

FIRST TIME MOTHERS' EDUCATIONAL NEEDS
RELATED TO INFANT CARETAKING AND
SELF CARE

By

LOIS L. SALMERON
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Bachelor of Science in Nursing
University of Oklahoma
Norman, Oklahoma
1965

Master of Arts in Teaching
Oklahoma City University
Oklahoma City, Oklahoma
1972

Master of Science in Nursing
University of Oklahoma
Norman, Oklahoma
1981

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SELF CARE

Thesis Approved:

Gary R. Bice

Thesis Adviser

Robert E. Nolan

[Signature]

[Signature]

Norman N. Dusham

Dean of the Graduate College

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Making the decision to enter the formal educational environment requires many hours of thought as well as committing to many hours of work. It is not a decision that can be made in isolation. Individuals today are involved in many roles; therefore, it means change in schedules as well as sacrifice on behalf of the individual and those persons that network his life. For me, this commitment involved many people. It is to these people that I dedicate my dissertation.

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CHAPTER I

INTRODUCTION

The postpartum period, the time following birth, is considered by many as an anticlimatic period of time (Rubin, 1961). Rubin (1975); Reeder and Martin (1987); Olds, London, and Ladewig (1988); Bobak and Jensen (1987); Pillitteri (1985); and Neesen and May (1986) discussed this time as one of profound physical and psychosocial changes for the mother, infant, and family. The media continues to support the myth that "once the baby is born, everyone lives happily ever after" (Rubin, 1976, p. 1684). Rubin (1976, p. 1684) further stated that this time is one that can be "unbelievably cruel" to the family: there is interruption of sleep; there is physical tiredness; there is the process of learning how to interpret the cry of the infant; there are significant changes in the mother-father relationship; there are added expenses of an addition to the family; and there are skills for the mother to learn so that she can care for herself and her new infant, to name a few. Neeson and May (1986) concluded that many adjustments must be made by the mother, the infant, and the family. Rubin (1975) continued by saying that the cornerstone of our society is one that centers around the nuclear family. Reeder and Martin (1987), in describing today's changing family structure, stated that family support systems, previously available, were frequently unavailable. They further stated that, because of this, help in coping with

childrearing and childbearing problems is many times not adequate. Professional support for the nuclear family in the postpartum time can be very limited because, as Bull (1981) stated, contact with healthy mothers by nurses and the health care system decreases after discharge from the hospital. Donaldson (1981) stated that "healthy adaptation during this time is essential to the survival of the family as a unit" (p. 249).

Preparation for childbearing and childrearing varies widely in our society (Bobak & Jensen, 1987; Pillitteri, 1985; Neeson & May, 1986; Olds, et al., 1988; and Reeder & Martin, 1987). These authors stated that couples may seek knowledge to assist them in preparing for birth and parenthood. As outlined in the textbooks of these authors, there are a variety of classes being taught. Some content is taught on childrearing, but the focus is preparation for coping with labor.

Reeder and Martin (1987) discussed the purpose of parenting groups in the postpartum period. They further stated that "most couples are unprepared for the realities of parenthood" (Reeder & Martin, 1987, p. 335). Professionals have determined a list of learning needs thought to be necessary in knowing how to care for a newborn and for one's self (Bull, 1981; Rutledge & Pridham, 1987; Hiser, 1986; Neeson & May, 1986; Olds, et al., 1988; Pillitteri, 1985; Reeder & Martin, 1987; and Bobak & Jensen, 1987). There is minimal documentation in the literature, from a mother's perspective, as to what her educational needs are. The researcher found nothing in the literature documenting the educational needs of mothers, from the mother's perspective, as she perceives them retrospectively, several weeks after birth.

Gruis (1977) discussed that the educational needs of newly

delivered mothers have been, in part, met by the professional nurse during the hospital stay. She further stated that the mother had relatively few contacts with health professionals in the first month after birth. Gruis (1977) went on to state that to render comprehensive care, one must look beyond the hospital period and into the first month.

Neeson and May (1986) stated that the routine length of hospital stay for mother and child in the 1950's was ten (10) days. In the 1970's, women remained in the hospital for approximately five days following a normal delivery (Rubin, 1975). Today, discharge is within two to three days, and within 24 hours if a mother is in an early discharge program (Neeson & May, 1986). Neeson and May further stated that home visits by nurses after the discharge of mother and child was not common. If the mother was participating in an early discharge program, home visits were usually available (Neeson & May, 1986).

Economic influence has dramatically changed the health care delivery system. Reeder and Martin (1987) discussed how the implementation of the Diagnostic Related Groups (DRGs) has created an environment of competition and an awareness of cost containment within health care. Jansson (1985) discussed several advantages of early discharge: one being a reduction in health care costs. Marketing health care is gaining momentum today (Olds, et al., 1988). Olds, et al. (1988) stated that childbirth is big business. They further described that hospitals "proudly proclaim their commitment to women's health" (p. 9).

In our society, the number of incidents of child abuse is increasing to unacceptable numbers. According to an article by Wright

and Jacobi (1988), there has been an increase of 223 percent since 1976. Wright and Jacobi continued by stating that a lack of parenting skills as well as new parents being unprepared for their new role are suggested as some of the possible causes. Restak (1979) stated that anthropologists studied the question of why violence occurred in some societies and did not occur in others. Restak further stated that there was evidence in some cross-cultural studies that related early infant-care practices to violence.

The researcher further suggested that concerns mothers may have prior to birth are likely different than those after birth. Concerns that mothers perceive as knowledge necessary to know before taking an infant home was not clearly defined. The literature identified areas of educational needs from a professional perspective and there was a great deal of documentation to support the professional point of view. However, there was very little in the literature documenting the needs from a mother's viewpoint. The researcher was unsuccessful in locating any literature documenting the mother's needs several weeks after birth as she reflects back on the birthing experience. Concerns that are identified by the mother prior to birth may be completely different once the infant is born. With the length of hospital stay becoming shorter and shorter, the time available to identify and prioritize these concerns is limited.

Statement of the Problem

The problem is that postpartum care for the mother is inadequate

because there is not a clear cut definition of educational needs for mothers pertaining to infant caretaking tasks and self care needs.

Purpose of the Study

There is a great deal of literature that identifies areas of educational needs of mothers for self care and infant care from a professional perspective. The researcher was unsuccessful in identifying any literature documenting the mother's needs several weeks after birth as the mother reflects back on these first few weeks. It is possible that the educational needs of mothers soon after birth and those identified four weeks after birth are entirely different.

The purpose of this study was to explore the concerns that new mothers had in educational needs relating to self care and infant caretaking skills so that an appropriate educational program for new mothers can be designed.

The study sought to answer the following research questions:

1. What are the information needs of new mothers, within 24 to 48 hours after birth, pertaining to infant caretaking skills?
2. What are the information needs of new mothers, within 24 to 48 hours after birth, pertaining to self care?
3. What are the information needs of new mothers, three to four weeks after birth, pertaining to infant caretaking skills?
4. What are the information needs of new mothers, three to four weeks after birth, pertaining to self care?
5. Does age, level of education, preparation for this childbirth experience, income level, or racial heritage affect the information needs as expressed by new mothers at 24 to 48 hours after childbirth?

6. Are there differences in the information needs as expressed by new mothers at 24 to 48 hours and those expressed at three to four weeks after childbirth?

Definition of Terms

To facilitate an understanding of this study, the following terms are defined as follows:

Postpartum: Refers to the mother in the period of time after childbirth (Olds, et al., 1988; Reeder & Martin, 1987).

Primipara: Refers to the woman who has given birth for the first time to an infant that has reached the age of viability (Olds, et al., 1988; Reeder & Martin, 1987).

Viability: Refers to the infant that is able or likely to live outside the uterus at birth (Reeder & Martin, 1987).

Self Care Needs: For the purpose of this study, self care needs refers to needs that the mother identifies relevant to her own care.

Infant Care Tasks: For the purpose of this study, infant care tasks refers to needs that the mother identifies relevant to the care of her baby.

Vaginal Delivery: Refers to the expulsion of the products of conception through the vagina (Neeson & May, 1986).

Normal Pregnancy/Delivery: The period of time from conception through the expulsion of the products of conception where no significant health problems are encountered with the mother or the fetus.

Scope and Limitations

This study was limited to primiparous women that gave birth in the greater Oklahoma City area in the summer of 1988. Subjects selected experienced normal pregnancies; therefore, the study was limited to normal, vaginal births.

The study was limited to exploration of information needs pertaining to self care and infant caretaking tasks of first time mothers at two specifically identified points of time.

Assumptions

The following assumptions were made in this study:

1. The subjects were, in fact, primiparous women.
2. The subjects were representative of the general population of primiparous women in the Oklahoma City area.

Organization of the Study

Chapter I of this study includes an introduction to the problem, a statement of the problem, the purpose of the study, the research questions, a definition of terms, the scope and limitations of the study, and the assumptions underlying the study.

Chapter II is a review of the related literature that is pertinent to the research problem. This chapter is divided into the following headings: (a) maternal role, (b) professional role, (c) maternal concerns, (d) childbearing: a developmental stage, (e) attachment, and (f) readiness to learn.

Chapter III outlines the methodology that was utilized in the

study. This included a description of the population selected as subjects, the procedures for data collection, the collection of the data, the instrumentation, how validity and reliability of the instrument was determined, and how analysis of the data was determined. Chapter IV presents the findings of the study relevant to information needs of infant care taking tasks and self care. Chapter V summarizes the study, presents conclusions, and suggests recommendations for additional research for practice.

CHAPTER II

REVIEW OF LITERATURE

The purpose of this study is to identify the perceptions that primiparous women have regarding their preparation to care for themselves after childbirth, as well as caring for their infant. The concepts of maternal role, professional role, maternal concerns, childbearing: a developmental stage, attachment, and readiness to learn were explored in the literature. This chapter is a review of the related literature.

Maternal Role

Rubin (1961) identified phases of the maternal role. The first phase, which is immediately after birth, is when the mother is dependent on others for her needs and her primary focus is on herself. Rubin stated that this phase will last approximately two days. During this period of time, the mother voices a need for nourishment and rest. It is also important for her to relive the birth experience, but she primarily remains passive. In the second phase, the mother moves from a dependent to more of an independent role. She verbalizes concerns about her bodily functions and displays an openness to teaching of care for herself and her infant. This phase lasts several days. It is during this period of time that the mother may express a lack of confidence in her ability to perform the caretaking skills. As she

becomes increasingly confident in herself, the mother becomes increasingly independent and adjusts to this changing role. During this time the mother is experiencing profound physiological changes as well as psychosocial adjustment to a new role.

Rubin (1987) described the process of maternal role attainment. This process is a continuous one, quiet, but not passive. The woman is motivated by the intent to become. A most important contributor to this identification is the woman's own mother. Peers and others, who provide her with information, also contribute to the attainment of maternal role. An important person in the final steps of this identification is the one who will play the partner role. Rubin (1975) summarized this process as one that is a period of reordering one's own person with one's own environment. Maturation of one's own personality is the result of this process.

Ludington-Hoe (1977) described the postpartum period as one that usually lasts six weeks. This is a period of physical restoration as well as role changes. The role change has two components: that of the emotional factors and of physical care taking skills. The role changes involves reorganization of attitudes, beliefs, responsibilities, relationships, as well as the household schedule. All of these changes evolve as a result of the new infant. Ludington-Hoe further described the maternal emotional component as "maternicity". Maternicity includes the processes of bonding, attachment, affection, as well as those physical caretaking components that can be described as "mothering". Mothering is different from physical skills that mothers perform. Mothering is an integral part of the emotional attachment. Mothers who develop maternicity cannot avoid mothering, but mothers can

perform the physical components of care without developing the emotional dimension. The development of maternity is not an automatic one. It is a learned process that results from the mother-child interaction as the two spend time with each other.

Perdue (1977) related the importance of the behaviors, skills, and knowledge required to fulfill the role of a mother in today's society. Even though mothering is considered a most important function today, there is little information in today's curricula that teaches about this subject. The tasks required of mothering are considered intuitive. She embraces the idea that the skills of mothering are learned: one is not born knowing how to mother.

Mercer (1981) suggested that there was a greater psychosocial readiness for the acquisition of the maternal role in the woman who is in her 20's. The infant is an active partner in the taking on of the maternal role.

Carlson (1976) related a subjective experience of early motherhood. She suggested that this phase of the development is one of disorientation and bewilderment. Psychological and physiological changes that occur during pregnancy are gradual. The changes that occur after labor and delivery require sudden and more rapid adaptation. The mother is expected to change despite the circumstances. The evolution of and change in relationships is a learned process. She suggested that nurses must explore meaningful ways of delivering care during this period. She further suggested that it is not possible to resolve these feelings of disorientation and bewilderment during the postpartum hospital stay.

Neeson and May (1986) suggested that the mother's needs for

attention and support after birth must be met before she is able to give care to her infant. Acceptance by the mother of her infant supports her acceptance of herself, as a woman and a mother. This factor seems to have significance in the development and adaptation of the maternal role.

Professional Role

Rubin (1975) believed that our society provides little professional care for the mother and infant between the time of hospital discharge and the first few weeks after birth. Her belief is that maternity nursing stops too soon. To support this statement, Rubin cited that the morbidity and mortality rates in the United States remain essentially the same as they were in the 1920's, despite the technological advances in society.

The United States ranks 17th internationally in infant mortality. In 1985, the infant mortality rate in the United States was 10.6 deaths per 1000 infants, Oklahoma ranks 32nd in the United States with a 10.9 infant mortality rate. An important contributing factor is the increase, in the last decade, in births of very small infants (less than two pounds, three ounces). Suggested as one of the possible causes is cutbacks in health services for poor women and their babies (Okie, 1988). The National Commission to Prevent Infant Mortality (1988), in its document relating the private sector's role in reducing infant mortality, suggested that the need for action is the responsibility of government in partnership with the private sector. Several examples of positive results in reducing health care costs while reducing the number of low birth weight infants, were cited in

this most recent document. One corporation instituted a prenatal education program for its employees. No low birth weight babies were born to the women in the first year of the program. The health care costs related to the maternity services during that year were decreased by 83 percent over the previous year.

Gruis (1977) stated that health care services for the mother were concentrated in the time prior to and during the birth process. She stated that health professionals have failed to look beyond this period.

Brown and Hurlock (1977) discussed the first few critical weeks after childbirth as being that time most crucial to the establishment of a relationship between mother and baby. It is also during this time that the health care system provided little care. After discharge, there is usually no contact with the health care system until the four or six week check-up examinations for mother and baby. Brown and Hurlock (1977) proposed that nursing visits during this time would reduce the anxieties of the mother and assist in establishing the relationship between mother and infant.

Hans (1986) suggested that the emotional state of the mother cannot be completely assessed in a short time after birth, or during a single encounter with the mother. She emphasized that good communication skills are a necessary component to provide quality nursing care for the mother and time for interaction is an absolute.

Gordon and Gordon (1965) demonstrated that prenatal instruction, which included psychosocial preparation, helped reduce the postpartum emotional distress felt by mothers learning to manage their new responsibilities. They found that women with high stress scores tended

to have emotional problems after pregnancy that lasted longer than women with lower stress scores. Women who had experienced instruction prior to motherhood, on how to reorganize their attitudes and activities after motherhood, reduced the possibility of emotional upsets in the postpartum period. The instruction also seemed to have long term benefits. Information provided by the physician and nurse, directly involved in the prenatal care of the mother, was more effective than classroom instruction by another health care provider.

Neeson and May (1986) stated that the professional nurse must focus on helping the mother to monitor her needs, to restore her health, and to provide education. The mother becomes acquainted with her needs as she interacts with the nurse. The educational needs are met by utilizing the adult principles of learning while moving the mother from the simple tasks of care to the more complex.

Bristor, Wilson, and Helfer (1985) introduced an educational/training program for parents in the first few days following birth. The intent of this program was to provide support while teaching parents the skills necessary to communicate and interact with their new baby. Their desired outcome was to increase the communication between parent and infant thereby decreasing the incidence of a breakdown in communication with the infant.

Lindell (1988) reviewed childbirth education from a historical perspective. Analyzing several educational offerings, she responded that the professional should offer educational needs for the consumer that is determined important by the consumer. Her review reflects the fact that previous and current childbirth education tends to mold

couples by presenting educational materials that the health care profession has determined is important.

Maternal Concerns

In 1963, Adams conducted an exploratory study to determine concerns that primigravidas had relating to their abilities to supply physical care and comfort to their new infants. She made three suggestions as a result of this study: (1) mother's had more questions when first beginning the care of the infant, (2) specific information about amount and frequency of feeding was needed, and (3) that the mother needed more information in knowing how to interpret the cues of the infant.

Gruis (1977) conducted a study of concerns in the postpartum period of normal primiparas and multiparas. The most prominent concern cited by the mothers was related to their changing figures. The second greatest concern centered around organizing the demands of the household, the children, and the spouse. Her study indicated that there is a need to explore concerns of mothers. Gruis' (1977) findings suggested that there was a discrepancy between concerns identified by the mothers as compared with those identified by the professional nurse.

Bull (1981) suggested that not much is known about a change in the focus of concerns by mothers after discharge from the hospital. The contact with the health care system decreases significantly after discharge, particularly if there are no identified problems during the childbirth experience. Bull's 1981 study implied that the focus on self and infant persists after one week at home with the infant. Bull

(1981) suggested that the mother may not be able to focus on the needs of the infant if her own needs are not met.

Cibulka and Price (1978) found that the greatest concerns of mothers were of self-image and managing the demands of multiple roles. Of lesser importance were the infant's feeding and understanding the infant's behavior.

A study conducted by Moss (1981) suggested that the greatest number of concerns were found in mothers who were under 20 years of age, had another child at home, and had male infants. Mothers over 30 years of age had the least concerns. The most crucial time of stress was after the mothers were discharged.

Bull (1985) stated that mothers' perceptions vary of the usefulness of information given after delivery. The critical factors related to teaching in this immediate period are the timing, the readiness of the learner, and the repetition of instruction. Bull suggested that, with early discharge, the mother may not be ready to learn until after she is home. Bull also stated that knowledge is essential for skill performance and that four factors influence knowledge acquisition: motivation, past experience, skill involved, and the environment.

Lemmer (1987) studied the effects of early discharge in first time mothers and infants one week after birth. She found that no significant difference occurred in the intensity of the concerns that these mothers had at one week postpartum. The most intense concerns of these first time mothers were focused on maternal body image, infant care and behavior, and how to recognize signs of illness. She suggested that the early postpartum period is a poor time for extensive

teaching because of the mother's need for rest and early physical discomforts. The trend towards early discharge precludes the opportunity for extensive teaching. Lemmer (1987) also suggested that her findings supported the need for greater professional nursing involvement during these first days after birth, as well as further evaluation of early discharge programs.

Rutledge and Pridham (1987) conducted a study that investigated the question of whether a relationship existed between the demographic characteristics of mothers with their perceived perceptions of competency in feeding and caring for their infants. Results of this homogenous group indicated that preparations made in the hospital environment of bottle feeding mothers had a significant impact on perceived competence.

Hiser (1987) conducted a study that identified concerns of multigravidas during the early postpartum period. She determined that the parents' readiness to learn about child care and parenting skills developed after birth. Private classes were given to parents during the first two weeks postpartum. A frequent complaint of parents was the inconsistency of instructions given by health care workers to new parents. Hiser (1987) also suggested that frequently it is assumed that multiparas need less teaching because of having experienced previous pregnancies. Her study did not support this assumption. One problem identified was that most parents were not ready to leave the home within two weeks after birth to attend classes, during the time that they most frequently have questions about child care and parenting skills.

Childbearing: A Developmental Stage

Pregnancy is accepted as a stage of development that has its own unique tasks. This period of time can be one in which a wide variety of adjustments, both psychosocial and physical, will be experienced. There will be periods of equilibrium as well as times of disequilibrium. Pregnancy is a situation that alters the body image while requiring adaptation in the family social roles (Olds, et al., 1988).

Reeder and Martin (1987) embraced the concept that childbearing is a stage of role transition that is based on the conceptual framework of stage-task development described by Erickson, Benedek and Hill. Accepting this framework implies that childbearing is a normal process, but it also respects the fact that stress and disequilibrium can occur.

Swanson (1978) wrote of the development by a mother of love for an offspring as one component in the maturational crisis of parenthood. She identifies one of the goals during this crises is to meet the dependency needs of the mother so that she may devote her attention to meeting the needs of the infant.

There is growing evidence that the family is especially vulnerable to stress during the period of transition into parenthood (Donaldson, 1981). Some of the most frequent expressed stressors are those relating to physiological adaptations, fatigue, body image, changes and conflicts in role, the needs of the infant, as well as those that were never anticipated. Donaldson further stated that there was a lack of delivery of services by the professionals in this immediate time. Donaldson (1981) further made the assumption that, during the

childbearing year, the family's capacity to nurture its newborn is directly related to the nurturing received by others.

McKenzie (1982) suggested that there is a sensory overload that occurs early after birth. The physical and emotional changes of childbirth are abrupt and are a source of disequilibrium. She suggested that the most dramatic time period of these changes were the first ten days: more specifically, the critical first 24 hours and the next ten days. She suggested that there was an openness to education and instruction early after birth, but the information may have to be repeated periodically for acquisition to occur.

Edwards (1974) stated that childbirth is a crisis in which coping strategies must be utilized. Childbirth education provides the opportunity for expectant parents to prepare for the fourth trimester so that it will be less stressful. She suggested that the mother needs time after birth to learn the meaning of the infant's behavior, to become synchronized with the infant, so that learning to care for the infant will be meaningful.

Gorrie (1986) discussed that many first time parents are totally unprepared for the postpartum period. This is described as a time of transition, stress, and crisis in which the parents have to deal with physical as well as permanent life-style changes.

Restak (1979) looked at the relationship of early infant care-taking practices to the later development of violence. Restak found that societies that provided their infants with a great deal of physical affection and bodily contact produced adults that were nonviolent. There was a higher incidence of violence in adulthood in

societies that were restrictive in feeding and changing their infants. Child abusers display a pattern of having been abused and of having reduced pleasure in daily living. Common characteristics of child abusers are of being lonely, having low frustration levels, and having a sense of personal deprivation. Restak (1979) further suggested that if these individuals are unable to receive pleasure, then they may be unable to give pleasure to infants.

Child abuse is on the rise in today's society. According to the American Humane Association, there has been an increase of 223 percent since 1976. In 1986, there were 2.2 million cases of reported abuse or neglect in the United States. Death from abuse has risen 23 percent in 1986, claiming approximately 1300 children of which 65 percent are younger than the age of two. Abuse and neglect crosses all socioeconomic classes. It seems to occur when the stresses within the family are their greatest. Adults who were abused are six times more likely to abuse their children. Drugs and alcohol play a great role in abuse; in 40 percent of the fatalities, the abuser had a problem with drugs or alcohol. Some of the suggested causes, according to a recent article by Wright and Jacobi (1988) in the Ladies Home Journal, are: (a) a lack of parenting skills in which new parents are unprepared for the role and therefore do not know how to handle the stresses of parenthood; and (b) social isolation in which the parents are not near the extended family, who could provide support in childrearing. One solution that was suggested in the article was to provide maternity services to families that offer support and education so that acquisition of parenting skills is accomplished.

Mott, et al. (1985) outlined some of the parental risk factors in

child abuse. Stated risk factors included: (a) isolation from support systems, (b) a lack of knowledge about parenting, (c) having unrealistic expectations of the child, and (d) having a lack of trust in oneself which results in a feeling of low self-esteem as well as low tolerance for frustration.

Past studies with Rhesus monkeys (Restak, 1979) showed evidence that abnormal early brain development, brought on by poor mothering, might be the key to understanding some forms of violence. Monkeys that were isolated from their mothers exhibited behaviors that were mutilating, aggressive towards self, and aggressive towards others.

Rutter (1984) studied maternal deprivation in children. He stated that the important factors that make children resilient were: (1) a feeling of high self-esteem, (2) security in relationships with others, (3) ability to cope with changing circumstances, and (4) experiences in social problem-solving. Rutter suggested that the development of these factors begin in infancy. Segal, Julius, and Zelda (1984) discussed resilient children, saying that studies have shown that children have an enormous capacity to overcome emotional scars experienced in early childhood.

Attachment

Klaus (1976; 1981) has described in detail the process of human attachment: that unique relationship that develops between two people, is crucial to survival and development, and endures throughout a lifetime. One component in this process is that of the infant's response to the mother, that results from her stimulus, and is necessary for this process of attachment to develop. In the first few

days after birth, there is anxiety on the part of the mother, about the well-being of the infant, that influences her behavior in caring for her infant. This anxiety is viewed as a positive force in the behavior of the mother. Klaus (1976, 1981) described the acquisition of mothering behaviors as one of socialization influenced by past experiences. Klaus studied mothers who had extended contact with their infants. He found that, at one month of age, these mothers were more reluctant to leave their infants, provided more contact to quiet the crying infant, and significantly more en face positioning. At one year, these mothers provided more soothing behavior when the infant cried. At two years, these mothers asked twice as many questions directed towards their children, gave less commands, and used more words with their children. At five years, these children had significantly higher IQ scores and were more advanced in the scores achieved on language tests.

Dunbar (1976) discussed the process of maternal "knowing". This is described as an evolving process which involves discovering the unique characteristics of the infant. It seems that this developmental process is directly influenced by the actions of the mother. As the infant presents new problems for the mother to deal with, the mother must coordinate her activities to solve these. The mother's involvement with this process is, in part, initiated by touch. Maternal touch is cautious, at first. Soon it becomes the avenue of control over the physical and emotional closeness or distance from the infant. The mother continues to identify with her infant through the process of touch. Repeated interactions with the infant serve to continue the process of identification as well as establish a sense of

unity with the infant. Dunbar (1976) suggested that it was possible that maternal touch may reflect a progressive attainment of some component of the complex, developmental establishment of mothering.

Klaus (1976; 1981) described the process of attachment by outlining an elaborate sequential series of behaviors observed in mothers as they become acquainted with their newborn infants. Maternal touch is an essential component of this process. Rubin (1963) discussed how touch is highly developed in the newborn infant. In fact, it is the most developed sense at birth. Rubin (1972) stated that mothers who has positive experiences with touch were able to more effectively use touch to become acquainted with their newborn infant. The process is one of identifying with the infant, locating the infant, and orienting oneself to the infant (Rubin, 1972). Rubin (1972) felt that this was best done in the home environment as long as there were appropriate support systems to help meet the mother's needs in terms of infant care and self care.

Swanson (1978) stressed that attachment is a reciprocal process. A necessary component of this process is identification by the mother of the infant. This identification begins prior to birth. A significant component of this process is the mother's relationship with her own mother. The actual process of attachment is not fully understood.

Gottlieb (1978) studied the concept of attachment. Gottlieb concluded that statements, made by mothers, which reflected a growing developmental process of positive feelings on the part of the mother towards her infant were indicative of attachment. She concluded that the promotion of positive maternal responsiveness had long lasting

effects on the mental and physical well-being of the infant. Gottlieb (1978) also stated that nurses were in the unique position to assess, promote, and facilitate this basic process of human attachment and development.

Readiness to Learn

Mercer (1981) suggested that the experience of childbirth must be a cognitive whole. This experience involves reflection and evaluation of the experience so that integration can occur. When this cognition becomes congruent with oneself, it becomes a part of the self. Consequently, learning to care for the infant can occur as learning becomes a part of the self. An essential component of infant caretaking is that the mother needs assurance that she is capable of caring for her infant. This primary concern occurs when the infant is approximately one month of age. Mercer stated that the primipara is naive about what is expected of her after childbirth.

Petrowski (1981) suggested that the crucial problem in any learning situation is how to facilitate the transfer of knowledge to long term memory. She concurred with Bull (1981) that the major aspects in learning are timing, repetition, and readiness. Petrowski (1981) suggested that physical comfort contributes to the openness to learn.

Redman (1984) listed two facets of readiness to learn: motivation and experiential. The motivational (or emotional) component is the one that determines the individual's willingness to put forth the effort, while the experiential includes the individual's background of experiences, skills, attitudes, and abilities. In relating this to

health education, Redman (1984) listed two factors: the influence of beliefs about health (which is usually culturally defined) and the impact of the health crisis.

Martell (1984) stated that there is no research today to describe how early discharge changes the behavior of mothers to move quicker from dependency to independency. She questioned if early discharge stimulated the mother to move more rapidly into an independent role (taking hold) in infant care taking and self care or does it prolong her dependency (taking in). In other words, Martell questioned if readiness to learn occurred any differently in the mother who was discharged early. Her descriptive study suggested that mothers did show change and she disagreed with Rubin's (1961) suggested behavior patterns of taking in and taking hold.

Jones, et al. (1980) studied maternal responsiveness in the postpartum period. Age was isolated as a variable influencing maternal readiness. Results suggested that there is an age that is critical when developing readiness of maternal response. It was found that mothers over the age of 19 demonstrated significantly more responsiveness to their infants than mothers 18 years of age and under.

Summary

The review of the literature describes the phases in the establishment of the maternal role. Integrated into this role change is the physiological as well as psychological adaptations that the women have to make to complete this change. Society expects women to make these changes, no matter what her age or the circumstances surrounding her life. Although expectations are defined, acquisition

of attainment of the necessary knowledge to fulfill these expectations is vague.

There is an abundance of literature relating the necessary skills and knowledge, determined important for the mother to know, from a professional viewpoint. Minimal research is in the literature that speaks to this question, from the consumer point of view. Concerns expressed by women pertaining to educational needs after childbirth is beginning to appear in the literature.

The childbearing experience is considered to be a normal, maturational process of development during the lifespan. Stress is an integral part of this process. Assisting the family to deal with the stressors of childbearing is the challenge of the health care profession, particularly providing appropriate educational support. Determining appropriate educational support, from the consumer point of view, is the charge.

Before the family can accept the support necessary to acquire the knowledge, attachment to the infant is essential. Displaying a readiness to learn is a necessary component to the entire educational process.

Previous studies, from a professional viewpoint, suggest that there is critical information that a mother needs so that she may provide quality care for herself and mothering for her infant. There is not sufficient information regarding the education needs of mothers in relation to self care and infant caretaking tasks in this critical one month period of time after birth, from the consumer point of view. There is little research to indicate that income level or ethnicity

relate to information needs of the consumer. It appears that there is minimal research to support age of mother and information needs.

CHAPTER III

METHODOLOGY

The purpose of this study was to explore the concerns that new mothers had in educational needs relating to self care and infant caretaking so that an appropriate educational program for new mothers could be designed. It has been the experience of the researcher over several years that first time mothers are unsure of several aspects of care for themselves and for their infants. It is also recognized that these women have had varying degrees of preparation prior to birth. It has been the experience of the researcher, while caring for these first time mothers, that many times they are unable to identify what it is that they need to know to assist them in making the transition into motherhood. This study evolved out of a felt need that the information needs of new mothers regarding self care and infant caretaking tasks were not clearly defined. By identifying these educational needs, from the point of view of the consumer, an appropriate educational program could be designed.

This chapter describes the research design, the study population, the instrumentation used, the data collection process, and analysis of the data.

Research Design

This study was descriptive. According to Diers (1979), a

descriptive study is a factual searching study. Descriptive studies are concerned with conditions or relationships that exist (Ary, Jacobs, & Razavieh, 1972). The focus of this research was on the information needs that mothers identified, after childbirth, regarding care for themselves and their infants, so that an educational program could be designed.

A research instrument describing the elements of self care and infant caretaking tasks was constructed, using the guidelines outlined in Zemke and Kramlinger (1985). This method was chosen because this form of questionnaire was familiar to people and can easily be self-administered. The same questionnaire was administered at the two time frames identified in the study.

The information needs that the mothers identified, gathered from using the research instrument, can be used as the foundation for curriculum development for programs for mothers. It was the intent of this descriptive study to identify these information needs at two different times following childbirth: as the mother is beginning her role in motherhood and as she reflects back on the experience, approximately one month later.

Population

A total of 66 women in the Oklahoma City area, in three hospitals, were selected as the subjects. Each met the following criteria:

1. Each woman had experienced a normal pregnancy.
2. Each woman had experienced a normal labor and vaginal delivery.

3. Each woman was primiparous.
4. Each woman delivered a single, term infant.
5. Each woman delivered in one of the identified hospitals within the Oklahoma City area.
6. Each woman and her infant were dismissed from the hospital at the same time.

The purposive sample was taken during July-August 1988 which are typically high birthrate months. Every first time mother who delivered in the three hospitals during this time period was included in the study, which resulted in 66 women.

The sample was stratified by age groups. Six categories of stratification were identified according to the criteria established in the Selected Demographic Information for Oklahoma Counties (1985) published by the Oklahoma State Department of Health. It was expected that a minimum of seven subjects, in each of the age categories, would complete both parts of the questionnaire.

Permission to use human subjects was granted by the members of the Institutional Review Board for Human Subjects from Oklahoma State University (See Appendix A).

Permission to review the hospital charts, for the purposes of selection of the subjects, was granted by each of the institutions utilized. To obtain this permission, an application process was completed for each institution. The application was reviewed by the appropriate committee within each institution before permission was granted (See Appendixes B-D).

Instrumentation

A search of the literature was completed so that a compilation of items related to infant caretaking and to self care of new mothers could be obtained. The instrument constructed focused on eight major topics: (1) baby care tasks, (2) feeding skills, (3) breast feeding skills, (4) bottle feeding skills, (5) social behaviors, (6) self care tasks, (7) care of the breasts, and (8) social/personal care. Eighty-three items were determined. The research instrument was named "Mother-Baby Questionnaire". Permission was granted (See Appendix E) by Karen F. Pridham, R.N., Ph.D. to use selected items from her Birthing Questionnaire.

The first section focused on demographic information. Demographic data was requested so that the population studied could be described. Sections A through H comprised the eight major topics. The following statement introduced each major topic: "The following is a list of . . . (the major topic area is inserted here). In what areas do you think you need more information? To respond to the statements, please use the following scale." Respondents replied by rating the item on a scale of one (1) to four (4). One (1) denoted "none needed"; two (2) denoted "some needed"; three (3) denoted "a lot needed"; and four (4) denoted "great amount needed". This scale was chosen because it was felt that the information requested would be obtained using this scale of one (1) to four (4). At the end of each of the major topic areas, the respondent was requested to state the item in which she felt she needed the MOST information now and the LEAST information now.

Content validity and reliability was established in a variety of

ways. Twelve (12) maternal-child nursing experts from around the United States were requested to review the questionnaire for content validity. Three of the experts were NAACOG (the Organization of Obstetric, Gynecologic, and Neonatal Nurses) continuing education faculty for the course, Postpartum Short Stay Programs. This course is designed to assist institutions in setting up early discharge programs for newly delivered mothers. An integral component of these programs is education for mothers. Other experts were faculty of various universities who teach professional nursing students about the education needs of childbearing women. Other experts were clinical nurses, both staff and administrative, that do the actual teaching of new mothers in the hospital setting. Substantive changes, based upon the input of these experts, were made in the instrument. A list of these experts and their job titles is shown in Appendix F.

Five (5) first time mothers, all having infants over four months of age, were interviewed by the researcher. These women were chosen because their childbearing experience was recent. A common introduction about the nature of the research was given to each of these women. All were asked to reflect back on the first month at home with this new infant. Each was asked to identify any information, about infant caretaking and self care, that would have been helpful, and for which the mother did not feel that she had, that was needed during this time. These mothers did not review the research instrument. Substantive changes, based upon their input, were made in the instrument. A summary of these interviews is shown in Appendix G.

Five (5) newly delivered mothers, all meeting the population criteria, were administered the research instrument. They were

requested to respond to the following questions:

1. Was the instrument understandable?
2. How much time did it take to respond to the instrument?
3. Did the instrument include all of the information that each felt was necessary?

Substantive changes, based upon their input, were made in the instrument.

Two versions of the research instrument were constructed: (1) Mother-Baby Questionnaire (first version) and Mother-Baby Questionnaire (second version). The items were the same on each questionnaire. The instructions of the first version were stated in the present tense; this version was administered at the 24 to 48 hour time frame. The instructions of the second version were stated in the past tense; this version was administered at the three to four week time frame. The subjects answered both versions of the instrument. Confidentiality was established by using numbers, beginning with number one. Mother-Baby Questionnaire (first version) is shown in Appendix H and Mother-Baby Questionnaire (second version) is found in Appendix I.

Data Collection

A total of 61 primiparous mothers participated in the study. Each was requested to answer the questionnaire at 24 to 48 hours after birth and, again, at three to four weeks after birth.

Introduction to the study and initial request to participate in the study were done by the researcher. The purpose of the research, the data collection time frames, the confidentiality of information obtained, and the request to participate in the study were verbally

discussed with each subject. After the subject agreed to participate in the study, the two time frames of data collections were outlined again to each subject. Emphasis on completion of both questionnaires was stressed. The intent of this was to increase compliance in answering both questionnaires. As each subject agreed to participate, Mother-Baby Questionnaire (first version) was left with the subject. At this time, the researcher stated that she would return the following day to obtain the completed questionnaire. It was explained, at this time, that the Mother-Baby Questionnaire (second version) would be mailed to the subject, along with a return self-addressed stamped envelope. The subject was instructed to expect to receive this questionnaire when the infant was approximately three weeks of age. Included in this questionnaire, was a letter encouraging the subject to respond to the questionnaire within the next week, so that the second time frame of three to four weeks, as identified in the study, could be met. A copy of the letter is found in Appendix J.

Demographic data was utilized to describe the population. Data from Sections A-H of the questionnaires were tabulated at the two stated time frames. Comparisons of this data were made.

Analysis of Data

Descriptive statistics were used to describe the sample from this study. Frequency counts, means, and ranges were used to describe the sample where needed.

The sign test was used to determine changes between the two points in time of the study on each item on the questionnaire. Selected Chi square calculations were used to compare responses by age categories.

The macro analysis consolidated the responses by broad categories to determine the basic core of educational needs.

CHAPTER IV

PRESENTATION OF FINDINGS AND ANALYSIS OF DATA

The purpose of this study was to explore the concerns that new mothers had in educational needs relating to self care and infant caretaking skills. Data were collected from first time mothers during the months of July and August, 1988. The purposive sample of 66 mothers were in the maternity units of three hospitals in the Oklahoma City area: Baptist, Deaconess, and the Oklahoma Teaching Hospitals.

Sixty-six (66) subjects were chosen in the three institutions. Permission to review the hospital records, for the purpose of selection of the subjects, was granted by each of the institutions utilized. To obtain this permission, an application process was completed for each institution. The application was reviewed by the appropriate committee within each institution and permission was granted (See Appendixes B-D). The medical records were reviewed by the investigator to validate that each subject met the population criteria of: (1) a normal pregnancy, (2) a normal labor with vaginal delivery, (3) being a primipara, (4) delivery of a single, term infant, and (5) dismissal of the infant with the mother. Each subject was asked to participate in the study. The investigator verbally explained the purpose of the study, stated how long it would take the subject to answer the questionnaire, explained that a second questionnaire would be mailed in approximately three weeks, and requested the subjects' consent. If

consent was agreed upon, the investigator presented the consent form (See Appendix K), read it with the subject, and witnessed the signature of the subject. The survey was left and the subject was told that the investigator would return the next day to pick up the survey.

Sixty-one (61) of the 66 surveys were included in the first analysis. One survey was eliminated because the subject did not understand the directions due to a language barrier. Three subjects took the questionnaires home with them; therefore, the three surveys were not obtained by the investigator during the first time frame of 24 to 48 hours after childbirth. One subject was eliminated because the infant was not dismissed from the hospital with the mother.

The second questionnaire, Mother-Baby Questionnaire (second version) was mailed by the investigator when the infant was three weeks of age. Included with the questionnaire was a self-addressed, stamped envelope as well as a letter of explanation to the subject (See Appendix J). At approximately ten (10) days after mailing, if the questionnaire had not been returned to the investigator, the subject was telephoned by the investigator requesting confirmation that the questionnaire had been received. At that time, the subject was encouraged to answer the questionnaire and return it to the investigator.

Forty-eight (78.6 percent) of the 61 questionnaires (second version) were returned. Twenty (20) of 25 (80 percent) subjects that delivered at Deaconess Hospital returned the second version of the questionnaire. Twelve (12) of the 17 (70.5 percent) of the subjects that delivered at the Oklahoma Teaching Hospitals returned the second version of the questionnaire. Sixteen (16) of the 19 (84.2 percent) of

the subjects that delivered at Baptist Medical Center returned the second version of the questionnaire.

Description of Respondents

Data collected to describe the population included marital status, age, educational level, types of preparation for this childbirth experience, yearly income, racial heritage of both mother and father, preferred method of feeding, and individuals identified who would help the mother when home.

The greatest number of the subjects delivered at Deaconess Hospital (N = 25, 41.0 percent). Nineteen (N = 19, 31.1 percent) delivered at Baptist Medical Center. Seventeen (N = 17, 27.9 percent) delivered at the Oklahoma Teaching Hospitals.

The majority of the subjects were married (65.5 percent). Two (3.3 percent) were divorced; nineteen (31.1 percent) were single. None were widowed. Table I presents the marital status by number and percent.

The age range was from 15 to 41. More of the subjects were in the age group of 15 to 19 (N = 21, 34.4 percent) than any of the other age groups. The age distribution is consistent with the birthrate of the age group statewide. Table II describes the age distribution. More of the subjects were in the twelfth grade education level (N = 21, 33.3 percent) than any of the other education level. Table III describes the educational distribution of the respondents by number and percent.

Whereas, 32 (52.5 percent) stated that they had not had experience with babies aged three months or younger in the last year, 29 (47.5 percent) stated that they had. Each subject was asked how they

TABLE I
MARITAL STATUS OF RESPONDENTS

Marital Status	Number and Percent	
	N	%
Married	40	65.6
Single	19	31.1
Divorced	2	3.3
N = 61		

TABLE II
AGE DISTRIBUTION OF RESPONDENTS

Age of Respondents	Number and Percent	
	N	%
<15		
15-19	21	34.4
20-24	14	23.0
25-29	18	29.5
30-34	5	8.2
>35	3	4.9
N = 61		

TABLE III
EDUCATIONAL LEVEL OF THE RESPONDENTS

Grade Level	Number and Percent	
	N	%
<8th Grade	2	3.3
9th Grade	1	1.7
10th Grade	7	11.7
11th Grade	3	5.0
12th Grade	20	33.3
1 Year College	6	10.0
2 Years College	6	10.0
3 Years College	2	3.3
4 Years College	12	20.0
Master's Degree	1	1.7
Doctorate		

N = 60

obtained information in preparation for the childbirth experience. Thirty-six (59 percent) stated that they did attend childbirth classes, and did read about how to take care of herself and her baby in preparation for the birth. In contrast, four (6.6 percent) stated that they did not attend childbirth classes and did not read any material on how to care for herself and her baby in preparation for this birth. Table IV describes the preparation of the respondents for this childbirth experience by frequency and percent.

Information was obtained about the yearly income of the respondents. Twenty-one of the subjects (36.2 percent) stated that their yearly income was under \$10,000. Ten (17.2 percent) had incomes of over \$50,000. Table V describes the yearly income distribution of the respondents by frequency and percent.

Ethnic composition of the mothers was obtained. The majority of the mothers were white, non-Hispanic (69 percent). Twelve (20.6 percent) of the mothers were black while the remainder were evenly distributed between American Indian and white Hispanic (5.2 percent in each group). Table VI depicts the racial distribution of the mothers, as stated by the respondents according to number and percent.

As part of the criteria, information was collected pertaining to choice of method of feeding the infant, which individuals would be helping the mother when she went home, and whether the mother felt prepared to care for her needs and the needs of the infant upon arrival at home. Twenty-three (37.7 percent) indicated that they would only breast feed the infant while 22 (36.1 percent) indicated that they would only bottle feed the infant. Sixteen (26.2 percent) indicated that they would use a combination of breast and bottle feeding.

TABLE IV
TYPES OF PREPARATION FOR THE CHILDBIRTH EXPERIENCE

Preparation	Frequency and Percent	
	f	%
Attended classes/did read	36	59.0
Attended classes/did not read	2	3.3
Did not attend classes/did read	19	31.1
Did not attend classes/did not read	4	6.6

N = 61

TABLE V
YEARLY INCOME OF THE RESPONDENTS

Income	Frequency and Percent	
	f	%
<\$10,000	21	36.2
\$10,001-\$20,000	9	15.5
\$20,001-\$30,000	9	15.5
\$30,001-\$40,000	5	8.6
\$40,001-\$50,000	4	6.9
>\$50,000	10	17.2

N = 58

TABLE VI
RACIAL HERITAGE OF THE MOTHERS

Heritage	Number and Percent	
	N	%
American Indian	3	5.2
Black/Afro American	12	20.6
White Hispanic	3	5.2
White, non-Hispanic	40	69.0

N = 58

Table VII indicates the feeding method chosen by the respondents by number and percent. Thirty-five (57.4 percent) indicated that there would be a combination of individuals giving help to the mother when she went home with the infant. Seventeen (27.9 percent) indicated that the father of the baby would be the only individual assisting in help with the baby. No one indicated that there would not be any help upon arrival at home. Table VIII indicates the distribution of help when the mother arrives home with the infant by number and percent. The subjects were asked if they felt prepared to care for the needs of the baby at home and their personal needs. Fifty-four (90 percent) indicated that they felt prepared to care for the needs of the infant when going home while six (10 percent) did not feel prepared. Fifty-nine (96.7 percent) felt prepared to care for themselves when going home.

Results Related to Research Questions

A search of the literature was completed so that a compilation of items related to infant caretaking and to self care of new mothers could be obtained. The instrument constructed focused on eight (8) major areas: (1) baby care tasks, (2) feeding skills, (3) breast feeding skills, (4) bottle feeding skills, (5) social behaviors, (6) self care tasks, (7) care of the breasts, and (8) social/personal care. Eighty-three (83) items were identified and included as a result of the instrument validation process.

TABLE VII
RESPONDENTS CHOICE IN METHOD OF FEEDING INFANT

Method of Feeding	Number and Percent	
	N	%
Breast Only	23	37.7
Bottle Only	22	36.1
Breast and Bottle	16	26.2

N = 61

TABLE VIII
INDIVIDUALS IDENTIFIED BY MOTHERS WHO WILL HELP
WITH INFANT AT HOME

Individual	Number and Percent	
	N	%
Father only	17	27.9
Grandparents	7	11.5
Other relatives	1	1.6
Friends	1	1.6
Combination of all of the above	35	57.4

N = 61

Research Questions

The first two research questions were as follows:

Research Question Number One: What are the information needs of new mothers, within 24 to 48 hours after birth, pertaining to infant caretaking skills?

Research Question Number Two: What are the information needs of new mothers, within 24 to 48 hours after birth, pertaining to self care?

The mothers were asked to identify one item from each major topic area in which they needed the most information and the least information. Table IX describes the information needs that were identified by the first time mothers in the categories of most information needed and of least information needed in the eight major areas. The survey was completed by the subjects in the 24 to 48 hour time period following birth.

Research Question Number Three: What are the information needs of new mothers, three to four weeks after birth, pertaining to infant caretaking skills?

Research Question Number Four: What are the information needs of new mothers, three to four weeks after birth, pertaining to self care?

The mothers were asked to identify one item from each major topic area pertaining to the most information needed and the least information needed. Table X presents the information needs identified by the mothers in the categories of most information needed and least information needed at three to four weeks after the childbirth experience.

The respondents were asked in what areas they thought they needed

TABLE IX

INFORMATION NEEDS IDENTIFIED BY MOTHERS AS THE MOST INFORMATION
NEEDED AND THE LEAST INFORMATION NEEDED 24 TO 48 HOURS
AFTER BIRTH OF THE FIRST CHILD BY
EIGHT MAJOR AREAS

Major Topic Area	Area of Most Information Needed	Area of Least Information Needed
Baby Care Tasks (N = 53)	Recognize when baby is ill	Change the diapers
Feeding Skills (N = 52)	How to position the baby after feeding	How to burp the baby
Breast Feeding Skills (N = 35)	What foods to eat to produce enough breast milk	How to release the baby's mouth from the nipple
Bottle Feeding Skills (N = 35)	How to adjust the flow of milk from the bottle	What kind of bottles and nipples to purchase
Social Behaviors (N = 54)	Knowing what the baby's cry means	Knowing how to talk to the baby
Self Care Tasks (N = 53)	How to care for my perineum	How to put my pad on correctly
Care of the Breasts (N = 38)	How to recognize a breast infection	How to help the baby release my nipple
Social/Personal Care (N = 54)	Knowing how to adjust to changes in the relationship with the baby's father	Knowing what to expect when going home

TABLE X
 INFORMATION NEEDS IDENTIFIED BY MOTHERS AS THE MOST INFORMATION
 NEEDED AND THE LEAST INFORMATION NEEDED THREE TO FOUR WEEKS
 AFTER THE BIRTH OF THEIR FIRST CHILD BY
 EIGHT MAJOR AREAS

Major Topic Area	Area of Most Information Needed	Area of Least Information Needed
Baby Care (N = 47)	Recognize when baby is ill	Change the diapers
Feeding Skills (N = 45)	How often to feed baby	How to burp the baby
Breast Feeding Skills (N = 27)	What foods to eat to produce enough breast milk	How to release the baby's mouth from the nipple
Bottle Feeding Skills (N = 36)	How much to feed the baby	What kind of bottles and nipples to purchase
Social Behaviors (N = 45)	Knowing how the baby should develop physically and socially	Knowing how to talk to the baby
Self Care Tasks (N = 46)	Knowing how long my discharge should last	How to put on my pad correctly
Care of the Breasts (N = 26)	<ol style="list-style-type: none"> 1) How to know if my milk is "rich" enough* 2) How to maintain or increase my milk supply* 3) How to know if my breasts are empty* 	How to get the baby to start breast feeding (to latch on to my nipple)
Social/Personal Care (N = 46)	Knowing how to adjust to changes in the relationship with the baby's father	Knowing what to expect when going home

*All had the same frequency and percent

information. The respondents rated the 83 items of both questionnaires on a scale of one (1) to four (4). One (1) denoted "none needed", two (2) denoted "some needed", three (3) denoted "a lot needed", and four (4) denoted "great amount needed".

Eleven items of the first survey, pertaining to baby care tasks, received a mean of over two, indicating some information was needed. Only three (3) items of the second survey received a mean rating of more than two. Table XI presents the mean response on the scale of one (1) to four (4) of information needs in the area of baby care tasks on both surveys.

All of the means from Survey Number One and Survey Number Two pertaining to information needed regarding feeding skills were under two (2). Table XII presents the mean response of respondents regarding feeding skills in both surveys.

Six (6) of the eight (8) skills related to breast feeding on Survey Number One received a mean of two (2) or more, indicating some information was needed. In Survey Number Two, three (3) of the skills received a mean of over two (2). The mean of one skill, that of how to release the baby's mouth from the nipple, increased from Survey Number One to Survey Number Two. Table XIII presents the mean response of the respondents pertaining to breast feeding skills on both surveys.

One mean response, on both surveys, of the six (6) items pertaining to bottle feeding skills was greater than two (2), indicating that some information was needed. One mean response, that of how much to feed the baby, increased in Survey Number Two. Table XIV presents the mean response of respondents regarding bottle feeding skills on both surveys.

TABLE XI

MEAN RESPONSE OF RESPONDENTS REGARDING BABY CARE TASKS IN
 SURVEY NUMBER ONE (24-48 HOURS AFTER BIRTH) AND
 SURVEY NUMBER TWO (3-4 WEEKS AFTER BIRTH)

Baby Care Task	<u>Survey #1</u> (N = 60) \bar{X}	<u>Survey #2</u> (N = 47) \bar{X}
Clean the baby's eyes	2.10	1.55
Shampoo the baby's hair	1.59	1.27
Bathe the baby	1.88	1.53
Clean the baby's bottom	1.61	1.23
Change the diapers	1.35	1.12
Clean the genitals	2.22	1.63
Take care of the cord	2.35	1.59
Use a thermometer	2.06	1.91
Use a bulb syringe	2.23	1.95
How to carry baby	1.44	1.29
Dress the baby	1.35	1.17
Wrap the baby	1.40	1.23
Recognize when baby is ill	2.63	2.48
Know when to call the doctor	2.52	2.29
Take care of diaper rash	1.93	1.68
Know what to use on baby's skin	1.94	1.78
Place baby in car seat	1.76	1.38
Whether to use a pacifier	1.57	1.48
Know what a normal bowel movement looks like	2.18	1.76
Know how many wet diapers/day	2.05	1.48
Know how fast the baby should grow	2.23	1.91
Know how to manage the day to day problems	2.44	2.40

Note: The scale is 1 to 4.

Mean Response on a scale of 1 (none needed) to 4 (great amount needed)

TABLE XII

MEAN RESPONSE OF RESPONDENTS REGARDING FEEDING SKILLS ON
 SURVEY NUMBER ONE (24-48 HOURS AFTER BIRTH) AND
 SURVEY NUMBER TWO (3-4 WEEKS AFTER BIRTH)

Feeding Skill	<u>Survey #1</u> (N = 58) \bar{X}	<u>Survey #2</u> (N = 48) \bar{X}
Hold and position baby	1.81	1.27
Burp baby	1.39	1.31
Know when baby is hungry	1.82	1.64
Know when baby is full	1.81	1.75
How often to feed baby	1.93	1.83
How to position baby after feeding	1.94	1.72

Note: The scale is 1 to 4.

Mean response on a scale of 1 (none needed) to 4 (great amount needed)

TABLE XIII

MEAN RESPONSE OF RESPONDENTS REGARDING BREAST FEEDING SKILLS
ON SURVEY NUMBER ONE (24-48 HOURS AFTER BIRTH) AND
SURVEY NUMBER TWO (3-4 WEEKS AFTER BIRTH)

Breast Feeding Skill	<u>Survey #1</u> (N = 37) \bar{X}	<u>Survey #2</u> (N = 29) \bar{X}
How to position breast	1.86	1.68
How to help baby grasp nipple	2.00	1.68
How long to breast feed	2.08	1.96
How to release baby's mouth from the nipple	1.37	1.53
How to pump the breasts	2.64	2.34
How to collect/store breast milk	2.67	2.34
What foods to eat to produce enough breast milk	2.59	2.34
Know who to call when have questions	2.02	1.93

Note: The scale is 1 to 4.

Mean response on a scale of 1 (none needed) to 4 (great amount needed)

TABLE XIV
 MEAN RESPONSE OF RESPONDENTS REGARDING BOTTLE FEEDING SKILLS
 ON SURVEY NUMBER ONE (24-48 HOURS BIRTH) AND
 SURVEY NUMBER TWO (3-4) WEEKS AFTER BIRTH)

Bottle Feeding Skill	<u>Survey #1</u> (N = 40) \bar{X}	<u>Survey #2</u> (N = 39) \bar{X}
What kind of bottles/nipples to purchase	1.77	1.69
How to prepare bottles/nipples for feeding	1.80	1.74
How to prepare the milk	1.95	1.64
How to clean the bottles/nipples	1.70	1.56
How to adjust the flow of milk	2.05	1.84
How much to feed the baby	1.92	1.97

Note: The scale is 1 to 4.

Mean response on a scale of 1 (none needed) to 4 (great amount needed)

The mean response of three (3) of the six (6) social behaviors on Survey Number One was greater than two (2), indicating some information was needed by the respondents. On Survey Number Two, two (2) mean responses increased over those presented in Survey Number One. Table XV presents the mean responses of the respondents regarding social behaviors from both surveys.

Respondents indicated that information needs of several self care tasks received similar mean response for both surveys indicating some information was still needed three to four weeks after birth. Table XVI presents the mean response of respondents of self care tasks on both surveys.

Twelve (12) of the 16 tasks for care of the breasts received greater than a mean of two (2) in Survey Number One. The mean of five (5) of these 12 was greater than 2.5, indicating "some" to "a lot" of information was needed. The mean response in seven (7) of the 16 tasks in Survey Number Two was greater than two (2) indicating some information needed, three to four weeks after birth. The mean of three (3) of these tasks increased in Survey Number Two. Table XVII presents the mean response of respondents regarding care of the breasts on both surveys.

The mean response of five (5) of ten (10) behaviors pertaining to social/personal care was greater than two (2), indicating some information needed. The mean response of two (2) of these behaviors increased from Survey Number One to Survey Number Two. Table XVIII presents the mean response of respondents regarding social/personal care on both surveys.

Research Question Number Five: Does age, level of education,

TABLE XV

MEAN RESPONSE OF RESPONDENTS REGARDING SOCIAL BEHAVIORS ON
 SURVEY NUMBER ONE (24-48 HOURS AFTER BIRTH) AND
 SURVEY NUMBER TWO (3-4 WEEKS AFTER BIRTH)

Social Behaviors	<u>Survey #1</u> (N = 58) \bar{X}	<u>Survey #2</u> (N = 48) \bar{X}
Know what baby's cry means	2.37	2.22
Know how to play with the baby	1.65	1.75
Know how baby should develop physically/ socially	2.43	2.39
Know how to talk to baby	1.58	1.60
Know how/when to touch baby	1.62	1.54
Know baby's sleep/awake schedule	2.15	1.95

Note: The scale is 1 to 4.

Mean response on a scale of 1 (none needed) to 4 (great amount needed)

TABLE XVI

MEAN RESPONSE OF RESPONDENTS REGARDING SELF CARE TASKS ON
SURVEY NUMBER ONE (24-48 HOURS AFTER BIRTH) AND
SURVEY NUMBER TWO (3-4 WEEKS AFTER BIRTH)

Self Care Tasks	<u>Survey #1</u> (N = 58) \bar{X}	<u>Survey #2</u> (N = 48) \bar{X}
Care of the perineum	2.22	1.91
Put pad on correctly	1.18	1.18
Knowing normal discharge	2.13	1.85
Knowing how long to have discomfort	2.20	2.18
How to care for the discomforts	2.00	2.10
What foods to eat	1.70	1.70
When to start dieting	1.98	1.66
Know how much liquid to drink	1.55	1.43
What/how to exercise	2.12	1.97
When my weight will return to normal	1.89	1.79
How often to take a bath/shower	1.48	1.27
When to call the doctor	2.00	1.70
Know if bowel function is normal	1.98	1.68
Know if urine function is normal	1.94	1.60
Know how much rest is needed	1.56	1.47
Know what medicines are safe	2.20	2.00
Know when/how long/why to wear a bra	1.60	1.72

Note: The scale is 1 to 4.

Mean response on a scale of 1 (none needed) to 4 (great amount needed)

TABLE XVII

MEAN RESPONSE OF RESPONDENTS REGARDING CARE OF THE BREASTS ON
 SURVEY NUMBER ONE (24-48 HOURS AFTER BIRTH) AND
 SURVEY NUMBER TWO (3-4 WEEKS AFTER BIRTH)

Care of the Breasts	<u>Survey #1</u> (N = 40) \bar{X}	<u>Survey #2</u> (N = 27) \bar{X}
Care of nipples/breasts	2.07	1.81
How to avoid cracks/blisters	2.32	2.14
How to get baby to start nursing	1.87	1.62
How to help baby to release nipple	1.35	1.51
How to treat sore nipples	2.35	2.14
How to know if milk is "rich"	2.57	2.29
How to maintain/increase supply	2.50	2.40
How to help milk "let-down"	2.50	2.22
What to do when breasts are too full	2.15	1.96
How to know if breasts are empty	2.60	2.44
What to do when nipples leak	1.75	1.88
Whether to take medications or not	2.20	2.03
What/how much food to eat	2.02	2.00
What/how much liquid to drink	1.77	1.69
What foods to avoid eating	2.22	2.29
How to recognize a breast function	2.87	2.81

Note: The scale is 1 to 4.

Mean response on a scale of 1 (none needed) to 4 (great amount needed)

TABLE XVIII

MEAN RESPONSE OF RESPONDENTS REGARDING SOCIAL/PERSONAL CARE ON
 SURVEY NUMBER ONE (24-48 HOURS AFTER BIRTH) AND
 SURVEY NUMBER TWO (3-4 WEEKS AFTER BIRTH)

Social/Personal Care	<u>Survey #1</u> (N = 58) \bar{X}	<u>Survey #2</u> (N = 47) \bar{X}
What to expect when going home	1.82	1.91
How much energy will I have	1.96	1.89
How much help will I need	1.86	1.93
When my body will return to normal	2.22	2.02
Which emotions are normal	2.18	2.12
When intercourse is safe	1.93	1.87
What birth control to use and when	2.13	1.80
When my figure will return to normal	2.05	1.89
How to adjust to changing relationship with the baby's father	2.24	2.14
How to adjust to changing relationships with other family members	1.98	1.97

Note: The scale is 1 to 4.

Mean response on a scale of 1 (none needed) to 4 (great amount needed)

preparation for this childbirth experience, income level, or racial heritage affect the information needs as expressed by new mothers at 24 to 48 hours after childbirth?

To answer this question, analysis of variance (ANOVA) was utilized to determine if there was a significant difference between age groups of mothers with respect to the mean information needs. According to Jaccard (1983), a one way analysis of variance can be used when the dependent variable is quantitative and measured on interval levels, the independent variable is between-subjects, and there is three or more groups or values.

Table XIX describes the analysis of variance summary table of the eight (8) major topic areas and age groups. Four age groups were utilized: 15 to 19; 20 to 25; 25 to 30; and over 30. For computation purposes, the age groups of 30 to 35 and over 35 were combined into one group: over 30. None of the F values approached the level of significance. Therefore, age of the respondents had no relationship with their information needs.

Analysis of variance was applied to the major topic areas and the level of education of the respondents. Table XX describes the analysis of variance of the eight (8) major topic areas and level of education. For the purposes of computation, four groups were utilized: those with less than a high school diploma; those that had a high school diploma; those with some college; and those with college degrees (both baccalaureate and master's). None of the F ratios approached the level of significance. Therefore, the level of education of the respondents had no relationship to their information needs.

Analysis of variance was applied to the major topic areas and

TABLE XIX
ANALYSIS OF VARIANCE SUMMARY TABLE OF THE EIGHT MAJOR
TOPIC AREAS AND AGE GROUPS

Major Topic Area	df	F
Baby care tasks and age	3,60	0.32
Feeding skills and age	3,60	0.17
Breast feeding skills and age	3,60	0.34
Bottle feeding skills and age	3,60	1.67
Social behaviors and age	3,60	0.70
Self care tasks and age	3,60	1.68
Care of breasts and age	3,60	0.15
Social/personal care and age	3,60	0.08

C.V. (P = .05) = 8.58

TABLE XX
ANALYSIS OF VARIANCE OF EIGHT MAJOR TOPIC AREAS
AND LEVEL OF EDUCATION

Major Topic Area	df	F
Baby care tasks and level of education	3,60	1.10
Feeding skills and level of education	3,60	0.77
Breast feeding skills and level of education	3,60	1.85
Bottle feeding skills and level of education	3,60	3.66
Social behaviors and level of education	3,60	1.17
Self care tasks and level of education	3,60	0.24
Care of breasts and level of education	3,60	0.21
Social/personal care and level of education	3,60	1.37

C.V. (P = .05) = 8.58

preparation for this childbirth experience. Table XXI describes the eight (8) major topic areas with the respondents' preparation for the childbirth experience. For the purposes of computation, two levels of preparation were considered: those who had prepared either by reading and/or attendance at childbirth education classes and those who had not done any preparation: no reading, and no attendance at any childbirth education classes. The analysis of variance indicated that there was no significant relationship between the preparation for the childbirth experience and information needed in the eight (8) major topic areas.

Analysis of variance was applied to the major topic areas and income level of the respondents. Table XXII describes the analysis of variance with income distribution. For the purposes of computation, three levels of income were utilized: under \$10,000; \$10,001 to \$30,000; and over \$30,000. The analysis of variance indicated that there was no significant relationship between the information needs and income level of the respondents.

Analysis of variance was applied to the major topic areas and racial heritage of the mothers. Table XXIII describes the analysis of variance with the racial heritage of the respondents with the eight (8) major topic areas. Four racial groups were utilized: American Indian, Black/Afro-American, White Hispanic, and White, non-Hispanic. The analysis of variance indicates that there was no significant relationship between information needs of the respondents and racial heritage.

Research Question Number Six: Are there differences in the information needs as expressed by new mothers at 24 to 48 hours and those expressed at three to four weeks after childbirth?

TABLE XXI
 ANALYSIS OF VARIANCE OF EIGHT MAJOR TOPIC AREAS WITH
 PREPARATION FOR THE CHILDBIRTH EXPERIENCE

Major Topic Area	df	F
Baby care tasks and preparation for childbirth	1,60	1.27
Feeding skills and preparation for childbirth	1,60	
Breast feeding skills and preparation for childbirth	1,60	
Bottle feeding skills and preparation for childbirth	1,60	2.07
Social behaviors and preparation for childbirth	1,60	1.57
Self care tasks and preparation for childbirth	1,60	0.27
Care of breasts and preparation for childbirth	1,60	0.83
Social/personal care and preparation for childbirth	1,60	0.04
C.V. (P = .05) = 252.00		

TABLE XXII
ANALYSIS OF VARIANCE OF EIGHT MAJOR TOPIC AREAS WITH
THREE DIFFERENT INCOME LEVELS

Major Topic Area	df	F
Baby care tasks and income level	2,60	1.77
Feeding skills and income level	2,60	1.30
Breast feeding skills and income level	2,60	0.77
Bottle feeding skills and income level	2,60	1.34
Social behaviors and income level	2,60	6.32
Self care tasks and income level	2,60	4.86
Care of breasts and income level	2,60	1.64
Social/personal and income level	2,60	2.97

C.V. (P = .05) = 19.47

TABLE XXIII
ANALYSIS OF VARIANCE OF EIGHT MAJOR TOPIC AREAS
WITH RACIAL HERITAGE

Major Topic Area	df	F
Baby care tasks and racial heritage	3,60	0.42
Feeding skills and racial heritage	3,60	0.01
Breast feeding skills and racial heritage	3,60	0.76
Bottle feeding skills and racial heritage	3,60	0.41
Social behaviors and racial heritage	3,60	1.56
Self care tasks and racial heritage	3,60	0.46
Care of the breasts and racial heritage	3,60	0.67
Social/personal care and racial heritage	3,60	0.66

C.V. (P = .05) = 8.58

To answer this question, the sign test was utilized to determine if there were any differences in the responses given in Mother-Baby Questionnaire Number One (24-48 hours after birth) and those responses given in Mother-Baby Questionnaire Number Two (3-4 weeks after birth) by the 48 subjects who had completed both questionnaires. The sign test can determine the difference between the responses from the first and second versions of the questionnaire. It does not measure the strength of association in these responses, it only measures if there are differences.

Table XXIV is a list, according to major topic area, of skills that measured a difference according to the sign test. Twenty-five (25) of the infant caretaking and self care tasks measured a significant difference. All of these indicated that less information was needed.

Chi square test of independence was applied to each variable and analyzed according to age, highest grade level attained in school, preparation for this childbirth experience, yearly income, and racial heritage of the mother. Table XXV presents those self care and infant caretaking skills where there was a significant difference related to the age of the mother. Chi square indicated that more of the younger respondents needed information regarding changing diapers, caring for discomforts, and how often to take a bath/shower while more of the older respondents needed information regarding what to do when the breasts were too full and the nipples leaked.

The Chi square test of independence, applied to self care and infant caretaking skills and the highest educational level achieved in school, indicated that the respondents with less educational

TABLE XXIV

LIST OF SELF CARE AND INFANT CARETAKING SKILLS: WITH SIGNIFICANT
DIFFERENCES IN INFORMATION NEEDS AT 24-48 HOURS AND
3-4 WEEKS AFTER BIRTH

Tasks	Sign Test	<u>Information Needed*</u>
		- +
<u>Baby Care Tasks</u>		
Clean the baby's eyes	0.01	-
Shampoo the baby's hair	0.05	-
Clean the baby's bottom	0.04	-
Clean the genitals	0.01	-
Take care of the cord	0.01	-
How to dress the baby	0.01	-
When to call the doctor	0.04	-
Take care of diaper rash	0.01	-
What is normal bowel function	0.01	-
How many wet diapers/day	0.01	-
How fast baby should grow	0.03	-
<u>Feeding Skills</u>		
Hold and position for feeding		
Position after feeding	0.01	-
<u>Breast Feeding Skills</u>		
Collect and store breast milk	0.02	-
<u>Bottle Feeding Skills</u>		
Prepare milk and formula	0.02	-
<u>Self Care Tasks</u>		
Care of perineum	0.03	-
Know what discharge is normal	0.03	-
Know when to start dieting	0.02	-
How often to take a bath/shower	0.01	-
When to call the doctor	0.02	-
Know if bowel function is normal	0.01	-
Know if urine function is normal	0.05	-
Know what medicines are safe	0.05	-

TABLE XXIV (Continued)

Tasks	<u>Information Needed*</u>	
	-	+
<u>Breast Care</u>		
How to get baby to start nursing	0.05	-
<u>Social/Personal Care</u>		
Know what birth control to use	0.01	-

*More or less information needed at 3-4 weeks after birth as determined by inspection of the data

TABLE XXV

CHI SQUARE TEST OF INDEPENDENCE OF AGE WITH SELF CARE
AND INFANT CARETAKING SKILLS

Tasks	Chi Square Value
<u>Baby Care Tasks</u>	
Change the diapers	18.459
<u>Self Care Tasks</u>	
Care for my discomforts	24.609
How often to take a bath/shower	18.105
<u>Care of the Breasts</u>	
What to do when my breasts are too full	18.738
What to do when my nipples leak	17.107
C.V. 16.92 (df = 9) .05	

preparation needed information about how to use the bulb syringe and how to prepare the bottles/nipples for feeding. Respondents that had higher educational achievement needed information about how to help the baby grasp the nipple for breast feeding. Table XXVI presents the Chi square test of independence of self care and infant caretaking skills and the highest educational level of achievement in school.

The Chi square test of independence, applied to self care and infant caretaking skills and educational preparation for childbirth indicated that those who had prepared for this childbirth experience needed more information in six tasks. For the purposes of computation, the educational preparation for childbirth was grouped into two categories: those who had prepared by reading and/or attending childbirth education classes and those who had not read and had not attended any childbirth education classes. Table XXVII presents those tasks that indicated a level of significance of self care and infant caretaking skills when related to educational preparation for childbirth.

In comparing the yearly income with information needed for self care and infant caretaking skills, Chi square test of independence indicated a level of significance in seven (7) of the tasks for all income levels. In two (2) of the tasks, the over \$30,000 income level needed more information: who to call for questions and what/how much food to eat. All groups needed a lot or a great deal of information in how to recognize a breast infection. Information for three (3) tasks: when intercourse is safe, when my figure will return to normal, and know if urine function is normal was needed by the two income levels over \$10,000. Table XXVIII presents the Chi square test of

TABLE XXVI

CHI SQUARE TEST OF INDEPENDENCE OF SELF CARE AND INFANT CARETAKING
SKILLS AND HIGHEST EDUCATIONAL LEVEL ACHIEVED IN SCHOOL

Tasks	Chi Square Value
<u>Baby Care Tasks</u>	
Use of bulb syringe	19.416
<u>Breast Feeding Skills</u>	
How to help baby grasp the nipple	19.983
<u>Bottle Feeding Skills</u>	
How to prepare the bottles/nipples	19.998
C.V. 16.92 (9 df) .05	

TABLE XXVII

CHI SQUARE TEST OF INDEPENDENCE WITH SELF CARE AND INFANT
CARETAKING SKILLS AND PREPARATION FOR CHILDBIRTH

Tasks	Chi Square Value
<u>Baby Care Tasks</u>	
Place baby in car seat	10.365
How many wet diapers/day is normal	10.249
<u>Care of the Breasts</u>	
How to treat sore nipples	13.727
What to do when breasts are too full	16.127
What foods to avoid eating	7.827
How to recognize a breast infection	10.766
C.V. 7.815 (3 df) .05	

TABLE XXVIII

CHI SQUARE TEST OF INDEPENDENCE WITH SELF CARE AND INFANT
CARETAKING SKILLS AND YEARLY INCOME LEVEL

Tasks	Chi Square Value
<u>Baby Care Tasks</u>	
How to clean the genitals	16.654
How to use a bulb syringe	18.135
Place the baby in a car seat	19.857
<u>Breast Feeding Skills</u>	
Who to call for questions	13.926
<u>Social Behaviors</u>	
Know about infant's sleep/awake schedule	13.011
<u>Self Care</u>	
How to care for my perineum	14.854
Know if my bowel function is normal	14.920
Know if my urine function is normal	19.518
<u>Care of Breasts</u>	
What/how much food to eat	14.049
How to recognize a breast infection	15.042
<u>Social/Personal Care</u>	
Know when intercourse is safe	14.740
Know when figure will return to normal	13.715
Adjust to changing relationship with baby's father	14.026
C.V. 12.59 (6 df) .05	

independence comparing yearly income level and information needed for self care and infant caretaking skills.

The Chi square test of independence, applied to self care and infant caretaking skills and racial heritage, indicated that more information was needed in three tasks by the white, non-Hispanic population. For the purposes of computation, the respondents were grouped into three categories: White non-Hispanic, Black/Afro-American and other. Table XXIX presents the Chi square of independence of self care and infant caretaking skills as compared to racial heritage.

Summary

In this study, first time mothers were surveyed to determine information needs regarding self care and infant caretaking tasks at two time frames after childbirth: 24 to 48 hours after childbirth and three to four weeks. Eighty-three (83) items in eight (8) major topic areas were identified.

At the first time frame, 24 to 48 hours after childbirth, one item from each of the eight (8) major topic areas were identified as the area of most information needed. Following is a list of the eight (8) items that mothers identified as needing the most information at 24 to 48 hours after childbirth:

1. Recognize when baby is ill
2. How to position the baby after feeding
3. What foods to eat to produce enough breast milk
4. How to adjust the flow of milk from the bottle
5. Knowing what the baby's cry means
6. How to care for my perineum

TABLE XXIX

CHI SQUARE TEST OF INDEPENDENCE WITH SELF CARE AND INFANT
CARETAKING SKILLS AND RACIAL HERITAGE OF MOTHER

Tasks	Chi Square Value
<u>Baby Care Tasks</u>	
Clean the genitals	16.347
<u>Social Behaviors</u>	
How and when to touch the baby	14.546
<u>Self Care Tasks</u>	
How to care for my discomforts	12.960

C.V. 12.59 (6 df) .05

7. How to recognize a breast infection
8. Knowing how to adjust to changes in the relationship with the baby's father.

The mothers were asked to identify one item from each of the eight (8) major topic areas in which the least information was needed at 24 to 48 hours after childbirth. Following is a list of the eight (8) items that mothers identified as needing the least information at 24 to 48 hours after childbirth:

1. Change the diapers
2. How to burp the baby
3. How to release the baby's mouth from the nipple
4. What kind of bottles and nipples to purchase
5. Knowing how to talk to the baby
6. How to put my pad on correctly
7. How to help the baby release the nipple
8. Knowing what to expect when going home

At the three to four week time frame, the mothers were asked to identify one item from each of the eight major topic areas in which the most information was needed. Five of the items, identified as most information needed, changed from the first survey to the second survey. Following is a list of the eight (8) items that mothers identified as needing the most information at three to four weeks after childbirth:

1. Recognize when the baby is ill
2. How often to feed the baby
3. What foods to eat to produce enough breast milk
4. How much to feed the baby
5. Knowing how the baby should develop physically and socially

6. Knowing how long my discharge should last
7.
 - a) How to know if my milk is "rich" enough
 - b) How to maintain or increase my milk supply
 - c) How to know if my breasts are empty
8. Knowing how to adjust to changes in the relationship with the baby's father.

At the three to four week time frame, one item from each of the eight (8) major topic areas was identified by the mothers as the areas of least information needed. Only one item from this list changed from the first to the second survey. Following is a list of the eight (8) items identified by the mothers as the least information needed at three to four weeks after childbirth:

1. Change the diapers
2. How to burp the baby
3. How to release the baby's mouth from the nipple
4. What kind of bottles and nipples to purchase
5. Knowing how to talk to the baby
6. How to put my pad on correctly
7. How to get the baby to start breast feeding (to latch on to my nipple)
8. Knowing what to expect when going home

One way analysis of variance was applied to determine if there was a significant difference between: (1) age groups of the mothers, (2) level of education, (3) preparation for childbirth, (4) income, (5) racial heritage, and the mean information needs. It was determined that age of the respondents had no significant relationship to their information needs. It was determined that there was no significant

relationship between level of education of the respondents and their information needs. It was determined that there was no significant relationship between preparation for the childbirth experience and information needs. The analysis of variance indicated that there was no significant relationship between information needs and income level of the respondents. The analysis of variance indicated that there was no significant relationship between racial heritage and information needs of the respondents.

The sign test was applied to determine if there were differences between the responses of the first and second surveys. Significant differences occurred in 25 of the 83 infant caretaking and self care tasks. All of these differences indicated that less information was needed at the three to four week time frame after childbirth.

Chi square test of independence was applied to each variable and analyzed according to age, highest grade level attained in school, preparation for this childbirth experience, yearly income, and racial heritage. It was determined that there were differences in information needs when Chi square test of independence was applied.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Problem

The problem is that postpartum care for the mother is inadequate because there is not a clear cut definition of educational needs for mothers pertaining to infant caretaking tasks and self care needs.

Purpose of the Study

There is a great deal of literature that identified areas of educational needs of mothers for self care and infant care from a professional perspective. The researcher was unsuccessful in identifying any literature documenting the mother's needs several weeks after birth as the mother reflects back on these first few weeks. It is possible that the educational needs of mothers soon after birth and those identified four weeks after birth are entirely different.

The purpose of this study was to explore the concerns that new mothers had in educational needs relating to self care and infant caretaking skills so that an appropriate educational program for new mothers could be designed.

The study sought to answer the following research questions:

1. What are the information needs of new mothers, within 24 to 48 hours after birth, pertaining to infant caretaking skills?

2. What are the information needs of new mothers, within 24 to 48 hours after birth, pertaining to self care?

3. What are the information needs of new mothers, three to four weeks after birth, pertaining to infant caretaking skills?

4. What are the information needs of new mothers, three to four weeks after birth, pertaining to self care?

5. Does age, level of education, preparation for this childbirth experience, income level, or racial heritage affect the information needs as expressed by new mothers at 24 to 48 hours after childbirth?

6. Are there differences in the information needs as expressed by new mothers at 24 to 48 hours and those expressed at three to four weeks after childbirth?

Conclusions

The following conclusions were drawn based upon the interpretation of the finding in this study:

1. The results clearly indicate that there are changes in areas of most information needed by first time mothers at 24 to 48 hours and three to four weeks after childbirth. The focus of these areas of change was in feeding skills, particularly breast feeding. Therefore it can be concluded that there is a need to provide an educational program for first time mothers relating to areas of child feeding skills.

2. Results indicate that there was only one area of change in the categories of least information needed. Information needs in which mothers needed the least information at 24 to 48 hours and three to four weeks after childbirth remained essentially the same except for

the area related to care of the breast. Therefore it can be concluded that current educational programs or informational needs are adequate for that specific focus.

3. Based upon the findings of the study, some information was needed by the respondents in all 83 tasks in the eight (8) major categories. The mean response was highest in several tasks pertaining to breast feeding skills and care of the breasts, indicating that information in these areas is of priority concern. Therefore it can be concluded that educational programs for first time mothers should emphasize breast feeding and care skills.

4. According to the analysis of variance, results of this study indicated that age, level of education, preparation for the childbirth experience, income level, and racial heritage had no impact on information needs. Therefore it can be concluded that the educational needs of first time mothers is a general one for all first time mothers.

5. Results of the study indicated that less information was needed in 25 of the 83 tasks during the three to four week time frame. This means that in all other tasks (58) some information was needed a month after childbirth. Most of the tasks where less information was needed, related to baby care tasks and self care tasks, indicating some information was needed in most tasks of the six (6) other major topic areas. Therefore it can be concluded that educational programs and/or information must be provided to first time mothers for some time after release from the hospital.

6. Based upon the Chi Square test of independence, there were differences in information needs. The following differences were

significant:

(a) It appears that the younger respondents needed more information in self care tasks while the older respondent needed more information pertaining to breast feeding.

(b) It appears that those who prepared for this childbirth experience needed more information in breast care.

(c) It appears that there were a variety of information needs regarding self care and infant caretaking skills in all income levels.

(d) It appears that the white, non-Hispanic population was the group that needed more information in three physical aspects of self care and infant caretaking.

Recommendations

Based upon the findings of this study, the following recommendations are made:

1. As revealed in the study, first time mothers had many information needs at 24 to 48 hours and three to four weeks after childbirth. Therefore, an educational program must be developed and implemented that will provide the information needs for first time mothers in these first weeks after childbirth.

2. Based upon the findings of this study, there were certain information needs that were of greater priority concern to first time mothers than other information needs. Therefore, an assessment tool, that assists in identifying these priority needs, must be developed so that the maternity nurse can design the educational program specific to each mother.

3. This study involved mothers who had vaginal deliveries.

Further study is recommended that would survey mothers who had births by Caesarean section so that information needs unique to this population can be determined.

4. This study surveyed first time mothers. Further study is recommended that would survey mothers who had more than one child so that information needs, unique to this population, could be determined.

5. With the national trend of early discharge of mothers, time in the health care environment to provide information needs to mothers after childbirth is limited. Therefore, the information needs should be provided by maternity nurses in the home environment or in a facility that is easily accessible by new mothers within the first four weeks after childbirth.

6. With the national trend of increased incidence of child abuse, further study is recommended that will explore the relationship of providing appropriate information needs for infant care and child abuse to see if increased knowledge of infant care by mothers will reduce the incidence of abuse.

7. Some learning takes place between 24 to 48 hours and three to four weeks after childbirth. It is recommended that a study be completed to determine the information base for that learning.

The study focused on educational needs of first time mothers. With changes in medical care, the social structure of our country and the changing nature of the role of the female in the family and work structure, it is important that the needs of first time mothers be considered. This study has provided some information that addresses this area.

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APPENDIXES

APPENDIX A

INSTITUTIONAL REVIEW BOARD FOR HUMAN

SUBJECTS LETTER

ED-88-021

INSTITUTIONAL REVIEW BOARD
FOR HUMAN SUBJECTS
OKLAHOMA STATE UNIVERSITY

Proposal Title: Educational Needs of First Time Mothers Related to
Infant Caretaking and Self-Care Needs

Principle Investigator: Lois L. Salmeron

Date: August 3, 1988

This application has been reviewed by the IRB and

Processed as: Exempt [] Expedite [X] Full Board Review []

Renewal or Continuation [] Amendment []

Approval Status: Approved [X]

Disapproved []

Conditional []

Deferred []

Comments, Modifications/Conditions for Approval or Reason for
Disapproval:

Signature: Faulkner
Chair of University Board

Date: 08-02-88

cc:

APPENDIX B

LETTER OF PERMISSION FROM DEACONESS HOSPITAL

TO: Lois Salmeron, R.N., B.S.N., M.A.T., M.S.N.
Doctoral Candidate, Occupational and Adult Education
Oklahoma State University
Stillwater, Oklahoma

Professor, Maternal-Child Nursing
Oklahoma State University School of Nursing
Oklahoma City, Oklahoma

FROM: Connie Furrh, R.N., Director, Maternal Child Nursing
Deaconess Hospital
Oklahoma City, Oklahoma

RE: Deaconess Hospital Approval for Proposed Nursing Research

DATE: June 23, 1988

Your request to use Deaconess patient population for your study is hereby granted by Administration and Obstetrical Nursing Administration. It is understood results of the study will be shared with nursing staff upon completion of the study.

Connie Furrh RN

APPENDIX C

LETTER OF PERMISSION FROM THE OKLAHOMA
HEALTHCARE CORPORATION

**OKLAHOMA HEALTHCARE CORPORATION**

August 25, 1988

Lois Salmeron, R.N., MSN
3608 Quail Creek Road
Oklahoma City, OK 73120

Dear Ms. Salmeron:

I am pleased to inform you that your research proposal, "Educational Needs of First Time Mothers", has been approved as submitted by Patient Care Administrators at Baptist Medical Center of Oklahoma.

The project should be conducted according to the stipulations outlined in the Protocol for Nursing Research Proposals. You may proceed with your project as soon as you desire.

We look forward to seeing the results of the study when it is completed. Good luck in your endeavor.

Sincerely,

Connie Foster
Director, Nursing Development Services

CF/tm

APPENDIX D
LETTER OF PERMISSION FROM OKLAHOMA
TEACHING HOSPITALS

September 9, 1988

Lois L. Salmeron, R.N.
3608 Quail Creek Road
Oklahoma City, OK. 73120

Dear Lois,

The Oklahoma Medical Center Nursing Research Forum/Board Proposal Review Committee has approved your research studies entitled "Educational Needs Of First Time Mothers Related To Infant Caretaking And Self-Care Needs". You may initiate your research activities within the requested areas in accordance with the information contained in the "Permission to Implement Research Proposal".

The OMC Research Forum/Board encourages and promotes practice-based research for the purpose of generating new knowledge and validating existing knowledge essential to professional nursing practice. As Chairperson of the OMC Research Forum/Board, I welcome your participation in Nursing Research and look forward to learning of your findings. If I can be of assistance during your research affiliation with OMC please contact me at 271-5151.

Sincerely,

Shari Kidd

Shari Kidd, R.N., M.S.
Chairperson
Oklahoma Medical Center
Nursing Research Forum/Board

SK/alr



APPENDIX E

LETTER OF PERMISSION FROM KAREN F. PRIDHAM,

R.N., PH.D.



Center for Health Sciences
University of Wisconsin-Madison
School of Nursing

600 Highland Avenue
Madison, Wisconsin 53792

June 13, 1988

Lois Salmeron, R.N., M.A.T., M.S.N.
3808 Quail Creek Road
Oklahoma City, Oklahoma 73120

Dear Ms. Salmeron:

I am pleased that the Birthing Questionnaire has been helpful to you in preparing an instrument for your dissertation research.

You have my permission to use some of your questions. Our only request is that you give us credit for the questions you use.

I will be very happy to examine that tool that you are creating for content validity and reliability.

Good luck with your research.

Sincerely yours,

Karen F. Pridham, R.N., Ph.D., F.A.A.N.
Professor, School of Nursing and
Department of Family Medicine and Practice

KFP/gh

APPENDIX F

LIST OF EXPERTS CONSULTED FOR
TOOL VALIDATION

EXPERTS

The following is a list of maternal-child experts that reviewed the research instrument for content validity:

1. Susan Bodtke, R.N., M.S.N., Associate Professor of Maternal-Child Nursing, Oklahoma State University, Oklahoma City.
2. Evelyn Burns, R.N., C.N.M., M.S.N., Professor Emeritus, St. Louis University School of Nursing, St. Louis.
3. Bobbi Cummings, R.N., M.S.N., Associate Professor of Maternal-Child Nursing, Oklahoma State University, Oklahoma City.
4. Leslie Gardner, R.N., B.S.N., Head Nurse, Maternity Care Unit, Deaconess Hospital, Oklahoma City.
5. Chandice Harris Covington, R.N., M.S.N., Nursing Director, University Affiliated Center for Developmentally Disabled Children, University of Texas, Medical School, Dallas, TX.
6. Jeanine Hummell, R.N., B.S.N., Assistant Director of Nursing/Maternal Child Services, Shawnee Mission Medical Center, Shawnee Mission, Ks.
7. Sue Klingler, R.N., B.S.N., M.A.T., Assistant Professor of Maternal-Child Nursing, Oklahoma State University, Oklahoma City.
8. Karen Pridham, R.N., Ph.D., F.A.A.N., Professor, School of Nursing & Department of Family Medicine and Practice, University of Wisconsin-Madison, Madison, Wisconsin.
9. Ann Ropp, R.N., M.S., Director, Maternal-Child Health Nursing Services, Riverside Medical Center, Minneapolis, Minnesota.
10. Ann Stewart, R.N.C., N.P., M.S.N., Director of Student Health Services, Central State University, Edmond, Oklahoma.
11. Kathy Thorn, R.N., M.S.N., Nurse Manager, Maternal Infant Child Division, Riverside Medical Center, Minneapolis, Minn.
12. Celeste Phillips, R.N., Ed.D., Professional Consultant, Single Room Maternity Units; Faculty, Cabrillo College, Aptos, California

APPENDIX G

SUMMARY OF INTERVIEWS OF FIVE MOTHERS

INTERVIEWS

1) This mother was a 25 year old attorney. When questioned as to what more information did she need concerning the care of herself or her infant, she responded that it related to the infant's feeding schedule. She related that there was no schedule that her son would follow. She had read a great deal in preparation for this birth. She stated that, in all of the materials that she had read, ALL of them said that the infant would set a schedule for himself within two-three weeks. She found this not to be so and it was quite frustrating for her. She is breast feeding her infant who is four months old at this time. Her response to this frustrating aspect of care was to forget about setting a schedule for the infant....to feed him when he was hungry.

2) This mother was 35 years old when she gave birth to her first child. She had prepared extensively for this birth, having waited for pregnancy for several years. The one aspect of care that she felt that she needed more information was being better prepared for the changing family dynamics. She was not prepared for the changing relationships between herself, her husband, her mother, and her husband's mother. This was not anticipated.

3) This mother was a 22 year old woman when she gave birth to her first child. She had attended prenatal classes in preparation for the birth. She gave birth to this child approximately two years after marriage. She stated that there was no additional information that she felt that she needed to care for her son. Adjusting to his needs was not difficult. The one aspect that she wished she had been better prepared for was how to handle the changing relationship with her husband. She stated that the intimate relationship changed and she was not sure how to handle this matter. She felt that because they had good communication skills and a commitment to each other, they were able to work through the situation that they were unprepared for.

4) This twenty-two (22) year old student, married for a short time, became pregnant unexpectedly. She and her husband attended prenatal classes and felt prepared for the new child. She stated that, even though she was given instructions in the hospital that certain behaviors for her son were normal, she did not know whether to trust this information. She felt that she needed more information regarding breast feeding, the stools of the baby, and the normalcy of hiccups. Regarding herself, she was unsure when she could begin to exercise and what activity levels were normal to experience.

Interviews

Page 2

5) This thirty-two (32) year old professional woman gave birth to a daughter after several years of marriage. She and her husband attended childbirth classes and read a number of books in preparation for this long awaited birth. When questioned about what she felt prepared for, related to caring for her newborn, but realized that she needed more information when she actually cared for the baby, she stated that it was breast feeding. She felt that she knew a lot about breast feeding, but that the experience was not how she expected or how she planned. Her daughter had extreme difficulty in learning how to latch on to the nipple and areolar. A breast shield had to be used for several weeks. Another area of adjustment was knowing when the infant could be tub bathed, rather than having a sponge bath. As far as her personal care, she never anticipated the feelings of complete exhaustion that she experienced for several weeks. She felt that she had no one to turn to to ask for help, even though there was family support. The family could not supply her with the information that she felt that she needed. She stated that it was a frustrating adjustment period.

APPENDIX H

MOTHER-BABY QUESTIONNAIRE (FIRST VERSION)

Code # _____
Page # A

MOTHER-BABY QUESTIONNAIRE

INFORMATION ABOUT YOU AND YOUR BABY

Please answer the following questions:

A. The hospital that I delivered my baby in is:

1. _____ Oklahoma Teaching Hospitals
2. _____ Baptist Hospital
3. _____ Mercy Hospital
4. _____ Deaconess Hospital

B. Marital status:*

1. _____ Married
2. _____ Single
3. _____ Widowed
4. _____ Divorced

C. How old are you? (please check the appropriate group):

1. _____ Under 15
2. _____ 15 - 19
3. _____ 20 - 24
4. _____ 25 - 29
5. _____ 30 - 34
6. _____ 35 and over

D. What is the highest grade in school that you have completed? (Check one)

1. _____ 8th grade or under
2. _____ 9th grade
3. _____ 10th grade
4. _____ 11th grade
5. _____ 12th grade

College:

6. _____ 1 year
7. _____ 2 years
8. _____ 3 years
9. _____ 4 years
10. _____ Master's degree
11. _____ Doctorate

E. Is this your first baby?

1. _____ Yes
2. _____ No

F. Have you had experience with babies aged three months or younger in the last year?

1. _____ Yes
2. _____ No

Code # _____
Page # B

G. Please check one statement below that best describes how you obtained information in preparation for this birth:

1. _____ I did attend childbirth classes, and I did read about how to take care of myself and my baby.
2. _____ I did attend childbirth classes, but I did not read about how to take care of myself and my baby.
3. _____ I did not attend childbirth classes, but I did read about how to take care of myself and my baby.
4. _____ I did not attend childbirth classes, and I did not read about how to take care of myself and my baby.

H. What is your occupation?

I. What is the occupation of the baby's father?

J. What is the approximate yearly income of your family?

1. _____ Under \$10,000
2. _____ \$10,001 - \$20,000
3. _____ \$20,001 - \$30,000
4. _____ \$30,001 - \$40,000
5. _____ \$40,001 - \$50,000
6. _____ Over \$50,000

K. Racial heritage (note heritage for each parent):*

K. Yours

1. _____ American Indian
2. _____ Black/Afro-American
3. _____ Oriental
4. _____ White Hispanic
5. _____ Black Hispanic
6. _____ White, non-Hispanic

L. Father's

1. _____ American Indian
2. _____ Black/Afro-American
3. _____ Oriental
4. _____ White Hispanic
5. _____ Black Hispanic
6. _____ White, non-Hispanic

M. Did you have any complications during this pregnancy?

1. _____ Yes
2. _____ No

Code # _____
Page # C

N. What was your baby's birth weight?

O. What was the date that your baby was due? * _____
was born? * _____

P. What is today's date? _____

Q. What is the method that you are using to feed your baby? *

1. _____ Breast feeding only
2. _____ Bottle feeding only (using formula)
3. _____ Both breast feeding and bottle feeding (using breast milk or formula)

R. Who will help you at home with the baby? (CHOOSE ONLY ONE) *

1. _____ Father of the baby only
2. _____ Baby's Grandparent (s)
3. _____ Other relative (s)
4. _____ Friend (s)
5. _____ A combination of any of the above
6. _____ No one

S. I feel prepared to care for the needs of my baby at home:

1. _____ Yes
2. _____ No

T. I feel prepared to care for my personal needs at home:

1. _____ Yes
2. _____ No

(PLEASE CONTINUE ON THE NEXT PAGE)

Code # _____
Page # 1

SECTION A.

The following items are identified as common concerns that mothers have in taking care of themselves and their babies. Would you please respond as to those areas in which you need more information.

U. **BABY CARE TASKS.** The following is a list of baby care tasks. In what areas do you think you need more information? To respond to these statements, please use the following scale:

1	2	3	4
None needed	Some needed	A lot needed	Great amount needed

* from
scale

- _____ 1. Clean the baby's eyes
- _____ 2. Shampoo the baby's hair
- _____ 3. Bathe the baby
- _____ 4. Clean the baby's bottom
- _____ 5. Change the diapers
- _____ 6. Clean the genitals (boy's penis/circumcision or a girl's labia)
- _____ 7. Take care of the cord*
- _____ 8. Use a thermometer and how to take a temperature
- _____ 9. Use a bulb syringe to clean baby's mouth and nose
- _____ 10. Know how to carry and handle your baby
- _____ 11. Dress the baby*
- _____ 12. Wrap the baby
- _____ 13. Recognize when the baby is ill
- _____ 14. Know when to call the doctor
- _____ 15. Take care of diaper rash
- _____ 16. Know what products (lotion, wipes, etc.) are safe to use on the baby's skin
- _____ 17. Place the baby in a car seat
- _____ 18. Whether to use a pacifier or not
- _____ 19. Know what a normal bowel movement looks like
- _____ 20. Know how many wet diapers per day your baby should have
- _____ 21. Know how fast your baby should grow
- _____ 22. Know how to manage the day to day problems that the baby may have (colic, spitting up, hiccups, etc.)*

Of the above baby care tasks, which ones do you feel you need the MOST information now and the LEAST information now? (Please give the number on the following lines).

Y. MOST INFORMATION NEEDED (Choose only one) _____

W. LEAST INFORMATION NEEDED (Choose only one) _____

(PLEASE CONTINUE ON THE NEXT PAGE)

Code # _____
Page # 2

SECTION B.

X. **FEEDING SKILLS.** The following is a list of feeding skills. In what areas do you think you need more information? To respond to these statements, please use the following scale:

1	2	3	4
None needed	Some needed	A lot needed	Great amount needed

* from
scale

- _____ 1. How to hold and position the baby for feeding*
- _____ 2. How to burp the baby*
- _____ 3. How to know when the baby is hungry*
- _____ 4. How to know when the baby is full*
- _____ 5. How often to feed the baby *
- _____ 6. How to position the baby after feeding

Of the above feeding skills, which ones do you feel you need the MOST information now and the LEAST information now? (Please give the number on the following lines).

Y. MOST INFORMATION NEEDED (Choose only one) _____

Z. LEAST INFORMATION NEEDED (Choose only one) _____

(PLEASE CONTINUE ON THE NEXT PAGE)

Code # _____
Page # 3

SECTION C.

(This section is for breast feeding mothers. For mothers that are bottle feeding, please proceed to SECTION D.)

AA. **BREAST FEEDING SKILLS.** The following is a list of breast feeding skills. In what areas do you think you need more information? To respond to these statements, please use the following scale:

1	2	3	4
None needed	Some needed	A lot needed	Great amount needed

* from
scale

- _____ 1. How to position my breast for breast feeding
- _____ 2. How to help the baby grasp the nipple*
- _____ 3. How long to breast feed at each feeding
- _____ 4. How to release the baby's mouth from the nipple*
- _____ 5. How to pump the breasts
- _____ 6. How to collect and store the breast milk*
- _____ 7. What foods to eat to produce enough breast milk
- _____ 8. Knowing who to call if I have questions about breastfeeding

Of the above breast feeding skills, which ones do you feel you need the MOST information now and the LEAST information now? (Please give the number on the following lines).

BB. MOST INFORMATION NEEDED (Choose only one) _____

CC. LEAST INFORMATION NEEDED (Choose only one) _____

(PLEASE CONTINUE ON THE NEXT PAGE)

Code # _____
Page # 4

SECTION D.

(If you are a breast feeding mother and are also bottle feeding your baby SOMETIMES, please complete this section. If you are ONLY breast feeding your baby, you may proceed to SECTION E.)

DD. **BOTTLE FEEDING SKILLS.** The following is a list of bottle feeding skills. In what areas do you think you need more information? To respond to these statements, please use the following scale:

1	2	3	4
None needed	Some needed	A lot needed	Great amount needed

from
scale

- _____ 1. What kind of bottles and nipples to purchase
- _____ 2. How to prepare the bottles and nipples for feeding*
- _____ 3. How to prepare the milk (formula or breast milk)*
- _____ 4. How to clean the bottles and nipples*
- _____ 5. How to adjust the flow of milk from the bottle*
- _____ 6. How much to feed the baby*

Of the above bottle feeding skills, which ones do you feel you need the MOST information now and the LEAST information now? (Please give the number on the following lines).

EE. MOST INFORMATION NEEDED (Choose only one) _____

FF. LEAST INFORMATION NEEDED (Choose only one) _____

(PLEASE CONTINUE ON THE NEXT PAGE)

Code # _____
 Page # 5

SECTION E.

GG. **SOCIAL BEHAVIORS.** The following is a list of social behaviors. In what areas do you think you need more information? To respond to these statements, please use the following scale:

1	2	3	4
None needed	Some needed	A lot needed	Great amount needed

from
scale

- _____ 1. Knowing what the baby's cry means*
- _____ 2. Knowing how to play with the baby*
- _____ 3. Knowing how the baby should develop physically and socially*
- _____ 4. Knowing how to talk to the baby
- _____ 5. Knowing how and when to touch the baby
- _____ 6. Knowing about the baby's sleep/awake schedule

Of the above social behaviors, which ones do you feel you need the MOST information now and the LEAST information now? (Please give the number on the following lines).

HH. MOST INFORMATION NEEDED (Choose only one) _____

II. LEAST INFORMATION NEEDED (Choose only one) _____

(PLEASE CONTINUE ON THE NEXT PAGE)

Code # _____
Page # 6

SECTION F.

JJ. SELF CARE TASKS. The following is a list of self care tasks. In what areas do you think you need more information? To respond to these statements, please use the following scale:

1	2	3	4
None needed	Some needed	A lot needed	Great amount needed

* from
scale

- _____ 1. How to care for my perineum (stitches, hemorrhoids)
- _____ 2. How to put my pad on correctly
- _____ 3. Knowing if my discharge is normal
- _____ 4. Knowing how long my discharge should last
- _____ 5. How to care for my discomforts
- _____ 6. Knowing what foods to eat*
- _____ 7. Knowing when to start dieting so I can lose my excess weight
- _____ 8. Knowing how much liquid to drink
- _____ 9. When and how to exercise
- _____ 10. Knowing when my weight will return to normal
- _____ 11. How often to take a bath/shower
- _____ 12. How to determine if I need to call the doctor
- _____ 13. How to know if my bowel function is normal
- _____ 14. How to know if my urine function is normal
- _____ 15. How to know how much rest is needed
- _____ 16. How to know what medicines are safe for me to use
- _____ 17. Knowing when, how long, and why I should wear a bra

Of the above self care tasks, which ones do you feel you need the MOST information now and the LEAST information now? (Please give the number on the following lines).

KK. MOST INFORMATION NEEDED (Choose only one) _____

LL. LEAST INFORMATION NEEDED (Choose only one) _____

(PLEASE CONTINUE ON THE NEXT PAGE)

Code # _____
Page # 7

SECTION G.

(If you are a bottle feeding mother, please proceed to Section H.)

MM. **CARE OF THE BREASTS.** The following is a list of items on how to care for your breasts. In what areas do you think you need more information? To respond to these statements, please use the following scale:

1	2	3	4
None needed	Some needed	A lot needed	Great amount needed

* from
scale

- _____ 1. How to care for my nipples/breasts *
- _____ 2. How to avoid cracked or blistered nipples
- _____ 3. How to get the baby to start breast feeding (to latch on to my nipple)*
- _____ 4. How to help the baby release my nipple*
- _____ 5. How to treat sore nipples
- _____ 6. How to know if my milk is "rich" enough
- _____ 7. How to maintain or increase my milk supply*
- _____ 8. How to help my milk to "let-down"*
- _____ 9. What to do when my breasts are too full*
- _____ 10. How to know if my breasts are empty
- _____ 11. What to do when my nipples leak*
- _____ 12. Whether to take medications or not*
- _____ 13. What and how much food to eat
- _____ 14. What and how much liquid to drink
- _____ 15. What foods to avoid eating*
- _____ 16. How to recognize a breast infection*

Of the above aspects of the breast care, which ones do you feel you need the MOST information now and the LEAST information now? (Please give the number on the following lines).

NN. MOST INFORMATION NEEDED (Choose only one) _____

OO. LEAST INFORMATION NEEDED (Choose only one) _____

(PLEASE CONTINUE ON THE NEXT PAGE)

Code # _____
Page # 8

SECTION H.

PP. SOCIAL/PERSONAL CARE. The following is a list of items relating to your social/personal care. In what areas do you think you need more information? To respond to these statements, please use the following scale:

1	2	3	4
None needed	Some needed	A lot needed	Great amount needed

from
scale

- _____ 1. Knowing what to expect when going home *
- _____ 2. Knowing how much energy I will have*
- _____ 3. Knowing how much help I will need
- _____ 4. Knowing when my body will return to normal
- _____ 5. Knowing which emotions are normal
- _____ 6. Knowing when intercourse is safe
- _____ 7. Knowing what birth control to use and when*
- _____ 8. Knowing when my figure will return to normal
- _____ 9. Knowing how to adjust to changes in the relationship with the baby's father
- _____ 10. Knowing how to adjust to changes with others in the family

Of the above social/personal care aspects, which ones do you feel you need the MOST information now and the LEAST information now? (Please give the number on the following lines).

QQ. MOST INFORMATION NEEDED (Choose only one) _____

RR. LEAST INFORMATION NEEDED (Choose only one) _____

Is there any other comments that you would like to make regarding this questionnaire? Is there any areas, not asked in this questionnaire, in which you need more information?

THANK-YOU VERY MUCH FOR PARTICIPATING IN THIS SURVEY.

Lois Salmeron, R.N., M.S.N.
6/88

*Taken from Rutledge, D. & Pridham, K. (1987). "Birthing Questionnaire" referred to in Postpartum mother's perceptions of competence for infant care. Journal of Obstetric, Gynecologic, and Neonatal Nursing, 16(3), 185.

APPENDIX I

MOTHER-BABY QUESTIONNAIRE (SECOND VERSION)

Code # _____
Page # 1 (# 2)

SECTION A.

The following items are identified as common concerns that mothers have in taking care of themselves and their babies. Would you please respond as to those areas in which you needed more information.

U. **BABY CARE TASKS.** The following is a list of baby care tasks. Since the baby was born, in what areas did you need more information? To respond to these statements, please use the following scale:

1	2	3	4
None needed	Some needed	A lot needed	Great amount needed

from
scale

- _____ 1. Clean the baby's eyes
- _____ 2. Shampoo the baby's hair
- _____ 3. Bathe the baby
- _____ 4. Clean the baby's bottom
- _____ 5. Change the diapers
- _____ 6. Clean the genitals (boy's penis/circumcision or a girl's labia)
- _____ 7. Take care of the cord
- _____ 8. Use a thermometer and how to take a temperature
- _____ 9. Use a bulb syringe to clean baby's mouth and nose
- _____ 10. Know how to carry and handle your baby
- _____ 11. Dress the baby
- _____ 12. Wrap the baby
- _____ 13. Recognize when the baby is ill
- _____ 14. Know when to call the doctor
- _____ 15. Take care of diaper rash
- _____ 16. Know what products (lotion, wipes, etc.) are safe to use on the baby's skin
- _____ 17. Place the baby in a car seat
- _____ 18. Whether to use a pacifier or not
- _____ 19. Know what a normal bowel movement looks like
- _____ 20. Know how many wet diapers per day your baby should have
- _____ 21. Know how fast your baby should grow
- _____ 22. Know how to manage the day to day problems that the baby may have (colic, spitting up, hiccups, etc.)

Of the above baby care tasks, which ones did you need the MOST information and the LEAST information? (Please give the number on the following lines).

Y. MOST INFORMATION NEEDED (Choose only one) _____

W. LEAST INFORMATION NEEDED (Choose only one) _____

(PLEASE CONTINUE ON THE NEXT PAGE)

Code # _____
 Page # 2 (#2)

SECTION B.

X. FEEDING SKILLS. The following is a list of feeding skills. Since the baby was born, in what areas did you need more information? To respond to these statements, please use the following scale:

1	2	3	4
None needed	Some needed	A lot needed	Great amount needed

from
scale

- _____ 1. How to hold and position the baby for feeding
- _____ 2. How to burp the baby
- _____ 3. How to know when the baby is hungry
- _____ 4. How to know when the baby is full
- _____ 5. How often to feed the baby
- _____ 6. How to position the baby after feeding

Of the above feeding skills, which ones did you need the MOST information and the LEAST information? (Please give the number on the following lines).

Y. MOST INFORMATION NEEDED (Choose only one) _____

Z. LEAST INFORMATION NEEDED (Choose only one) _____

(PLEASE CONTINUE ON THE NEXT PAGE)

Code # _____
 Page # 3 (#2)

SECTION C.

(This section is for breast feeding mothers. For mothers that are bottle feeding, please proceed to SECTION D.)

AA. BREAST FEEDING SKILLS. The following is a list of breast feeding skills. Since the baby was born, in what areas did you need more information? To respond to these statements, please use the following scale:

1	2	3	4
None needed	Some needed	A lot needed	Great amount needed

from
 scale

- _____ 1. How to position my breast for breast feeding
- _____ 2. How to help the baby grasp the nipple
- _____ 3. How long to breast feed at each feeding
- _____ 4. How to release the baby's mouth from the nipple
- _____ 5. How to pump the breasts
- _____ 6. How to collect and store the breast milk
- _____ 7. What foods to eat to produce enough breast milk
- _____ 8. Knowing who to call if I have questions about breastfeeding

Of the above breast feeding skills, which ones did you need the MOST information and the LEAST information? (Please give the number on the following lines).

BB. MOST INFORMATION NEEDED (Choose only one) _____

CC. LEAST INFORMATION NEEDED (Choose only one) _____

(PLEASE CONTINUE ON THE NEXT PAGE)

Code # _____
 Page # 4 (#2)

SECTION D.

(If you are a breast feeding mother and are also bottle feeding your baby SOMETIMES, please complete this section. If you are ONLY breast feeding your baby, you may proceed to SECTION E.)

DD. BOTTLE FEEDING SKILLS. The following is a list of bottle feeding skills. Since the baby was born, in what areas did you need more information? To respond to these statements, please use the following scale:

1	2	3	4
None needed	Some needed	A lot needed	Great amount needed

* from
 scale

- _____ 1. What kind of bottles and nipples to purchase
- _____ 2. How to prepare the bottles and nipples for feeding
- _____ 3. How to prepare the milk (formula or breast milk)
- _____ 4. How to clean the bottles and nipples
- _____ 5. How to adjust the flow of milk from the bottle
- _____ 6. How much to feed the baby

Of the above bottle feeding skills, which ones did you need the MOST information and the LEAST information? (Please give the number on the following lines).

EE. MOST INFORMATION NEEDED (Choose only one) _____

FF. LEAST INFORMATION NEEDED (Choose only one) _____

(PLEASE CONTINUE ON THE NEXT PAGE)

Code # _____
 Page # 5 (#2)

SECTION E.

GG. SOCIAL BEHAVIORS. The following is a list of social behaviors. Since the baby was born, in what areas did you need more information? To respond to these statements, please use the following scale:

1	2	3	4
None needed	Some needed	A lot needed	Great amount needed

from
scale

- _____ 1. Knowing what the baby's cry means
- _____ 2. Knowing how to play with the baby
- _____ 3. Knowing how the baby should develop physically and socially
- _____ 4. Knowing how to talk to the baby
- _____ 5. Knowing how and when to touch the baby
- _____ 6. Knowing about the baby's sleep/awake schedule

Of the above social behaviors, which ones did you need the MOST information and the LEAST information? (Please give the number on the following lines).

HH. MOST INFORMATION NEEDED (Choose only one) _____

II. LEAST INFORMATION NEEDED (Choose only one) _____

(PLEASE CONTINUE ON THE NEXT PAGE)

Code # _____
 Page # 6 (#2)

SECTION F.

JJ. SELF CARE TASKS. The following is a list of self care tasks. Since the baby was born, in what areas did you need more information? To respond to these statements, please use the following scale:

1	2	3	4
None needed	Some needed	A lot needed	Great amount needed

from
 scale

- _____ 1. How to care for my perineum (stitches, hemorrhoids)
- _____ 2. How to put my pad on correctly
- _____ 3. Knowing if my discharge is normal
- _____ 4. Knowing how long my discharge should last
- _____ 5. How to care for my discomforts
- _____ 6. Knowing what foods to eat
- _____ 7. Knowing when to start dieting so I can lose my excess weight
- _____ 8. Knowing how much liquid to drink
- _____ 9. When and how to exercise
- _____ 10. Knowing when my weight will return to normal
- _____ 11. How often to take a bath/shower
- _____ 12. How to determine if I need to call the doctor
- _____ 13. How to know if my bowel function is normal
- _____ 14. How to know if my urine function is normal
- _____ 15. How to know how much rest is needed
- _____ 16. How to know what medicines are safe for me to use
- _____ 17. Knowing when, how long, and why I should wear a bra

Of the above self care tasks, which ones did you need the MOST information and the LEAST information? (Please give the number on the following lines).

KK. MOST INFORMATION NEEDED (Choose only one) _____

LL. LEAST INFORMATION NEEDED (Choose only one) _____

(PLEASE CONTINUE ON THE NEXT PAGE)

Code # _____
Page # 7 (#2)

SECTION G.

(If you are a bottle feeding mother, please proceed to Section H.)

MM. **CARE OF THE BREASTS.** The following is a list of items on how to care for your breasts. Since the baby was born, in what areas did you need more information? To respond to these statements, please use the following scale:

1	2	3	4
None needed	Some needed	A lot needed	Great amount needed

from
scale

- _____ 1. How to care for my nipples/breasts
- _____ 2. How to avoid cracked or blistered nipples
- _____ 3. How to get the baby to start breast feeding (to latch on to my nipple)
- _____ 4. How to help the baby release my nipple
- _____ 5. How to treat sore nipples
- _____ 6. How to know if my milk is "rich" enough
- _____ 7. How to maintain or increase my milk supply
- _____ 8. How to help my milk to "let-down"
- _____ 9. What to do when my breasts are too full
- _____ 10. How to know if my breasts are empty
- _____ 11. What to do when my nipples leak
- _____ 12. Whether to take medications or not
- _____ 13. What and how much food to eat
- _____ 14. What and how much liquid to drink
- _____ 15. What foods to avoid eating
- _____ 16. How to recognize a breast infection

Of the above aspects of the breast care, which ones did you need the MOST information and the LEAST information? (Please give the number on the following lines).

NN. MOST INFORMATION NEEDED (Choose only one) _____

OO. LEAST INFORMATION NEEDED (Choose only one) _____

(PLEASE CONTINUE ON THE NEXT PAGE)

Code # _____
 Page # 8 (#2)

SECTION H.

PP. **SOCIAL/PERSONAL CARE.** The following is a list of items relating to your social/personal care. Since the baby was born, in what areas did you need more information? To respond to these statements, please use the following scale:

1	2	3	4
None needed	Some needed	A lot needed	Great amount needed

from
scale

- _____ 1. Knowing what to expect when going home
- _____ 2. Knowing how much energy I will have
- _____ 3. Knowing how much help I will need
- _____ 4. Knowing when my body will return to normal
- _____ 5. Knowing which emotions are normal
- _____ 6. Knowing when intercourse is safe
- _____ 7. Knowing what birth control to use and when
- _____ 8. Knowing when my figure will return to normal
- _____ 9. Knowing how to adjust to changes in the relationship with the baby's father
- _____ 10. Knowing how to adjust to changes with others in the family

Of the above social/personal care aspects, which ones did you need the MOST information and the LEAST information? (Please give the number on the following lines).

QQ. MOST INFORMATION NEEDED (Choose only one) _____

RR. LEAST INFORMATION NEEDED (Choose only one) _____

Is there any other comments that you would like to make regarding this questionnaire? Is there any areas, not asked in this questionnaire, in which you needed more information?

THANK-YOU VERY MUCH FOR PARTICIPATING IN THIS SURVEY.

Lois Salmeron, R.N., M.S.N.
 6/88 (2nd Version)

 Today's Date

APPENDIX J

LETTER TO SUBJECTS SENT WITH SECOND
QUESTIONNAIRE

Dear

It has been approximately three weeks since your baby was born. It has also been approximately three weeks since you filled out the survey about mother-baby care. It is time to fill out the second questionnaire.

As I discussed with you in the hospital, the purpose of this survey is to determine information needs that new mothers have regarding self-care and infant care. Now that you have had three weeks of learning to know your infant and care for your baby, it is possible that you will identify important areas now that did not seem important when in the hospital. Because of this, it is VERY important for you to fill out this second survey.

As I discussed with you before, the information that you share will be helpful in planning an educational program for mothers. Hopefully, it will help other people as well as having helped you identify your educational needs.

Please fill out the enclosed survey WITHIN THE NEXT WEEK and return it to me in the self-addressed stamped envelope. I thank-you VERY MUCH for assisting me.

Sincerely,

Lois Salmeron

APPENDIX K

CONSENT FORM

CONSENT FORM

I, _____, voluntarily agree to participate in the study: EDUCATIONAL NEEDS OF FIRST TIME MOTHERS RELATED TO INFANT CARETAKING AND SELF-CARE NEEDS by answering the two questionnaires prepared by Lois L. Salmeron, R.N.

I understand that the purpose of this study is to explore the concerns that new mothers have in educational needs relating to self-care and infant caretaking so that an appropriate educational program for new mothers can be designed. I understand that this means that I will answer two questionnaires: one that will be given to me after the birth while in the hospital and the other that will be mailed approximately three weeks after the birth of my baby. I understand that participation in this study will benefit me because it will assist me in identifying areas that I may need educational assistance. I understand that there are no known risks involved in my participation in this study.

If I do not participate in this study, I will receive the usual treatment which my doctor prescribed.

By signing this consent form, I acknowledge that my participation in this study is voluntary. I also acknowledge that I have not waived any of my legal rights or released this institution from liability for negligence.

I may revoke my consent and withdraw from this study at any time without penalty or loss of benefits.

Records of this study will be kept confidential with respect to any written or verbal reports making it impossible to identify me individually.

If I have any questions about my rights as a research subject, I may take them to the Office of University Research Services, Oklahoma State University, 001 Life Sciences East, Stillwater, Oklahoma 74078, (405) 624-6991.

I have read this informed consent document. I understand its contents and I freely consent to participate in this study under the conditions described in this document. I understand that I will receive a copy of this signed consent form.

_____	_____
Date	Research Subject
_____	_____
Date	Witness
_____	_____
Date	Lois Salmeron, Principal Investigator
	3608 Quail Creek Road
	Oklahoma City, Oklahoma 73120
	(405) 751-1423.

2

VITA

Lois L. Salmeron

Candidate for the Degree of
Doctor of Education

Thesis: FIRST TIME MOTHERS' EDUCATIONAL NEEDS RELATED TO INFANT
CARETAKING AND SELF CARE

Major Field: Occupational and Adult Education

Biographical:

Personal Data: Born in Dunlap, Kansas on May 13, 1940, the
daughter of Franklin and Esther Peterson; married
John M. Salmeron on May 28, 1960.

Education: Graduated from North High School, Wichita, Kansas in
May 1958; received Bachelor of Science in Nursing from
University of Oklahoma in May, 1965; received Master of Arts
in Teaching from Oklahoma City University, August, 1971;
received Master of Science in Nursing from University of
Oklahoma, May, 1981; completed requirements for the Doctor of
Education degree at Oklahoma State University in December,
1988.

Professional Experience: Staff nurse, Department of Obstetrics,
St. Francis Hospital, Wichita Kansas, 1962-63; staff nurse,
Department of Obstetrics, Deaconess Hospital, Oklahoma City,
1965-67; Inservice Education Coordinator, Deaconess Hospital,
Oklahoma City, 1967-69; Team Leader, Maternal Child Nursing,
Oklahoma State University School of Nursing, Oklahoma City,
1970 to present, appointed Professor of Nursing, 1982; member
Executive Board, NAACOG (the Organization of Obstetric,
Gynecologic, and Neonatal Nursing) 1984-present; Chairman,
District VII, NAACOG 1984-present; Chairman, Council of
District Chairman, NAACOG, 1988; Chairman, Committee on
Education, NAACOG, 1985-87; Member, 7th National Program
Committee, NAACOG, 1987-89.

Professional Organizations: NAACOG, the Organization of
Obstetric, Gynecologic, and Neonatal Nurses; American Nurses
Association; National League for Nurses; Sigma Theta Tau;
Higher Education Alumni of Oklahoma.