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Postpartum concerns of low-risk, low-income mothers

Lori A. Cabbage

To the Graduate Council:

I am submitting herewith a thesis written by Lori A. Cabbage entitled "Postpartum concerns of low-risk, low-income mothers." I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science in Nursing, with a major in .

Mitzi T. Davis, Major Professor

We have read this thesis and recommend its acceptance:

Dava Shoffner, Sheila Bowen

Accepted for the Council:
Carolyn R. Hodges

Vice Provost and Dean of the Graduate School

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and recommend its acceptance:

Dana H. Shaffer

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Date April 26, 1991

POSTPARTUM CONCERNS OF LOW-RISK, LOW-INCOME MOTHERS

A Thesis

Presented for the

Master of Science in Nursing

Degree

The University of Tennessee, Knoxville

Lori A. Cabbage

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DEDICATION

This thesis is dedicated to my husband, Jeff, and our little bundle of joy who will be here in September 1991. Without your unconditional love and support, Jeff, I never would have made it.

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ABSTRACT

The purpose of this study was to identify postpartum concerns of low-risk, low-income mothers during their third postpartum week. This study addressed two questions: (1) What are the concerns of low-risk, low-income postpartum women during their third postpartum week? (2) Are postpartum women concerned more about "self," "baby," or "others"?

Nineteen women receiving prenatal and postpartum care through a metropolitan health department in East Tennessee, ranging between 16 and 37 years of age, were interviewed over the telephone during their third postpartum week.

High concerns identified were safety (preventing accidents), money, being a good mother, recognizing signs of illness, return of figure to normal, and care of breasts. Findings from this study differed somewhat from those in the literature, however, concerns of low-income women had not been addressed in the past. Application of nursing theory and implications for nursing practice and further research were discussed.

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CHAPTER 1

INTRODUCTION

The postpartum period is a very vulnerable time for the mother, the baby, and the nuclear family. For mother and baby, this is a time of great physiologic and emotional change. For the nuclear family, this is a time of adjustment and acceptance of the new family addition.

The newly delivered mother experiences a massive change in circulating blood volume, respiratory changes, profound diuresis, constipation, weight loss, hormonal changes, and change in size and shape of reproductive organs. In addition to the many physiologic changes experienced, the newly delivered mother also experiences many psychological changes as she meets the new addition to her family and begins to adjust. She undergoes a transition from dependence on healthcare providers and family members to increasing independence (Rubin, 1961a).

The newborn beginning extrauterine life is also faced with many changes and adjustments. The infant must now breathe on his own, adapt to his rapid change in circulation, adjust to extrauterine temperature and stimuli, learn to suck, and acquire normal bowel and urinary habits. In addition to these massive physiologic changes, the infant is beginning to form an attachment with his mother, and learn about the environment that surrounds him.

The family unit must also make adjustments. Although family members do not have specific physiologic changes to encounter, there are many emotional adjustments to be made. Le Masters (1957) states that the family as a social system has to reorganize; "roles have to be reassigned, status positions shifted, values reoriented, and needs met through new channels" (p. 352). In addition, family members must learn to accept this new addition as part of the family.

With all the changes and adjustments to be made by each family member involved with the new baby, much concern is generated throughout the postpartum period. Mothers may demonstrate marked interest, regard, uneasiness or apprehension about the puerperium. Studies have shown that the newly delivered mother expresses many physical, emotional, and social concerns during the puerperal period (Bull, 1981; Graef, et al., 1988; Gruis, 1977; Harrison & Hicks, 1983; Hiser, 1987; Lemmer, 1987; Moss, 1981). Low-income mothers may have fewer resources to rely on during the first few postpartum weeks, and may therefore experience an increased number of concerns. Little research has been done however, with low-income mothers and as a result, we know very little about their specific needs and concerns. It is important for the healthcare worker to understand these concerns in order to help the postpartum woman achieve a more independent role in the weeks and months to come.

Adding to the stress of postpartum adjustment is an increased emphasis on cost containment and a trend toward early discharge of patients from the hospital setting. As a result, postpartum nurses race against the clock to deliver effective

individualized patient care. At the same time, the postpartum woman is experiencing multiple questions and concerns, due to the intense transition she is making into parenthood.

Norr and Nacion (1987) noted that several early discharge programs across the United States are discharging patients between 2-48 hours postdelivery. This short time of hospitalization is therefore increasingly important to both the postpartum woman and her nurse. It is vital that the nurse be able to accurately assess the patients' present as well as potential needs and concerns, and develop interventions to help the patient reach an optimum level of well being. On the other hand, it is equally important that the patient be able to convey her needs and concerns to the nurse in order to assure her cooperation and participation in the nursing care plan (Roberts, 1982).

A large gap often exists between the time the postpartum woman is discharged from the hospital and her first postpartum visit (Sumner & Fritsch, 1977; Tribotti, Lyons, Blackburn, Stein, & Withers, 1988). With accurate assessment and patient involvement in the few hours available postdelivery, the nurse has the potential to help bridge this gap with appropriate teaching.

Statement of Problem

Although many researchers have studied postpartum concerns, samples have been skewed in the area of socioeconomic status. Those studies that report financial status have focused on concerns of both middle class women and those

who are private pay patients. It seems that concerns would naturally vary with socioeconomic status, but just how those differ has not yet been studied. A few researchers (Hellman, Kohl, & Palmer, 1962; Norr, Nacion, & Abramson, 1989; Scupholme, 1981) have studied low-income mothers and infants who were discharged early. Their studies, however, focused on the results of the early discharge, and did not report the actual concerns of low-income mothers. This remains, then, an area in need of further study.

Postpartum check-ups are commonly scheduled during the third or fourth postpartum week, a time when education may make a strong impact on the postpartum woman. The postpartum visit can be an ideal opportunity for nurses to assess areas of postpartum concern and begin to intervene through education and counseling. Neither the low-income postpartum population nor the third postpartum week has been studied, however. Therefore, the purpose of this study was to identify concerns of low-risk, low-income mothers during their third postpartum week. With this information, the nurse can better intervene with structured teaching and help to stimulate the individual to return to a balanced and stable state.

Conceptual Framework

Man is a complex system made up of several subsystems. Using a holistic approach to nursing we recognize that this complex system is a dynamic whole greater than the sum of his parts (Dossey, Keegan, Guzzetta, & Kolkmeier, 1988).

It is these parts that, when out of balance, can alter man's stable state, leading to disequilibrium. With all that goes on during the postpartum period, the newly delivered mother may have many concerns that alter this balance. Dorothy E. Johnson (1980) believes that it is nursing's role to restore, maintain, or obtain that individual's balanced and stable state.

Johnson believes that the function of the nursing process is to focus on behaviors of man who is a total individual behavioral system made up of subsystems. These subsystems are linked and open, thus by disturbing one subsystem, the whole system can become misbalanced. Each subsystem has its own unique function, however, the subsystems react and interact to maintain equilibrium. The systems, together and separately, respond to a drive or motivation, acquired over time due to maturation and experience (Johnson, 1980; Loveland-Cherry & Wilkerson, 1983; Torres, 1986).

Johnson (1980) has identified seven subsystems. Each subsystem has the functional requirements of protection, nurturance, and stimulation. The subsystems and system as a whole must be protected from unpleasant environmental stimuli, nurtured through input from the environment, and stimulated to grow and prevent stagnation. These subsystems must function separately and together to form the behavioral system.

The attachment or affiliative subsystem developmentally emerges first, and forms the basis of social organization. The most general function of this subsystem is security. In addition, it has the consequences of social inclusion,

intimacy, and the formation and maintenance of a strong social bond (Johnson, 1980). This subsystem is important in the postpartum patient because often the addition of a new family member leads to decreased time available for the postpartum woman to spend with her mate, family and friends.

The general function of the dependency subsystem is a succoring behavior requiring a nurturance response. Optimally this arises developmentally from total dependence on others to increasing independence. The consequences of this subsystem are approval, attention or recognition, and physical assistance (Johnson, 1980). During the immediate postpartum period, the new mother often relies on others for assistance and support. Gradually, as she begins to convalesce, this dependence on others should evolve into self-dependence.

The function of the aggressive subsystem is self-protection and preservation. Johnson does not view this subsystem as a negative response with intent to harm others, rather as a response that regards the protection and respect of others (Johnson, 1980). It is important that the postpartum woman protect herself and family from infection and illness, and any other factors that may jeopardize the stability of her family.

The achievement subsystem includes as "mastery or control of some aspect of the self or environment as measured against some standard of excellence" (Johnson, 1980, p. 213). Areas encompassed in the achievement subsystem include intellectual, physical, creative, mechanical, and social skills behaviors. Johnson (1980) predicted that with future research, additional areas would

include care-taking skills, encompassing physical care of children, spouses, and home. These new areas have obvious application to the postpartum woman.

Johnson's model includes the ingestive and eliminative subsystems. Although these are usually associated with the biological system, Johnson views them behaviorally. The emphasis is on when, how, what, how much, and under what conditions we eat and eliminate wastes. "All humans must learn expected modes of behavior in the excretion of wastes" (Johnson, 1980, p. 213).

The seventh subsystem is the sexual subsystem. This also has biological connotations, but once again Johnson views this subsystem behaviorally. Procreation and gratification are both functions of this subsystem. This developmentally begins with gender identity and involves courting and mating as well (Johnson, 1980). As a result of the stressors put on the body during the labor and delivery process, sexual activity is often postponed for some time. However, many mothers are concerned with this subsystem.

Johnson (1961) states that nursing care must pay special attention to the immediate situation. The particular stressor that is affecting a subsystem's equilibrium at any given moment must be dealt with. Equilibrium, she believes, "is a state in which opposing forces--biological, psychological, or social--are balanced momentarily" (Johnson, 1959, p. 292). Nursing has the responsibility to assist the patient in maintaining or reestablishing the ever-moving state of equilibrium.

Johnson's theory blends well with care of postpartum patients. The postpartum patient may have disruption of any of Johnson's seven subsystems, at any point in the postpartum period. The nurse plays an integral part in restoration of postpartum equilibrium. With careful assessment the postpartum nurse can identify stressors that are affecting each patient's system and establish priorities for intervention. As mentioned previously, the postpartum patient has very few hours available in the hospital for teaching, as well as for necessary physical care. It is therefore critical that the nurse assess each subsystem and intervene with only the unstable subsystem(s). By identifying immediate concerns, the nurse will be able to better care for the postpartum woman.

Nominal Definitions

Concern: Items of marked interest, regard, uneasiness or apprehension relating to the puerperium.

Postpartum: Occurring after childbirth (usually the first 6 weeks).

Primipara: A woman who has delivered a child for the first time.

Multipara: A woman who has delivered more than one child.

Low-income: A woman approved for and receiving Medicaid in the State of Tennessee during the perinatal period.

Research Questions

1. What are the concerns of low-risk, low-income postpartum women during their third postpartum week?
2. Are postpartum women concerned more about "self," "baby," or "others?"

Assumptions

1. Subjects responded to the questions honestly and accurately.
2. The questions were clearly stated and understood by participants.
3. The instrument used in this study was reliable and valid.

Limitations

1. Sample size was very small (N = 19), therefore, indepth statistical analysis was not warranted.
2. Subjects were required to speak the English language in order to participate in the study. Therefore, the results may not be fully generalizable.
3. A convenience sample of willing metropolitan health department patients was used. Consequently, generalizability may not be possible.
4. Responses may be biased due to possible previous postpartum knowledge of participants.
5. This study was limited to the vaginally delivered postpartum woman delivering a "normal" infant, therefore, the results are not fully generalizable, as

women who delivered via cesarean section were not considered, nor were women with postpartum or neonatal complications.

CHAPTER II

LITERATURE REVIEW

This chapter contains a review of the literature on the postpartum period, and postpartum concerns. The chapter begins with a review of parenthood and maternal tasks. Then studies of postpartum concerns are discussed. Finally, literature related to the low-income mother is reviewed.

Parenthood

Many researchers (Dyer, 1963; Hobbs, 1965; Hobbs, 1968; Le Masters, 1957; Rossi, 1968; Russell, 1974) have studied the concept of "parenthood as crisis." These studies are derived from the proposition that integration of roles and statuses is a part of the family system, and reorganization of that system is caused by adding members. They define family crisis as "a disruptive event which necessitates a reorganization of roles and relationships within the family" (Hobbs, 1965, p. 367).

Le Masters (1957) studied middle class married couples who had conceived their first child. His study supported the idea that adding a first child to the family constituted a crisis event. In addition, he found that mothers reported multiple feelings or experiences in adjusting to their first child including tiredness, confinement, curtailment of social contacts, additional household chores, concern over being a "better mother," and worry over their appearance.

In 1963, Dyer essentially replicated this study and revealed that 53 percent of the participating couples experienced "extensive" or "severe" crises after the birth of their first child.

In contrast to these earlier studies, later researchers have found parenthood to be less stressful. Russell (1974) found that respondents identified this transition to be only moderately stressful. Hobbs (1965, 1968) reported evidence that failed to support the earlier hypothesis that adjustment to the first child was perceived as a crisis. In addition to these findings, Russell (1974) found that the actual addition of a new family member was much less distressing than fatigue, loss of figure, money and in-law problems.

Rossi (1968) approached the concept of parenthood in a different manner. She replaced the term "crisis" with "transition to" and "impact of parenthood." Rossi believed the problem lay in the paucity of preparation for parenthood. "The child can learn by doing in such subjects as science, mathematics, art work, or shop, but not in the subjects more relevant to successful family life: sex, home maintenance, child care, interpersonal competence, and empathy. If the home is deficient in training in these areas, the child is left with no preparation for a major segment of his adult life" (p. 35). In addition to the paucity of preparation, Rossi saw the limited learning experience during pregnancy as another problem. What preparation that exists during pregnancy could only be done through the help of books, family, or friends. Rossi also found the abruptness of transition a problem. The new mother was instantly thrown into a

world of expanded responsibility without time to adjust. Finally, according to Rossi, the lack of guidelines to successful parenthood was another important issue facing new parents. Society gave parents the responsibility of creating a competent adult out of this infant, but gave no guidelines to assist in the process.

Maternal Tasks

The transition to parenthood is a period of reorganization in the postpartum woman's life, requiring an addition of the maternal role to an already established set of roles. The new mother must achieve competence in her role and acquire or retest mothering behaviors, in order to feel comfortable with her identity as a mother (Mercer, 1985). During the postpartum period, a mother encounters many tasks that aide in attaining the maternal role (Mercer, 1981; Mercer, 1985). According to Rubin (1961b, 1967), the postpartum period is a composite of phases. It begins with a two- to three-day restorative period. During this time, the mother is focused on herself, what is happening around her and what has happened to her. She is very dependent on others, and initiates very little herself. This phase disappears, however, as her focus gradually changes to include her newborn and others around her. She begins to gain control of her own body functions and can spend more time focusing on others. At this point, the postpartum woman is concerned with the ability to function as a mother (Rubin, 1961a). Although Rubin's observations were made when women were heavily sedated or anesthetized for delivery and may not completely reflect

current thinking, the fact remains that mothers experience many changes during the postpartum period and must deal with each in order to attain the maternal role.

Grief Work

According to Mercer (1981), the first task a mother must face during the postpartum period is parting with fantasies. These fantasies include those expectations for herself and her infant, in a process referred to as grief work. First she must reconcile her prebirth fantasies with the actual characteristics of her own infant. The infant may be a different sex than anticipated, or look different than she imagined. Once these differences are reconciled, she can better identify herself as mother.

Another aspect of grief work focuses on the mother's image of her own body. Many studies (Bull, 1981; Gruis, 1977; Harrison & Hicks, 1983; Moss, 1981; Russell, 1974; Strang & Sullivan, 1985) have revealed that personal appearance and figure are areas of great concern or worry for postpartum women. Carty (1970) found that women's dissatisfaction with their bodies seemed to peak in the postpartum period. In contrast, however, Strang and Sullivan (1985) found that 71.4% of women indicated a positive feeling toward their bodies during the second postpartum week. Regardless of whether her body image is positive or negative, the postpartum woman must relinquish her personal fantasies and deal with the reality of the situation.

Mothering Skills

The postpartum woman must acquire or test existing mothering skills (Mercer, 1981). Paramount to this, however, she must first be sure that her infant is functioning appropriately (Chao, 1979). Once she is assured that her infant can burp, suck, feed, and cry, mothering skills become of great importance. Being a good mother and physically caring for the infant have both been shown to be important to mothers during the postpartum period (Bull, 1981; Davis, Brucker, & MacMullen, 1988; Gruis, 1977; Harrison & Hicks, 1983). Regardless of previous experience however, many mothers need reassurance that this task is being met.

Redefining Roles

Another task of great concern for the new mother is redefining or reestablishing relationships (Mercer, 1981). These relationships may include those with spouse, family, or friends. In addition, support from these relationships has a positive effect on the physical and psychological aspects of the postpartum period (Cronenwett, 1985a; Norbeck & Tilden, 1983).

Majewski (1987) found that spouses were overwhelmingly the major source of support for first-time married mothers. In addition, when the spouse was identified as most supportive, the new mother had less difficulty in making the transition to motherhood. Despite the positive aspects of having spousal support, postpartum women must redefine or renew their relationship with the infant's father. Both an improvement in and a decline in marital relationships have been

documented following the birth of a child. Meyerowitz & Feldman (1966) found that although respondents agreed that having a baby improved their marital relationship, there were increased complaints about sexual incompatibility, inability to express feelings, and unshared leisure time. Since that time, studies have revealed families to have less optimal functioning including disruptions in their intimate and sexual lives following the birth of an infant (Fischman, Rankin, Soeken, & Lenz, 1986; Mercer & Ferketich, 1990). Although many couples had resumed sexual intercourse prior to six weeks postpartum, many reported decreased frequency of sexual activity and disparate feelings of desire and fatigue up to one year after the infant's birth. Mothers who experienced a greater amount of role conflict in relation to their spouses had greater difficulty in making the transition to the maternal role (Majewski, 1986).

In addition to changing marital relationships, postpartum women experience a change in relationship with their family and friends. Contact with the extended family often increases when a child is added to a family. Although many postpartum women perceive a need for additional support, some women report that this causes an increase in stress (Belsky & Rovine, 1984; Cronenwett, 1985b). Contact with other adults who are parents of young children increases, often lessening ties with old friends who are not parents. Dormire, Strauss, and Clarke (1989) however, found that adolescent mothers appear to need the additional emotional support of those in their environments to function effectively in the mothering role.

Resuming Other Responsibilities

Finally, the postpartum woman must adjust to her pre-existing environment and resume other responsibilities. Although the primiparous woman is unsure about how she will manage, the multipara is very concerned about meeting the needs of everyone at home, and regulating the demands of her husband, housework, and children (Gruis, 1977; Harrison & Hicks, 1983; Hiser, 1987; Mercer, 1981; Moss, 1981).

Postpartum Concerns

In the past several years, research has shown postpartum women to have varying concerns during their puerperium. Many concerns are evident shortly after delivery, but some do not manifest until several days or weeks postpartum. In addition, research has demonstrated that women are capable of identifying their own concerns and needs when involved in a collaborative nurse-patient relationship.

Gruis (1977) mailed questionnaires to primiparas and multiparas regarding their concerns one month after birth. Forty questionnaires out of an unknown number were returned. The foremost concerns for both primiparas and multiparas were return of figure to normal, regulating family demands, and emotional tension. Both primiparas and multiparas had concerns related to the infant, however these differed according to parity. Primiparous women were

concerned with infant feeding and behavior while multiparas' concerns reflected the strain that a new child placed on the rest of the family.

In 1977, Sumner and Fritsch stated, "All new mothers need access to health care resources early in the postpartum period" (p. 31). This statement was a result of the research they conducted, monitoring phone calls received in a one-month period from parents of newborns. Two hundred and seventy calls were made by primiparas (62%) and multiparas (38%) regarding an array of concerns. A variety of questions were asked during these calls including questions about infant feeding, physical care of the infant, infant sleep and cry, and questions pertaining to the postpartum period such as sexual relations and anxiety. They found that not only did first-time mothers call more frequently, but the highest rate of calls was during the first three weeks. In addition, parents with male infants seemed to have a higher number of questions until the fourth week of life than did women with female children.

Bull (1981) studied 30 primiparous women, using a modification of Gruis' questionnaire. Her sample consisted of vaginally delivered, urban, Caucasian, married women between the ages of 18-35. The purpose of her comparison study was to determine any difference in maternal concerns after one week at home. Her findings revealed that physical discomforts were frequent in the first postpartum week, but these decreased as emotional demands began to surface. Maternal concerns identified included fatigue, emotional tension, and being a good mother. Subjects were also concerned about their infants, however, there

was no significant difference between the concerns expressed on the third postpartum day and after one week at home. Some of these concerns included signs of illness and feeding of the infant.

Moss (1981), in a survey of 56 vaginally delivered, multiparous women in the midwest, found that mothers on their third postpartum day were more concerned about family relationships than about themselves or their newborns. All subjects were married, between the ages of 17 to 35, and living with at least one other child of their own. These subjects identified concerns related to the reaction of the child/children at home toward the new sibling, meeting the needs of everyone at home, and being a good mother. They were concerned about their infants as well, but these concerns focused around behavior and growth and development rather than physical care. Concerns about themselves ranked relatively low, with the exception of the mother's weight and return to normal figure. Although she did not discuss socioeconomic status, Moss stated that "there were only slightly more concerns in the lower socioeconomic groups than in the higher ones" (p. 423).

Harrison and Hicks (1983) modified Gruis' questionnaire and studied 158 vaginally delivered Canadian women at one month postpartum. Two hundred and fifty questionnaires were mailed and 192 returned, with 158 containing complete information. Subjects consisted of 64 primiparas and 94 multiparas between 17 and 39 years of age. Eighty-two women were classified as "higher socioeconomic" and 75 as "lower socioeconomic." Results of this study were

similar to those of Gruis (1977). Seventy percent of the women, both primiparas and multiparas, identified the following concerns: regulating demands of their husbands, children, and housework, return to a normal figure, fatigue, emotional tension, diet, and finding time for personal interests. Women with two or more children had fewer concerns than women with their first child. First-time mothers identified significantly more "minor concerns" than other mothers, however, there was no significant difference in the number of "major concerns" identified. In addition, women identified their spouses as their major source of help and revealed that they relied on their spouses for help with concerns related to their changing role and family responsibilities. The researchers did not relate any of these concerns to socioeconomic status, however.

Hiser (1987) utilized a modified version of Moss' tool to identify the concerns of uncomplicated, vaginally delivered multiparas during the second postpartum week. Thirty-two subjects from a New England hospital were approached and 20 agreed to participate in the study. Subjects ranged between 18 and 35 years of age and were at least living with the baby's father. Nine subjects had a yearly income below $20,000, and 11 had yearly incomes above $20,000. Results were similar to those of Moss (1981). Hiser found multiparous women in the second postpartum week to be most concerned with meeting the needs of everyone at home and returning to a normal weight and figure. Participants with a $20,000 or more yearly household income identified fewer

items in the combined "worry and interest" category. Participants with female infants also identified less "worry and interest" items than those with male babies.

Tribotti et al. (1988) distributed questionnaires to 231 primiparous and multiparous women describing 34 possible patient problems and their defining characteristics. Women experiencing both vaginal and cesarean births were included. Subjects were predominantly Caucasian women ranging from 13 to 43 years of age. The majority of patients identified concerns which focused on physical discomforts and physiologic changes experienced in the immediate postpartum period. Only 34.5% of all subjects identified knowledge deficit as a concern. Most of them were primiparas. Multiparous women were more likely to identify alteration in health status, social isolation, ineffective family coping, and ineffective breathing pattern. Limitations of this study include lack of validation of descriptions of the diagnoses.

Low Income

Access to health care is rising among low-income individuals. The problem remains, however, as disparities in utilization of preventive services remain marked (Davis, Gold, & Makuc, 1981).

Lack of financial ability remains a health care barrier for those in the low-income population. In a study of postpartum women, Leatherman, Blackburn, and Davidhizar (1990) found that 81% of subjects identified insufficient money to pay for care as the primary reason for not obtaining adequate prenatal care.

In addition, Hayward, Bernard, Freeman, and Corey (1991) stated that there was little difference between the poor and non-poor in seeking a regular source of ambulatory care. The poor, however, were much more likely to lack a regular source of ambulatory care for financial reasons.

Individuals among the lower socioeconomic status have been found to have a higher mental health risk and appear more vulnerable to stress. In addition, they generally test lower in areas of health knowledge and lack such preventive health care measures as medical check-ups, prenatal care, screening for cervical cancer, breast exams, good nutrition, and exercise. Low-income women have also been found to experience a disproportionately high number of health problems related to diet and exercise (Bullough, 1972; Davis, Gold & Makuc, 1981; Langner & Michael, 1963; Langlie, 1977; Pratt, 1971; Turner & Noh, 1983).

Conjointly, the poor have been found to utilize medical services less frequently than those in the higher-income levels. Pratt (1971) found that fewer low-income women had had general checkups when they were not ill, or practiced preventative health measures such immunizations. However, socioeconomic level was not found to be correlated with use of medical services for illness or symptoms. Source or site of care may vary, however, as Howell (1988) found that Medicaid recipients were more likely to utilize outpatient departments and emergency rooms as their sources of care.

However, it has been found that despite socioeconomic status, devotion to personal health maintenance practices has an effect on one's level of health.

Pratt (1971) found that "low-income women with good health practices were not significantly disadvantaged in health level as compared to higher socioeconomic women" (p. 289).

Summary

Researchers have studied postpartum concerns in a variety of ways. Concerns have been assessed according to parity, length of stay in the hospital, and time since delivery. Postpartum concerns have been found to differ according to the variables considered and to change over the course of the postpartum period. It is unclear, however, if the concerns of low-income mothers differ from those of middle income women and if the concerns during the third week differ from those at other times in the postpartum experience. Thus, this research study will identify the concerns expressed by low-income women during their third postpartum week.

CHAPTER III

METHOD

This chapter consists of six sections. In the first section, the basic design of the study is presented. The succeeding sections discuss the subjects, instruments, procedures, consistency of conditions, and data analysis chosen for the study.

Design

This was a self report, descriptive study using a structured interview questionnaire.

Subjects

A convenience sample of 19 low-risk, low-income postpartum patients receiving care from a local health department was used for this study. Inclusion criteria were as follows: (a) medically uncomplicated pregnancy (including no PIH diagnosis and delivery between 38-41 weeks gestation); (b) medically uncomplicated vaginal delivery (including mother: laceration no greater than 3°, estimated blood loss not greater than 700 cc; infant: weight 2500-4500 g, Apgars no less than 5 & 8, stable temperature pattern within normal limits, heart rate 120-160 bpm, respiratory rate 30-60, voided, stooled, intake adequate, and normal physical exam); (c) mother/normal healthy baby discharged home together

(mother: no antibiotics; baby: no medications); (d) able to be reached by telephone; (e) able to read and speak the English language.

Fifty low-risk postpartum women were expected to be included in this study. During a three-month period in 1990, an average of 73 health department patients per month delivered at the participating hospital. It was therefore expected that approximately 50 subjects could be obtained during the study period. Only 19 subjects were interviewed, however, due to several interfering factors. First of all, many potential subjects became high-risk due to PIH, infection, or cesarean delivery, and did not meet criteria for inclusion. Secondly, many potential subjects had phones disconnected, or moved and did not provide a new telephone number. There were no previous data available to assist the researcher in estimating the percentage of potential subjects who would become high-risk or how many would be lost to follow-up. Actual number of subjects was subsequently much less than projected.

Sociodemographic characteristics of the sample are presented in Table 1. The 19 subjects ranged in age from 16 to 37 years; the median age was 22; the mean age was 22.7 years (SD ± 5.00). Seven of the subjects ranged from 16-20 years, eight were 21-25, three were 26-30, and one was older than 30 years. Thirty-seven percent were primiparas, and 63% were multiparas. Seventy-four percent were white subjects, 26% were black subjects. Forty-seven percent were married, 32% single, 16% divorced, and 5% (one subject) separated. Seventeen (89%) of the subjects had some source of help following delivery, and 2 (11%)

Table 1. Percentage Distribution of Sociodemographic Variables (N = 19).

Variable	N	%
Race		
White	14	74
Black	5	26
Parity		
Primipara	7	37
Multipara	12	63
Marital Status		
Single	6	32
Married	9	47
Separated	1	5
Divorced	3	16
Sex of Infant		
Male	6	32
Female	13	68
Feeding Method		
Breast	2	11
Bottle	17	89
Combination	0	0
Support Person		
Present	17	89
Absent	2	11

did not. The majority (68%) of women delivered female babies and the majority (89%) of subjects were bottle feeding their babies.

Instrument

A modified version of the Maternal Concerns questionnaire (Appendix A) constructed by Margaret Bull was used in this study. The questionnaire was modified with permission of the author, to be appropriate for the desired study population (M. Bull, personal communication, August 9, 1990). The questionnaire was used in the past to identify concerns and change in concerns of mothers at various points during the first postpartum week.

The original tool consisted of 48 items to be ranked on a 4 point Likert type scale. The tool was divided into categories of physical and emotional concerns about self (18 items); concerns relating to baby (11 items); concerns relating to husband (6 items); concerns relating to the family unit (4 items); and concerns relating to the community (9 items). Internal consistency using the Cronbach's alpha coefficient has been determined to be .90, .94 (M. Bull, personal communication, August 9, 1990) and .97 (Norr et al., 1989).

Following evaluation by expert review (expert postpartum nurses) and testing for clarity by interivewing three new mothers known to the researcher, telephone interviews by the investigator were used to ask the questions on the modified version of the Maternal Concerns tool. Each subject was asked to rate the intensity of her concerns on a scale of one to four (1 = no concern; 2 = little

concern; 3 = moderate concern; 4 = much concern). A copy of this revised instrument can be found in Appendix A.

The modified tool consists of 40 items. The categories include physical and emotional concerns relating to self (22 items); concerns about baby (11 items); and concerns relating to other people (7 items). Bull's original "physical and emotional concerns relating to self" category consisted of 18 items and was revised to include 22 items. A question regarding the labor and delivery experience was deleted as it was felt it did not pertain to this study. Bull's category "concerns relating to husband" was revised; some items omitted and some placed in other categories. This was deemed necessary as not all the subjects in this population were married. The following items were moved from this category and placed into the "physical and emotional concerns relating to self" category: Finding time for recreation, sexual relations, family planning (birth control). The next category "concerns about baby" followed Bull's original format. The final category in the revised tool was "concerns relating to other people." This was created by combining items from Bull's categories "concerns relating to husband," "concerns relating to the family unit," and "concerns relating to community." Again, some questions were deleted or the wording changed in order to be applicable to this population and this study.

Items from the Maternal Concerns questionnaire can be considered and categorized according to Johnson's subsystems. Johnson believes that each of man's subsystems must be tended to and restored to a stable functioning state

if unstable. In order for the nurse to assist in this function, however, it is important to know with what subsystems the postpartum woman is concerned.

The Maternal Concerns tool utilizes many of Johnson's subsystems. For example, the following items are part of the attachment or affiliative subsystem: your relationship with the baby's father, finding time to be alone with husband/boyfriend, change in relationship with relatives. These questions all relate to social inclusion, intimacy, and maintaining strong social bonds.

The following items relate to the dependency subsystem: fatigue, and managing all the things you need to do. During the postpartum period, a mother is often dependent on others for help with themselves and the new baby. If she is not able to obtain the assistance that is needed, she often becomes tired, fatigued, and unable to manage all the things she needs to do.

The aggressive subsystem requires that the postpartum woman protect herself, her new baby, and her family. Exercise habits, foods I eat, and care of breasts are all items that fit in this subsystem. It is very important that the new mother take good physical care of herself in order to protect herself from infection or illness. In addition, if she is not well, it will be difficult for her to care for her family. Other questions relating to this subsystem are recognizing signs of illness (baby), and safety (preventing accidents). These are direct ways in which the postpartum woman can protect her child.

Following the aggressive subsystem is the achievement subsystem. Many items from the Maternal Concerns questionnaire fit in this subsystem. For

example, return of figure to normal, being a good mother, managing all the things I need to do, physical care (i.e., diapering, cord care, bathing baby, skin care, circumcision), and feeling comfortable handling baby. These are all areas in which the postpartum woman may or may not gain control or mastery. According to Mercer (1981), this is a part of attaining the maternal role.

Infant feeding (i.e., amount, how often), foods I eat, and constipation are all included in the ingestive and eliminative subsystems. Due to the many physiologic changes both the postpartum woman and her infant encounters, the nurse must make sure that these subsystems are functioning appropriately.

Finally, Johnson's seventh subsystem is the sexual subsystem. The postpartum woman has to think about sexual relations, family planning (birth control), her relationship with the baby's father, and finding time to be alone with husband/boyfriend. As discussed in the literature review, having a baby changes the marital relationship, and many find sexual intercourse difficult for as long as one year postpartum (Broom, 1984; Majewski, 1986).

Although not all items on the Maternal Concerns questionnaire fit nicely into Johnson's seven subsystems, the tool reflects her model. By identifying postpartum maternal concerns, the nurse can identify unstable subsystems and help the postpartum woman reach a stable, steady state of well-being.

Operational Definitions

Total Concerns: Total number of items identified as a concern on the Maternal Concerns questionnaire.

Intensity of Concern: Mean score for each individual item on the Maternal Concerns questionnaire (possible range 1-4).

High Concern: Intensity of concern ≥ 2.5.

Low Concern: Intensity of concern ≤ 1.5.

Procedure

The project was approved by the Committees for review of research involving human subjects of the College of Nursing and The University of Tennessee. Approval was also obtained from the participating health department and the hospital.

Subjects were identified either on the postpartum unit or through self report of delivery to the metropolitan health department where they were receiving care during this pregnancy. Minors were included with entry into the project requested as noted under the 1987 Tennessee Supreme Court rule in Cardwell vs. Bechtol. When potential subjects were identified on the postpartum unit, the project was explained and the patient was asked to sign an Informed Consent Form (Appendix B). Potential subjects identified through the health department phone call were sent a letter explaining the project and a postcard to return giving written consent.

Three weeks following delivery, each subject was telephoned. A structured interview using the Maternal Concerns questionnaire (Appendix A) was conducted. The interview lasted between 15 and 30 minutes.

Confidentiality of the subjects was preserved by assigning a number to each mother-baby pair, making this number-name combination accessible only to the researchers and her committee, keeping all identifying data in a locked file cabinet and reporting all data in aggregate form.

Consistency of Conditions

Subjects were selected using the same criteria and asked the same questions during the telephone interview. All subjects were from the same metropolitan health department, thus receiving the same course of prenatal care. In addition, all subjects delivered at the same hospital, thus should have received similar care.

Data Analysis

Descriptive statistics were used to describe and synthesize data obtained in this study. A Likert type scale was used to obtain results of the Maternal Concerns questionnaire, and yielded equal appearing data. These data were treated as interval data.

Results were analyzed by computing and comparing means, modes, and frequencies. High and low concerns were identified by computing means of responses for each item. An item with a mean response ≥ 2.5 was considered

to be of high concern and an item with a mean response ≤ 1.5 was considered to be of low concern. A mean ≥ 2.5 was chosen for the item of high concerns for two reasons: (1) 2.5 is the mean for the entire scale, and (2) there was a natural break in results at that point. A mean of ≤ 1.5 was chosen for the items of low concerns for similar reasons: (1) 1.5 is the mean of the two low responses (no concern = 1, little concern = 2), and (2) there was a natural break in the results at that point.

In addition, sociodempgraphic variables were analyzed. The Pearson Correlation Coefficient was used to determine a possible correlation between maternal age and total concerns on the Maternal Concerns questionnaire.

Summary

In this descriptive study of postpartum concerns, 19 low-risk, low-income women were telephoned during their third postpartum week. The Maternal Concerns questionnaire was utilized to elicit postpartum concerns and demographic data were obtained.

CHAPTER IV

RESULTS

Study findings are presented in two sections. The first section presents descriptive data related to the research question "What are the postpartum concerns of low-risk, low-income women during their third postpartum week?" The second section contains results related to the question "Are postpartum women concerned more about "self," "baby," or "others" during the third postpartum week?".

Question One

What are the concerns of low-risk, low-income women during their third postpartum week?

Subjects indicated a wide variety of concerns. Table 2 presents the total number of concerns for each subject. Number of concerns ranged from 2 to 40 (40 concerns possible) with a sample mean of 20.6 (SD = 10.3). Mean intensity of concern for items on the Maternal Concerns questionnaire ranged from a mean 1.0-3.2 (possible range 1-4).

Table 3 presents a frequency distribution of responses to the Maternal Concerns questionnaire. Responses ranged from no concern (1), to much concern (4).

Table 2. Total Numbers of Concerns for Each Subject.

Subject	Total # of Concerns	Intensity of Concern	S.D.
1	17	1.8	1.1
2	17	1.9	1.3
3	21	2.2	1.3
4	30	2.4	1.1
5	2	1.0	0.2
6	32	2.7	1.7
7	15	1.5	0.7
8	23	2.1	1.4
9	24	2.5	1.3
10	35	2.7	0.9
11	4	1.2	0.5
12	9	1.4	0.8
13	20	1.7	0.9
14	29	2.8	1.3
15	23	2.5	1.4
16	21	2.1	1.2
17	40	3.2	0.9
18	7	1.4	1.0
19	23	2.4	1.3
	$\bar{X}$=20.6	S.D.=10.3	

Table 3. Frequency Distribution of Responses (N=19).

Item	(1) No concern N (%)	(2) Little concern N (%)	(3) Moderate concern N (%)	(4) Much concern N (%)
Foods you eat	10 (52.6)	1 (5.3)	5 (26.3)	3 (15.8)
Exercise habits	6 (31.6)	6 (31.6)	4 (21.1)	3 (15.8)
Return of figure to normal	6 (31.6)	5 (26.3)	1 (5.3)	7 (36.8)
Return of menstrual period	8 (42.1)	5 (26.3)	3 (15.8)	3 (15.8)
Vaginal discharge (lochia)	7 (36.8)	4 (21.1)	4 (21.1)	4 (21.1)
Discomfort from stitches (episiotomy)*	7 (36.8)	2 (10.5)	4 (21.1)	3 (15.8)
Constipation	15 (78.9)	2 (10.5)	1 (5.3)	1 (5.3)
Hemorrhoids	12 (63.2)	3 (15.8)	1 (5.3)	3 (15.8)
Breast soreness	11 (57.9)	2 (10.5)	1 (5.3)	5 (26.3)
Care of breasts	10 (52.6)	2 (10.5)	1 (5.3)	6 (31.6)
Fatigue (lack of sleep)	7 (36.8)	3 (15.8)	2 (10.5)	7 (36.8)
Emotional tension	9 (47.4)	2 (10.5)	5 (26.3)	3 (15.8)
Inability to concentrate	11 (57.9)	4 (21.1)	1 (5.3)	3 (15.8)
Feelings of being tied down	12 (63.2)	3 (15.8)	2 (10.5)	2 (10.5)
"Baby blues" (feeling depressed)	11 (57.9)	4 (21.1)	2 (10.5)	2 (10.5)
Finding time for personal interests	8 (42.1)	9 (47.4)	1 (5.3)	1 (5.3)
Being a good mother	6 (31.6)	2 (10.5)	1 (5.3)	10 (52.6)
Finding time for recreation	12 (63.2)	5 (26.3)	1 (5.3)	1 (5.3)
Sexual relations	11 (57.9)	2 (10.5)	3 (15.8)	3 (15.8)
Family planning (birth control)	9 (47.4)	1 (5.3)	2 (10.5)	7 (36.8)
Managing all the things I need to do	6 (31.6)	3 (15.8)	6 (31.6)	4 (21.1)
Money	5 (26.3)	2 (10.5)	3 (15.8)	9 (47.4)
Infant's physical appearance	12 (63.2)	3 (15.8)	0 (0.0)	4 (21.1)
Normal growth and development	7 (36.8)	4 (21.1)	4 (21.1)	4 (21.1)
Infant feeding	8 (42.1)	5 (26.3)	4 (21.1)	2 (10.5)
Physical care of baby	11 (57.9)	2 (10.5)	1 (5.3)	5 (26.3)
Feeling comfortable handling baby	14 (73.7)	1 (5.3)	0 (0.0)	4 (21.1)
Interpreting infant's behavior	8 (42.1)	5 (26.3)	4 (21.1)	2 (10.5)
Sleeping through baby's cries	11 (57.9)	1 (5.3)	4 (21.1)	3 (15.8)
Recognizing signs of illness	4 (21.1)	6 (31.6)	2 (10.5)	7 (36.8)
Traveling with baby	11 (57.9)	5 (26.3)	1 (5.3)	2 (10.5)
Safety (preventing accidents)	3 (15.8)	3 (15.8)	3 (15.8)	10 (52.6)
How to dress baby	7 (36.8)	7 (36.8)	2 (10.5)	3 (15.8)
Your relationship with baby's father	9 (47.4)	2 (10.5)	2 (10.5)	6 (31.6)
Baby's father being a good father	11 (57.9)	3 (15.8)	1 (5.3)	4 (21.1)
Finding time to be alone with husband/boyfriend	9 (47.4)	4 (21.1)	2 (10.5)	4 (21.1)
Setting limits on visitors	8 (42.1)	3 (15.8)	6 (31.6)	2 (10.5)
Change in relationship with friends	9 (47.4)	5 (26.3)	2 (10.5)	3 (15.8)
Change in relationship with relatives	13 (68.4)	2 (10.5)	1 (5.3)	3 (15.8)
Advice from relatives or friends	10 (52.6)	4 (21.1)	2 (10.5)	3 (15.8)

*N = 16 for this item.

Responses to individual items on the Maternal Concerns questionnaire are presented in Table 4. Intensity of concern for each item ranged from a mean of 1.4 to 3.1. Subjects found safety (preventing accidents), being a good mother, money, recognizing signs of illness, fatigue (lack of sleep), return of figure to normal, and care of breasts to be of high concern (mean item intensity of concern score $\geq$ 2.5). Two items were found to be of low concern to postpartum women (mean item intensity of concern score $\leq$ 1.5). These items were constipation and finding time for recreation (see Tables 5 and 6).

Safety (preventing accidents) had the highest intensity of concern among subjects (3.1). Sixty-eight percent of all subjects ranked safety (preventing accidents) as moderate or much concern. Eleven of the 15 subjects (73%) between 16 and 25 years of age and 2 of the 4 subjects (50%) 26 years or older found this to be of moderate or much concern. Seventy-one percent (10 of 14) of white women and 60% (3 of 5) of black women considered this to be of moderate or much concern. Of the 13 women ranking this item as moderate or much concern, 6 were primiparas, 7 were multiparas, 7 were married, and 6 were unmarried. It appears that safety is a high concern for mothers regardless of race, marital status, age, or previous child-rearing experience.

Money was the item with the second highest intensity of concern (mean = 2.8), with 63% of all subjects ranking it as moderate or much concern. Ten of 15 subjects (67%) between 16 and 25 years of age and 2 of the 4 subjects (50%) 26 years or older found this to be of moderate or much concern. Seventy-seven

Table 4. Item Analysis of Maternal Concerns Questionnaire* (N=19).

Item	Mean	Mode	SD
Foods you eat	2.1	1	1.2
Exercise habits	2.2	1	1.1
Return of figure to normal	2.5	4	1.3
Return of menstrual period	2.1	1	1.1
Vaginal discharge (lochia)	2.3	1	1.2
Discomfort from stitches (episiotomy)	2.2	1	1.2
Constipation	1.4	1	0.8
Hemorrhoids	1.7	1	1.1
Breast soreness	2.0	1	1.3
Care of breasts	2.5	1	1.4
Fatigue (lack of sleep)	2.5	1	1.3
Emotional tension	2.1	1	1.2
Inability to concentrate	1.8	1	1.1
Feelings of being tied down	1.7	1	1.1
"Baby blues" (feeling depressed)	1.7	1	1.0
Finding time for personal interests	1.7	2	0.8
Being a good mother	2.8	4	1.4
Finding time for recreation	1.5	1	0.8
Sexual relations	1.9	1	1.2
Family planning (birth control)	2.4	1	1.4
Managing all the things I need to do	2.4	1	1.2
Money	2.8	4	1.3
Infant's physical appearance	1.8	1	1.2
Normal growth and development	2.3	1	1.2
Infant feeding	2.0	1	1.1
Physical care of baby	2.0	1	1.3
Feeling comfortable handling baby	1.7	1	1.2
Interpreting infant's behavior	2.0	1	1.1
Sleeping through baby's cries	1.9	1	1.2
Recognizing signs of illness	2.6	4	1.2
Traveling with baby	1.7	1	1.0
Safety (preventing accidents)	3.1	4	1.2
How to dress baby	2.1	1	1.1
Your relationship with baby's father	2.3	1	1.4
Baby's father being a good father	1.9	1	1.2
Finding time to be alone with husband/boyfriend	2.1	1	1.2
Setting limits on visitors	2.1	1	1.1
Change in relationship with friends	1.9	1	1.1
Change in relationship with relatives	1.7	1	1.2
Advice from relatives or friends	1.9	1	1.1

*Response range 1-4.

Table 5. High Concerns (Mean Intensity of Concern ≥ 2.5).

Item	Moderate or Much (3 or 4) N	%	Intensity of Concern $\bar{X}$
Safety (preventing accidents)	13	68	3.1
Money	12	63	2.8
Being a good mother	11	58	2.8
Recognizing signs of illness	9	47	2.6
Fatigue (lack of sleep)	9	47	2.5
Return of figure to normal	8	42	2.5
Care of breasts	7	37	2.5

Table 6. Low Concerns (Mean Intensity of Concern ≤ 1.5).

Item	No Concern (1) N	%	Intensity of Concern $\bar{X}$
Constipation	15	79	1.4
Finding time for recreation	12	63	1.5

percent of all multiparas and 57% of primiparas designated money as being of moderate or much concern. Eighty percent of black mothers (4 of 5) labeled money as of moderate or much concern, while 57% of white women (8 of 14) found this to be a high concern. In addition, 70% of all subjects who were single, separated, or divorced found money to be of moderate or much concern as compared to only 56% of married subjects.

Being a good mother also had a mean intensity of concern of 2.8. Fifty-eight percent of all subjects found this item to be of moderate to much concern. Three of the 4 women (75%) over age 26 ranked this a high concern, while only 8 of the 15 women (53%) between 16 and 25 years of age did. Fifty-seven percent (4 of 7) of primiparas, 58% (7 of 12) of multiparas, 60% (3 of 5) of black subjects, 57% (8 of 14) of white subjects, 30% (3 of 10) of single subjects, and 89% (8 of 9) of married subjects found this item to of moderate or much concern.

Recognizing signs of illness had the fourth highest intensity of concern among subjects (mean 2.6). Forty-seven percent of all subjects found this to be of moderate or much concern. Fifty-three percent (8 of 15) of subjects between 16-25 years, 25% (1 of 4) of subjects 26 years or older, 60% (3 of 5) of black subjects, 43% (6 of 14) of white subjects, 71% (5 of 7) of primiparas, 33% (4 of 12) of multiparas, 50% (5 of 10) of single subjects, and 44% (4 of 9) of married subjects found this item to be of moderate or much concern.

Forty-seven percent of all subjects ranked fatigue(lack of sleep) as moderate or much concern, and it had a mean intensity of concern of 2.5. These subjects identifying this item as of moderate or much concern can be described as follows: 40% (6 of 15) of subjects between 16 and 25 years of age, 75% (3 of 4) of subjects 26 years or older, 60% (3 of 5) of black subjects, 43% (6 of 14) of white subjects, 57% (4 of 7) of primiparas, 42% (5 of 12) of multiparas, 30% (3 of 10) of single subjects, and 67% (6 of 9) of married subjects.

Return of figure to normal also had a mean intensity of concern of 2.5, however only 42% (8 of 19) of subjects found this item to be of moderate or much concern. Forty-seven percent (7 of 15) of subjects 16-25 years of age, 25% (1 of 4) of subjects older than 25 years, 60% (3 of 5) of black subjects, 36% (5 of 14) of white subjects, 57% (4 of 7) of primiparas, 33% (4 of 12) of multiparas, 30% (3 of 10) of single subjects, and 56% (5 of 9) married subjects identified this item as moderate or much concern.

Finally, care of breasts was identified as one of the high concerns, having a mean intensity of concern of 2.5. Thirty-seven percent (7 of 19) of subjects found this item to be of moderate or much concern. Twenty-seven percent (4 of 15) of subjects between 16 and 25 years of age, 75% (3 of 4) of subjects older than 25 years, 20% (1 of 5) of black subjects, 43% (6 of 14) of white subjects, 43% (3 of 7) of primiparas, 33% (4 of 12) of multiparas, 30% (3 of 10) of single subjects, and 44% (4 of 9) of married subjects found this item to be of moderate or much

concern. Only one of the subjects identifying care of breasts as being of moderate or much concern was breastfeeding her newborn.

In addition to the high concerns identified, two items were identified as low concerns (mean intensity of concern $\leq$ 1.5). These items were constipation and finding time for recreation. Constipation was found to be of no concern (ranking 1) to 15 subjects (79%) and had a mean intensity of concern of 1.4. Finding time for recreation was identified as of no concern by 12 subjects (63%) and had a mean intensity of concern of 1.5.

Total numbers of concerns were examined according to race, parity, and marital status. Black subjects identified an average of 24 concerns with a mean intensity of concern of 2.4. White subjects identified an average of 19 concerns with a mean intensity of concern of 2.0. Next, primiparas identified an average of 24 concerns with a mean intensity of concern of 2.2 and multiparas identified an average of 19 concerns with a mean intensity of concern of 2.0. Finally, single mothers identified an average of 18 concerns with a mean intensity of concern of 1.9 and married mothers identified an average of 24 concerns with a mean intensity of concern of 2.2.

Using the Pearson Correlation Coefficient, total Maternal Concerns scores and age were analyzed. Age and total score were not found to be correlated ($r = -0.0265$; $p = 0.9142$).

All items were both of much concern and of no concern to at least one subject during the third postpartum week. In addition, each item was of much

concern to at least one single and one married subject, one primipara and one multipara, and one black subject as well as one white subject.

Question Two

Are postpartum women concerned more about "self," "baby," or "others"?

Mean intensity scores were calculated for the "self," "baby," and "others" subscales. Mean responses for the items on the three subscales were as follows: "self" 2.1, "baby" 2.1, and "others" 2.0. Of the high concerns identified (see Table 5), none was from the "others" subscale. Five of the high concerns related to the "self" subscale and two to the "baby" subscale.

Summary

Seven items from the Maternal Concerns questionnaire generated high concerns (mean $\geq$ 2.5) among postpartum women. These included safety (preventing accidents), money, being a good mother, recognizing signs of illness, fatigue (lack of sleep), return of figure to normal, and care of breasts.
In addition, two items were found to be of low concern (mean $\leq$ 1.5) among postpartum women. These were constipation and finding time for recreation.

Mean responses for items on each of the three subscales were as follows: "self" 2.1, "baby" 2.1, and "others" 2.0. Five of the seven high concerns were from the "self" subscale, and two were from the "baby" subscale.

CHAPTER V

DISCUSSION

This study investigated postpartum concerns of 19 low-risk, low-income women at three weeks postpartum by means of telephone interview. A Maternal Concerns questionnaire created by Bull (1981) was adapted to fit this population. This study indicates that low-income women have many concerns during their puerperium.

This chapter will begin by discussing results of the study. Then the instrument used will be discussed, followed by application of nursing theory, and implications for nursing practice and further research.

Conclusions

What are the concerns of low-risk, low-income women during their third postpartum week?

Safety (preventing accidents) was the item with the highest intensity of concern (mean 3.1) and was identified by 68% of postpartum women as being of moderate or much concern. This finding differs somewhat from previous research. Gruis (1977) found only 58% of primiparous and multiparous women to be concerned with "safety of infant" at four weeks postpartum. Only 25% of those women considered this item to be of "major concern." Harrison and Hicks (1983) found results similar to those of Gruis (1977). Only 47% of

primiparas and multiparas at four weeks postpartum identified "safety of infant" as a concern, and only 21% of them identified it as a "major" concern. Since this instrument did not allow subjects to explain their responses, it is not possible to say why this was of high concern. Additionally, it is unclear what kind of safety concerns these women had at three weeks postpartum when the infant is less mobile. However, it is the authors observation through her work with postpartum women, that many mothers are fearful of accidents such as choking and smothering, and of damage to the infant's "soft spot." In addition, fear of accidents in the future may be a concern for mothers, or perhaps this is a universal fear. Finally, since safety is a well known risk for young children, subjects may have considered it a socially acceptable response.

Money had the second highest intensity of concern (mean 2.8) with 63% of all subjects identifying this as moderate or much concern. Review of the raw data indicates that those who identified money as a major concern were very similar in many respects to those who did not. Those subjects who found it a high concern (ranking 3 or 4) identified an average of 22 concerns with a mean intensity of concern of 2.1. Those who did not consider money to be of moderate or much concern identified an average of 20 concerns with a mean intensity of concern of 2.0.

It is difficult to compare this finding to those of previous studies, as information regarding money is scarce. Harrison and Hicks (1983) identified 49% of subjects with "financial concerns" but did not say if these women

identified greater numbers of overall concerns. Bull (1981) utilized "finances" in her questionnaire, yet did not list it as a frequently occurring concern. In addition, she did not provide information regarding the financial make-up of her sample. Finally, Moss (1981) and Hiser (1987) briefly discussed results they obtained in relation to "money". Moss (1981) did not reveal the socioeconomic status of her sample, however she stated that women in lower socioeconomic groups had only slightly more concerns than those women in higher ones. Hiser (1987) stated that participants with yearly household incomes of $20,000 or more identified fewer items of "worry and interest" than those with less than $20,000 yearly household incomes.

All subjects in this study were low-income, yet 42% did not identify money as a high concern (ranking 3 or 4). A possible explanation may be that these women were not as concerned with money because of the continuation of Medicaid and WIC (Women, Infants, and Children) supplementation following delivery. According to the local Department of Human Services, a postpartum woman meeting the requirements of the Poverty Level of Income Standard Program, will receive Medicaid benefits for her newborn as well as herself for at least two months following delivery. In addition to these Medicaid benefits, the postpartum woman and her newborn are eligible for WIC supplementation. The non-breastfeeding postpartum woman receives aid for at least six weeks following delivery. Because of this continued financial aid, low-income mothers

might not be as concerned with money at three weeks postpartum as they would be later. In addition, being low-income does not necessarily mean that an individual will be concerned with money. People can adjust their spending and their expectations to be compatible with their income. Therefore, it is important that assumptions of caregivers are not based on any factors involving financial status.

Being a good mother had a mean intensity of concern of 2.8, and was identified by 58% of subjects as being of moderate or much concern. Eighty-nine percent (8 of 9) of married subjects found this item to be of moderate or much concern, while only 30% (3 of 10) single subjects identified this as being of moderate or much concern. Although the number of subjects was very small, it appears that single subjects were less concerned about being a good mother than were married subjects. It has been the authors observation that many single mothers in the low-income population live with their own mothers and therefore there is a difference in their child-bearing and child-rearing experiences. The baby's grandmother often takes on much of the responsibility of raising the newborn. This may be an explanation of the apparent difference in frequency of response between single and married subjects. Without explanation of their answers however, it is impossible to ascertain reasons why this was or was not a concern for some postpartum women. Another possibility is that there may be some bias due to concern over socially acceptable responses. During the telephone interviews, the researcher was able to detect some hesitancy in

responses to this question. It was obvious that some respondents felt uncomfortable answering this question, perhaps anticipating that saying they were not concerned about being a good mother would suggest lack of interest or regard for the infant.

Previous studies vary in their findings regarding concern for being a good mother. Bull (1981) found that 83% of primiparas identified being a good mother as of moderate or much concern one week after discharge from the hospital. Moss (1981) found that 77% of multiparas were "interested" and "worried" about being a good mother on the third postpartum day. Hiser (1987), however, found that only 35% of multiparas identified being a good mother as a "worry" during the second postpartum week. The number of subjects in the present study was too small to make any statistical conclusions about the effect of parity, however 57% (4 of 7) of primiparas and 58% (7 of 12) of multiparas found this item to be of moderate or much concern.

Next, recognizing signs of illness in the infant was identified as an item with a high intensity of concern (mean 2.6), with 47% of subjects identifying this item as being of moderate or much concern. The only researcher who mentioned using this item was Bull (1981). In her study of primiparas, Bull found the majority of subjects (77%) to be concerned with recognizing signs of illness in infants at one week postpartum.

Fatigue (lack of sleep) was found to be of moderate or much concern to 47% of postpartum women with a mean intensity of concern of 2.5. Seventy-five

percent (3 of 4) of subjects 26 years or older found this item to be of moderate or much concern, while only 40% (6 of 15) of subjects between 16 and 25 years of age did. Forty-two percent (5 of 12) of multiparas and 57% (4 of 7) of primiparas found fatigue (lack of sleep) to be a major concern. Sixty-seven percent (6 of 9) of married subjects, and 30% (3 of 10) of single subjects found fatigue (lack of sleep) to be of moderate or much concern. Although these findings look suggestive, the small sample number and unequal distribution of ages and parity, prohibits conclusions to be made. It is possible however, that the multiple relationships involved in marriage may lead to increased responsibilities for married subjects and result in fatigue. Additionally, single subjects may be living with their own mothers, thus receiving increased help with care of the newborn.

The 47% of subjects finding fatigue (lack of sleep) a major concern is actually lower than those in previous studies. For example, Gruis (1977) found 83% of subjects (primiparas and multiparas) to be concerned with "fatigue" at one month postpartum. In addition, she found 83% of multiparas to identify "fatigue" as one of their foremost concerns. Harrison and Hicks (1983) found 77% of primiparas and multiparas to be concerned with "fatigue" at four week postpartum, and Hiser (1987) found 55% of multiparas to identify "feeling tired" as a "worry/interest" during the second postpartum week. In 1981, Bull found 73% of primiparas to be concerned with "fatigue" after one week postpartum. Results of the present study may differ from those of other studies because 17 of

the 19 subjects in the present study were bottle feeding their newborns, therefore possibly not needing to get up as much during the night.

Return of figure to normal was another item with a high intensity of concern (mean 2.5), and was identified by 42% of subjects as being of moderate or much concern. Previous studies have indicated that return of figure to normal is a major concern for postpartum women. Gruis (1977) found it to be the highest concern among postpartum women (95%) at four weeks postpartum. Harrison and Hicks (1983) found return of figure to normal to be a concern for the majority of postpartum women (80%) at four weeks and Hiser (1987) found it to be a concern for 70% of her subjects at two weeks postpartum. Moss (1981) found only 30% of multiparas to be concerned with this on the third postpartum day.

Although a mother may initially feel relieved to see a reduction in the size of her abdomen, this relief can turn into dismay as, after days and weeks pass she continues to retain some of the weight gained during pregnancy. Research has demonstrated a link between socioeconomic status and the pressure for thinness. Higher socioeconomic status appears to be linked with an acceptance and internalization of social norms about thinness and attractiveness (Sobal & Stunkard, 1989). Therefore, this may be an explanation as to why return of figure to normal was not as prevalent a finding in the present study.

Finally, care of breasts also had a mean intensity of concern of 2.5, although only 37% of subjects found it to be of moderate or much concern. Interestingly,

although 17 of the 19 subjects were bottle feeding their newborns, the intensity of concern for this item was still high. In addition, 75% (3 of 4) of subjects older than 25 years found care of breasts to be of moderate or much concern, compared to only 27% (4 of 15) of subjects between 16 and 25 years of age did. This difference in age groups looks suggestive, but again, small sample size prohibits conclusions and, conceptually, the researcher knows of no rationale to explain this finding.

Concern about care of breasts in this study is similar to that of previous studies. Gruis (1977) found 50% of all postpartum women to be concerned with "breast care" at four weeks postpartum, while Bull (1981) and Harrison and Hicks (1983) found 30% and 36% of women respectively to be concerned with care of breasts at one week and four weeks postpartum, respectively.

Exactly what aspect of breast care is actually a concern for these women is not known, however concern for breast soreness were similar. Only one of the subjects identifying this item as moderate or much concern was breastfeeding, therefore nipple soreness is probably not the major issue. In addition, breast soreness would not be expected during the third postpartum week in non-breastfeeding mothers, as engorgement should subside and none of these women sought medical attention for mastitis. During the interview process, several subjects asked the investigator if any medication could be given to accelerate the "drying up" process of breast milk. It is possible that since milk production should have ceased by this point in most non-breastfeeding mothers, some of

these women were taking measures to partially empty their breasts for comfort (i.e. standing under a warm shower) and inadvertently creating an increase in milk production.

In addition to those items of high intensity of concern, subjects also identified two items with low intensity of concern (mean $\leq$ 1.5). These were constipation and finding time for recreation. Only two subjects (11%) found either of these items to be of moderate or much concern. Previous researchers either did not use recreation as an item in their studies or did not mention the results. Constipation was discussed in previous studies, however, findings were inconsistent. Gruis (1977) reported that 50% of her subjects were concerned with constipation after four weeks postpartum. Only 32% of subjects in Harrison and Hicks' study (1983) found constipation to be a concern after four weeks postpartum and Hiser (1987) identified 75% of subjects to have no concern about "my bowel movements" during the second postpartum week. Only 17% of subjects in Bull's study (1981) found it to be a concern after one week at home. These findings are not surprising, as constipation is common during the first few postpartum days, but with good dietary and bowel habits, tends to dissipate following that time (Reeder & Martin, 1987). In addition, in the present study, selection criteria omitted subjects with fourth degree episiotomies or laceration, therefore possibly decreasing the concern for constipation.

Due to small sample size and unequal distribution of subjects, statistical differences in total numbers of concerns and intensity of concerns for race, parity,

and marital status could not be determined. Although black subjects identified an average of 24 concerns with a mean intensity of concern of 2.4, while white subjects identified an average of 19 concerns with a mean intensity of concern of 2.0, it is important to note that this instrument was not developed to attempt to pick up differences according to race. Because of the number of concerns related to physiologic variables and child care skills on the Maternal Concerns questionnaire, it would also be difficult conceptually to expect race to be a significant variable when socioeconomic status is controlled.

Primiparas identified an average of 24 concerns with a mean intensity of concern of 2.2, and multiparas identified an average of 19 concerns with a mean intensity of concern of 2.0. It would seem logical that primiparas would identify a greater number of concerns due to their lack of child-bearing and child-rearing experience.

Single mothers identified an average of 18 concerns with a mean intensity of concern of 1.9 and married mothers identified an average of 24 concerns with a mean intensity of concern of 2.2. Although this finding may appear paradoxical, marriage is a legal term and does not necessarily reflect quality of relationships. Therefore it cannot be assumed that those women who were married would have any different degree of social or physical support than those who were single. In addition, multiple relationships of married women may be associated with increased number of concerns, while the single woman may have fewer concerns because of support systems provided by her mother or other family members.

The possible correlation between age and total scores on the Maternal Concerns questionnaire was analyzed, however no relationship exists. Age was not related to total intensity of concern in this sample.

Question Two

Are postpartum women concerned more about "self," "baby," or "others"?

Intensity of concern was similar in all three subscales ("self" 2.1, "baby" 2.1, "others" 2.0), however, there were some interesting findings in each. Of the high concerns ($\geq$ mean 2.5), all items were either derived from the "self" subscale or the "baby" subscale. This supports the classic findings of Reva Rubin (1961a, 1961b, 1967), who was the first to demonstrate that during the early postpartum period, a mother's focus is inward, toward herself, and gradually moves outward as her focus changes to include her newborn.

Self

For ease of discussion, the items under the "self" subscale have been conceptually grouped by the investigator into those that pertain to "physical restoration" and those that relate to "emotional restoration."

The following are items from the "self" subscale and make up concerns regarding "physical restoration": foods you eat, exercise habits, return of menstrual period, vaginal discharge (lochia), discomfort from stitches (episiotomy), constipation, hemorrhoids, breast soreness, and breast care. With the exception of breast care, the items were not found to be of either moderate

or much concern to the majority of subjects, or to have a high intensity of concern. This is most likely due to the fact that the subjects were three weeks postpartum and some of these concerns had begun to resolve as involution progressed.

The "self" subscale also encompasses several items relating to "emotional restoration." These items are as follows: fatigue, emotional tension, inability to concentrate, feelings of being tied down, "baby blues" (feeling depressed), finding time for personal interests, and being a good mother. As previously mentioned, being a good mother and fatigue (lack of sleep) were identified as high concerns with a mean intensity of concern of 2.8 and 2.5 respectively. Emotional tension was of moderate or much concern to 42% of subjects, however the mean intensity of concern was only 2.1. Ten percent of subjects found "baby blues" (feeling depressed) to be of moderate concern and 10% found it to be of much concern, although it only had a mean intensity of concern of 1.7 for the entire sample. Since it is a high concern for many people, however, it is a very important area of teaching for the postpartum woman. Emotional tension may very well relate to "baby blues" (feeling depressed). According to the literature (Affonso & Domino, 1984), up to 80% of mothers experience transient depressive symptoms between the second and tenth postpartum days. The "blues" have an early onset (2-4 days) and may last for up to 10 days. Postpartum depression may occur in 3-27% of newly delivered mothers.

Managing all the things I need to do does not fit specifically into either "physical restoration" or "emotional restoration," however, it is an interesting finding. Fifty-three percent of subjects found this item to be of moderate or much concern and the mean intensity of concern was 2.4. The wording of this item was specifically modified from Bull's tool in order to be applicable to this population. No other researcher has used this exact item, however a variation of this item does exist. For example, both Gruis (1977) and Harrison and Hicks (1983) questioned mothers about "regulating demands of husband, housework, and children" which most closely compares to managing all the things I need to do, in this study. Harrison and Hicks (1983) studied multiparas and found it to be the most commonly identified concern, and Gruis (1977) studied both primiparous and multiparous women who found it to be the second most common concern. In addition, Moss (1981) and Hiser (1987) utilized "meeting the needs of everyone at home" in their studies of multiparous women. Moss (1981) found 77% of subjects identified this to be an "interest and worry" which ranked it as one of the highest concerns. On the other hand, Hiser (1987) found only 50% of subjects to identify this as a "worry" concern. Since the present study included multiparas as well as primiparas, the concern of regulating demands of husband/ boyfriend, housework, and children should have been assessed. If it had, perhaps it would have been of high concern to more subjects, with a higher intensity of concern.

Baby

As was previously mentioned, two items from this subscale were found to be of high concern (mean $\geq$ 2.5) for subjects. These items were safety (preventing accidents) and recognizing signs of illness.

Several of the items in this subscale related to "physical care" of the baby. These items are as follows: infant feeding, physical care of baby, and how to dress the baby. These items were not of high concern to mothers in this study. Bull (1981) found that the number and intensity of concerns related to the physical care of the baby decreased after one week at home.

After three weeks at home, 4 subjects remained much concerned about both infants physical appearance and feeling comfortable handling baby. These 4 subjects were globally concerned, identifying many of the items as concerns, and had an overall high degree of concern.

Others

Three of the items in this category relate to the baby's father and/or husband/boyfriend. These are your relationship with the baby's father, baby's father being a good father, and finding time to be alone with husband/boyfriend. Four subjects found baby's father being a good father to be of much concern, although the overall intensity of concern was low (mean 1.9). These same 4 subjects however, were among 6 subjects who identified your relationship with the baby's father and finding time to be alone with husband/boyfriend as much concern (mean intensity of concern of 2.3 and 2.1 respectively). These findings

are not surprising as many researchers have documented that marital relationships change after the birth of a child, and some families have less optimal functioning including disruptions in their intimate and sexual lives (Fischman et al., 1986; Mercer & Ferketich, 1990). Although these items were not of moderate or much concern to the majority of the sample, it is important to recognize them as possible concerns for postpartum women.

The remaining items in the "others" category relate to relationships with relatives and friends. These items include setting limits on visitors, change in relationship with friends, change in relationship with relatives, and advice from relatives or friends. According to the literature, postpartum women experience a change in relationships with both family and friends, and these changes can cause an increase in stress (Belsky & Rovine, 1984; Cronenwett, 1985b). These items were neither of moderate or much concern to the majority of subjects in the present study, nor did they elicit a high intensity of concern. However, based on the fact that they are a concern for some subjects, they should be assessed in all postpartum women.

In summary, findings of this study included the following: (1) There was a wide variation of responses to the Maternal Concerns questionnaire. In addition, there was such a variety of responses among specific variables such as age, race, parity, and marital status, that assumptions according to these variables cannot be made. (2) Low-income mothers do not necessarily have any fewer or more concerns than those mothers of higher income levels, rather needs may be different at any given point in time due to a difference in hierarchy of needs.

Instrument

A modified version of Bull's Maternal Concerns questionnaire was used in this study. The researcher found both positive and negative aspects of its use.

Through this research study, content validity of the Maternal Concerns questionnaire was implied. All the items were of much concern to at least one person. In addition, at least one black subject, white subject, married subject, single subject, primipara and multipara found each item to be of much concern. Every item on this questionnaire was relevant to at least one postpartum woman.

Bull's separation of items on the instrument into subscales was found by this investigator to hinder analysis of results. Many of the items seemed to overlap subscales. For example, items such as being a good mother, feeling comfortable handling the baby, and sleeping through baby's cries are all related both to the baby and to how the woman feels about her abilities as a mother. Therefore, better analysis might be made if there were not specific separation into subscales.

The Maternal Concerns questionnaire used a Likert type (or equal appearing interval) scale, and did not allow for explanation by subjects. In addition to forcing the subject into a response, this quantitative type study may produce bias in the accuracy due to anticipated socially acceptable responses. For example, the researcher found that many subjects had difficulty responding to such items as being a good mother and baby's father being a good father. It was thought by the researcher that some mothers felt that stating these were concerns was admitting a deficit. Perhaps if this were a qualitative study, and if items were

rated according to perceived importance as well as concern, some of these difficulties could be avoided.

Another possible difficulty in obtaining accurate responses may be due to use of the telephone for interviews. Although it avoided the problem of reading level, and allowed the interviewer to answer any questions, subjects may have been called at inconvenient times. Even though each subject was given the option of being called back at another time, subjects may have rushed their answers in order to finish quickly. In addition, because the interviewer had no established relationship with the subjects, subjects might have felt uncomfortable being open and honest in their answers.

Application of Nursing Theory

Johnson's theory relates well to the postpartum woman and identification of postpartum concerns. Identification of postpartum concerns parallels identification of particular subsystems that are in disequilibrium. Johnson (1980) believes that each of man's subsystems reacts and interacts to maintain equilibrium. In addition, she believes it is a function of nursing to assure that a stable state is maintained. By identifying concerns of postpartum women, nursing can help create interventions to help mothers reach or maintain equilibrium.

One problem with Johnson's conceptual model for nursing practice is that it does not include a specific physiologic subsystem; her theory focuses on man as a behavioral system. Johnson states, however, that her subsystems are not to be

regarded as comprehensive, because "the ultimate group of response systems to be identified in the behavioral system will undoubtedly change as research reveals new systems or indicates changes in the structure, functions, or behavior pattern groupings in the original set" (Johnson, 1980, p.212). This not withstanding, Johnson's model remains a useful guide for the care of the postpartum woman.

Several concerns have been identified in the attachment or affiliative subsystem. These concerns include change in relationship with friends, change in relationship with relatives, relationship with baby's father, and finding time to be alone with husband/boyfriend. Even though these concerns were not identified among the high concerns found in this study, each one was of much concern to at least one postpartum mother. As has been demonstrated in the literature (Belsky & Rovine, 1984; Cronenwett, 1985b; Fischman et al., 1986; Mercer & Ferketich, 1990), addition of a new family member can create concern regarding these relationships. Sometimes the demands of a newborn along with the increased contact with family and friends due to the new baby, can lead to decreased time for the new parents to be alone. As a result intimate relationships often suffer. In addition, relationships with friends often changes to include new friends with children and often to loosen ties with old friends who do not have children. If these changes are causing stress, the new family will not be in a state of equilibrium. The nurse can help by providing instruction and guidance about these possible changes, and discuss counseling options if necessary.

Next is the dependency subsystem. The new mother may need physical assistance and attention to keep this subsystem in balance. If she does not get the help needed, she may be unable to manage all the things she needs to do, and fatigue may ensue. These are two items that were found to be concerns for postpartum women in this study. Managing all the things I need to do was not found to be one of the high concerns (mean intensity of concern of 2.4) in this study, however, 53% of subjects identified it as being of moderate or much concern. Fatigue was identified as one of the high concerns, however only 47% of subjects found it to be of moderate or much concern. It is the nurse's responsibility then, to educate postpartum women on ways of stabilizing this subsystem.

Self protection and preservation are functions of the aggressive subsystem. Recognizing signs of illness and safety (preventing accidents) are areas a mother may be concerned about in order to assure protection of her child. Both of these items were found to be of high concern to the postpartum woman in this study. In addition, through exercise habits, decreasing emotional tension, and finding time for personal interests, the postpartum woman can work toward her own preservation. Although these were not identified as high concerns in this study, again several mothers found them to be of concern. Therefore, the nurse must recognize these concerns and help mothers move toward balancing this subsystem.

According to Johnson (1980), mastery or control of some aspect of one's self or one's environment is important for maintaining the achievement subsystem.

Being a good mother (which was found to be a high concern in this study) is a part of this subsystem which must be maintained or restored. Johnson (1980) also states that care-taking skills are a function of the achievement subsystem. Many of the items on the Maternal Concerns questionnaire are care-taking skills and therefore are a part of the postpartum woman's sense of being a good mother. For example, feeling comfortable handling the baby, interpreting infants behaviors, sleeping through baby's cries, recognizing signs of illness, and safety (preventing accidents) are all related to the concern of being a good mother. In addition, these are all mothering skills which both primiparas and multiparas need to either acquire or reaffirm. Additionally, in order to feel good about herself and to aid in her sexual relationship, mothers are concerned about returning figure to normal, which was also a high concern to postpartum women in this study. Again, education by the nurse relating to these concerns may help the postpartum woman gain control of herself and/or her environment.

The next subsystems Johnson addresses are the ingestive and eliminative subsystems. Often the postpartum woman is concerned about areas relating to herself such as foods you eat, vaginal discharge (lochia), or return of menstrual period, or she may have concerns regarding her infant such as infant feeding. Although these were not high concerns for women at three weeks postpartum in this study, each item was of much concern to at least one mother. Again, the nurse's assessment and intervention may help lessen these concerns and return these subsystems to a stable state.

Finally, postpartum women may experience concerns related to the sexual subsystem. For example, concerns may be related to family planning (birth control), or they may be directed toward her finding time to be alone with husband/boyfriend. These items were found to be concerns for many women in this study, and without guidance and counseling from the woman's nurse, discord in the family may ensue.

Implications for Nursing Practice

The postpartum unit is a busy place. Nurses are caring for the postpartum woman as well as often caring for her newborn. In addition, postpartum women are presently being discharged earlier and earlier, often within 2 days of delivery. In the midst of all this, a new mother may find it difficult to concentrate on the teaching efforts of her nurses due to fatigue, lack of sleep, and/or sensory overload. These facts result in a very short time available for the postpartum nurse to devote to patient teaching. It is essential then, that the postpartum nurse work closely with the public health nurse, home health nurse, or office nurse, in order to provide mothers with the best possible outcome once they arrive home.

As the postpartum woman's body begins to change and return to the nonpregnant state, many concerns arise. In addition, she is taking on the responsibility of a new life which in itself raises concerns. This is an area in which the nurse can greatly impact. It is important, however, for the nurse to

meet the needs of women on an individual basis. Many researchers (Brown, 1982; Davis, Brucker, & MacMullen, 1988; Martell, Imke, Horwitz, & Wheeler, 1989; Morales-Mann, 1989) have found that there are discrepancies between what postpartum women feel are important nursing activities or teaching priorities and what the nurse feels is important. Morales-Mann (1989) also found out that after being discharged, many new mothers discovered areas of self and baby care that they were unsure of. As a result, it is important for nurses to communicate with their patients to find out their particular needs and concerns. It is evident from this study that this communication and assessment must be done throughout the postpartum period. When a woman returns for her postpartum check-up during the third or fourth postpartum week, the Maternal Concerns questionnaire can be used as a guide to assess postpartum concerns at that point and then utilized for individualized teaching. Individualized teaching must be stressed, as this study found that every question in the tool was found to be of much concern to at least one subject and of no concern to at least one subject.

Since the postpartum nurse has the responsibility of helping the new mother convalesce, in addition to helping her feel comfortable with her new baby, little time is left for other nursing interventions. There are many other options, however. Prenatal classes can include information about common postpartum concerns pertinent to specific time periods. While in the hospital, the nurse can spend time with the new mother and address individual concerns and needs. Finally, during the postpartum period, the new mother should have a contact

person available for answering questions. An example of this might be a 24 hour "hotline" available for postpartum women to call when they have questions or concerns.

Many obstetric offices and clinics offer prenatal classes to their patients. It is vital that the individuals involved in teaching these classes be aware of current research into postpartum concerns. Classes can be tailored to address the most common concerns of postpartum women.

Nurse Practitioners (NP) are well educated in patient teaching, and are perfect for this task. With collaboration between staff nurses and the patient, the NP can cover specific patient needs and concerns, and help ease the transition into motherhood. In addition, the NP can make herself available to answer questions and assist new mothers as they adjust to their new life at home.

Implications for Further Research

Due to the small sample size, non-random sample selection, and the uneven distribution of certain variables such as race and parity, the findings of this study are not generalizable. Low-income women do have many concerns, however, and this population needs to be studied further. In addition, the change in concerns of this population should be assessed. Finally, specific nursing interventions and their impact on maternal concerns need to be investigated.

In addition to these broad suggestions, some specific suggestions can be made. The Maternal Concerns questionnaire needs to be modified to consider

other children at home and how they might generate additional concerns. It might also be helpful to interview husbands/boyfriends as well to identify their concerns and their perceptions of any changes in relationships.

Specific types of studies that need to be done are both longitudinal studies, and comparative, cross sectional studies of postpartum women. The comparative, cross sectional studies need to assess income and culture, married and unmarried subjects, and primiparas and multiparas.

Finally, concerns of high-risk mothers and mothers with high-risk babies must be addressed, as results from this study cannot be generalized to these populations.

Summary

As evidenced by this and previous studies, postpartum women have many concerns. Regardless of income level, age, race, parity, or marital status, all new mothers have some concerns. It is the responsibility of the nursing profession to investigate these concerns further, and utilize findings to improve care. By individualizing care, nurses can have a major impact on a new mother's puerperium and help her feel more comfortable during the postpartum period.

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APPENDICES

APPENDIX A

MATERNAL CONCERNS QUESTIONNAIRE

MATERNAL CONCERNS

Now I would like to ask you about some concerns commonly experienced by mothers after the birth of a baby. By concern I mean anything that is a question, worry, or problem to you. I will ask you about an area of concern, and would like you to respond with one of four choices. Please write down the answer choices so that it will be easier for you to make your answer.

Please listen to each of the following items, and decide how much the item has been a concern for you. Then respond as follows:

1. No concern (Have not thought about it, or have thought about it and am not worried, no questions)
2. Little concern (Have thought about it and am not worried; some concern or question)
3. Moderate concern (Have thought about it; am somewhat concerned)
4. Much concern (Have thought a lot about it; am very concerned).

If there are any question you feel uncomfortable answering, please feel free not to answer them.

THE FIRST AREA OF CONCERN RELATES TO YOU

1. Food you eat	1	2	3	4
2. Exercise habits	1	2	3	4
3. Return of figure to normal	1	2	3	4
4. Return of menstrual period	1	2	3	4
5. Vaginal discharge (lochia)	1	2	3	4
6. Discomfort from stitches (episiotomy)	1	2	3	4
7. Constipation	1	2	3	4
8. Hemorrhoids	1	2	3	4
9. Breast soreness	1	2	3	4
10. Care of breasts	1	2	3	4
11. Fatigue (lack of sleep)	1	2	3	4
12. Emotional tension	1	2	3	4
13. Inability to concentrate	1	2	3	4
14. Feelings of being tied down	1	2	3	4
15. "Baby blues"-Feeling depressed	1	2	3	4
16. Finding time for personal interests	1	2	3	4

17. Being a good mother	1	2	3	4
18. Finding time for recreation	1	2	3	4
19. Sexual relations	1	2	3	4
20. Family planning (birth control)	1	2	3	4
21. Managing all things you need to do	1	2	3	4
22. Money	1	2	3	4

THE NEXT AREA RELATES TO BABY

23. Infants physical appearance	1	2	3	4
24. Normal growth and development	1	2	3	4
25. Infant feeding (i.e. amount, how often)	1	2	3	4
26. Physical care (i.e. diapering, cord care, bathing baby, skin care, circumcision)	1	2	3	4
27. Feeling comfortable handling baby	1	2	3	4
28. Interpreting infant's behavior	1	2	3	4
29. Sleeping through baby's cries	1	2	3	4
30. Recognizing signs of illness	1	2	3	4
31. Traveling with baby	1	2	3	4
32. Safety (preventing accidents)	1	2	3	4
33. How to dress baby (clothing that is too warm or too cold for environment)	1	2	3	4

THE LAST AREA IS YOUR CONCERNS RELATING TO OTHER PEOPLE

34. Your relationship with baby's father	1	2	3	4
35. Baby's father being a good father	1	2	3	4
36. Finding time to be alone with husband/boyfriend	1	2	3	4
37. Setting limits on visitors	1	2	3	4
38. Change in relationship with friends	1	2	3	4
39. Change in relationship with relatives	1	2	3	4
40. Advice from relatives or friends	1	2	3	4

Are there any items not listed that you would like to add?

_____

APPENDIX B

INFORMED CONSENT

Informed Consent

Request for Participation in Study

Having a baby is a very exciting, but sometimes scary time. Even after all of these years, we are still not sure of the best ways to help mothers and their new babies, or even the best time to send them home from the hospital. Some Knox County Health Department patients will be going home as soon as twelve hours after delivery and others will stay in the hospital for longer.

Three of us who are maternal-child nurses at the University of Tennessee College of Nursing would like for you to help us learn more about which length of stay is best. We would like to call you at home when your baby is between 3 and 6 weeks old and find out what problems you and the baby have had and what things you are concerned about. We would also like for one of us, Dava Shoffner, who many of you know as a practitioner in the prenatal clinic, to review your health department chart after you deliver. Because costs are also important, we would like to review the hospital Medicaid charges for you and your baby after delivery.

This is a research study; we are trying to learn from you things we need to know. Whether or not you want to participate is up to you. Nothing about your care will be any different if you are, or are not, in the study. If you agree to be in our study and then change your mind, you are free to tell us and nothing bad will happen in any way. There are no anticipated risks to you or your baby from being in the study. It will cost you nothing, and you will get nothing except perhaps a good feeling that you helped us take better care of mothers and babies in the future. Your or your baby's name will not be used in any way so that you could be identified by anyone. Any information that could be connected with you will be kept in a locked drawer at the College of Nursing where only we can see the information.

If you have questions feel free to call:
Dava Shoffner,RN, Mitzi Davis, RN, or Lori Cabbage, RN
UT, Knoxville College of Nursing
974-4151

If you are willing to be in our study please sign one of these statements.

I agree to be in the study about mothers and babies after going home, and to be called at home by the nurses conducting the study. I understand that I may change my mind at any time without any effects on my care.

Signature_____Date_____

I don't want to decide now, but you may ask me again after I deliver.
Signature_____Date_____

I do not want to be a part of the study about mothers and babies after they go home.
Signature_____Date_____

VITA

Lori Anne Cabbage was born in Southern California, and received her early education there. In 1987 she received her Bachelor of Arts from The University of Tennessee, Knoxville. She began her graduate studies in the fall of 1988 and will be awarded a Master's degree in Nursing from The University of Tennessee, Knoxville in May 1991. She is a member of the Gamma Chi Chapter of Sigma Theta Tau International Honor Society of Nursing. Upon commencement, Lori plans to begin her career as a Family Nurse Practitioner.