

CONCERNS OF NEW MOTHERS IN  
RELATION TO THEIR NEWBORNS  
DURING THE TWO WEEKS FOLLOWING  
HOSPITAL DISCHARGE

by

Kathleen Karyl McDaniel, R.N., B.S.

A Thesis

Presented to  
The Oregon Health Sciences University  
School of Nursing  
in partial fulfillment  
of the requirements for the degree of  
Master of Nursing

June 10, 1983

APPROVED:

[REDACTED]

Marie Scott Brown, R.N., Ph.D., Professor, Thesis Advisor

[REDACTED]

Barbara J. Stewart, Ph.D., Associate Professor,  
First Reader

[REDACTED]

Mary Kathryn Thompson, R.N., M.N., Instructor, Second  
Reader

[REDACTED]

Carol A. Lindeman, R.N., Ph.D., Dean, School of Nursing

## ACKNOWLEDGEMENTS

I would like to express my gratitude to the many people who made this study possible. First, I would like to thank Marie Brown for sharing her knowledge about the care of mothers and infants and for guiding and encouraging me throughout the research process. I wish to thank Barbara Stewart for her expert assistance in dealing with the quantitative aspects of this study and for her understanding of the relationship between the research process and the art of nursing. I want also to thank Kate Thompson for her help in articulating the issues involved in this study and for sharing her belief in the importance of the family.

I would like to thank the nurses who work daily with mothers and infants and who took the time to assist me in the preparation of the questionnaire used to measure the major variables in this study: Suzanne Nelson, Sherry McConkey, and Kathy Shelton. A special thank you also goes to the experienced mothers who helped refine the questionnaire: Margaret Garrison, Tami Budd, Mary Ringer, Barbara Flitcroft, and Chris Brubaker.

I wish to acknowledge the prenatal class instructors, Doreen Ellis, Teri Nelson, and Joan Messinger, who allowed me to attend their classes in order to obtain participants for this study. These women perform the important function of preparing families for the

critical time of childbearing and at the same time make unique individual contributions to the particular parents they serve. Doreen recommends and models a special caring tone towards parents and parenting; Joan always leaves her students with valuable advice about parenting from a poem which emphasizes the importance of taking time for children; Teri helps couples prepare for childbirth with knowledge accompanied by techniques of positive imagery which also have the potential for helping parents deal with ongoing concerns throughout the childrearing period.

A second thank you goes to Sherry McConkey, R.N., O.B. Coordinator at McMinnville Community Hospital and her staff who willingly took time from their busy schedules to inform me of participant's delivery dates.

A final expression of gratitude goes to the mothers themselves on whom this study is based. Without their contributions the study would not have been possible. I greatly appreciate their willingness to accept an additional responsibility during a very demanding time in their lives in order to increase our knowledge and understanding of this important event.

DEDICATION  
To My Family

## TABLE OF CONTENTS

CHAPTER		PAGE
I.	INTRODUCTION . . . . .	1
	Review of the Literature . . . . .	2
	The prenatal period . . . . .	3
	The postpartum period . . . . .	4
	The early weeks at home . . . . .	5
	Conceptual Framework . . . . .	7
	Research Questions . . . . .	11
II.	METHODS . . . . .	12
	Sample and Setting . . . . .	12
	Design and Procedure . . . . .	13
	Variables and Measurement . . . . .	15
III.	RESULTS AND DISCUSSION . . . . .	16
	Description of the Sample . . . . .	16
	Family characteristics . . . . .	17
	Descriptive Findings . . . . .	18
	Childcare experience and expectations . . . . .	18
	Findings Regarding Major Variables . . . . .	19
	Degree of concern . . . . .	20
	Proportion of mothers reporting concern . . . . .	24
	Specific concerns . . . . .	27
	Sleeping . . . . .	33
	Feeding . . . . .	36
	Elimination . . . . .	40
	Crying . . . . .	40

TABLE OF CONTENTS (Cont'd)

	PAGE
Appearance . . . . .	46
Bathing . . . . .	46
Safety . . . . .	51
Activities . . . . .	51
Family Situation . . . . .	56
 IV. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	 61
Summary . . . . .	61
Limitations . . . . .	64
Implications for Nursing Practice . . . . .	64
Implications for Nursing Research . . . . .	68
 REFERENCES . . . . .	 72
 APPENDICES	
A. Informed Consent . . . . .	77
B. Family Information Form . . . . .	90
C. Daily Concern Record . . . . .	84
 ABSTRACT . . . . .	 90

LIST OF TABLES AND FIGURES

TABLE		PAGE
1.	Mean degree of concern in 4 daily categories of newborn care: days 1-7 . . . . .	21
2.	Mean degree of concern in 4 daily categories of newborn care: days 8-14 . . . . .	22
3.	Mean degree of concern in 5 weekly categories of newborn care . . . . .	25
4.	Percent of mothers with concern in 4 daily categories of newborn care . .	28
5.	Percent of mothers with concern in 5 weekly categories of newborn care . . . . .	29
6.	Percent of mothers expressing concern on 7 sleeping items . . . . .	34
7.	Percent of mothers expressing concern on 12 feeding items . . . . .	37
8.	Percent of mothers expressing concern on 11 elimination items . . . . .	41
9.	Percent of mothers expressing concern on 9 crying items . . . . .	44
10.	Percent of mothers expressing concern on 5 appearance items . . . . .	47
11.	Percent of mothers expressing concern on 6 bathing items . . . . .	49
12.	Percent of mothers expressing concern on 6 safety items . . . . .	52
13.	Percent of mothers expressing concern on 2 activity items . . . . .	54
14.	Percent of mothers expressing concern on 10 family situation items . . . . .	57



FIGURE		PAGE
1.	Mean degree of concern in 4 daily categories of newborn care: Days 1 - 14 . . . . .	23
2.	Mean degree of concern in 5 weekly categories of newborn care: weeks 1 and 2 . . . . .	26
3.	Percent of mothers with concern in 4 daily categories of newborn care . . . . .	30
4.	Percent of mothers with concern in 5 weekly categories of newborn care . . . . .	31
5.	Percent of mothers expressing concern on selected sleeping items . . . . .	35
6.	Percent of mothers expressing concern on selected feeding items . . . . .	39
7.	Percent of mothers expressing concern on selected elimination items . . . . .	42
8.	Percent of mothers expressing concern on selected crying items . . . . .	45
9.	Percent of mothers expressing concern on all appearance items . . . . .	48
10.	Percent of mothers expressing concern on all bathing items . . . . .	50
11.	Percent of mothers expressing concern on all safety items . . . . .	53
12.	Percent of mothers expressing concern on all activity items . . . . .	55
13.	Percent of mothers expressing concern on all family situation items . . . . .	58

CHAPTER I  
INTRODUCTION

The time of childbearing is considered to be an important one in relation to the long term health of individuals and families. Health care during this time involves a variety of providers, approaches, locations, schedules, and content. The purpose of this health care is to foster optimum conditions for the healthy growth and development of children and families. Prenatal care and education are often part of the health care available to families. During hospitalization for birth they receive care and support during labor and delivery and guidance and instruction in infant care in the postpartum period. During the first few days and weeks at home the family is often isolated from health care providers. They usually have little ongoing communication with the health care professionals who worked with them prenatally and in the hospital and they have not yet established a relationship with a new set of health care professionals whose care is directed primarily toward the infant.

Traditionally, well child care after the immediate postpartum period may begin as early as a few days after delivery or as late as 6 weeks, depending on the provider. The American Academy of Pediatrics recommends that preventive health care for infants including assessment of head circumference and vision begin at 2 to 4 weeks of age (Committee on Standards of Child Health Care, 1977) and immunizations at 2 months of

of age (Steigman, 1977). Vaughn, McKay, and Behrman (1979) suggest telephone contact between the family and a health professional at 1 to 3 weeks to assess the infant's feeding, elimination, and appearance and the mother's health and concerns. Current literature suggests that little is known about the health care needs of the family during the early neonatal period (Greenberg, Rice, and Rice, 1981). Such information would be beneficial to health professionals in planning and implementing care for new families.

The purpose of this study is to learn more about the concerns of new mothers in relation to their infants and the impact of the infant on the family during the two weeks after delivery.

#### Review of the Literature

There is a growing body of research on the importance of the early hours and days in the development of mother-infant relationships. There is extensive research on the subsequent growth and development of children. Much less has been written about the early health care needs of parents in relation to their infants between birth and the beginning of traditional well child care.

The review of the literature to follow will focus on prenatal preparation for infant care and preparation for infant care provided during hospitalization for childbirth. The review will conclude with a discussion of studies which

pertain to the health needs of the family during the period between hospital discharge and the first well child appointment.

#### The Prenatal Period

In addition to obstetrical care, many educational opportunities are offered to expectant parents during pregnancy. The emphasis is usually on preparation for labor and delivery (Taylor, 1980). Toward the end of pregnancy some classes devote time to preparation for parenting. Tanner (1969) states that sometime after the sixth month of pregnancy there is some readiness to think about infant care and that it increases in the third trimester. There is some evidence that this is not an opportune time for parents to think and learn about child care. Williams (1977) questioned graduates of her prenatal class about their interest in a class for new parents. Eighty-two percent felt such classes would be helpful especially in the two to four weeks after birth. Fifty-eight percent felt such information before delivery would not have been helpful. Williams did not describe any reasons given for this but speculated that parents may benefit most from information after being at home with their babies. Adams (1963) also found that pregnancy had not been a time when mothers were actively interested in infant care. She reported that a number of respondents in her study mentioned that they had been more interested in changes in themselves during their pregnancies.

### The Postpartum Period

In the hospital after delivery, approaches to teaching parents about and helping them with infant care are many and varied (Austin, 1980; Chesaro & Terek, 1978; Smith & Smith, 1978). Many postpartum nurses, nursery nurses, and pediatricians talk to mothers. Formal and informal classes on child care are often scheduled. Audiovisual and written materials are frequently provided. Rooming in may be available. Petrowski (1981) conducted an experimental study of 40 primiparas to determine the optimum time to teach postpartum content including child care to maternity patients. She suggested that timing, repetition of instruction, and readiness were important factors in parent's learning about child care. She found there was no difference between knowledge obtained by those parents who were taught prenatally, those taught only during the postpartum period in the hospital or those taught at both times. She concluded that more research should be done on content, timing, location, and needs of mothers in order to decide on effective educational programs.

In 1981, Pridham and Schultz surveyed 91 families to see if they felt they had been adequately prepared for the birthing and newborn periods. Overall satisfaction was high but preparation was felt to be inadequate in 5 out of 11 prenatal and birthing issues for 40 to 50 percent of the respondents. These included such issues as marital changes during pregnancy and preparing for the possibility of a cesarean birth. For 33 percent

of the respondents preparation was felt to be inadequate in 8 out of 14 infant feeding issues. These included such issues as how to tell when the baby is hungry, how to increase breast milk supply, or what kind of formula to use. Gruis (1977) sent questionnaires to 40 mothers one month after delivery asking them to note and rank their concerns over the preceding month. The one concern mothers sought help for most frequently was baby care. Gruis suggests that even though the hospital stay after delivery is the traditional time for teaching, the mother may not be receptive to learning about infant care at this time as her focus is on getting to know her baby and on changes in her own body.

#### The Early Weeks at Home

The need for follow-up of families after mothers and infants leave the hospital is referred to in the literature (Brown & Hurlock, 1977). Again, a variety of approaches exist such as phone calls by hospital nurses and phone calls and home visits by public health nurses (Bash & Gold, 1980; Davidson & Leonard, 1977; Donaldson, 1977; Freeman, 1976; Haight, 1977). All of these programs are based on the assumed need for some kind of health care during this period and are designed to perform a service. Evaluations of the service have been based on parent's verbal reports as to whether they liked the service or on the providers' judgment of the response.

In one experimental study, Hall (1980) looked at the effect of teaching about infant behavior in the postpartum

period on mothers' perceptions of their newborns. She found that a significantly positive change in perception occurred with those mothers who received structured, informative teaching concerning infant behavior 2 to 4 days after hospital discharge as compared to those who received no instruction. She suggests that such teaching can promote a healthy maternal-infant bond but that further research needs to be done on the timing, content, and method of postpartum teaching.

In a descriptive study Sumner and Fritsch (1977) explored the needs expressed by parents between hospital discharge and the first well child visit. They recorded the number and content of spontaneous phone calls to a health care facility and found that the highest rate of phone calls occurred during the first three weeks after birth. The major topics of the calls in decreasing order included feeding, gastrointestinal concerns such as spitting up, skin appearance, other concerns such as a stuffy nose, postpartum concerns such as breast problems, sleeping, and crying. Another exploratory study (Adams, 1962-1963) attempted to discover the areas of concern to primiparas regarding infant care during the first month and whether the kinds and amounts of concerns changed during that time. She interviewed 40 new mothers three times during this period and concluded that the respondents had little information about infant care. All 40 mothers listed infant feeding as their area of greatest concern. They experienced the greatest number

of questions about infant care after one week and fewest after one month.

Ruben (1975), who has written much in the area of maternity nursing, states that one of nursing's biggest failures is the postpartum period. She suggests that both obstetrical and pediatric medicine lack concern and knowledge about postpartum problems. She further states that,

The postpartum period is the most vulnerable period today for the mother, for the infant, for beginning mother-child relationships, for continuity of husband-wife relationships and the nuclear family's survival. (p. 1684)

Overall, there is agreement in the literature that there is a need for health care for families during the early neonatal period. There are many examples of such care and much discussion of what it should consist of. There is little research on the need, timing and content of such care.

#### Conceptual Framework

A number of hypotheses about human growth and development have been put forth over time based on physical and psychosocial research. One such hypothesis is that there are critical periods in the lifespan of individuals for the establishment of certain important human functions (Smart & Smart, 1977). During these times the individual is in a period of accelerated growth and change and vulnerable to environmental factors. Such factors can enhance or endanger growth. This hypothesis is incorporated into several stage theories of human develop-



ment. Erikson's (1963) theory of growth and development describes 8 critical periods through which individuals pass from birth to death. The 7th period is associated with parenting and is called generativity. During this period the individual becomes involved in the well-being and development of the next generation. Duvall was one of the first to describe critical periods of development in the life cycle of families (Bowen, 1980). She also outlines 8 stages of development that families proceed through, number 2 being the stage of childbearing (Duvall, 1971). The transition from one stage to the next for both individuals and families involves the breaking up of old patterns of behavior and establishing new ones through the accomplishment of certain tasks.

Implied in the term "critical period" is the concept of crisis. Crisis is defined by Caplan (1964) as the state of the reaction of an individual who finds himself in a hazardous situation and experiences an upset in a steady state. It is assumed that individuals and systems strive to maintain or reestablish a steady state by adaptation and problem solving. Throughout the life cycle individuals and families pass through critical developmental stages as well as encounter stressful events. Both create altered states of equilibrium and require adaptation. Caplan and Grunebaum (1967) state that the idea of "crisis may thus be employed to refer to both normal and unusual transitions which necessitate specific tasks of interpersonal and interpsychic readjustment" (p. 337).

At certain times both developmental and situational crises occur simultaneously. As mothers and fathers prepare to have a child and later develop their parenting skills they are involved in the normal individual critical period of generativity and the family stage of childbearing. The actual birth of their first baby and the events of the neonatal period may superimpose a temporary situational crisis on these periods (Burgess, 1978). This combination creates many changes in the previous steady state of the family and its members and requires the mastering of many new skills and redefinition of relationships and roles in order to create a new and satisfactory steady state. Mothers and fathers must learn how to care for their infant, provide opportunities for child development, share the responsibilities of parenthood, and maintain a satisfying couple relationship. The transition to parenthood is a difficult time for most couples and some experience it as a crisis (Dyer, 1963; LeMasters, 1957; Rossi, 1968).

The family as a whole must adapt housing arrangements to the new child. It must facilitate members' role learning as parents begin sharing responsibilities such as housekeeping, child care and decision making about immediate and future family needs. A new pattern of family communication must be established as a third person comes into the home making new demands. Parents' old patterns of communication with each other undergo change as they experience new feelings and concerns and meet new time demands. The new family unit will

begin relating to the extended family and community in new ways creating new and different relationships with grandparents, in-laws, churches, and social groups. (Duvall, 1971). Friedman (1981) suggests that for the family with a new baby such tasks involve "jointly facilitating the developmental needs of mother, father, and baby in ways that strengthen the family as a whole" (p. 53).

According to Caplan and Grunebaum, crises usually last for a period of four to six weeks. The results at the end of that time may be a working through to solutions and a new steady state or poor adaptation and a threatened state of health. Later success in the period of generativity for individuals and in the childbearing period for families may depend on the successful outcome of the intervening crisis period (Jensen, 1977; Pillitteri, 1977).

Caplan and Grunebaum suggest that individuals in the midst of crisis may be helped or hindered by others in their environment, including health care providers. During this time family members find themselves in an unstable situation and feel a greater need for help. Thus they are usually more easily influenced by and more receptive to help. Intervention at this time may have a more positive effect than intervention at a more stable time. In addition,

Primary prevention, or reduction of conditions that lead to maladaptive functioning, can be achieved by helping people work through developmental periods (Williams, 1974, p. 48).

Health care providers could greater enhance family well-being by applying principles of crisis intervention at this time. These include helping family members better understand the nature of their crises, helping them focus on individual aspects of the crises that they can deal with a step at a time, making them aware of support systems that may already be in place and adding to them if necessary, and assisting them to identify and use coping mechanisms they may already have or suggesting new ones.

Learning more about the concerns of new mothers during the critical days following the birth of their babies may be helpful in planning effective intervention.

#### Research Questions

This study is descriptive in nature and will address the following questions:

1. What are the areas of major concern for new mothers in relation to their infants during the two weeks following delivery?
2. How do these concerns change over time?

## CHAPTER II

### METHODS

#### Sample and Setting

A nonprobability convenience sample of 25 expectant mothers was obtained from prenatal classes conducted in McMinnville, Oregon. These classes are sponsored by Chemeketa Community College which maintains a continuing education center in McMinnville. The city has a population of approximately 15,500 and is located near the center of rural Yamhill County which has a population of approximately 52,500. The classes serve most of the expectant parents in the Yamhill County area who choose to attend prenatal classes. There are 3 classes taught concurrently by 3 different instructors. Each class has approximately 10 couples and meets weekly for 6 weeks. The couples usually enroll during the 7th month of pregnancy and finish the class approximately 2 weeks before delivery.

The criteria used to select participants for the study included the following:

1. Primiparas between the ages of 17 and 40.
2. Expectant mothers living at home with the father of the baby.
3. Expectant mothers without complications of pregnancy up to the time of selection.
4. Mothers who experienced no complications during the labor, delivery or postpartum period that

would contribute to unusual tiredness and possibly alter their concerns regarding infant care.

Mothers who did not meet these criteria at the time of selection but expressed a strong desire to participate were included in the data collection process. Mothers who met the criteria at the time of selection but who later experienced complications during or after delivery were allowed to complete the data collection process if they desired.

Women attending prenatal classes were chosen as candidates for the study because the researcher felt that their motivation to prepare for childbearing would be beneficial in their completion of the detailed longitudinal self report instrument used for this study.

#### Design and Procedure

This study was designed to describe the concerns new mothers have about the care and behavior of their infants during the 2 weeks following discharge from the hospital after delivery. It was longitudinal in nature.

Data collection began in July, 1982 and continued for 6 months until the desired sample size was obtained in January, 1983. The researcher attended the last class in each of 14 series to describe the study and ask for volunteers to participate. A total of 92 expectant mothers were approached in order to obtain the desired number of participants who met the

study criteria. Those meeting the criteria and interested in participation as well as those only interested in being included in the study were asked to stay a few minutes after class so their role in the study could be further explained and informed consent obtained (see Appendix A). They were also asked to complete a self report questionnaire called the "Family Information Form" (FIF) (See Appendix B). At the same time they were given a booklet containing the measurement tool called the "Daily Concern Record" (DCR) which they were asked to complete following the birth of their babies (see Appendix C). On it they were to record their concerns daily for 14 days following hospital discharge beginning on their first day at home. After completing day number 14 they were asked to return the DCR to the researcher by mail in an enclosed self-addressed stamped envelope.

At the time of selection permission was obtained to call the participants 3 times during the data collection process. The first call was made before delivery to answer any questions they may have had about the study. Their delivery dates were obtained by calling the hospital obstetrical unit at regular intervals near their expected delivery dates. The second call was made after delivery so that pertinent information about their infants could be obtained and any questions regarding further participation in the study could be answered. The third call was made near the end of the 14 day data collection period to discuss any problems they may have encountered in

completing the DCR and to thank them for their participation.

Participant anonymity was maintained by assigning all participants a code number which was used on all questionnaires and records.

#### Variables and Measurement

Background information including demographic data was obtained on the FIF. This form also includes information on certain variables that may be related to the concerns expressed by mothers such as past experience in dealing with infants, level of confidence, and additional help in the home.

Information on major variables was obtained using the DCR. This tool was designed by the researcher and based on review of the literature and clinical experience. It was reviewed by 2 nursing faculty whose area of expertise is family nursing and 3 professional colleagues who work clinically with newborns and their families; it was pretested for clarity, completeness and timing on 5 mothers. It lists concerns common to new mothers and asks the participant daily to check which concerns she has had and to rate the degree of concern. Space is available for adding concerns not listed and for making comments. Method of feeding and any contact with a health care provider were to be noted each day.



## CHAPTER III

### RESULTS AND DISCUSSION

The following discussion will begin with a description of the sample of women who participated in this study and a description of their family characteristics. Next, the findings related to the mothers' child care experience and expectations will be presented. Finally, findings regarding major variables will be described including the degree of concern in all areas of newborn care investigated and the proportion of mothers expressing concern in those broad areas as well as on specific items within each area.

A large amount of data was collected during the course of this study. Because it would be difficult to describe all the results in detail and explore all the possible relationships that may exist in the space of this report, the researcher has chosen to present selected findings specifically related to the research questions. Further, the findings of this study are based upon descriptive but not inferential statistics.

#### Description of the Sample

Of the 92 women approached regarding participation in the study, 75 met the study criteria. A total of 37 women volunteered, 36 meeting the exact study criteria at the time of selection and one meeting all the criteria except she was not a primipara. Therefore, she was not included in the final sample. Of the 36 women who met the criteria and began the study, 5 chose not to complete it. For 4 of those women,

obstetrical complications contributed to their decision to drop out. A total of 31 eligible women completed the study but 6 who developed complications at the time of delivery were not included in the final sample of 25.

#### Family Characteristics

The mothers who participated in this study ranged in age from 17 to 36 years. Their average age was 24.4 years. The age range of the fathers was 17 to 40 years and their average age was 27 years. The mean educational level of the mothers was 13 years and of the fathers was 13.5 years. The median family income fell between \$15,000 and \$20,000. All the fathers were employed and 72 percent of the mothers were employed during part or all of their pregnancy. This high rate of employment is unusual in that these individuals live and work in a county with a current unemployment rate of 13.8 percent.

The occupations of both parents were diverse with fathers working at such jobs as logging, farming, engineering, meat cutting, and teaching. Some of the mothers worked as teachers, bank tellers, electricians, hairdressers, and medical assistants. Of the 72 percent of mothers who worked during their pregnancy, 44 percent worked through the 9th month and 48 percent planned to return to work following delivery. These mothers planned to return to work between 6 weeks and 4

months after delivery with a mean return to work time of 9 weeks.

The infants born to the families during the study included 13 males and 12 females. The mean age of the infants at the time of hospital discharge was 1.8 days. Neither the mothers nor infants experienced any complications during the perinatal period. Thirty-two percent of the infants did develop neonatal jaundice requiring varying amounts and kinds of follow-up but not resulting in any complications for the infants. According to Vaughn, McKay, & Behrman (1979) jaundice is observed in 60 percent of all term infants during the first week of life.

#### Findings Related to the Mothers' Child Care Experience and Expectations

In addition to demographic data obtained on the FIF at the time of selection, several questions about the mothers' experience in and expectations about child care were asked. These questions were asked to obtain information to help describe what new mothers anticipate and plan as they begin to deal with the immediate and longterm demands of parenting.

More than half (56 percent) of the mothers reported very little previous experience in caring for infants but 68 percent expressed a moderate amount of confidence in caring for their own infants. When asked how much help they expected from the father with child care, 36 percent expected a lot, 52 percent a moderate amount, and 20 percent very little.

Because most new mothers and fathers live apart from their extended families, some plan for assistance at home during the first few days following delivery. Of the mothers in the study, 72 percent planned to have additional help in their homes during this time. Fifty-five percent indicated their own mother would serve this function and the other 45 percent planned to have help from sisters, friends, mother-in-laws, sister-in-laws, or grandmothers. Several planned to have more than one helper from this group. A moderate amount of help was expected from their helpers by 66 percent of the mothers.

#### Findings on Major Variables

On the Daily Concern Record mothers were given a list of concerns relating to various aspects of newborn care and behavior that the literature and clinical experience suggest may be common to new mothers. The concerns were divided into 9 major categories. The 4 categories used daily included sleeping, feeding, elimination, and crying. These categories are similar to those used by Broussard (1970) in studying mothers' perceptions of their newborns. The 5 categories used at the end of week 1 and week 2 were appearance, bathing, safety, activities, and family situation. The same list of concerns in the first 4 categories was repeated daily for 14 days following hospital discharge in order to determine the type, number, and degree of concern on each day. This was also expected to show the days of greatest overall concern and how the concerns changed over time. The remaining 5 areas

of concern were presented at the end of week 1 and week 2. These concerns are also thought to be common to new mothers but less likely to occur on a daily basis.

Within each category more specific concerns were listed. The daily categories included such items as sleeping too little between feedings, not getting enough milk to be satisfied, having trouble passing gas, and crying too much. The weekly categories included specific items like skin color, bath water temperature, exposure to illness, taking the baby out, and the mother's relationship with their baby. The mothers checked whether or not they had any of the concerns listed and whether their degree of concern on each item chosen was very little, a moderate amount, or a great deal.

#### Findings Regarding the Degree of Concern

The degree of concern on all items was rated on a scale of 1 to 4 and therefore it is possible to compare the categories of concern on degree. However, the results may be influenced by the different number of items in each category. Tables 1 and 2 show the mean level of concern reported on each day in each of the 4 categories. The results are depicted in Figure 1. The mean level of concern in all categories was never greater than "very little" and the level declined in all categories over the 14-day period. Feeding and sleeping rated the highest level of concern, crying the next highest and elimination the lowest. It can be seen that even though

**Table 1**

**Mean degree of concern in 4 daily categories of newborn care: days 1-7**

Categories	Means and Standard Deviations						
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Sleeping	1.32(0.31)	1.28(0.30)	1.23(0.29)	1.22(0.28)	1.22(0.24)	1.18(0.29)	1.20(0.25)
Feeding	1.37(0.35)	1.28(0.32)	1.29(0.23)	1.32(0.31)	1.25(0.24)	1.15(0.16)	1.13(0.13)
Elimination	1.18(0.26)	1.21(0.19)	1.14(0.21)	1.17(0.34)	1.14(0.24)	1.12(0.26)	1.12(0.28)
Crying	1.37(0.39)	1.17(0.25)	1.28(0.45)	1.19(0.34)	1.13(0.29)	1.12(0.37)	1.12(0.30)

Note: Each mean and standard deviation pair are presented such that the mean is the first number in the pair and the standard deviation follows in parentheses.

Range = 1 to 4

**Table 2**

**Mean degree of concern in 4 daily categories of newborn care: days 8-14**

		Means and Standard Deviations						
Categories	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	
Sleeping	1.20(0.24)	1.25(0.40)	1.23(0.31)	1.22(0.33)	1.21(0.28)	1.17(0.25)	1.12(0.18)	
Feeding	1.16(0.19)	1.24(0.28)	1.22(0.33)	1.13(0.19)	1.11(0.16)	1.21(0.23)	1.15(0.27)	
Elimination	1.17(0.31)	1.15(0.36)	1.16(0.33)	1.11(0.21)	1.11(0.17)	1.15(0.25)	1.14(0.32)	
Crying	1.15(0.34)	1.10(0.15)	1.13(0.22)	1.15(0.35)	1.17(0.34)	1.19(0.48)	1.06(0.15)	

Note: Each mean and standard deviation pair are presented such that the mean is the first number in the pair and the standard deviation follows in parentheses.

Range = 1 to 4

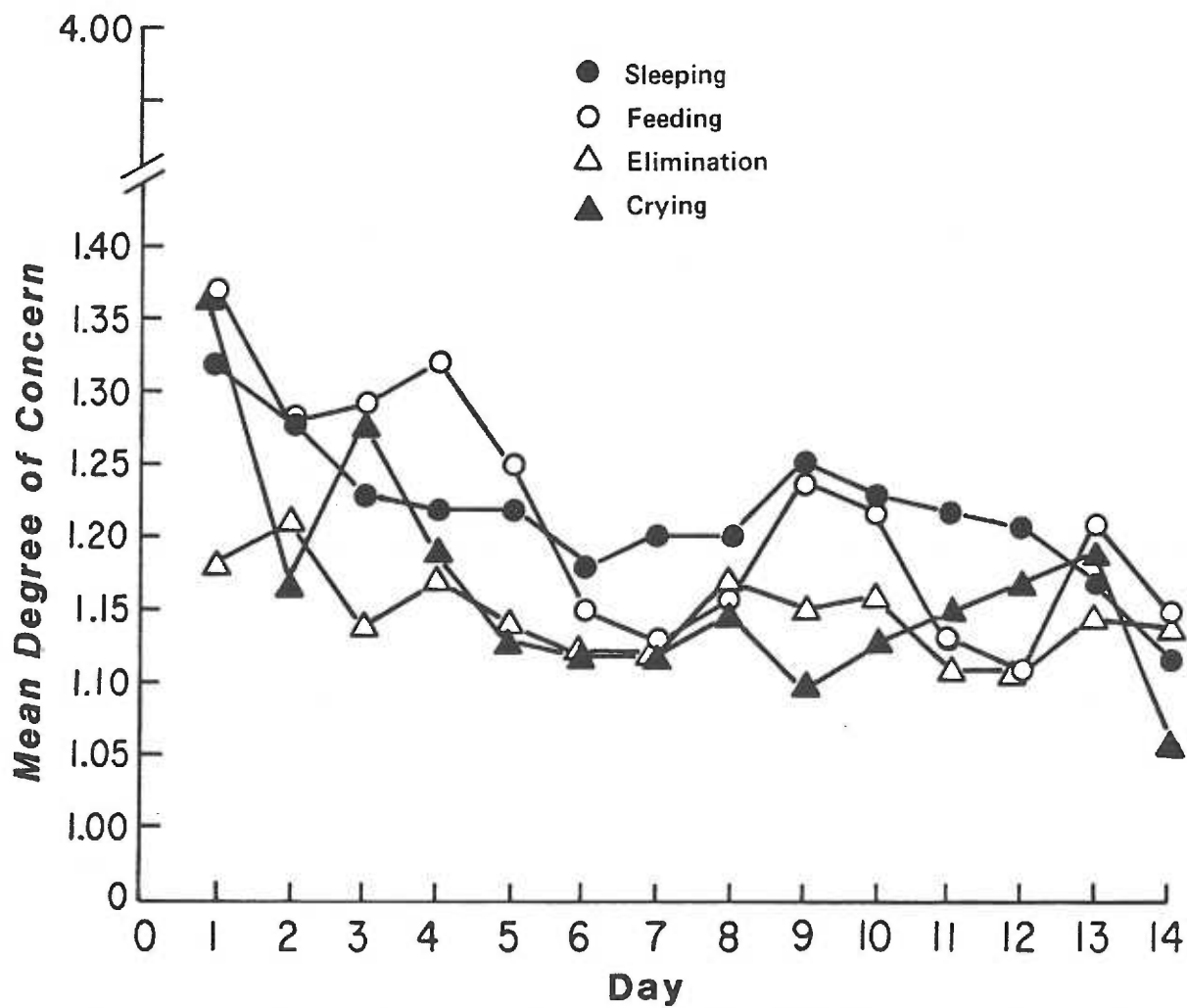


Figure 1. Mean degree of concern in 4 daily categories of newborn care : Days 1-14  
Range = 1 to 4



concern levels in all categories declined over time, that trend was temporarily reversed on some days.

Table 3 and Figure 2 show the mean degree of concern in the 5 weekly categories.

The range across all categories for week 1 is 1.43 to 1.70 and for week 2 is 1.28 to 1.48. Again the mean level of concern is "very little" and declines from the first to the second week. Figure 2 also shows that the level of concern is higher in all 5 weekly categories than in the 4 daily categories. This suggests that concerns in these areas may be more important to new mothers than those in the daily categories. It may also reflect the lack of opportunity to express the concerns earlier in the questionnaire.

As seen in Figure 2, the activity category, which includes such items as having visitors and taking the baby out, had the highest level of concern at the end of the first week but that level declined sharply during the second week. The safety and family situation categories had the second and third highest level of concern during week 1 but declined the least over time and were of equal concern at the end of week 2.

#### Findings Regarding the Proportion of Mothers Reporting Concerns

The number of mothers having concerns in 4 daily and 4 weekly categories also declined over the 2 week period. One weekly category (appearance) remained stable in the

**Table 3**  
**Mean degree of concern in 5 weekly categories of newborn care**

Category	Means and Standard Deviations	
	Week 1	Week 2
Appearance	1.43(0.37)	1.28(0.24)
Bathing	1.44(0.37)	1.30(0.39)
Safety	1.59(0.50)	1.48(0.54)
Activities	1.70(0.77)	1.33(0.58)
Family Situation	1.54(0.52)	1.48(0.64)

Note: Each mean and standard deviation pair are presented such that the mean is the first number and the standard deviation follows in parentheses.

Range = 1 to 4

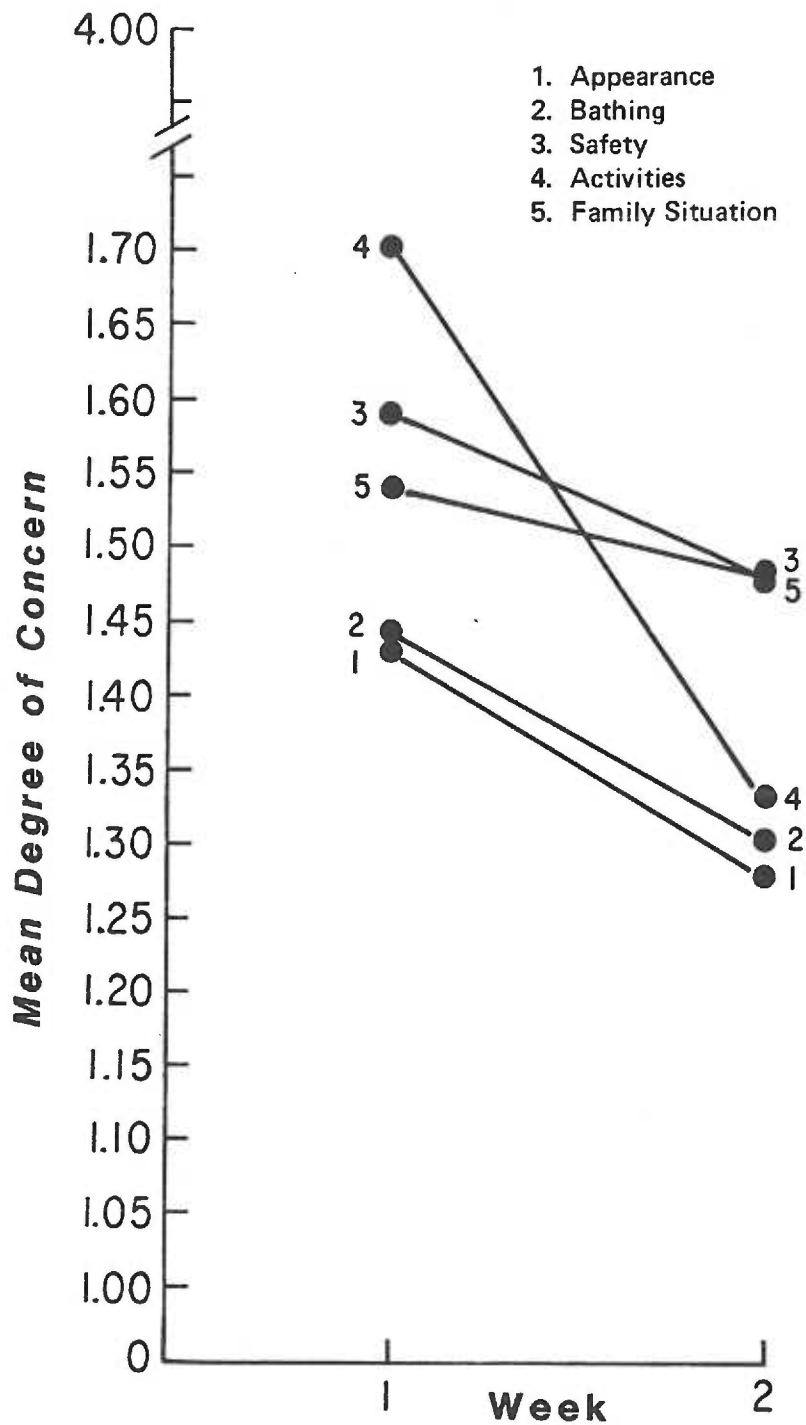


Figure 2. Mean degree of concern in 5 weekly categories of newborn care: Weeks 1 and 2  
Range = 1 to 4

number of mothers reporting concerns. Tables 4 and 5 show the percentage of mothers with concerns in each category over time. More mothers expressed concern in the daily category of feeding and the weekly category of the family situation than in any other categories. The results are depicted in Figures 3 and 4. Sumner and Fritsch (1977) and Adams (1962-1963) found feeding to be the area of greatest concern in their studies of the needs of new mothers. Less is known about the specific areas of concern relating to the impact of a new baby on the entire family (Lerner & Spanier, 1978). Figure 3 shows that on some days the decline in the proportion of mothers concerned is temporarily reversed. Similar reversals were seen in Figure 1 which shows the degree of concern.

#### Findings Regarding Specific Concerns Within Categories

In addition to reporting the number of mothers showing concern in major categories of care, the number of mothers showing concern on specific items within categories will be described. In line with the research questions and the intent of this study, an attempt was made not only to describe the areas of greatest concern in the early days of a family with a new baby and when they are most likely to occur, but to find out something about specific concerns in order to guide planning for intervention and anticipatory guidance.

**Table 4**  
**Percent of mothers with concern in 4 daily categories of newborn care**

Category	Percent													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Sleeping	80	64	60	52	60	52	56	52	52	52	44	52	40	40
Feeding	84	88	84	84	72	76	60	64	68	72	48	60	60	52
Elimination	56	80	52	52	44	40	32	40	40	40	40	44	52	40
Crying	80	44	48	32	40	32	24	24	40	44	28	36	32	20

Note: N=25

**Table 5**  
**Percent of mothers with concern in 5 weekly categories of newborn care**

Category	Percent	
	Week 1	Week 2
Appearance	68	68
Bathing	76	60
Safety	76	68
Activities	60	44
Family Situation	84	72

Note: N=25

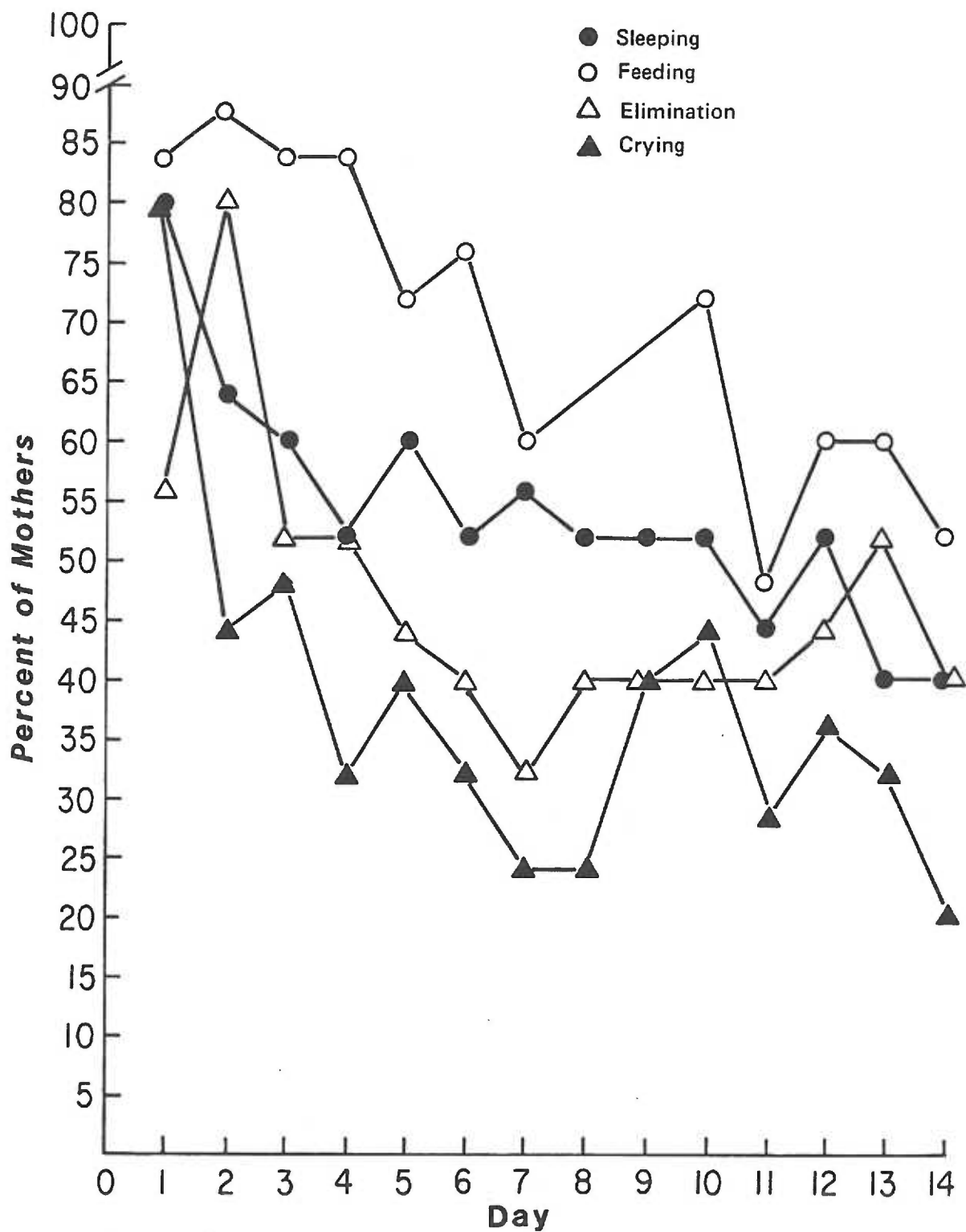


Figure 3. Percent of mothers with concern in 4 daily categories of newborn care. (N=25)

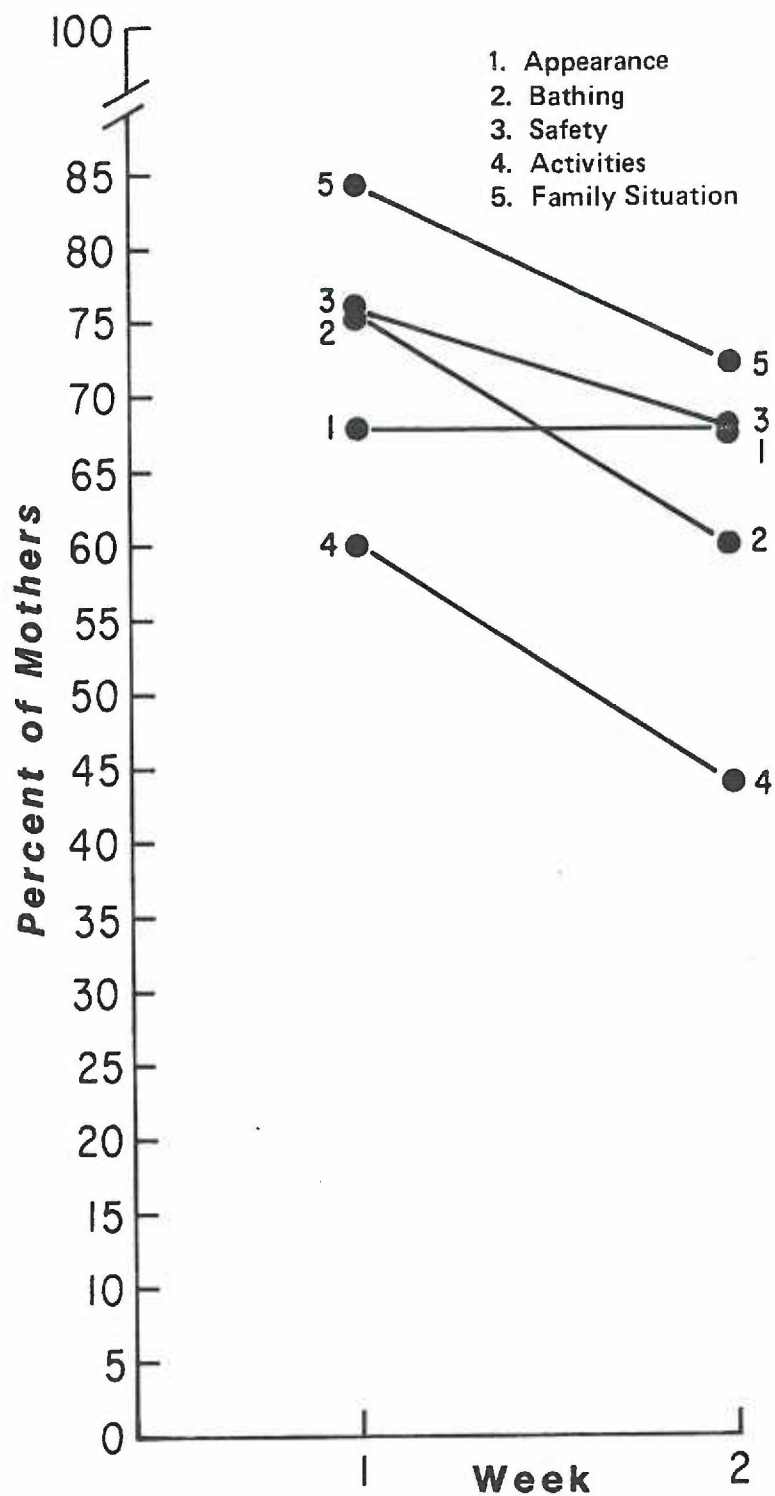


Figure 4. Percent of mothers with concern in 5 weekly categories of newborn care. (N= 25)



Tables 6 through 14 show the findings regarding the number of mothers concerned about specific items within the 4 daily and 5 weekly categories of care. Figures 5 through 13 graphically represent these findings. The figures include selected items for comparison. As mentioned previously in looking at the degree of concern and the number of mothers expressing concern in the broad categories, there was a general decline seen over the 2 week period. In looking at specific items in each category, some show a decrease, some an increase, and others remain stable over time in the number of mothers concerned.

In order to determine what constituted such changes the following criteria were applied:

1. If there was a 12 percent (3 mothers) or greater increase in the number of mothers concerned about a specific item between days 1 and 14 and week 1 and 2, that item was considered one which showed a clinically important increase in the number of mothers concerned over time.
2. If there was a 12 percent (3 mothers) or greater decrease in the number of mothers concerned about a specific item between days 1 and 14 and week 1 and 2, that item was considered one which showed a clinically

important decrease in the number of mothers concerned over time.

3. If there was an increase or decrease less than 12 percent (3 mothers) in the number of mothers concerned about a specific item between days 1 and 14 and week 1 and 2, that item was considered one which remained clinically stable in the number of mothers concerned over time.

### Sleeping

Over the 14 day period 40 to 80 percent of the mothers reported concerns about sleeping. Within this category, no specific items showed an increase in the number of mothers concerned, 6 items remained stable, and one item showed a decrease. These results can be seen in Table 6 and Figure 5. "Sleeping too little at night" was the stable item showing the highest number of mothers concerned over the 14 days. Twenty-five percent were concerned on day 1 and 22 percent were concerned on day 14. Although 36 percent of the mothers started out being most concerned about "sleeping too long between feedings", that concern decreased from day 2 to day 13 when only 4.2 percent were concerned. This is considered an important decrease based on the criteria previously outlined.

**Table 6**  
**Percent of mothers expressing concern on 7 sleeping items**

Item	Percent													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Sleeping too long between feedings	36.0	36.0	24.0	13.0	29.2	20.8	8.3	8.3	16.7	20.8	9.1	4.2	4.2	8.7
Sleeping too little at night	25.0	26.1	28.0	39.1	29.2	20.8	29.2	29.2	29.2	29.2	26.1	33.3	25.0	21.7
Sleeping too much during the day	20.8	21.7	24.0	20.8	25.0	25.0	29.2	25.0	33.3	25.0	34.8	16.7	25.0	12.5
Unusual breathing pattern while sleeping	20.0	12.5	8.0	8.7	8.7	0	4.2	0	4.2	0	4.3	8.3	4.3	12.5
Sleeping too little between feedings	12.5	16.7	8.7	21.7	20.8	8.7	8.3	21.7	16.7	16.7	18.2	12.5	4.2	4.3
Sleeping too much at night	12.1	8.3	4.0	4.2	0	4.2	0	0	0	4.2	0	0	0	8.3
Sleeping too little during the day	4.0	12.5	0	8.7	8.3	0	12.5	16.7	8.7	16.7	0	8.3	8.3	4.2

Note: N = 25

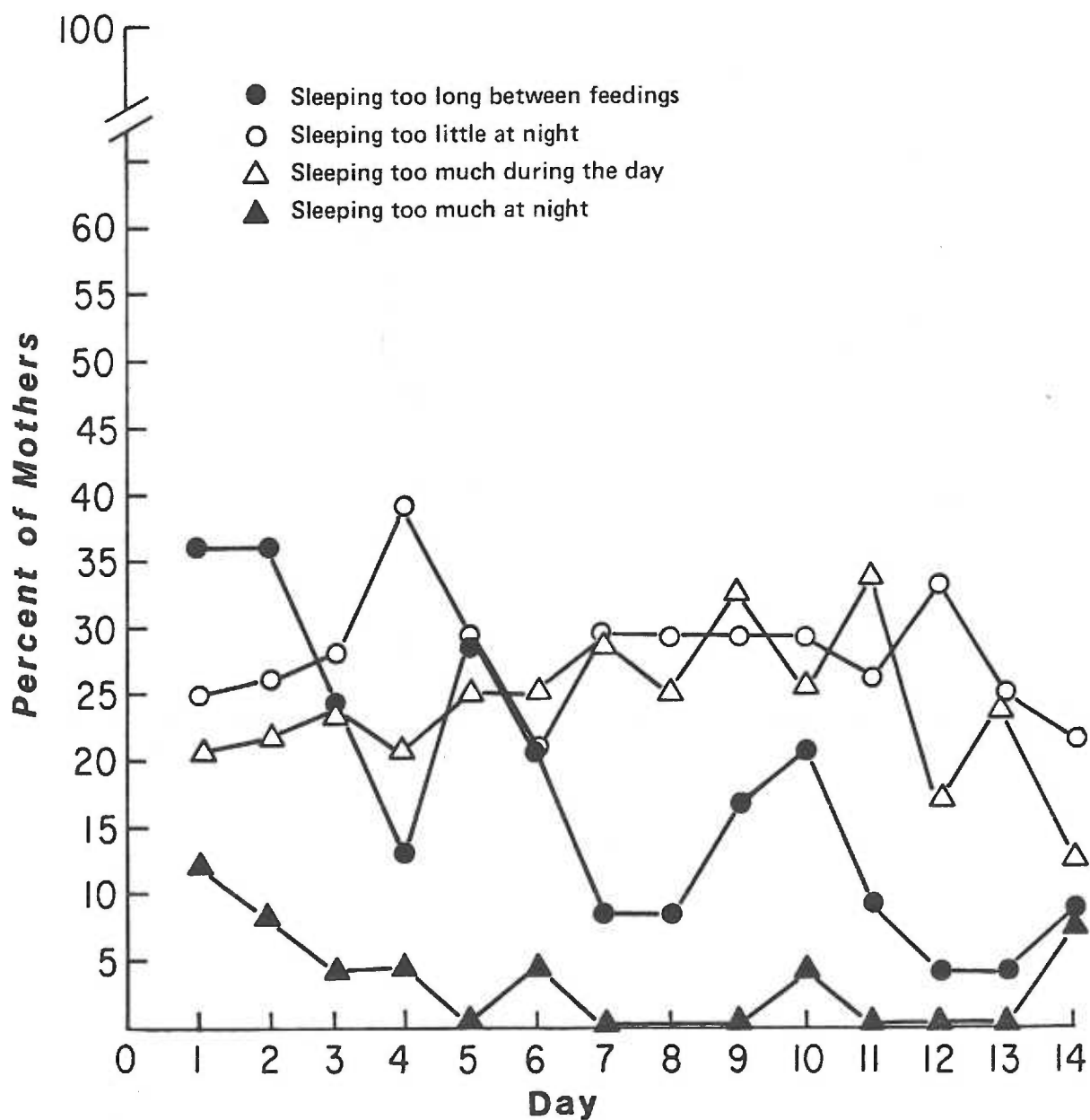


Figure 5. Percent of mothers expressing concern on selected sleeping items. (N=25)

Additional comments made on the Daily Concern Record indicated that on days 1 and 2 mothers wondered about their role in the baby's sleeping pattern. They wondered if they would hear the baby wake or if they should wake the baby to feed. On day 3 they described a change in the sleeping pattern with decreased sleep between feedings and increased waking at night. This pattern persisted throughout the 2 weeks. On days 9 and 10 comments reflected a search for reasons for and solutions to an irregular sleep pattern, especially the decreased night sleep. The following are examples of comments: "Don't know what's wrong", "Maybe what I eat at night", "Doesn't appear hungry, just cries", "Keeping awake in (the) evening, but (it's) not helping", "Tried a tub bath at night".

Closely related to "sleeping too little at night" was "sleeping too much during the day." In other additional comments, mothers questioned whether too much sleeping during the day could be a cause of decreased sleep at night. The smallest proportion of mothers expressed concern about the two opposing sleep items of "sleeping too much at night" and "too little during the day."

#### Feeding

On 6 of the 12 feeding items, the number of mothers expressing concern declined over time (see Table 7). Over half of the mothers started out being concerned about their

**Table 7**  
**Percent of mothers expressing concern on 12 feeding items**

Item	Percent													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Not getting enough milk to be satisfied	52.0	36.0	40.0	41.7	25.0	25.0	8.3	12.5	16.7	20.8	17.4	16.7	17.4	8.3
Burping very little	41.7	37.5	20.8	30.4	25.0	25.0	16.7	20.8	12.5	8.3	13.0	16.7	16.7	12.5
Breast discomfort	39.1	39.1	47.8	40.9	37.5	33.3	25.0	29.2	29.2	36.4	13.0	16.7	16.7	21.7
Not getting enough milk to grow	33.3	16.0	12.5	20.8	12.5	13.0	0	0	0	4.2	4.5	4.2	0	0
Preparing the breast or bottle	20.8	16.7	16.7	9.1	0	0	0	0	4.2	4.2	0	8.7	4.2	4.2
Not eating often enough	20.0	20.8	25.0	13.0	8.3	8.3	4.2	4.2	8.3	21.7	13.0	0	8.3	12.5
Not liking the milk	16.0	4.0	4.0	8.7	0	0	0	8.3	8.3	4.2	0	4.2	4.2	8.3
Milk disagreeing with the baby	16.0	8.3	4.2	8.7	16.7	8.3	4.2	12.5	25.0	8.3	13.0	17.4	20.8	12.5
Spitting up a lot	16.0	12.5	20.8	13.0	16.7	16.7	20.8	36.4	29.2	26.1	26.1	17.4	34.8	16.7
Burping a lot	12.0	8.3	12.5	13.0	8.3	8.3	0	0	4.2	4.2	0	0	8.7	0
Getting too much milk	4.0	4.3	4.2	8.7	12.5	0	0	8.3	12.5	12.5	4.3	0	12.5	12.5
Eating too often	0	20.8	20.8	30.4	20.8	12.5	12.5	25.0	29.2	20.8	13.0	16.7	20.8	12.5

Note: N=25

babies getting enough milk to be satisfied. However, by day 14 only 8.5 percent were concerned. "Burping too little" closely paralleled the satisfaction item with 42 percent of the mothers concerned on day 1 and 12.5 percent concerned on day 14. The third highest number (39 percent) of mothers started out being concerned about breast discomfort and 22 percent continued to be concerned on day 14. Although this constitutes a decline in the number of mothers concerned, it should be noted that 80 percent of the mothers started out breast feeding and 66 percent were still breast feeding at the end of the 2 weeks. It should also be pointed out that the decline in the number of mothers concerned was temporarily reversed on days 3 and 10.

The number of mothers expressing concern increased on only 1 of the feeding items. No mothers were concerned initially about "eating too often" but the number did increase over time as can be seen in Figure 6.

Comments in the feeding category were closely allied to those in the sleeping category. On days 1 and 2 mothers described concerns about their babies not getting enough to eat because feeding times were short and sleeping time between feedings seemed too long. Breast discomfort began on day 2 for many mothers and was the predominant feeding concern on day 3 when they also noted a change in sleeping pattern. Comments regarding breast discomfort, increased demand, and spitting up were also increased on days 10 and

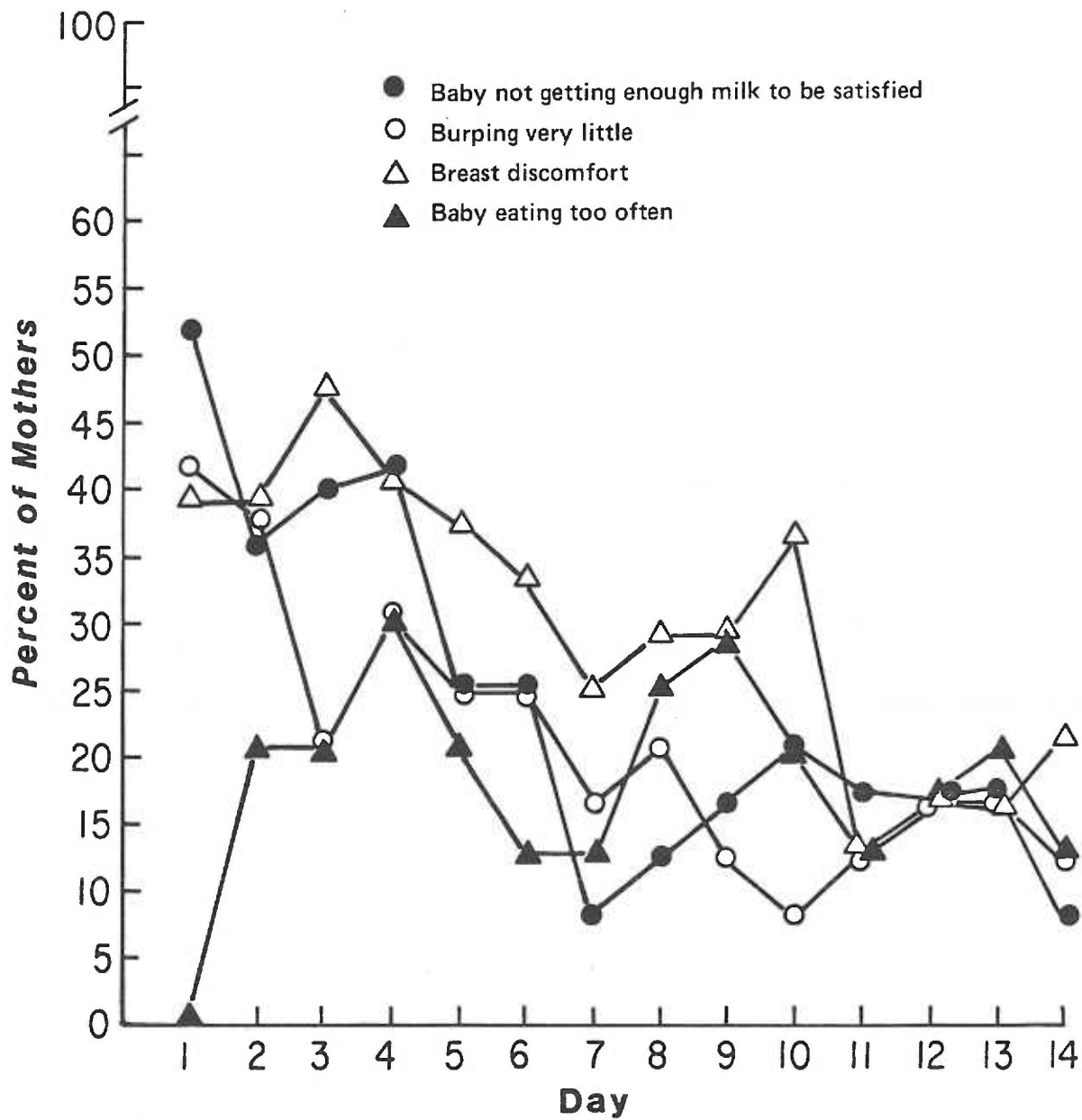


Figure 6. Percent of mothers expressing concern on selected feeding items. (N=25)



and 13. Comments at the end of the 2 weeks reflected concern about lack of a regular eating pattern, similar to concerns about an irregular sleeping pattern. The following comments summarize some of the concerns related to the feeding category: "Breasts were tender from the sucking, my milk came in, my breasts were so tight (baby) had a hard time sucking."; "spitting up a lot, has never spit up before. I hope stomach not upset."; "Eats all the time, wants more."; "Baby still not on a definite schedule."

#### Elimination

The number of mothers having concerns in the area of elimination declined on 2 items and remained stable on the other 9. Of the mothers expressing concern in this category, most were initially concerned about "gas causing stomach pain." Even though the number of mothers concerned declined, more were concerned about this item over the 2 weeks than about other items. A smaller number (16 percent) of mothers started out being concerned about their babies having "too few stools" and "trouble passing gas." The number declined to only 12.5 percent on day 14. (See Table 8 and Figure 7.)

#### Crying

Although more mothers started out being concerned about some of the crying items than about some sleeping and elimination items, more crying items showed a decline over

**Table 8**  
**Percent of mothers expressing concern on 11 elimination items**

Item	Percent													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Gas causing stomach pain	32.0	40.0	28.0	30.4	37.5	29.2	25.0	33.3	30.4	25.0	26.1	25.0	29.2	20.8
Wetting too few diapers	28.0	25.0	8.0	0	4.2	0	0	0	0	0	4.3	0	0	0
Too few stools	16.7	28.0	16.0	12.5	4.2	16.7	4.2	8.3	13.0	12.5	8.7	12.5	20.8	12.5
Trouble passing gas	16.0	16.0	20.0	21.7	20.8	8.3	16.7	16.7	21.7	20.8	17.4	20.8	29.2	12.5
Unusual color of stools	8.0	16.0	4.0	13.0	0	4.2	0	0	4.3	8.3	0	0	4.2	8.3
Too many stools	4.2	4.2	4.0	8.7	8.3	4.2	8.3	12.5	4.3	4.2	0	4.2	0	4.2
Stools too hard	4.0	0	0	4.3	4.2	4.2	8.3	8.3	4.3	4.2	4.3	4.2	4.2	4.2
Passing stools causing pain	4.0	0	0	4.3	12.5	8.3	8.3	12.5	4.3	8.3	13.0	4.2	12.5	12.5
Stools too loose	0	8.0	4.0	8.7	4.2	12.5	0	4.2	4.3	8.3	4.3	8.3	0	8.3
Wetting too many diapers	0	4.0	0	0	0	0	4.2	8.3	0	4.2	0	8.3	8.3	4.2
Unusual urine odor	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: N=25

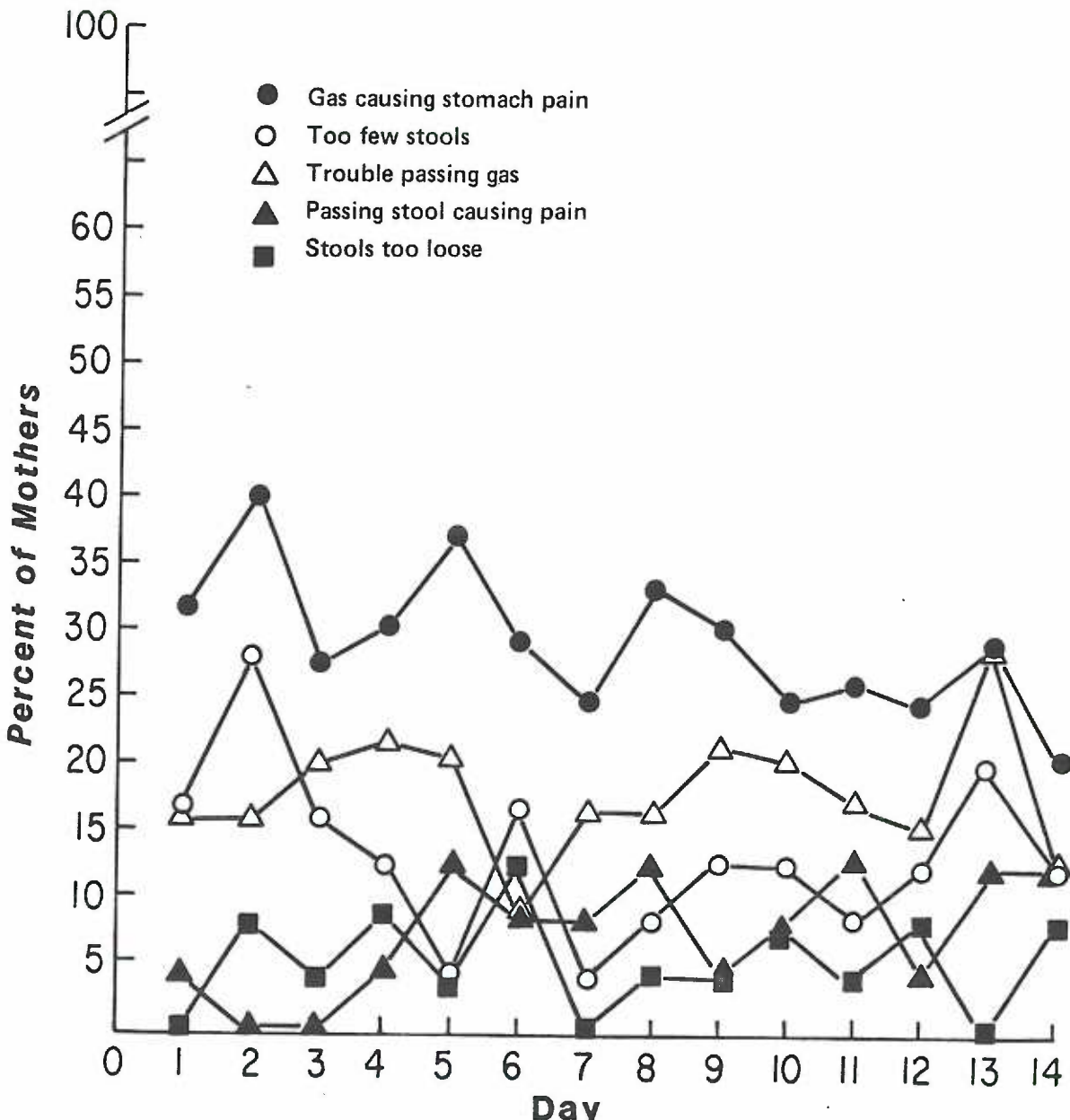


Figure 7. Percent of mothers expressing concern on selected elimination items. (N=25)

time. For example, while only 1 sleeping and 2 elimination items showed a decline, 5 crying items showed a decline. Forty-eight percent of the mothers began being concerned about "not knowing why the baby was crying" but only 4.2 percent expressed this concern at the end of 2 weeks. (See Table 9 and Figure 8.) A similar decline in the number of mothers concerned was seen for items regarding "the crying bothering someone else" and "not being able to do anything to stop the crying."

The number of mothers concerned on the other 4 crying items remained stable. Almost no mothers reported concerns about crying making them feel the baby didn't love them or making them feel like they might lose control and hurt the baby. Additional comments revealed that initially mothers thought the crying was due to lack of feeding satisfaction. Later, pain was thought to be the cause of much of the crying and that elimination problems such as gas or discomfort on passing stools were thought to be the cause of the pain. This assumed pain and the crying seemed to elicit great concern and sympathy from the mothers rather than extreme feelings of inadequacy and frustration, at least during the time covered by this study.

It was noted earlier that in findings regarding the overall degree of concern and the proportion of mothers' concerned in the 4 major daily categories, there were certain days on which the decline in the values for both was

**Table 9**  
**Percent of mothers expressing concern on 9 crying items**

Item	Percent													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Not knowing why your baby was crying	48.0	29.2	24.0	21.7	21.7	16.7	16.7	16.7	13.0	25.0	21.7	20.8	8.3	4.2
Crying bothering someone else	36.0	28.0	24.0	21.7	20.8	16.7	8.3	8.3	13.0	12.5	8.7	20.8	20.8	12.5
Not able to stop the crying	32.0	12.5	32.0	21.7	8.3	12.5	16.7	12.5	17.4	20.8	13.0	16.7	12.5	4.2
Crying making you feel like you were not a good parent	32.0	8.0	16.0	8.7	8.3	4.2	8.3	0	0	4.2	4.3	8.3	4.2	0
Crying too much	16.0	16.0	25.0	26.1	12.5	4.2	8.3	16.7	13.0	16.7	13.0	12.5	20.8	8.3
Crying too little	12.4	4.0	8.0	0	4.2	4.2	0	4.2	8.7	0	4.3	0	0	0
Cry sounding wrong	0	0	0	0	8.3	0	0	0	4.3	0	0	0	0	0
Crying making you feel like the baby didn't love you	0	0	4.0	0	4.2	0	0	0	0	4.2	4.3	4.2	4.2	0
Crying making you feel like you might lose control and hurt the baby	0	0	4.0	0	4.2	4.2	0	4.2	0	0	4.3	4.2	8.7	0

Note: N=25

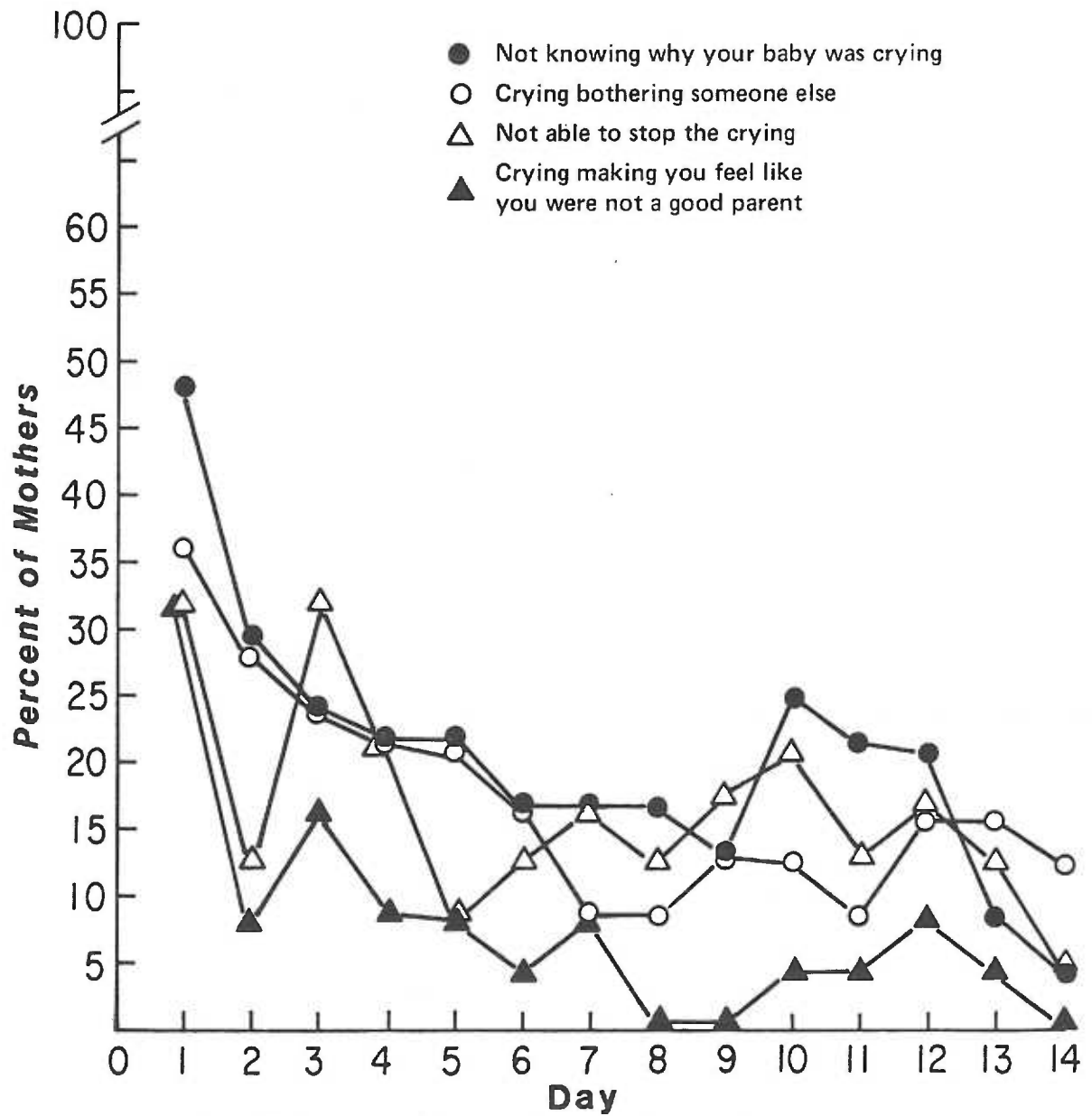


Figure 8. Percent of mothers expressing concern on selected crying items. (N=25)

temporarily reversed. This phenomenon holds true for individual items within each category as well. In looking at all Figures (1, 3, 5, 6, 7, and 8) describing results in the major daily categories of sleeping, feeding, elimination, and crying, it appears that peaks in the number of mothers concerned often occur on days 3, 10, and 13.

### Appearance

The number of mothers concerned about specific items within the category of appearance declined between week 1 and week 2 for 3 items, remained stable on 1, and increased on 1. (See Table 10 and Figure 9.) At the end of week 1, 37 percent of the mothers were concerned about rashes and at the end of week 2, 54 percent were concerned. The concerns were about both facial and diaper rashes. The highest number of mothers (41.7 percent) were concerned about skin color at the end of the first week. Comments indicated this concern was related to jaundice. The number of mothers concerned about this item had declined to 8.7 percent by the end of week 2.

### Bathing

The number of mothers concerned about specific items within the bathing category declined on 3 items and remained stable on 3 items between week 1 and 2 (see Table 11 and Figure 10). Caring for the cord was of concern to a significant number of mothers and many commented they expected it to come off sooner.

**Table 10**  
**Percent of mothers expressing concern on 5 appearance items**

Item	Percent	
	Week 1	Week 2
Skin Color	41.7	8.7
Rashes	37.5	54.2
Appearance of genitalia	30.4	12.5
Crossed eyes	12.5	0
Eye drainage	12.5	8.3

Note: N=25



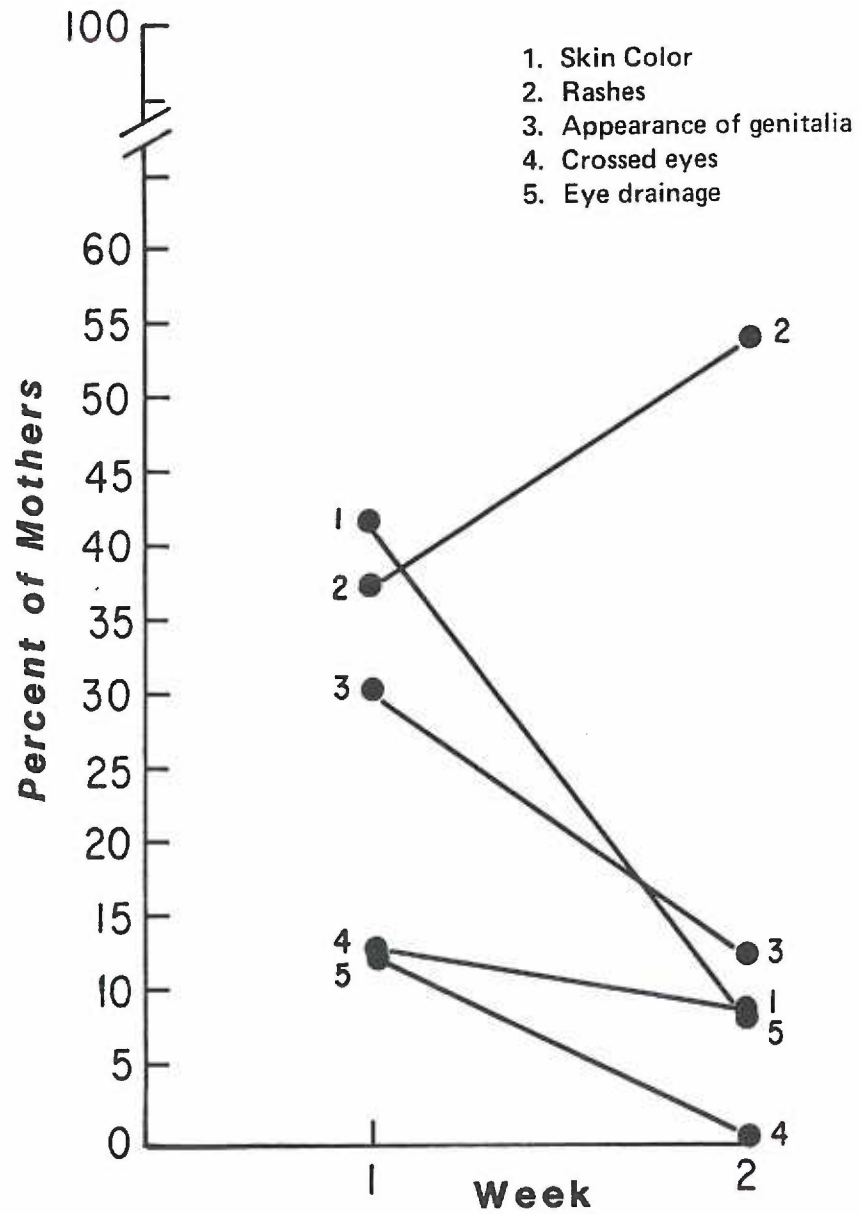


Figure 9. Percent of mothers expressing concern on all appearance items. (N= 25)

**Table 11**  
**Percent of mothers expressing concern on 6 bathing items**

Item	Percent	
	Week 1	Week 2
Caring for the cord	58.3	34.8
The temperature of the water	33.3	16.7
How often to bathe	29.2	8.7
Which cleansing products to use	25.0	29.2
Caring for the genitalia	25.0	20.8
When to start a tub bath	8.3	12.5

Note: N=25

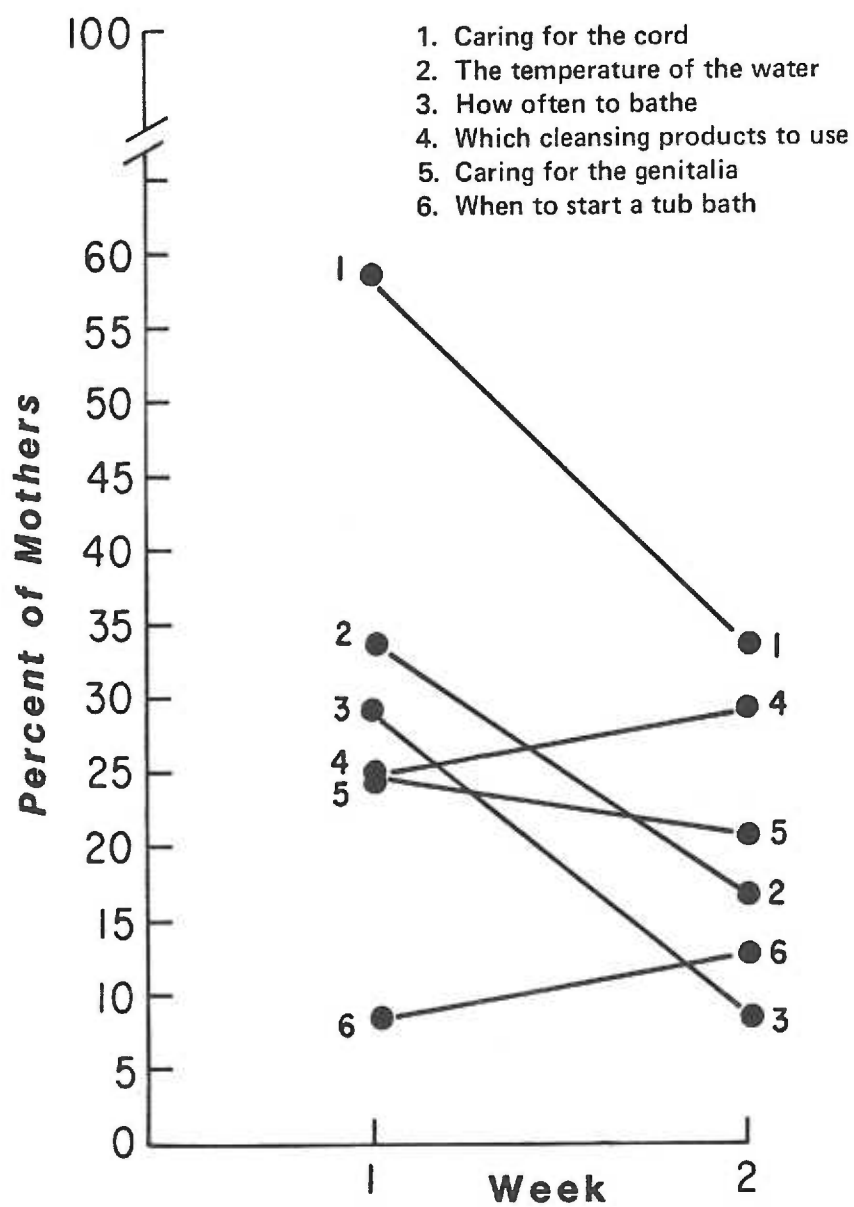


Figure 10. Percent of mothers expressing concern on all bathing items (N= 25)

### Safety

Only 2 of the 6 safety items showed a decline in the number of mothers expressing concern. The number concerned about "holding onto the baby while bathing"; "safety while traveling", "exposure to illness", and "choking while feeding" remained stable. (See Table 12 and Figure 11.)

Many of the additional comments made by mothers in this category suggest that safety was a major area of concern. Many described specific things they did to insure safety such as always laying their baby on the side or abdomen after feeding to prevent choking. Those mothers without car seats expressed concern and guilt about not having and using one. Many comments reflected worry about illness exposure. They related concerns from the next category (activities) about people coming to visit and taking the baby out as sources of exposure to illness. One mother summed up her concerns in this category in this way: "All in all I want so much to protect him."

### Activities

As can be seen in Table 13 and Figure 12, the number of mothers concerned on both activity items declined over the two weeks. However, the relationship between these items and items in the safety category as previously mentioned is reemphasized.

**Table 12**  
**Percent of mothers expressing concern on 6 safety items**

	Percent	
	Week 1	Week 2
Safety while traveling	50.0	50.0
Exposure to illness	45.8	50.0
Choking while sleeping	41.7	29.2
Choking while feeding	33.3	25.0
Holding on to the baby while bathing	20.8	20.8
Dropping the baby	16.7	4.2

Note: N=25

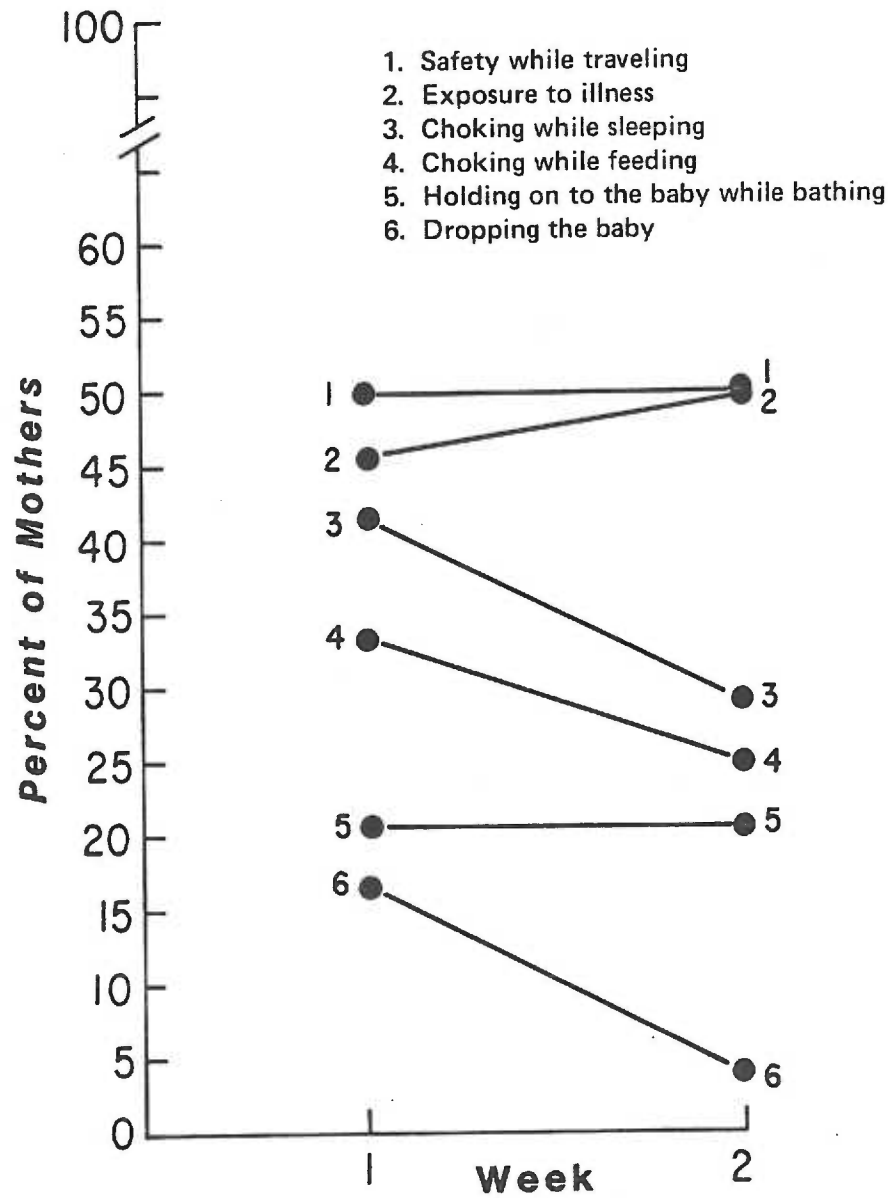


Figure 11. Percent of mothers expressing concern on all safety items. (N=25)

**Table 13**  
**Percent of mothers expressing concern on 2 activity items**

	Percent	
	Week 1	Week 2
Taking the baby out	54.2	41.7
People coming to visit	29.2	8.7

Note: N=25

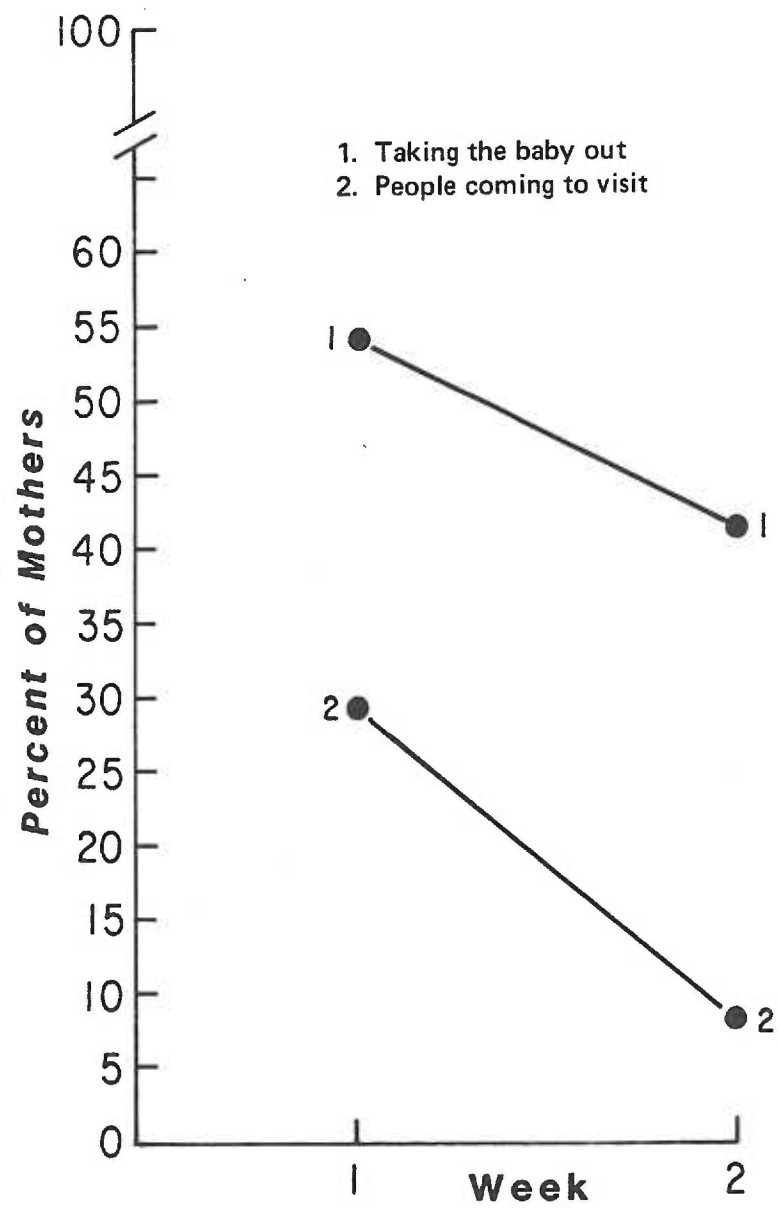


Figure 12. Percent of mothers expressing concern on all activity items. (N=25)



### Family Situation

As reported earlier, more mothers expressed concern in the broad weekly category of "family situation" than in any of the other weekly categories. Within this category, 2 specific items showed a decline between weeks 1 and 2 in the number of mothers concerned, 1 item showed an increase, and 7 remained stable (see Table 14 and Figure 13). Over 50 percent of mothers were concerned about "working out a new family routine of housework, child care, and other family activities" at the end of the first week. By the end of the second week 70 percent of mothers had concerns in this area.

Four items included in this category dealt with the mother's concerns regarding the father's role in the new family situation. Kunst-Wilson and Cronenwett (1981) describe a lack of research about the father's role in the emerging family. The 4 items included the mother's relationship with the father, the father's relationship with the baby, the father's feelings about being a parent, and the father's involvement in caring for the baby. All 4 items remained stable over time in the number of mothers concerned. The most mothers (33 to 41 percent) expressed concern about their relationship with the father.

At the end of weeks 1 and 2 more mothers made more additional comments in the family situation category than in any of the other weekly categories. These comments were often more lengthy and detailed than comments in other

**Table 14**  
**Percent of mothers expressing concern on 10 family situation items**

	Percent	
	Week 1	Week 2
Working out a new family routine	58.3	70.8
Adjusting to caring for the baby	50.0	30.4
Your relationship with the baby's father	41.7	33.3
Your feelings about being a parent	37.5	30.4
Your relationship with your in-laws	33.3	16.7
The father's relationship with the baby	29.2	25.0
The father's feelings about being a parent	29.2	21.7
The father's involvement in caring for the baby	20.8	20.8
Your relationship with the baby	12.5	17.4
Your relationship with your own parents	12.5	8.3

Note: N=25

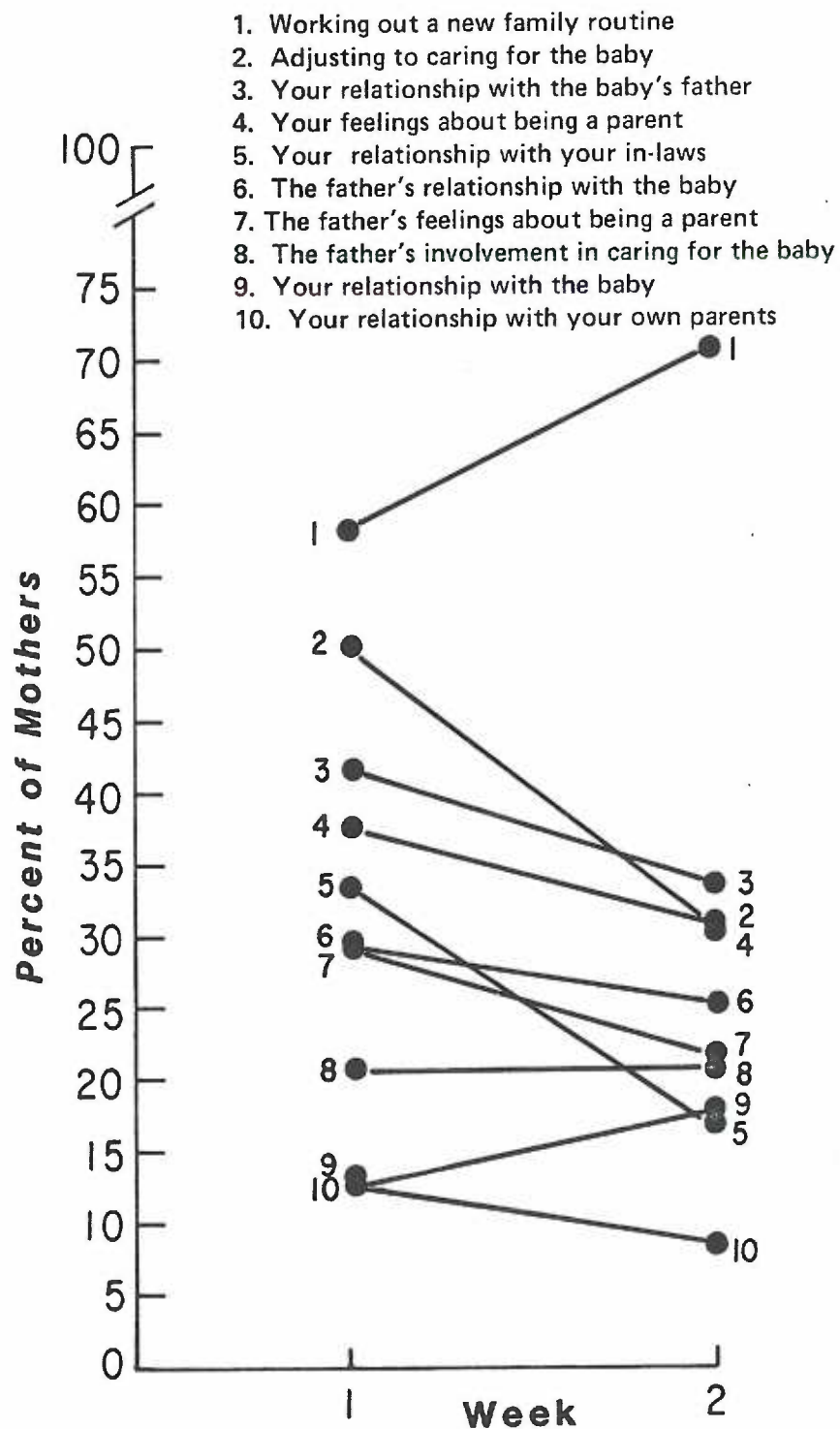


Figure 13. Percent of mothers expressing concern on all family situation items. (N=25)

categories. Some of the mothers' comments at the end of the first week included concerns about spreading themselves thin enough to meet all the families needs, about being good parents, about getting along without help (after their additional help left), and about their relationship with their husbands. Regarding their relationship with their husbands, some mothers were concerned about not having enough time for him, about the baby's crying bothering him at night, and about his being jealous of the time they spent with the baby. One mother stated, "Father feels I am spending too much time with the baby and that I am spoiling her. He also gets upset because I won't leave her for an hour or so to get away by ourselves." Some mothers were concerned about the father's hesitancy to handle the baby and about him not spending time with the baby. On the other hand, some mothers found their husbands to be more helpful and supportive than expected. For example one mother commented, "Father is wonderful with the baby. My weakness after birth has brought out a very wonderful side to my husband. Without his help I would have found it very hard to get along."

At the end of the second week the same concerns were described in the mothers' comments. In addition, they had new concerns about feeling tied down and about returning to work: "Many new concerns about being a 'working'

mother -- child care and the job. Feeling very 'tied down.' Having guilty feelings about leaving baby to go back to work."

## CHAPTER IV

## SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter includes a summary of the study, its limitations and implications for nursing practice. It concludes with implications for further nursing research.

Summary

Current literature suggests that little is known about the health care needs of families during the early neonatal period. Such information would be helpful to health care providers in planning and implementing care. The purpose of this study was to add to the existing knowledge in this area by describing some of the concerns of new mothers following the birth of their babies.

A convenience sample of 25 expectant mothers was obtained from prenatal classes conducted in the rural community of McMinnville, Oregon. Only primiparas between the ages of 17 and 40 who were living at home with the father of the baby and who experienced no pre- or postnatal complications were included in the study. Demographic information was obtained at the time of selection using a self-report questionnaire designed by the researcher. This questionnaire also elicited information regarding the mothers' child care experience and expectations. At the same time the mothers were given a second questionnaire,

also designed by the researcher, on which they were asked to record daily the number and degree of concerns they experienced in relation to their newborns during the 14 days following hospital discharge. Mothers were contacted three times between the time of selection and completion of the questionnaire by follow-up telephone calls.

The degree of concern recorded in 4 daily and 5 weekly categories of concern was measured. All categories showed some degree of concern at all time intervals but the average degree of concern was never greater than "very little" at any one time. The degree of concern was higher in the categories of appearance, bathing, safety, activities, and family situation at the end of weeks 1 and 2 than in the categories of sleeping, feeding, elimination, and crying, but the degree declined in all categories over time.

The number of mothers reporting concern in the nine major categories and on specific items within these categories was also measured. More mothers expressed concern in the daily categories of feeding and the weekly category of the family situation than in the other categories. There was a decline over the 2 week period in the number of mothers reporting concerns in all broad categories except appearance, which remained stable. On specific items within categories, the number of mothers with concern

either decreased, remained stable or increased over time. The specific items showing an increase were "eating too often", "rashes", and "working out a new family routine of housework, child care, and other family activities." On certain days, particularly days 3, 10, and 13, the decline in the degree of concern and the number of mothers reporting concern in daily categories was temporarily reversed.

Some mothers added comments to their concern check lists, which not only added richness to the findings, but defined more clearly some of the concerns, emphasized certain ones, and suggested new ones. Some concerns highlighted in these comments included:

1. Irregular sleeping pattern.
2. Breast discomfort.
3. Irregular feeding pattern.
4. Crying attributed to pain.
5. Decreased sleeping at night.
6. Exposure to illness.
7. Returning to work.



### Limitations

A descriptive study such as this one has certain limitations. The design exercises little control over many variables that may affect the results. In this study the mothers knew they were participating in a research project and were aware of its intent. This knowledge may have influenced their responses. Also, because the same variables were measured repeatedly over time, the mothers' responses may have changed as they became more familiar with the variables being measured. It is also possible that the researcher influenced the mothers' responses. The mothers became acquainted with the researcher at the time of selection and during follow-up telephone calls. They were also aware that the researcher was a health care provider. Finally, because a convenience sample was used for the study, not all new mothers were represented and the results cannot be generalized to the total population. With these limitations in mind, caution was used in interpreting the results and drawing conclusions from the information obtained in this study. The nursing and research implications to follow reflect that caution.

### Implications for Nursing Practice

All of the areas of concern described by new mothers are those that nurses can and do deal with in caring for new families. The results of this study can add to the nurse's knowledge base about the kind, degree,

and timing of concerns. It suggests certain concerns which are likely to be shared by a significant number of the women and families they serve. It also suggests some relationships between concerns such as safety and activities, elimination and crying, and feeding and sleeping. This knowledge can be used in planning and implementing care.

Prenatal and postpartum teaching and anticipatory guidance regarding newborn care has not been reported to be either effective for, or desirable to, new parents. Preparation in the postpartum period is limited by short hospital stays. It may not be possible to prepare parents at either of these times for all the specific concerns they may be facing. It may be more helpful, instead, for nurses in these settings: a) to alert mothers to areas of potential concern such as rashes and breast discomfort; b) to inform the mothers regarding the time such problems are likely to occur; and c) to assist the mother in making arrangements for contact with a nurse in the ambulatory care setting. Some simplified tool, similar to a questionnaire, could be given to mothers to use at home as a way of recording concerns. Such a tool could serve several purposes. One would be to guide intervention initiated by the nurse at times of peak concern. Another would be as a way for mothers to see an actual decline in certain concerns and know that things do change. A third, and perhaps more

important purpose would be to open up areas of concern for communication and problem solving that mothers may be hesitant to discuss or may not realize nurses are able to help with, such as concerns regarding the family situation.

Because of the many potential concerns and tasks that must be accomplished it may be worthwhile for nurses in all settings serving new parents to focus on principles of care as well as answer questions and give practical suggestions. Information could be given regarding the causes and course of rashes, the risks of exposure to illness, and the effect of the mother's diet on breast milk. Use of crisis intervention tools such as helping parents understand what is happening, helping them focus on priority issues, encouraging support systems, and identifying coping skills would be useful. Examples of how support systems can help comes from comments made by two of the mothers in this study: "Had mom show me how to give her a good tub bath and now I feel much better about the job I am doing"; "Mother suggested I go to the hospital and get help in using the breast pump and suggestions about breastfeeding. She thought getting out would also be good for me."

It was interesting to note how the decision-making process helped some parents in coping with concerns as they arose. Some parents with questions looked for answers in written information, some asked others, some

tried to recall information they had been given prenatally. Many stated they "just talked it over and decided." It seemed as if coming to some decision about what was happening and what to do about it was more helpful than actual knowledge. Still other parents groped for answers. For example, one mother stated, "My husband and I try everything. Some people say a baby just needs time to cry and others say they only cry if something's wrong -- so we wonder." The nurse could explore the family's decision making process to help expedite problem solving.

It seems appropriate to try to give parents some sense of the developmental nature of the process they are involved in. Giving them an opportunity to "tell the story" of what has been happening may help them assimilate the crisis period into the larger developmental period of childbearing. For example, it may be helpful at a 1 week visit to ask not just what feeding problems they are having but to encourage a description of what's been happening to them, similar to the life review process used by nurses working with the elderly.

Finally, the most interesting and perhaps the most important implications for nursing suggested by this study are the possibilities for further research.

### Implications for Nursing Research

Many ideas emerged during the course of this study, from the data collection process itself as well as from the quantitative and qualitative information obtained. The following potential research ideas have been identified:

1. A similar questionnaire could be designed for and completed by new fathers. Some couples in this study expressed an interest in such a project and the literature suggests such information is needed.

2. A similar questionnaire could be designed for and completed by grandparents. No information in the literature describes possible concerns experienced by these members of the family during the time of second generation child-bearing. Several couples had grandparents in attendance at delivery and many had grandparents in the home following hospital discharge. Such information would further our understanding of the impact of an infant on the extended family unit.

3. More information about the impact of visitors on new families would be useful.

4. A similar study could be conducted in a later portion of the neonatal period to determine if early concerns continue to decline or recur, what happens to concerns that had increased at the end of the second week, and what new concerns develop.

5. Further research on the problem solving and decision-making processes used by new parents could be done.

6. More information about parents' perception of pain in their infants would be helpful in understanding concerns such as crying.

7. Additional research on the cyclic nature of breast milk supply and demand would be useful in helping mothers deal with this important area of concern.

8. Parents' expectations about the baby sleeping through the night could be explored in order to better prepare them for understanding and dealing with this problem.

9. More information regarding parents' concerns about keeping their infants safe would be beneficial. This issue appears related to many other concerns at this time such as exposure to illness. Knowing more about their early desire to keep their newborns safe may suggest approaches to teaching and encouraging parents' concern for their childrens' safety throughout childhood.

10. This study did not deal directly with the issue of neonatal jaundice. Thirty-two percent of the infants experienced it. Comments on the DCR indicate that their mothers were concerned. None seemed to fully understand it and few could even spell it. The potential exists in the general population for 60 percent of mothers to deal

with jaundice in their newborns. Much is known about its cause and management. Much less is known about its impact on families.

11. Mothers' concerns about returning to work after the birth of their babies should be studied.

12. Since nurses increasingly deal with clients from other cultures, a study of their concerns during this time could be done.

In addition, the following analysis of the data collected during this study but not included in the results presented here could be done:

1. The differences between mothers with a high degree of concern and those with a low degree could be studied.
2. The differences between mothers with obstetrical complications and those without complications could be studied.
3. The differences between mothers with additional help in the home and those without additional help could be studied.
4. The content of additional comments made by the mothers could be analyzed.
5. The variety and impact of health care providers who had contact with the mothers during this time could be studied.

6. The effect of the length of hospital stay on the mother's concern could be studied.



## REFERENCES

- Adams, M. Early concerns of primigravida mothers regarding infant care activities. Nursing Research, 1962-1963, 11-12, 72-77.
- Austen, S.E.J. Family-centered discharge planning classes. MCN: The American Journal of Maternal Child Nursing, 1980, 5, 96-97.
- Bash, D.B., & Gold, W.A. The Nurse and the Child Bearing Family. New York: John Wiley & Sons, 1980.
- Bowen, M. Forward. In Carter, E.A. & McGoldrick, M. (Ed) The Family Life Cycle: A Framework for Family Therapy. New York: Gardner Press, 1980.
- Broussard, E., & Hartner, M. Further considerations regarding maternal perception of the firstborn. In J. Hellmuth, (Ed.), Exceptional Infant (Vol. 2). New York: Brunner/Mazel, 1971.
- Brown, M.S., & Hurlock, J.T. Mothering the mother. American Journal of Nursing, 1977, 77, 439-441.
- Burgess, A.W. Nursing: Levels of Health Intervention. New Jersey: Prentice-Hall, 1978.
- Caplan, G. Principles of Preventive Psychiatry. New York: Basic Books, 1964.
- Caplan, G. & Grunebaum, H. Perspectives on primary prevention. Archives of General Psychiatry, 1967, 17, 331-346.
- Chesaro, F.J. & Terek, R.E. Pillow talk -- a comfort for new mothers. MCN: The American Journal of Maternal Child Nursing, 1978, 3, 183-184.
- Committee on Standards of Child Health Care. Standards of Child Health Care. Illinois: American Academy of Pediatrics, 1977.
- Davidson, S., & Leonard, L.G. Appearance, behavior and capabilities. Teaching new parents infant ABC's. Canadian Nurse, 1981, 77, 37-39.
- Donaldson, N.E. Fourth trimester follow-up. American Journal of Nursing, 1977, 77, 1176-1178.
- Duvall, E.M. Family Development. Philadelphia: J.B. Lippincott, 1971.
- Dyer, E.D. Parenthood as crisis: a restudy. Journal of Marriage and Family Living, 1963, 25, 196-201.

- Erikson, E.H. Childhood and Society. New York: W.W. Norton, 1963.
- Freeman, K. A postpartum program that really works. Canadian Nurse, 1980, 76, 40-42.
- Friedman, M.M. Family Nursing Theory and Assessment. New York: Appleton-Century-Crofts, 1981.
- Greenberg, L.W., Rice, H.W., & Rice, R. Postpartum education: A pilot study of pediatric and maternal perceptions. Journal of Developmental and Behavioral Pediatrics, 1981, 2, 44-48.
- Gruis, M. Beyond maternity: postpartum concerns of mothers. MCN: The American Journal of Maternal Child Nursing, 1977, 3, 182-188.
- Haight, J. Steadying parents as they go-by phone. MCN: The American Journal of Maternal Child Nursing, 1977, 2, 311, 312.
- Hall, J.E. & Weaver, B.R. Nursing of Families in Crisis. Philadelphia: J.B. Lippincott, 1974.
- Hall, L.A. Effect of teaching on primiparas' perceptions of their newborn. Nursing Research, 1980, 29, 317-322.
- Jensen, M.D., Benson, R.C., & Bobak, I.M. Maternity Care the Nurse and the Family. St. Louis: C.V. Mosby, 1977.
- Kunst-Wilson, W., & Cronenwett, L. Nursing care for the emerging family: promoting paternal behavior. Research in Nursing and Health, 1981, 4, 201-211.
- LeMasters, E. Parenthood as crisis. Journal of Marriage and Family Living, 1957, 19, 352-355.
- Lerner, R.M. & Spanier, G.B. Child Influences on Marital and Family Interaction. New York: Academic Press, 1978.
- Petrowski, D.D. Effectiveness of prenatal and postnatal instruction in postpartum care. Journal of Obstetrics Gynecologic and Neonatal Nursing, 1981, 10, 386-389.
- Pillitteri, A. Nursing Care of the Growing Family. Boston: Little, Brown and Company, 1977.
- Pridham, K.F., & Schultz, M.E. Preparation of parents for birthing and infant care. The Journal of Family Practice, 1981, 13, 181-188.

- Rossi, A. Transition to parenthood. Journal of Marriage and Family Living, 1968, 30, 26-39.
- Ruben, R. Maternity nursing stops too soon. American Journal of Nursing, 1975, 75, 1680-1684.
- Smart, M.S. & Smart, R.C. Children Development and Relationships. New York: Macmillan, 1977.
- Sumner, G., & Fritsch. Postnatal parental concerns: the first six weeks of life. Journal of Obstetrics Gynecologic and Neonatal Nursing, 1977, 6, 27-32.
- Tanner, L.M. Developmental tasks of pregnancy. In E.H. Anderson (Ed.), Current Concepts in Clinical Nursing. St. Louis: C.V. Mosby, 1969.
- Taylor, P.M. Parent-Infant Relationships. New York: Grune & Stratton, 1980.
- Smith, D. & Smith, H.L. Toward improvements in parenting, a description of prenatal and postpartum classes with teaching guide. Journal of Obstetrics and Neonatal Nursing, 1978, 7, 22-27.
- Steigman, A.J. Report of the Committee on Infectious Disease. Illinois: American Academy of Pediatrics, 1977.
- Vaughn, V.C., McKay, R.J., & Behrman, R.E. Nelson Textbook of Pediatrics. Philadelphia: W.B. Saunders, 1979.
- Williams, J.K. Learning needs of new parents. American Journal of Nursing, 1977, 77, 1173.

APPENDICES

APPENDIX A  
Informed Consent

# THE OREGON HEALTH SCIENCES UNIVERSITY

School of Nursing  
Office of the Dean

3181 S.W. Sam Jackson Park Road Portland, Oregon 97201 (503) 225-7790

I, \_\_\_\_\_  
(first name) (middle name) (last name)  
agree to participate in a study titled "Concerns of New Mothers in Relation to their Newborns During the Two Weeks Following Hospital Discharge" conducted by Kathleen K. McDaniel, R.N., B.S. and supervised by Marie Scott Brown, R.N., Ph.D., Professor of Family Nursing at the Oregon Health Sciences University School of Nursing. The purpose of this study is to learn more about the concerns new mothers experience during their first 2 weeks at home with a new baby.

I agree to:

1. Be interviewed by the researcher for approximately 15 minutes following a prenatal class and complete a background information questionnaire.
2. Be called by the researcher 3 times during the study; once before delivery to answer any questions about the study procedure, once following delivery to give information about my infant and decide if it is appropriate for me to participate further in the study and once near the end of 2 weeks to discuss any problems encountered in completing the study.
3. Keep a daily record of my concerns in relation to my infant for 2 weeks following hospital discharge taking about 10 minutes each day.

If I have any questions I may call the researcher at (503) 472-5998.

My participation involves a minimal amount of risk to myself from any inconvenience associated with completing the questionnaire or being called by the researcher. All information obtained will be kept confidential and my name will not appear on any records. Code numbers will be used to protect my privacy. The information obtained in the study will be reported in a way that cannot be identified with me.

It is not the policy of the Department of Health and Human Services, or any other agency funding the research project in which you are participating to compensate or provide medical treatment for human subjects in the event the research results in physical injury. The Oregon Health Sciences University, as an agency of the State, is covered by the State Liability Fund. If you suffer any injury from the research project, compensation would be available to you only if you establish that the



injury occurred through the fault of the University, its officers or employees. If you have any further questions please call Dr. Michael Baird, M.D., at (503) 225-8014.

While I may not benefit directly from participation in this study, my participation will help health care professionals learn more about the concerns of new mothers. Such information would be helpful in planning health care for families with new babies.

I understand I may refuse to participate or withdraw from the study at any time without affecting my relationship with, or treatment at, the Oregon Health Sciences University.

I have read the foregoing and agree to participate in this study.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(signature of participant)

APPENDIX B  
Family Information Form





9. Will you be returning to work after the baby is born?

yes  
 no  
 undecided

If yes, how soon? \_\_\_\_\_

10. Is the baby's father presently employed?  yes  
 no

Current (or most recent) occupation \_\_\_\_\_

11. Family income level:

Less than \$6000 \_\_\_\_\_  
 \$6000 to \$9999 \_\_\_\_\_  
 \$10,000 to \$14,999 \_\_\_\_\_  
 \$15,000 to \$19,999 \_\_\_\_\_  
 Above \$20,000 \_\_\_\_\_

12. What was the last year of education you completed?  
 (please circle your answer)

Grade School: 1 2 3 4 5 6 7 8  
 High School: 1 2 3 4  
 College: 1 2 3 4  
 Post College: 1 2 3 or more

13. What was the last year of education the baby's father completed?  
 (please circle your answer)

Grade School: 1 2 3 4 5 6 7 8  
 High School: 1 2 3 4  
 College: 1 2 3 4  
 Post College: 1 2 3 or more

-----  
 The following information will be obtained during a phone call  
 with you following delivery:

Infant's sex  male  female

Infant's birthdate \_\_\_\_\_

Hospital discharge date \_\_\_\_\_

1. Did you experience any complications during labor, delivery  
 or the postpartum period?  yes  
 no

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

2. Did your baby develop any complications in the hospital?

\_\_\_\_\_yes  
\_\_\_\_\_no

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

APPENDIX C  
Daily Concern Record

# \_\_\_\_\_

DAILY CONCERN RECORD

Most new mothers have some concerns and questions about the care and behavior of their babies after they get home from the hospital. These concerns may change from day to day and from family to family. As health professionals we are interested in learning more about these concerns in the typical family so that we will be better able to help new parents during these early weeks.

This booklet will be a daily and weekly record of your particular concerns during your first 2 weeks at home. For each day there is a list of concerns common to new parents. To the right of the list is a place for you to check which concerns were problems for you and to rate how much of a problem they were. If you have concerns that are not listed, please add them under "other" and rate them also. At the end of each group of concerns is a place for you to make comments.

-----  
 EXAMPLE OF HOW TO FILL OUT THE DAILY CONCERN RECORD

SLEEPING

Today, were you concerned about your baby's sleeping pattern, and if so, how much were you concerned about:

	Were you concerned?		If yes, how much?		
	No	Yes	very little	moderate amount	a great deal
1. Sleeping too much during the day _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
2. Sleeping too little during the day _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
3. Etc. _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
4. Other <u>sudden changes in sleeping pattern</u> _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

Comments:

Only sleeps 15 minutes at a time

-----  
 At the end of each day please note any contact with a health care provider. Following day #7 and day #14, there is an additional list of concerns that you may have experienced sometime during the preceding week. Please record them in the same way you do your daily concerns.

Begin this record on your first day home from the hospital. As soon as you have completed the second week, return the booklet in the enclosed self addressed stamped envelop to:

Kathy McDaniel R.N.  
 2465 Chalmers Way  
 McMinnville, OR 97128

If you need any assistance in completing this record or have any questions, please feel free to call me at 472-5998.

Thank you.



DAY #1  
(continued)

FEEDING (continued)

- 11. Preparing the breast or bottle \_\_\_\_\_
- 12. Breast discomfort \_\_\_\_\_
- 13. Other \_\_\_\_\_

Were you Concerned?		If yes, how much?		
No	Yes	very little	mod. amount	a great deal

Comments:

ELIMINATION

Today were you concerned about your baby's bowel movements or urine, and if so, how much were you concerned about:

- 1. There being too many stools \_\_\_\_\_
- 2. There being too few stools \_\_\_\_\_
- 3. The stools being too hard \_\_\_\_\_
- 4. The stools being too loose \_\_\_\_\_
- 5. The stools being an unusual color \_\_\_\_\_
- 6. It hurting your baby to pass the stools \_\_\_\_\_
- 7. The baby having trouble passing gas \_\_\_\_\_
- 8. Gas causing your baby to have stomach pain \_\_\_\_\_
- 9. Your baby wetting too many diapers \_\_\_\_\_
- 10. Your baby wetting too few diapers \_\_\_\_\_
- 11. Your baby's urine smelling unusual or like something was wrong with it \_\_\_\_\_
- 12. Other \_\_\_\_\_

were you Concerned?		If yes, how much?		
No	Yes	very little	mod. amount	a great deal

Comments:

CRYING

Today, were you concerned about the way your baby cried or didn't cry, and if so, how much were you concerned about:

- 1. Your baby crying too much \_\_\_\_\_
- 2. Your baby crying too little \_\_\_\_\_
- 3. The cry sounding wrong (too weak, too high pitched, etc.) \_\_\_\_\_
- 4. Not knowing why your baby was crying \_\_\_\_\_
- 5. Not being able to do anything to stop the crying \_\_\_\_\_

Were you Concerned?		If yes, how much?		
No	Yes	very little	mod. amount	a great deal

DAY #1  
(continued)

CRYING (continued)

	were you Concerned?		If yes, how much?		
	No	Yes	very little	mod. amount	a great deal
6. The crying might bother someone else _____					
7. The crying making you feel like you were not a good parent _____					
8. The crying making you feel like the baby didn't love you _____					
9. The crying making you feel like you might lose control and hurt the baby _____					
10. Other _____					

Comments: \_\_\_\_\_

-----

Today, did you have any contact with a health care provider? \_\_\_\_\_ yes  
 \_\_\_\_\_ no

If yes; Who made the contact? \_\_\_\_\_ you  
 \_\_\_\_\_ a health care provider

How was contact made? \_\_\_\_\_ telephone  
 \_\_\_\_\_ visit

Whom did you speak with? \_\_\_\_\_

Reason: \_\_\_\_\_





THE FIRST WEEK  
(continued)

ACTIVITIES

1. People coming to visit \_\_\_\_\_
2. Taking the baby out \_\_\_\_\_
3. Other \_\_\_\_\_

were you Concerned?		If yes, how much?		
No	Yes	very little	mod. amount	a great deal

Comments:

FAMILY SITUATION

1. Your relationship with the baby \_\_\_\_\_
2. Your feelings about being a parent \_\_\_\_\_
3. Adjusting to caring for the baby \_\_\_\_\_
4. Working out a new family routine of housework, child care and other family activities \_\_\_\_\_
5. The father's relationship with the baby \_\_\_\_\_
6. The father's feelings about being a parent \_\_\_\_\_
7. The father's involvement in caring for the baby \_\_\_\_\_
8. Your relationship with the baby's father \_\_\_\_\_
9. Your relationship with your own parents \_\_\_\_\_
10. Your relationship with your in-laws \_\_\_\_\_
11. Other \_\_\_\_\_

Were you Concerned?		If yes, how much?		
No	Yes	very little	mod. amount	a great deal

Comments:


## AN ABSTRACT OF THE THESIS OF

Kathleen Karyl McDaniel

For the MASTER OF NURSING

Date of Receiving this Degree: June 10, 1983

Title: CONCERNS OF NEW MOTHERS IN RELATION TO THEIR  
NEWBORNS DURING THE TWO WEEKS FOLLOWING  
HOSPITAL DISCHARGE

Approved:  Marie Scott Brown, R.N., Ph.D., Thesis Advisor

This study was designed to describe in more detail the concerns of mothers following the birth of their first child in order to give nurses additional information for planning and implementing care. Twenty-five participants were surveyed regarding the number, type and degree of concern they experienced during the two weeks following hospital discharge.

Participants were recruited from prenatal classes and asked to complete a check-off questionnaire after the birth of their babies. The questionnaire consisted of daily and weekly lists of concerns thought to be common to new mothers. The nine major categories of concern studied were sleeping, feeding, elimination, crying, appearance, bathing, safety, activities, and family situation.

Results revealed that the new mothers had concerns in all areas studied. However, the degree of concern was never greater than "very little" and the degree declined over the 2 week period. The largest percentage of mothers were concerned about feeding and the family situation. The number of mothers concerned declined over time in eight categories of concern and remained stable in one. The number of mothers concerned about specific items within categories either increased, decreased, or remained stable. On certain days, particularly days 3, 10, and 13, the decline in the degree of the concern and the number of mothers concerned was temporarily reversed.

The results of this study add to the knowledge base regarding the concerns and needs of families following the birth of their first babies and can guide the timing and content of nursing intervention. The results also suggest many related areas for further research.