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A study of concerns expressed by new mothers & their relation to the role of the public health nurse

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A Study of Concerns Expressed by New Mothers
and Their Relation to the Role of
the Public Health Nurse

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CHAPTER I

INTRODUCTION

Frequent evaluation of nursing practice is desirable to keep public health nursing services abreast of the times. Schlesinger pointed out that with the rise of the proportion of aging in the population the intermediate age group - which includes the public health nurse - will receive an ever-greater burden to staff and finance the services of the young and old. Even though the costs of these services continue to rise, and the pressure for earlier discharge from the hospitals increases, the goal of the provision of health services to all mothers and children remains the same.¹

Careful analysis of public health nursing services is imperative to provide the best care under these changing situations. Corbin has pointed out that over the past thirty years advances in obstetrics, and progress in other areas of medicine have influenced the decline in maternal and infant mortality. However, she feels much needs to be done to

¹Edward R. Schlesinger, "The Role of Community Health Services in Meeting the Needs of Mothers and Children," American Journal of Public Health, V (May, 1959), p. 589.

satisfy the total needs of the mother and family unit.²

Corbin earlier depicted the situation surrounding motherhood by saying that regardless of the mothers' physical environment or her medical care, certain needs are universal and constant. Briefly, they revolve around physical safety, security, emotional support, and femininity as wife and mother. The American woman approaches pregnancy informed and misinformed, with mixed feelings about the services offered her and greatly confused. She may obtain some satisfaction of her educational needs from the mass media and libraries. However the qualified obstetrical nurse is in a unique position to adapt the routines to the mother's needs. Unfortunately long standing habits and lack of continuity stand in her way. We have reaped many of the benefits of specialization, but now the time has come for an interdisciplinary program to not only ensure healthy mothers and babies but to help parents achieve a happy family life and secure relationships. This program can come through better communication, interpretation, and integration of the existing services.³

²Hazel Corbin, Isabel K. Brown, and Horace H. Hughes, Meeting the Childbearing Needs of Families in a Changing World, (New York: Maternity Center Assn., 1962), p. 7.

³Hazel Corbin, "Meeting the Needs of Mothers and Babies," American Journal of Nursing, LVII (January, 1957), pp. 54-55.

Others have presented the problems of new mothers and have stated the importance of knowing their needs. Jayne DeClue suggested that today's parents want recognition as individuals and as a family unit; and they want information and a personalized type of care. However, very few agencies throughout the country have met these needs through classes.⁴

The unmet needs of the parents have been pointed out by both the parents and the professionals. It is now time to re-evaluate the role of the public health nurse in meeting the needs of the new mother.

Statement of the Problem

What are the concerns of new mothers about their newborns which could be alleviated by the public health nurse?

Justification of the Problem

In the writer's experience as a public health nurse she became aware of the lack of understanding on the part of public health nurses about the kinds of problems new mothers encountered. These mothers seemed to have difficulty adjusting to their new roles and the public health nurse seemed confused about how to give these mothers her best service.

Also, the nurse may not visit the mother prenatally and may make only one or two postpartum visits to the new

⁴"What Parents Want," Briefs, XXI (December, 1957), p. 158.

mother. In the writer's experience this has not afforded sufficient background for the nurse to assess the needs of the mother so as to be of maximum assistance to the mother during the few visits she does make.

The writer feels the public health nurse is best equipped to handle specific concerns by virtue of the setting being in the home and by the one-to-one relationship of the public health nurse with the new mother. The writer believes; however, that these problem areas can be alleviated by the public health nurse only if certain favorable conditions exist. Primarily, the nurse must get the referral before the mother is discharged from the hospital, and ideally the visit must occur soon after the mother arrives home. Hanlon verifies this hunch in the statement:

Unfortunately a great many postpartum public health nursing visits are made after the mother and her new infant have been home for some weeks. By then much of the potential value is lost. It is when the woman first returns to the confusing cares of her home, with the added burden of a new infant, that she really needs and appreciates help. The value of meeting the mother and infant practically at the doorstep has been demonstrated by a number of health agencies, and the secret of its accomplishment is one of interagency cooperation and administrative timing.⁵

A better understanding of the concerns of new mothers could provide a background on which the public health nursing services could be evaluated and decisions reached as to the

⁵John J. Hanlon, Principles of Public Health Administration (St. Louis: The C.V. Mosby Co., 1960), p. 482.

most effective role for the nurse. The findings of this study may also have value in the planning of curriculums for the education of public health nurses by pointing out the areas in which the nurse needs skills to meet the concerns of today's new mothers.

Scope and Limitations

This study was limited to eleven new mothers who had attended a well child conference in a local health unit of a metropolitan health department in eastern Massachusetts. The findings apply only to the eleven participants and no further generalizations can justifiably be made.

Definition of Terms

For the purpose of this study infant refers to a young child nine months of age or under.

Preview of Methodology

An interview schedule was developed to collect the data. Six new mothers were interviewed during four successive scheduled well child conferences, and seven new mothers were interviewed in their homes. The replies were recorded at the time of the interview. Each interview lasted approximately twenty-five minutes.

Sequence of Presentation

In Chapter II the theoretical framework of the study

is given and the hypothesis is stated. Chapter III contains the method of selection of the sample and its description. Presentation and discussion of the data are found in Chapter IV. Chapter V gives the summary, conclusions, and recommendations of the study.

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

Review of Literature

The studies reviewed in the literature that reported on the concerns of new mothers, primarily offered solutions which were related to hospital programs and parents' classes. The writer found few studies about the role of the public health nurse in alleviating the concerns of the new mothers.

The concerns of new mothers have been investigated by a number of researchers, each looking at the data with different hypotheses in mind. In 1955, Brody described research which she had done with new mothers in the hope of evolving a method for the clinical classification of overt maternal behavior.

Data were gathered as part of the Infancy Research Project which was carried out under the auspices of the Menninger Foundation and the United States Public Health Service, between 1948-51. Most of the subjects came from Topeka, Kansas, and the remainder came from Lawrence, Kansas. Direct observations were made of the behavior of 128 mothers and their infants, for a period of approximately four hours, by three investigators simultaneously. Medical and psychological tests were given to each infant, and each mother

was interviewed in extensive detail about her experiences as mother of the observed infant. The purpose of the four-hour period was to provide observations of a maximum of activities (feeding, cleaning, moving, touching, offering objects, speaking) in which a mother engaged with her infant during a day.

From this larger body of data, Brody undertook, by content analysis of the behavior records, to examine the behavior of thirty-two mothers whose infants were between four and twenty-eight weeks of age, including four males and four females at each of four age levels (four, twelve, twenty, and twenty-eight weeks).

Some of the findings were that the thirty-two mothers turned for advice in infant care to own opinion (twelve times), books (thirteen times), and relatives (eight times). She also concluded that although the primiparae were determined to give their infants the best care, their relative incompetence and their inner uncertainty were inescapable.¹

About the same time that Brody was studying overt maternal behavior, Lesser and Keane were doing exploratory research to discover areas in which services to maternity patients might be improved through changes in nursing practices and concepts. The site of their study was the Depart-

¹Sylvia Brody, Patterns of Mothering (New York: International Universities Press Inc., 1956).

ment of Obstetrics and Gynecology within a large university medical center located in an East-Coast city of the United States. Information was obtained from thirty-seven nurses employed in the hospital and sixty-six mothers who were receiving obstetrical care at the same institution. Intensive interviews carried out by two research directors who determined beforehand the areas to be investigated but who were free to use the specific approach and question phrasings most suitable to each individual respondent. All of the interviews were recorded on tape and later were transcribed into typewritten records.

The findings indicated that the patients' informational needs were met when a source for obtaining information existed and the patient utilized it. One segment of primigravidae learned about their babies' behavior during the prenatal period before the babies arrived; the most interested mothers learned by attending parents' classes; and the others learned from other parents in the community or from the hospital. Diverse cultural, economic and educational backgrounds were not related to the fears, dependency needs, and anxieties found among the women. What the nurses did for the mothers depended upon the personality of the mother and of the nurse. Mothers who were "question askers" were more likely to have their needs met than those who were reluctant to ask for or about things. An unwilling

or unfriendly manner on the part of the nurse inhibited even the patient who ordinarily felt free to make requests. On the other hand, even the woman who was loathe to ask anything could be encouraged to express her needs to the person who conveyed friendliness, warmth, and willingness.²

Often, the inexperienced woman is unable to anticipate a need that she will have later, and so does nothing to prepare herself for the eventuality. The number of primiparae who, after their deliveries, regretted not having learned more to help themselves beforehand indicates that patients cannot always be expected to know, themselves, what their needs are. Many women find it particularly difficult to recognize or accept their fears, anxieties and dependency needs, and so fail to reach out and make attempts to deal with them.

Stereotyped notions concerning the content or purpose of a class may prevent the patient from attending, though she would like to acquire what it has to offer. Fear of embarrassment, of appearing ignorant, or dependent, or fearful, may prevent her from turning to professionals in search of information or reassurance. She may even erect a facade, appearing knowledgeable and confident and so prevent the professional from detecting her need.³

Mann, Woodward and Joseph, in 1957, conducted a study of expectant parents' classes with two major purposes in mind: (1) to determine the part played by nurses of the Visiting Nurse Service of New York, (2) to obtain information about some significant social and psychological characteristics of the people who attend the classes. The data were obtained through interviews with mothers, one before

²Marion S. Lesser and Vera R. Keane, Nurse Patient Relationships In a Hospital Maternity Service (St. Louis: The C. V. Mosby Co., 1956).

³Ibid., pp. 215-216.

the baby was born and two afterwards. Eighty-five mothers who consistently attended evening parents' classes with their husbands from September 1956 to July 1957, and 101 women who consistently attended afternoon mothers' classes which started in January and March of 1957 were included in the sample. Fifteen women who did not attend classes anywhere and whose first babies were to be born about the same time as those of the women who did attend classes were interviewed as a comparison. The fifteen "comparison subjects" were recruited through the cooperation of a panel of obstetricians. The first phase of the study comprised certain before-class and after-class tests of the subjects' knowledge, attitudes and conceptions of their roles in the family, and a home interview when the first babies were four to eight weeks old. The second phase consisted of the re-interview of as many as possible of the subjects who had been studied in the first phase.

This study pointed out many problems that mothers face and listed the sources of help they received. About half of the women had generally good feelings about their first week home with the baby, reporting some minor confusions which were easily resolved or some minor physical complaints which were not particularly upsetting or constraining. However, the other half described mostly negative feelings with the largest percentage of their complaints

having to do with feeling "nervous, terrible, irritable, depressed, tense, tired, worn out,"etc. These subjects reported lack of organization and unfamiliarity with the sights and sounds and smells of new infants. Most of the others complained to some extent about the lack of a schedule. These data indicated that women could cope with confusion better than they could with their feelings stirred by their babies' cries. It seemed to these researchers that the abruptness with which the infant expressed his needs complicated the role transition of the new parents. However, the fathers in this study took an active role of helper, sharer and playmate with the children to the satisfaction of the mothers.

The majority of the mothers clearly obtained from their physicians most of their sense of preparedness for feeding the baby. Seventy-six per cent mentioned physicians, 14 per cent mentioned peers, 11 per cent Visiting Nurse Service, and 18 per cent mentioned various other sources such as relatives and Dr. Spock's writings. With regard to preparedness for dealing with the baby's sleeping schedule, 33 per cent said their ideas on the subject came from peers, 25 per cent mentioned Visiting Nurse Service, 9 per cent mentioned physicians, and 31 per cent named other diverse sources.⁴

The most pointed finding in relation to the parents' classes was that they did not draw people from the lowest social class. Mothers who attended classes wanted and needed an understanding of what babies were like, and how

⁴David Mann, Luther E. Woodward, and Nathan Joseph, Educating Expectant Parents (New York: Visiting Nurse Service of New York, 1961), p. 60.

they could best care for and nurture them.⁵

Yankauer, in 1958, studied new mothers to ascertain their comments on childbearing and parents' classes. This study was carried out in a metropolitan, suburban community in an eastern state. A structured interview was administered by trained lay persons to 283 primigravidae whose babies were two to three months of age. Half had attended six to eight weekly sessions of expectant parents' classes. Half, who had not attended classes, were selected at random from all primigravidae who resided in the same city.

The findings indicated that these mothers valued most the opportunity to gain a better understanding of themselves and some foreknowledge of what is otherwise a strange new experience.

The postpartum experience during the first few days after the mothers return home with their babies was apparently a period of great difficulty. Three out of four indicated that they felt tired, nervous, depressed, and confused. Although most of the mothers had extra help during these first few days, over half of the group felt that this particular period was more difficult than they had anticipated. Interestingly, the mothers who felt that the postpartum period was easier than they had expected, invariably ascribed the reason for this to the fact that they had had more help from a mother, relative, or nurse than they had expected.⁶

⁵Ibid.

⁶Alfred Yankauer, Walter E. Boek, Emma L. Shaffer, and Dorothy E. Clark, "What Mothers Say About Childbearing and Parents' Classes," Nursing Outlook, VIII (October, 1960), p. 564.

The concerns of new mothers have been the basis of studies by a number of graduate students in the field of maternal and child health nursing. In 1954, Abbott studied the immediate needs of the primigravidae after discharge from the hospital. This study included ten normal primigravidae who had delivered normal infants in a metropolitan hospital in eastern Massachusetts, whose obstetricians were on the staff, who showed no emotional problems, and who were living with their husbands. Two days prior to the mother's discharge from the hospital, an appointment was obtained for an interview to take place in the home two days after discharge. The interviews took place between nine and eleven in the morning. During the first hour of the interview, the mothers expressed their needs, asked questions, and discussed their problems. During the second hour, they responded to the guided interview.

Two-thirds of these mothers were concerned with the practical problems of the feeding process. Over three-fourths lacked understanding of the types of crying, hic-coughing, sneezing, care of baby clothes, amount of bed covering for the infant, and the patterns and positions necessarily involved with sleep. Over half of the mothers' inquiries about infant care concerned dexterity and confidence in handling the infant and the rudiments of infant

hygiene.⁷

In 1958, Schmidt attempted to determine information new mothers should acquire during the lying-in period. Her study was conducted in the general hospital of a small, densely-populated, industrial community north of Boston, Massachusetts. An interview schedule was developed to obtain the opinions of three selected groups: (1) six physicians practicing obstetrics, chosen on the basis of having the largest number of maternity cases in 1957, (2) six nurses on maternity service, chosen on the basis of position and hours worked, (3) ten new mothers, chosen by sequence of delivery. The data were collected over a period of one month.

The physicians indicated the mothers' lack of confidence in themselves was their major problem. They felt mothers lacked opportunities to become well-acquainted with their own babies during the lying-in period. The physicians also indicated the importance of the emotional aspects in the new mother's adjustment to home. The mothers visualized as ideal, a situation in which their questions were answered individually as they arose. They desired specific information, and care of themselves was their chief concern. The nurses recognized some problems experienced by new mothers,

⁷Barbara Abbott, "A Study of the Immediate Needs of the Primigravidae After Discharge from the Hospital," (Unpublished Master's Field Study, School of Nursing, Boston University, 1954).

but the range of problems recognized by the nurses was much less than those identified by the physicians. The nurses felt the mothers should gain information during the lying-in period about their physical health, an understanding of normal bodily processes, physical care of the baby, and characteristics of a newborn.⁸

In 1960, Sister Oblak studied the factors that inhibited learning on the part of new mothers in the hospital. The study was conducted in a hospital specializing in the care of maternity and gynecological patients. Three interview guides were developed to obtain the data. One was developed for interviewing nurses on the maternity area to determine how nurses felt about patient teaching. The second was constructed for use with new mothers to indicate the mothers' perceptions of the reality situation. The major portion was devoted to finding out whether or not the new mother was aware of her needs. The third was developed to discover whether nurses recognized the needs of specific patients interviewed.

The sample included eight nurses who were full-time registered nurses in the postpartal units of the hospital, and eight new mothers who had delivered at least four days

⁸Lillian E. Schmidt, "An Opinion Study to Determine Information New Mothers Should Acquire During the Lying-In Period," (Unpublished Master's Field Study, School of Nursing, Boston University, 1958).

prior to the interview and who had uncomplicated deliveries and normal infants. Immediately following the interview with each mother, two nurses who were responsible for the care of this mother were interviewed. The charge nurse, leader of the nursing team, and a staff nurse responsible for direct care completed the sample. The findings indicated that a lack of awareness of needs by new mothers played some part toward inhibiting learning on the part of these new mothers.⁹

Also in 1960, Healey studied the immediate needs as verbalized by ten new mothers. A guided interview consisting of twenty-five questions was used to collect the data.

Appointments were made while the mothers were in the hospital for an hour interview on the fourth day after discharge. The mothers in this sample included the same mothers interviewed by Sister Oblak. They were all married and had delivered a normal infant in the local maternity hospital.

The findings indicated that the problems of eight of the ten mothers were related to bathing, feeding, holding and preparing the formula. The most prevalent problem was feeding the baby.

The 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

⁹Sister M. Armella Oblak, "What Factors Inhibit Learning on the Part of New Mothers During the Postpartal Stay in the Hospital," (Unpublished Master's Field Study, School of Nursing, Boston University, 1960).

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....

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....

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.¹⁰

Bases of Hypothesis

The authors of the studies which have been reported in this chapter were searching answers to some of the same problems as the current investigator but approached them with different hypotheses. None were directly concerned with the public health nurse in the home setting. Nor did the findings indicate that facilities other than public health nursing services were effectively meeting the needs of new mothers.

Statement of Hypothesis

The new mother has concerns about her newborn that could be alleviated by the public health nurse.

¹⁰Sara Ann Healey, "A Study of the Immediate Post-partal Needs as Verbalized by Ten Primigravidae After Discharge from the Hospital," (Unpublished Master's Field Study, School of Nursing, Boston University, 1960), pp. 31-36.

CHAPTER III

METHODOLOGY

Selection and Description of Sample

The well child conference in which this study took place was conducted in a local health unit of a metropolitan health department in eastern Massachusetts. The well child conferences were situated in two locations. One conference was held in the lower level of the public library, and the other was located in a designated area of the neighborhood school. Two weekly afternoon clinics were held in each location. The clinics were routinely staffed by five public health nurses and two pediatricians. Appointments were made for some of the infants; however, mothers were free to bring their babies to any of the sessions. The number of children present varied due to the weather; however, the number of staff remained constant. A public health nurse assisted the doctor with the physical examination, guidance in child growth and development, instruction in nutrition, and administration of immunizations. The public health nurses visited all mothers seen at the clinic. In this agency upon receipt of the birth certificate or referral, the public health nurse visited all new infants and their mothers.

The original plan was to select a sample from new mothers attending four well child conferences held during the period of one week. However, only six new mothers came to the conferences during the one week period selected for interviewing. Therefore, permission was obtained from the director of nursing and the supervisor to select the names of thirteen new mothers from the active cases of the public health staff nurses. Seven of these thirteen mothers were located in their homes and were interviewed.

Eleven of the thirteen mothers who met the following criteria were selected for the study: (1) a normal postpartum, (2) an uncomplicated delivery of a normal infant under nine months of age, (3) married, (4) twenty-seven years of age or younger, (5) delivery of a first live infant).

Two of the mothers interviewed did not meet the above criteria and were eliminated from the study. (One mother seen at the clinic delivered an infant with a fracture of the leg; and the mother and father were thirty-four and thirty years of age respectively. The other mother, interviewed in the home, had delivered a premature infant.) It was felt their concerns might not be consistent with the normal postpartum.

The eleven mothers who participated in the study were all first mothers whose ages were between seventeen and twenty-seven years of age with a mean of twenty-one. The

fathers' ages ranged between twenty-one and twenty-seven with a mean of twenty-three years of age. The education of the mothers and fathers fell between the eighth and twelfth grades with the mean of both parents the eleventh grade. The occupations of the fathers were: five laborers, two machine operators, and one each as a truck driver, machinist, soldier, and barber. The infants' ages ranged between two and nine months; the mean being four months. There were seven male infants and four female infants. Three of the new mothers obtained their medical supervision during pregnancy from a clinic, and eight from private doctors. All of the infants were seen at the well child conference and seven were also under the care of a private physician.

Tool Used to Collect Data

An interview schedule¹ was developed to collect the data for the study. It consisted of sixteen open ended questions. This tool was chosen as it seemed desirable to allow the mothers as much free expression as possible. The interview schedule was originated from the writer's experience with new mothers and from a review of the literature. The questions were developed to obtain information about: the concerns of new mothers, their management of the care of their babies, the feeling of adequacy expressed by the new mothers, the help they received at home, their attendance at

¹Appendix, p. 39.

parents' and mothers' classes, their advice to other new mothers, and the role of the public health nurse.

Procurement of Data

The investigator first contacted the director of nursing of the health department and explained to her the proposed study, asking permission to collect data in her agency. The director of nursing ascertained the census of new mothers attending the various well child conferences conducted by the health department and selected an office in the western part of the city. She informed the district supervisor of her approval of the study and that the investigator would contact the supervisor for an appointment.

On the scheduled day for the well child conference the investigator arrived at the health unit before clinic time, introduced herself to the supervisor of the health unit, discussed the study, and explained the criteria of the sample desired. The supervisor introduced the writer to the public health staff nurses and directed them to refer all new mothers who attended the clinic to the investigator.

An area of the admitting room was set aside for the investigator. The writer introduced herself to the new mothers and asked their cooperation to participate in the study. The mothers were assured that there were no right or wrong answers, and that their replies would be kept confidential. The questions on the interview schedule were

asked in sequence and the responses were tabulated as the mothers replied.

Six new mothers were contacted in the well child conference on four succeeding days. The next two days additional mothers whose names had been obtained through the cooperation of the health department were interviewed in their homes. No contact by telephone or otherwise was made in advance of the visit, and no more than two attempts were made to reach any one mother. Seven mothers were interviewed in this manner. On arrival at the home the investigator introduced herself and explained the reason for the visit. After gaining the cooperation of the mother, she conducted the interview and recorded the responses.

The home settings varied with each visit. Some of the mothers were alone; in other homes the fathers, neighbors, or relatives were present. All were cooperative and enthusiastic. Some expressed their interest in participating in order to benefit other mothers.

CHAPTER IV

FINDINGS

Presentation and Discussion of Data

The data obtained from the interviews with the eleven new mothers who took part in this study have been divided for discussion into seven categories: (1) the concerns expressed by the new mothers; (2) the mothers' management of their new babies; (3) the people whom the mothers mentioned as helping them with their new babies; (4) the mothers' self-evaluation of their adequacy in their new role; (5) the mothers' interpretation of the part played by the public health nurse; (6) the discussion of parents' classes; (7) the suggestions made by these new mothers to help other new mothers.

The concerns expressed by the new mothers.

The mothers were asked to tell about the "concerns they had about themselves and their babies when they first came home from the hospital." The replies are tabulated in Table 1. Only one mother expressed no concerns. Nine mothers mentioned sixteen concerns related to the physical health of the baby. Two of these replies were made about sleeping, colic, and ear pains. Five mothers mentioned six items related to feeding the baby. Replies from two of the

TABLE 1

CONCERNS EXPRESSED BY ELEVEN NEW MOTHERS REGARDING
CONCERNS ABOUT THEMSELVES AND THEIR BABIES*

Concerns	Replies
Physical health of the baby.....	16
Feeding of the baby.....	6
Mothers' emotional health.....	3
Mother's physical health.....	1
Behavioral characteristics of the baby.....	1
No concerns.....	1

*Some respondents gave more than one reply.

mothers elicited some concerns about being insecure, scared, and excited; but as a group these particular mothers were not concerned about the emotional aspects of themselves or their babies. One reply each was made about concern of the mother's physical health and about the baby's crying.

The finding that physical health of the baby was of most concern to these mothers differed from Abbott's¹ findings in which two-thirds of the mothers in her sample were concerned about feeding the baby, and Healey's² findings in which the most prevalent problem was feeding the baby. Since the interviews for the present study took place when the babies were one to nine months old, in this lapse of time the mothers might tend to forget some of their concerns of the

¹Abbott, op. cit., p. 14.

²Healey, op. cit., p. 17.

first days following delivery. On the other hand, the concerns they did recall might be those which were of primary concern and which were of more than fleeting duration.

The apparent lack of concern expressed by the participants about feelings of being insecure, frightened, and scared were in contrast to Yankauer³ who found that three out of four mothers indicated that they felt tired, nervous, and depressed; and of Mann⁴ who acknowledged the same findings but did not give the percentage of mothers.

A second question dealt with the mothers' concerns as related specifically to handling the infants. These concerns are tabulated in Table 2.

TABLE 2

CONCERNS EXPRESSED BY ELEVEN NEW MOTHERS REGARDING
THE HANDLING OF THEIR NEW BABIES*

Concerns	Replies
Nervous and scared.....	4
Awkward.....	1
Problem with the first bath.....	1
Wanted to pick up the child when it was asleep.....	1
Afraid to handle the baby.....	1
Not sure if caring for the baby correctly.....	1
No concerns.....	4

*Some respondents gave more than one reply.

³Yankauer, op. cit., p. 13.

⁴Mann, op. cit., p. 12.

Four of the new mothers recalled no trouble in handling and doing things for the infant. An equal number felt nervous or scared at first. One mother had difficulty giving the baby his first bath and was concerned that she was not handling the child properly; one mother was afraid to handle the child due to its size; another stated she felt awkward. One mother said she "could not resist picking up the child when it was asleep." A total of seven replies from the eleven mothers had to do with some degree of difficulty in handling and caring for their new infants.

These findings were similiar to Abbott's⁵ who found that over half of the mothers' inquiries about infant care concerned handling of the infant.

The mothers' management of their new babies

To determine what methods the mothers employed to alleviate their concerns, the question "How did you manage?" was asked. These replies are tabulated in Table 3. Three replies mentioned calling upon their physicians for advice regarding concerns. One of these three mothers also contacted the well child conference and consulted Dr. Spock's book. Another one had some difficulties at night because the baby preferred to sleep during the day. One stated that in time she just "got used to them" and "managed once she got going." The replies indicated that half of the mothers

⁵Abbott, op. cit., p. 14.

TABLE 3

METHODS USED BY ELEVEN NEW MOTHERS
TO ALLEVIATE THEIR CONCERNS

Methods	Replies
Called the doctor.....	3
Changed the formula.....	1
Attended the well child conference.....	1
Consulted Dr. Spock's book.....	1
Hard to manage at night.....	1
In time got used to the problems.....	1
No problems.....	6

*Some respondents gave more than one reply.

believed they managed well and half had some difficulties.

The people whom the mothers mentioned as helping them with their new babies

To ascertain what help they received the new mothers were then asked, "Who has given you help with the new baby since you have been home from the hospital?" Thirteen family members, other than the husband, were mentioned by eight mothers as providers of help. Four other replies recognized the help given by the husband. One mother credited a neighbor with giving help. Only one mother stated she had received no help, and this was consistent with her other answers which indicated no concerns and a feeling of adequacy.

Only one reply mentioned the doctor, but other parts of the interview indicated at least six mothers had received advice and assistance from their doctors. Implied also was help from Dr. Spock's book and from the well child

conference. None of the mothers mentioned receiving help from the public health nurse, either specifically in response to this question or implied from other parts of the interview.

Mann⁶ found that relatives, doctors, peers, the Visiting Nurse Service, and Dr. Spock's book were sources of help to the mothers with problems related to feeding; and he also found that doctors, peers, and the Visiting Nurse Service were helpful with problems related to the baby's sleeping habits. Mann's findings about the help received by new mothers from relatives, doctors, Dr. Spock, and husbands were consistent with those found in the present study. However the present study did not denote whether the sources were helpful with the feeding or sleeping problems of the infants. In contrast the mothers in the present study did not mention receiving help from peers or from the Visiting Nurse Service. Mann also found that fathers took an active role as helper, as did four of the eleven fathers in the present study. Yankauer⁷ found that relatives, nurses, and other mothers helped the new mothers. Seven of the mothers in the present study credited relatives, who were also mothers as being helpful; but the nurse was never associated with a helping role. Healey⁸ found that new mothers sought

⁶Mann, op. cit., p. 12.

⁷Yankauer, op. cit., p. 13.

⁸Healey, op. cit., p. 18.

out and depended upon experienced mothers and that they called the doctor before the fourth day at home. The two groups of helpers found in Healey's study were also reported in the present study; however, no mention was made as to the time the doctors were contacted. Brody⁹ found the two more common sources for advice, other than the mothers' own opinion, were books and relatives. Again the fact that thirteen relatives and one book were mentioned as helpers was consistent with the findings in the present study; however, the mothers' did not credit their own opinion as a source for advice.

The mothers' self-evaluation of their adequacy in their new role

To determine the confidence of the mother in caring for her baby the question was asked, "When you came home, did you feel adequate in caring for your baby?" Seven replies expressed feelings of adequacy; although, one of these seven mothers added that she was "nervous at first." The mother who had a feeding problem with the baby did not feel adequate until it had been solved, which was when the baby was about three months of age. One mother felt "sort of" adequate; one remarked she used "trial and error method"; another

⁹Brody, op. cit., p. 8.

replied "nervous at first."

Taking into consideration the number of concerns these new mothers had, it seemed surprising that over half of the mothers also replied that they felt adequate in caring for their babies. The data were reviewed for clues to this seeming contradiction. The prominent factor appeared to have been that ten of the eleven mothers indicated a constant source of family help, and that family support was available when they first returned home from the hospital. Also three mothers had had experience in actually caring for babies before their own child was born, which may have given them a feeling of adequacy. The one exception was a young mother who exhibited complete enjoyment in being a mother; and this enjoyment seemed to supercede any anxiety involved in motherhood. These findings sharply pointed out the helping role of the family and its relation to the mother's feeling of adequacy. The importance of the family unit was the most significant finding in this study.

The mothers' interpretation of the part played by the public health nurse

Only one of the mothers was visited by the public health nurse during the prenatal period, but she did not receive any postpartum visits by the public health nurse. Eight of the mothers received a visit from the public health nurse after they came home from the hospital. It may be

significant to point out that at least two of these visits by the public health nurse were not made until the mothers had been home from the hospital for three to six weeks. Two did not have either an antepartal or a postpartal visit from the public health nurse.

The two mothers who did not receive a visit were asked, "Would you have liked to have the public health nurse visit?" One mother said she would have liked the public health nurse to visit in order to "ask questions and to be told what I could do for him." The other mother thought "it would be nice for the nurse to visit, but she went to the clinic anyway."

The contacts of public health nurses with these mothers was very limited and would seem to indicate a need for very careful planning by the public health nurse if the short contact with the mother is to be effective.

The nine mothers who were visited by the public health nurse were asked, "Can you remember some of the things you discussed with the public health nurse?" Six responses stated that they discussed infants' feedings with the nurse, and three said they discussed infant care. The possibility of attending the well child conferences was pointed out to four mothers by the public health nurse. One mother's physical health was discussed by the nurse, and another mother recalled talking about colds. None of the discussions

mentioned were related to the emotional health of the mother or the infant, but this is usually not an easily recognizable topic. Three of the mothers remembered discussing some of their concerns with the public health nurse. Two of the mothers' concerns were related to feedings, and the other mother was concerned with the healing of the navel. The visit from the public health nurse to one mother was "too long ago for her to remember the topics discussed."

None of the mothers desired further help from the public health nurse. Three of the following replies suggested reasons for not desiring help from the nurse; one mother "took her questions to the hospital"; one "had a good baby and needed no help"; one stated the "public health nurse asked most of the questions and covered most of the areas in child care." The other mothers offered no reasons for not desiring further help from the public health nurse. These findings indicated that these mothers did not see the public health nurse as a helper and that the role of the public health nurse was not clear to them.

The discussion of parents' classes

The mothers were then asked, "Did you attend a mothers' or parents' class during your pregnancy?" If the answer was negative, they were then asked, "Would you have liked to?" Only one mother had attended a class. This one happened to have been in California and she stated a movie

on 'life' was of value to her."

Of the ten mothers who did not attend classes, four expressed interest in attending; three were uncertain; and one said "if time was available"; and three replied "no."

Of the four who would have liked to attend classes, two did not go because their husbands did not want to go and the wives would not go alone; one stated she would go at the time of her second pregnancy; the fourth offered no qualifying comment.

The three who were not interested in the classes saw no value in them for themselves. The three who were uncertain stated; "working during pregnancy and too embarrassed," "not sure if classes were available," and "not scared."

These new mothers apparently were not well informed about the time, purpose, or content of mothers' and parents' classes, and also pointed up a need to the planners of parents' classes in relation to timing, content, and publicity. Lesser and Keane¹⁰ found that stereotyped notions concerning content and purpose of the class may prevent the patients from attending. They also found that fear of embarrassment, of appearing ignorant, dependent or fearful may prevent the mothers from turning to professionals for help.

¹⁰Lesser and Keane, op. cit., p. 10.

The suggestions made by these new mothers to help other new mothers

Experience leaves a body of knowledge which can be passed on to others facing the same situation. These mothers were asked, "From your experience what suggestion would you give other new mothers about the care of their new babies?" Three mothers would advise other new mothers "to take things easy," "take things as they come," "follow your heart as each baby is different." Three mothers offered specific advice about the baby's diet, sleeping, and crying. One mother said "it was a wonderful experience," and another felt she just "happened to be lucky and have a terrific baby." One mother stated, "if she asked me about something, I could give an answer." Only one mother advocated a course in child care. No reference was made to the public health nurse. The general impression was these mothers would suggest that other mothers try not to be over anxious or worry unduly.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

Eleven new mothers who had attended a well child conference conducted in a local health unit of a metropolitan health department in eastern Massachusetts were participants in the study. The purpose was to investigate the concerns of the mothers about themselves and their babies, with particular reference to those concerns which could be alleviated by the public health nurse.

An interview schedule was developed to allow for free responses. Five mothers were interviewed at the clinic, and six mothers were interviewed in their homes.

Examination of the data indicated that the chief concern of these mothers centered around the physical health and handling of their infants. The problem of feeding their infants and some feeling of insecurity and fear were also expressed. The mothers' health and the behavioral characteristics of the infant were also mentioned. Only one mother indicated no concerns.

Assistance in caring for the infants was received from the family, the well child conference, the husband, the doctor, and/or the neighbor. None of the mothers mentioned help received from the public health nurse. Seven of the

mothers felt adequate in their new role. All but one gave evidence of good family support and in addition some had had previous experience in caring for an infant. The importance of the family unit was the most significant finding in this study.

Eight of the mothers received a postpartum visit from the public health nurse, but only one mother received an antepartal visit from the public health nurse. Six mothers recalled talking to the nurse about feeding the baby. Four mothers discussed the services of the well child conference; and three each discussed areas of physical health and care of the infant. None of the mothers desired further help from the public health nurse.

Only one mother had attended parents' class. Of the other ten, four expressed an interest in attending; three were uncertain; and three saw no value in attending.

The advice these mothers would suggest to other new mothers was to try not to be over anxious or to worry unduly.

The data substantiated the hypothesis that the new mother has concerns about her newborn that could be alleviated by the public health nurse.

Conclusions

1. Mothers are not clear as to the role of the public health nurse and do not see her as a source of help to alleviate their concerns.

2. Mothers have concerns that could be alleviated by the public health nurse. The concerns are in the following areas: the feeding, handling, and behavioral characteristics of the new baby, the physical health of the mother and her baby, the mothers' concerns about being scared and insecure, and the new mothers' management problems with the new baby.
3. The public health nurse should be aware of the significance of the family in supporting the new mother and should utilize this source in planning care for the mother and baby.
4. The mothers need more knowledge of the content and purpose of parents' classes.

Recommendations

1. That a study be done to obtain more information about the support given new mothers by their families.
2. That a study be done to more clearly define the role of the public health nurse during the antepartal and postpartal periods.
3. That a study be done to ascertain the knowledge and understanding that parents have about parents' classes.

APPENDIX

INTERVIEW SCHEDULE

I am a student at Boston University doing a study. I am interested in interviewing mothers with new babies to find out what experiences they have had since they have been home from the hospital. There are no right or wrong answers and your answers will be confidential. You will not be identified in any way.

1. New mothers often are concerned about their new baby when they first come home from the hospital. Could you tell me about the kinds of things that concerned you most about yourself and your baby?
2. How did you manage?
3. Since you have been home from the hospital who has given you help with the new baby?
4. How did you feel about handling and doing things for your infant, when you brought him home from the hospital?
5. When you came home, did you feel adequate in caring for your baby?
6. Did the public health nurse visit you?
 Yes
 No
7. If the answer is yes to question number 6:
 - a. Before you had the baby?

a. Mother

b. Father

13. Birth date of infant?

14. Sex of infant?

15. Occupation of the father?

16. Medical supervision for:

a. Pregnancy

b. Infant

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