help in adjusting to the reality situation. This is illustrated best in the summary chart which identifies adjustment factors and problems.

TABLE 3

## Summary Chart Identifying Adjustment Factors and Problems

<u>Patients</u>	<u>Prenatal Classes</u>	<u>Age</u>	<u>Extra Help at Home</u>	<u>*Types of Informa- tional needs</u>	<u>Interdiscip- linary Resources</u>	<u>Community Resources</u>
A	yes	33	Husband Mother- in-law	20	Pediatrican, Visiting Nurse Association of Boston	-----
B	yes	35	House- keeper	19	Pediatrican Housekeeping Services	-----
C	yes	19	Her mother	11	-----	Girl friend (mother of two)
D	yes	22	Husband	7	Pediatrican	----
E	yes	21	Her mother Mother-in- law	11	Pediatrican Visiting Nurse Asso- ciation of Boston	Sister-in-law (mother of three)
F	no	24	Aunt Husband	10	General Practitioner Visiting Nurse	Girl friend (mother of one)
G	no	24	Her mother	18	Pediatrican	Girl friend (mother of one)
H	no	24	Mother- in-law	11	Pediatrican	Neighbor (mother of four)
I	no	24	Her Mother	16	General Practitioner	Neighbor (mother of one)
J	no	20	Cousin	9	General Practitioner	Sister-in-law (mother of five)

\*The number of specific informational needs was obtained by adding the columns of Tables 1 and 2.

The chart (page 30) points out many interesting facts. Attendance at prenatal classes did not appear to influence the number of problems encountered by the patient.

1. There are similar types of informational needs in the group who did not attend prenatal classes and in the group who attended prenatal classes.
2. There appear to be more problems in the older age groups than the younger ones.
3. All the patients had extra help at home but this did not seem to influence the number of problems encountered by the new mothers.
4. New mothers tend to seek out and depend on experienced mothers for their everyday problems. Six of the new mothers used experienced mothers as general sources of help and information, while seven of the new mothers used them also as a major source of information. Nine of these mothers called the doctor before the fourth day regarding some aspect of baby care. Three mothers planned to use the Visiting Nurse Association of Boston for information and help regarding bathing the baby when the navel was healed.

Table 4 illustrates the responses of the mothers about their own and their husbands adaptations to their home care of the new baby.

TABLE 4

Home Adjustments with the New Baby

<u>Changes in Mother's Routine</u>		<u>Changes in Father's Routine</u>
A.	Does housework while baby sleeps	Does the shopping
B.	Later dinner hour, feeds baby first	Feeds baby during night
C.	Does housework while baby sleeps	(Husband in the service)
D.	No change particularly, except getting up at night	Assists wife when needed
E.	Take care of baby first, do household chores later	Feeding and holding baby
F.	Gets less sleep	Less sleep, feeds baby at night sometimes
G.	Less sleep, everything centers around the baby	Does the shopping and laundry
H.	Take care of baby first, do housework later	Does the shopping
I.	Get up early to prepare for the baby's day, go to bed earlier	Feeds baby at 6 A.M., goes to bed earlier
J.	Household routine is done around the baby's needs	Helps with housework and cooks

The writer cannot form a definite conclusion from the above information. It appears that the father assumes new responsibilities such as: shopping, laundering, cooking; feeding and holding the baby.

Most mothers seem to need help in creating a flexible household routine which allows her to meet the baby's needs and to get adequate rest for herself.

Having experienced certain difficulties at home, the new mothers were asked to consider what information they felt other new mothers needed. These suggestions appeared subjective due to limited previous experience and individual needs. The ten primigravidae stated the following about new mothers:

Comments

"Should attend prenatal classes."

"Should understand they will not get any sleep for awhile."

"Should attend prenatal classes; should understand that babies cry quite a bit."

"Should know how to take care of the physical needs of the new baby. Should seek help from the nurse when breast feeding so she will know how long to keep on one breast; should seek advice regarding physical care of herself."

Comments

"Should have information regarding cord care, bathing, dressing, breast feeding. Also information regarding care of the breast."

"Should have information regarding physical care of herself."

"Should know how to bathe the baby, should know something about the appearance of a new baby, and to know how to feed the baby properly; should have information regarding physical care of herself."

"Should have definite information regarding breast feeding."

"Should understand that the new baby's needs come first, should not worry about the housework, should not hesitate to call the doctor if a problem arises."

"Should have help when she arrives home from the hospital; understand a baby will cry when you bathe it; go to bath and formula preparation classes and ask questions."

CHAPTER V

SUMMARY

The purpose of this study was to determine the most common needs of ten primigravidae in the first few days of their adjustment at home. It was a comparative study of two groups of new mothers. The first group had attended prenatal classes while the second group had not. Information was obtained through a guided interview at the new mothers' home on the fourth day after discharge from the hospital.

The hypothesis was that most mothers are not adequately prepared to function satisfactorily in their maternal role in the first days or weeks at home after their discharge from the hospital. The data collected are subjective due to the patients' limited awareness of their individual needs. The tables are presented in the study showing the specific informational needs expressed by new mothers in relation to the care of the baby; and specific informational needs expressed by new mothers in relation to the care of themselves. A summary chart was designed to identify adjustment factors and problems; and home adjustments with the new baby.

### CONCLUSIONS

From the data collected the following conclusions were drawn:

1. There does not appear to be any relationship between the number of problems expressed by the mothers and their attendance at prenatal classes.
2. There is no relationship between the amount of assistance at home and the number of problems presented by the new mother.
3. Regardless of the prenatal classes, bath and formula classes and opportunity to obtain information, the mother's needs are not being met, because anticipatory guidance is not adequate before she goes home.

The writer feels that the collected data bear out that the hypothesis and conclusions coincide.

### RECOMMENDATIONS

1. Larger sampling of primigravidae could be studied to determine further problem areas of this group.
2. A comparative study needs to be done to determine the problems which may exist between the younger and older primigravidae.
3. A study needs to be done to determine the time most convenient for prenatal classes.
4. A study needs to be done regarding the method of

instruction of perineal care during the hospital lying-in period, to determine its importance to the patients physically and psychologically.

5. A study of present teaching methods would be helpful in establishing a more effective anticipatory guidance program for new mothers.

BIBLIOGRAPHY

- Bowlby, John. "Newborn Parents." Briefs, XXIII (November, 1959).
- Chenoweth, Alice. "Postnatal Period--General Scope." The Journal of the American Medical Association, CLXXII (January, 1960).
- Corbin, Hazel. "Education for Parenthood." Briefs, XXII (January, 1958).
- Corbin, Hazel. "Maternity Nursing Education--Yesterday, Today and Tomorrow." Nursing Outlook, VII (February, 1959).
- Corbin, Hazel. "Meeting the Needs of Mothers and Babies." The American Journal of Nursing, LVII (January, 1957).
- "Facts and Figures." Children, (May-June, 1959).
- Hilland, Beatrice. "Teaching Patients in a Maternity Pavilion." The American Journal of Nursing, LVI (March, 1956).
- Jahoda, Marie, et al. Research Methods in Social Relations. (New York: Henry Holt and Company, Inc., 1959).
- Keane, Vera and Lesser, Marion. Nurse-Patient Relationships in a Hospital Maternity Service. (New York: The C. V. Mosby Co., 1956).
- Leone, Lucile P. "The Changing Needs of People." American Journal of Public Health and the National Health, XLVII (January, 1957).
- Oblak, Sister Amella O.S.B. "What Factors Inhibit Learning on the Part of New Mothers During Their Postpartal Stay in the Hospital?" (Unpublished Master's Field Study, School of Nursing, Boston University, 1960).
- Robertson, Esther. "Mental Health and Maternity Care." The Canadian Nurse, LVI (March, 1960).
- Schlacter, Stanley. "First Born--Last Born." Briefs, XXIV (March, 1960).

BIBLIOGRAPHY

Tschida, Ethel. "Can the Nurse Bridge the Gap Between the Hospital and the Home." The Bulletin of Maternal Welfare, V (January-February, 1958).

Yankauer, Alfred, et al. Pregnancy, Childbirth, the Neonatal Period and Expectant Parents Classes. (Albany: New York State Department of Health, 1958).

**APPENDIX**

GUIDED INTERVIEW

1. How are you feeling?
2. Have you had any problems with which you would have liked help?
3.
  - a. Have you had anyone to help you get settled here at home?
  - b. Whom have you called when you needed assistance?
  - c. Why did you call her (or him)?
4. Do you find it easy to handle and care for your baby?  
  
Why do you feel this way?
5. Did you have an opportunity to attend prenatal classes?  
  
If not, why?
6. Did you feel you had enough instruction on the care of yourself and the baby while you were in the hospital?
7. What did you find most satisfactory about your hospital stay?
8. Did you consider the rooming-in plan when you made your reservations at the hospital?  
  
Why?
9. Did you feel relaxed during your hospital stay?
10. Is there any way in which we could have made your hospital stay more satisfactory?

11. a. Were there questions you would like to have asked in the hospital about your care?
  - b. . . . about the baby?
  - c. What were some of the things you would have wanted answered?
12. Did you think the answers you received were helpful to your particular situation?
13. With whom did you feel most at ease in asking questions?
14. Have these four days seemed hard or easy?
15. How did you spend your first day at home?
16. Did you encounter any difficulties on your second day home from the hospital?
17. What about the third day?
18. And what about today, the fourth day?
19. Which part of the day are you the busiest?
20. Do you have time to rest and eat properly during the day?
21. From your experience, what information would you suggest that we give to other new mothers?
22. Did you feel you had to adjust your home routines to fit in with the new baby?

23. What about your husband...did he have adjustments to make?

24. Is there some more equipment you would like to have had for care of your baby?

25. Is there anything I could help you with now?