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PRIMARY CONCERNS OF PRIMIPARAS IN THE FIRST TEN DAYS POSTPARTUM FOLLOWING EARLY DISCHARGE

A Thesis

Presented to

The Faculty of the School of Nursing

San Jose State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

by

Lori A. Collett

December 1996

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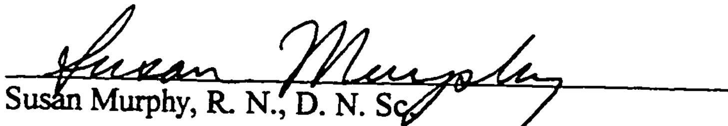

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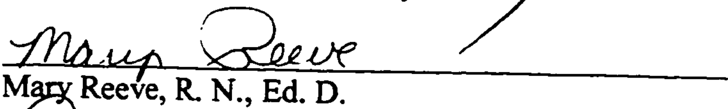

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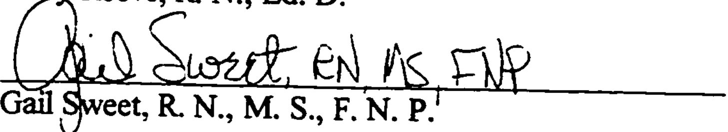

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ABSTRACT

PRIMARY CONCERNS OF PRIMIPARAS
IN THE FIRST TEN DAYS POSTPARTUM
FOLLOWING EARLY DISCHARGE

by Lori A. Collett

In this time of change in the healthcare industry, hospitals are under increased pressures from third party payers to reduce spending. One way to control costs is to reduce length of stay for mothers and newborns. This study examines this issue from the mother's perspective by determining maternal concerns in the first ten days postpartum following early discharge.

Primiparas who were discharged early (36 hours or less) after birth received a mailed questionnaire which contained 46 items, divided into five areas (self, baby, partner, family, and community). The subjects (n=23) rated each item as no concern, little concern, moderate concern, or much concern. The results of this study indicated that new mothers were most concerned with their infants, and least concerned with family and community items. This study differed from previous research, which showed new mothers being primarily concerned with items relating to self.

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who listened and gave me encouragement. . .

. . .And most of all, to my Heavenly Father, who makes all things possible.

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Chapter 1

INTRODUCTION

Research Problem

In this time of change in the healthcare industry, hospitals are under increased pressures from third party payers to reduce spending. One way to control costs is to reduce length of stay for mothers and newborns, often 24 hours or less in some institutions.

Length of stay has decreased dramatically in the past half-century. In the 1940's. a new mother could expect to stay up to 14 days after delivery. In the 1960's, it decreased to five to seven days, and by the 1970's, 3.9 days. By 1992, the average length of stay had decreased by 46% (from 3.9 to 2.1 days) for vaginal births, and 49% (from 7.8 to 4.0 days) for cesarean births (Epidemiology Office for the Centers of Disease Control and Prevention,1995). In California, the average postpartum stay for vaginal births was 1.6 days in 1992 ("Kicking newborns," 1995).

Other industrialized nations allow their new mothers longer hospitalizations, ranging from five to seven days in Germany, Japan, Ireland, France, and Australia. Sweden, Great Britain, and Canada discharge postpartum patients in three days or less, but also provide follow-up home visits (Lord, 1994).

Several states have addressed the issue of early discharge through legislation. In May, 1995, The State of Maryland passed legislation requiring insurers to cover a minimum of 48 hours of hospital care for mother and baby, and in July, New Jersey and

North Carolina did the same. At least 10 other states have similar bills pending (Begley, Springen, & Duignan-Cabrera, 1995). Interestingly, the Maryland law has had little effect on maternal stays. The major Health Maintenance Organizations (HMOs) continue to require new mothers to leave 24 hours after birth. They will then pay for a home visit by a nurse, which by law is allowed as an alternative. Several members of the Maryland legislature want to remove this alternative and propose legislation which would allow new mothers to determine their lengths of stay ("Maternity-stay law," 1995).

In California, Assembly Bill 1841, authored by Liz Figueroa (D-Fremont) passed the Senate and was in the Assembly Appropriations Committee. AB 1841 called for insurers to cover up to a 48 hour stay for new mothers and babies. This measure was defeated in a final vote of the full Assembly. California's Governor Wilson had stated his opposition against this bill (Morain & Morgan, 1996).

The U. S. Senate is considering S. 969, the Newborns' and Mothers' Health Protection Act, authored by Kassebaum (R-Kansas) and Bradley (D-New Jersey). It requires insurers to cover postpartum stays of 48 hours for vaginal deliveries, and 96 hours for cesarean births. This bill follows guidelines set by the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics (Parisi & Meyer, 1995).

Despite these efforts, the majority of new mothers will continue to be discharged early from hospital settings. Because of the shortened length of stay, many mothers do not receive the education and support necessary during this time of adjustment to

motherhood. Also, according to Rubin (1961) and Ament (1990), during the first 24 hours after birth a new mother is in the "taking-in" phase. This phase is characterized by maternal dependence and focus on self. Any instruction given to a new mother during this time period may not be processed or remembered as the new mother is more concerned about her own needs.

The early postpartum period can be very stressful to mothers, especially primiparas. Often mothers and newborns do not have a follow-up visit with a health professional for two to six weeks post-delivery. These visits are often brief, primarily physical assessments with little time for education.

Considering these issues, it would seem that home visits provided by experienced postpartum nurses could help new mothers during the early postpartum period. Early discharge with home follow-up has proven to be safe and cost-effective, as well as having a positive effect on patients' adaptation to motherhood (Hiser, 1991; Norr, Nacion, & Abramson, 1989).

Purpose of the Study

If the Newborns' and Mothers' Health Protection Act passes and becomes law, many insurers may want to offer postpartum home visits as an alternative. The need for postpartum home care programs will increase. It will be important to assess the needs of new mothers to discover what nursing interventions would be most helpful. One way to determine this is to find out the major concerns of new mothers after early discharge. The purpose of this study was to discover the primary concerns of primiparas in the first ten

days following early discharge from a hospital setting. The instrument used in the study. the Maternal Concerns Questionnaire, acted as a needs assessment tool and the results of this study may guide postpartum home care programs.

Research Question and Definitions

Research question

The main research question was this: What are the primary concerns of primiparas in the first ten days postpartum following early discharge?

Definitions

For this proposal, the following terms are defined as:

1. Primipara refers to a woman who has had one pregnancy that resulted in a living newborn.

2. Early discharge refers to the mother and newborn discharged from a hospital setting 36 hours or less following birth.

3. Postpartum concerns include "questions, worries, or areas of marked preoccupation or interest related to the puerperium; concerns are classified in relation to self, baby, husband, family, and community" (Bull, 1981, p.391) as measured by the questionnaire created by Bull (1981).

4. Postpartum (Puerperium) generally refers to the period during which the woman adjusts physically and psychologically to childbirth and motherhood (Ladewig, London, & Olds, 1990). For the purposes of this study, the early postpartum period was defined to be the first ten days postpartum.

Summary

The delivery of a baby is the climax of months of anticipation. But it is just the beginning of adaptation for the new family, especially the mother. Too often, maternity services are focused on the pregnancy, delivery, and the short postpartum stay, with little follow-up in those critical first few weeks after birth. Health care professionals need to be aware of the needs and concerns of new mothers to plan appropriate follow-up care. Maternal role attainment and adaptation to motherhood is also very important and this will be discussed in the next chapter.

Chapter 2

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

Literature Review

Most textbooks define the postpartum period in the physiologic sense, as a time period of six weeks after birth when uterine involution is completed and the woman's body is returned to a non-pregnant state. One is led to believe that by six weeks, a new mother should have adjusted to motherhood and be ready to assume new responsibilities, such as returning to work outside the home. In reality, the first six weeks after childbirth are the beginning of an adaptation that may require months to achieve physiologic and psychologic balance (Affonso, 1987).

Affonso (1987) described the maternal task of integrating the childbearing experience as a valuable life event. She felt women must integrate the events of pregnancy, childbirth, and postpartum into a cognitive picture that produces positive feelings. Those who are unable to accomplish this task could have increased emotional and mental distress and problems with adaptation (Affonso, 1987). She also defined five areas of stressors that may affect adaptation:

1. Daily activities: care of self, house, infant.

2. Impact of childbirth events: feelings about the labor and delivery, conclusions regarding how it was handled.

3. Mother-infant interactions: degrees of comfort, pleasure, or negativity in performing baby care; feelings toward the baby.

4. <u>Social activities and supports:</u> relationship with the father of the baby and other family members, or isolation from other adults.

5. <u>Self-assessment:</u> management of roles, body image, being a "good mother" (Affonso,1987).

Curry (1983) used a descriptive study to evaluate maternal adaptation of 20 primiparous women who had normal vaginal births with healthy infants. She collected data on the participants prenatally, at 36 hours postpartum, and at three months postpartum. Data collected involved questionnaires and observation of maternal-infant attachment. She found that previous experience with infants, support of nurses and husbands, help during the first week at home, and higher self-concept all contributed to easier maternal adjustment as shown by a higher rating of maternal-infant attachment scores. Fourteen of the 20 women were categorized as "easy adapters," five as "difficult adapters," one was neutral on her perceptions of adaptation. These categories were determined by the mothers' comments on the questionnaire and by their scores on the Tennessee Self-Concept Scale. Those whose adaptation to motherhood was perceived as "difficult" demonstrated lower maternal-infant attachment scores at three months postpartum as well as a lower self-concept. Curry (1983) believed that the first week at home was a vulnerable time period and support from nurses via home visits or follow-up phone calls could be very beneficial to easing maternal adaptation. Eighty percent of the "difficult" adapters wanted continued contact with a nurse after discharge, while 47 % of the "easy" adapters wanted follow-up. It would seem that even if adaptation is viewed as

"easy" by the mother, almost half would still want follow-up with a nurse after discharge.

Tulman and Fawcett (1988) were interested in the assumption that women are fully recovered from childbirth at six weeks and studied the recovery of functional ability in a sample of 30 women with vaginal births and 40 women with Cesarean births. They defined functional ability as "the resumption of household, social, community and occupational activities and assumption of infant care responsibilities."

The researchers surveyed both groups at six weeks postpartum to determine their functional ability. They found that 72% of the women who had delivered vaginally reported regaining adequate functional ability but only 34% of the cesarean-delivered mothers had done so by six weeks. The researchers felt that these findings suggested that the traditional six week recovery period from childbirth needed to be reconsidered, especially for cesarean-delivered mothers (Tulman & Fawcett, 1988).

Hampson (1989) presented a literature review of commonly recognized nursing interventions that assist with maternal adaptation. She reviewed studies of home visits, telephone follow-up, and support groups of new mothers. She believes that with the growing number of women leaving hospitals 24 hours after birth, postpartum nursing care must become more home-based. Evidence in her review pointed to the benefits of in-home nursing care as a cost-effective way to provide preventative postpartum health care (Hampson, 1989).

Donaldson (1991) reviewed nursing intervention research in the first eight weeks postpartum and its effects on maternal adaptation. She discovered that maternal outcomes

are improved significantly when primiparous women received structured teaching and counseling interventions which focused on their concerns and needs. Other findings supported the conclusion that individualized instruction which enhances the mother's knowledge and skill in infant care leads to measurable health and development benefits for their infants (Donaldson, 1991). Providing one-on-one instruction focused on the individual mother's needs through a postpartum home visit could be one way to improve maternal outcomes.

Several studies have explored mothers' concerns in the early postpartum period. Gruis (1977) discussed four maternal tasks the postpartum woman must accomplish: (a) physical restoration, (b) learning to care for and meet needs of the infant, (c) establishing a relationship with the infant, and (d) change of lifestyle and relationships to accommodate a new family member. She wanted to discover the concerns of mothers in accomplishing these tasks and sent a questionnaire listing potential concerns to 40 women who were four weeks postpartum. Both multiparas and primiparas were included in the study. The mothers were to rank the concerns as major or minor. She found the overwhelming concern of new mothers was the return of their figures to normal. Interestingly, of the ten most cited concerns, only two related to infant care. The other eight related to the mother's relationship with the father, sexual relations, feelings of isolation, diet, regulating the demands of husband and home, emotional tension, fatigue, and as stated above, the return of their figures to normal. Because this was a forced choice questionnaire, this may have influenced the mothers' answers. The author does not

state if the respondents added any concerns that were not on the list.

Bull (1981) drew upon Gruis' (1977) study and developed a questionnaire based on Gruis' categories of concerns. Bull compared changes in concerns of 30 primiparas interviewed on the third day postpartum and the tenth day postpartum. She found concerns of physical discomfort decreased, but concerns relating to self and infant behavior had increased by the tenth day. Like Gruis, the majority of concerns were related to self, with infant second. Items related to partner, family, and community were ranked as being of little or no concern, which may reflect the mother's focus on self and infant. Once the mother's needs are met, then the mother is ready to interact more fully with other family members and the community.

Harrison and Hicks (1983) also developed a modification of Gruis' questionnaire. They studied 158 primiparas and multiparas at four weeks postpartum. Their findings were similar to Gruis. Seventy percent of the women had concerns about fulfilling the demands of partner, housework, and children, return of figure to normal, fatigue, emotional tension, diet, and finding time for personal interests. This study is interesting because of the time frame. In most of the other studies mothers were questioned about concerns during the first two weeks postpartum and their concerns related primarily to self. In this study, at four weeks postpartum, these women were still primarily concerned about self and their relationships to their partner, children, and daily life, and not as concerned about their infants.

Lemmer (1987) focused on early discharge and sought to determine if maternal

concerns were affected by early discharge. She used the questionnaire developed by Bull (1981). She studied two groups of primiparas; one group was discharged after less than 24 hours, the other group had longer hospital stays. There was no significant difference in the intensity of concerns when both groups were interviewed one week post-discharge. However, for both groups, the most intense concerns were related to maternal body image, infant care and behavior, and recognition of signs of illness in the infant. This study is significant because the author felt early discharge may have had an impact on maternal concerns, but her data indicated the amount of time spent in the hospital made no difference in the intensity of concerns for her participants.

Sumner and Fritsch (1977) were concerned with the gap of time from delivery to the first check-up for mothers and babies, and wanted to determine unmet needs during the early postpartum period. They studied the number of phone calls made to a telephone advice line at a healthcare facility and the types of questions that were asked by primiparas and multiparas during the first six weeks postpartum. They found the highest number of calls concerned infant feeding practices and infant gastrointestinal problems (colic, diarrhea). Concerns about the mothers themselves ranked next to last in frequency of calls. Sumner and Fritsch found primiparas called 3.5 times more frequently than multiparas and the highest frequency of calls for both occurred during the first three weeks postpartum, when there is little or no support from health care providers. It would seem that this is an optimal time for postpartum home visitation or telephone follow-up by registered nurses. This study differs from the previous ones in that the participants were

mostly concerned with their infants, with the fewest concerns related to the mothers themselves. However, several differences can be noted. The time frame is longer (six weeks) as opposed to most of the other studies. In addition, the concerns were identified by the mothers, not by a forced choice questionnaire. Mercer (1981b) found that infant care was a primary concern at four weeks postpartum, so it is possible that with the longer time frame, mothers were expressing more concerns about their infants and were less concerned with themselves. One might also argue that the new mothers may have been very concerned with self, but called friends or family for advice, rather than healthcare providers.

Tribiotti and others (1988) wanted to identify the most important concerns of new mothers through nursing diagnoses. They surveyed 231 postpartum women during the first 72 hours after birth, using a questionnaire of 34 nursing diagnoses. The participants were asked to choose the nursing diagnoses that represented a concern for them and to identify the five most important concerns. On average, each mother chose nine nursing diagnoses, with eight of the top ten most frequently chosen diagnoses relating to the mothers' physical discomforts. Knowledge deficit was chosen by only 34.5% of the sample as an area of concern, which surprised the researchers. They concluded that if new mothers were primarily concerned with physical discomforts and body image, then nursing time spent on infant care education needs to be evaluated, and perhaps postpartum nurses should also focus nursing interventions and teaching on supporting the mother's healing processes. However, the fact that these women had just recently given birth (less than 72

hours ago) may account for the high number of concerns relating to physical discomfort and body image. Also, the term "knowledge deficit" may have been misunderstood by the participants, as it is not commonly used.

Graef and others (1988) studied the postpartum concerns of breastfeeding mothers. Following hospital discharge, mothers were phoned daily for two weeks, then two times a week till the fourth week postpartum. This study was well-constructed, and because of frequent contact with the participants, it was a more reliable study. Concerns were documented and categorized according to modification of Gruis' (1977) categories. The researchers found infant concerns ranked first (97%), maternal concerns second (81%), and concerns about family and friends ranked lowest (19%). These findings were different from previous studies, which had maternal concerns being most prevalent. However, the subjects were followed for a longer time period (four weeks) and the mothers may have had fewer maternal concerns and more infant concerns as they progressed through this time period.

Norr, Nacion, and Abramson (1989) studied low income mothers who were discharged 24-47 hours after birth and compared them with mothers experiencing conventional discharge (48-72 hours after delivery). The participants in the early discharge group were visited by a registered nurse and a community aide one to two days post discharge, while the other groups did not receive a home visit. The authors found the early discharge group had higher maternal attachment scores, fewer maternal concerns, and greater internal satisfaction as compared with the other group. Norr, Nacion, and

Abramson's study is particularly significant because the majority of the subjects were African-American, unmarried, and high school drop-outs. Previous study samples had been primarily Caucasian, married, and well-educated. This study suggests that home visits may be more effective in promoting role adaptation than time in the hospital.

Hiser (1991) surveyed 120 low-risk mothers, both multiparas and primiparas, at 14 days postpartum, using a card-sort tool. It consisted of family, mother, and baby items. Participants sorted cards according to level of concern. She found primary concerns for both groups were money, being a good mother, meeting needs of family members, mother's weight, and baby's safety and health. Primiparas reported more concerns than multiparas, and 66% of the primiparas had contacted a health professional in the first two weeks postpartum. This statistic supports the need for postpartum follow-up visits or at least telephone follow-up even with low-risk populations.

Ruchala and Halstead (1994) interviewed 50 postpartum women between 10-14 days postpartum to determine their needs and concerns. Fatigue was identified as a primary concern, with physical discomfort, emotional changes, and relationship changes also frequently reported. The mothers were concerned with their social lives and returning to work. As with previous studies, infant care concerns rated below concerns of self. It is interesting to note these mothers were more concerned with community and family issues (relationships, social lives, returning to work) than participants in previous studies. This may be a reflection of the changing demographics in society, particularly the higher percentage of dual career families. Also, in this study, participants were interviewed, and

they may have given different responses than if they had answered a fixed choice questionnaire.

Because the studies listed in the review were, with the exception of Hiser (1991) and Ruchala and Halstead (1994), completed more than five years ago, a current study of the concerns of primiparas needs to be undertaken.

Conceptual Framework

Because the purpose of this study is to further explore the primary concerns of primiparas in the early postpartum period, the conceptual framework of maternal role attainment was chosen. Maternal role attainment, as defined by Mercer (1985), is "a process in which the mother achieves competence in the role and integrates the mothering behaviors into her established role set, so she is comfortable with her identity as a mother" (Mercer, 1985, p. 198).

Historically, Reva Rubin's (1961) concept of the phases of "taking-in" and "taking hold" has been the major theoretical basis for maternal role attainment. The "taking-in" phase, as described by Rubin, lasts two to three days after birth and is characterized by maternal dependence and passivity. The "taking-hold" phase begins on the second or third day as the mother takes control of her life and is more independent and interested in the needs of the baby and others (Ladewig, London, & Olds, 1990).

Since Rubin's classic paper in 1961, there have been many changes in obstetrics, nursing care of postpartum patients, and length of hospital stay. Also, the women's movement may have affected mothers' attitudes and behaviors. Martell and Mitchell

(1984) felt Rubin's theory of maternal role attainment needed to be tested. They duplicated Rubin's study as much as possible and found very few "taking-in" behaviors, but observed numerous "taking-hold" behaviors in new mothers who were discharged after two to three days. The authors felt their subjects were less dependent and better able to assume self-care responsibilities. One has to wonder if this is partly because they were discharged early and had to assume greater responsibility sooner than the participants in Rubin's study.

Ament (1990) also attempted to duplicate Rubin's (1961) study. She found strong "taking-in" behaviors in the first 24 hours post delivery with "taking hold" behaviors predominating after that. She felt Rubin's concept was still applicable, though the time frames were different.

Mercer (1985) developed her theory of maternal role attainment based on Rubin's work and also on qualitative data gathered in interviews with mothers of diverse experiences. She based her theory on role theory within the interactionist approach. Mercer felt the mother defined her maternal role through interaction with her infant, her perceptions of her past, and present experiences and values. She defined four stages of maternal role attainment: (a) anticipatory stage (during pregnancy)--the woman looks to role models (like her own mother) for parenting examples, (b) formal stage (beginning with childbirth)--the new mother is influenced by others and their expectations, (c) informal stage--the new mother makes her own choices and decisions concerning her child and develops her own style of mothering, and (d) personal stage--maternal role is

integrated into other established roles. In the final stage, the woman is comfortable with motherhood and maternal role attainment is complete. Mercer estimated that this process could take from three to ten months, depending on factors that could impact on the maternal role.

Factors that can affect maternal role attainment include: age, mother-infant separation, support system, birth experience perceptions, self concept, maternal illness, child rearing attitudes, infant temperament, infant illness, culture, and socio-economic level (Mercer, 1981a).

To achieve maternal role attainment, Mercer (1981b) also outlined certain maternal tasks which the new mother must resolve.

1. Review the events of her childbirth experience. The new mother evaluates and compares her experience to others like her mother, sisters, and friends. She may feel positively about her experience or have feelings of shame and failure.

2. Grief work. The new mother must reconcile her fantasy baby and accept her real child, and she must adapt to her postpartum body, rather than her ideal body image. Dealing with these issues can cause the mother to grieve, especially if the child is not " the right sex" or is disabled. Body image changes can also cause negative feelings. Mercer felt that the task of reconciling her postpartum body with her expectations was probably one of the primary concerns for a new mother (Mercer, 1981b).

3. Infant performance. The infant's ability to function as compared to other infants is also a major concern. The new mother's concern about the infant's ability to

feed, burp, cry, and defecate in a "normal" fashion is an integral part of the early attachment process.

4. Mother's skills. Much energy is spent on the skills needed to care for an infant. New mothers need a great deal of reassurance. Mercer (1981b) found that being able to care for the baby adequately was a primary concern at four weeks postpartum.

5. Redefining roles. Another main concern is the relationship with the father of the baby. As the new mother learns to care for her baby, she must also seek a satisfying relationship with her partner. Mercer found that the more stable the marital relationship before parenthood, the easier this process is to accomplish.

6. Resuming other responsibilities. The new mother must quickly focus on her responsibilities at home and in her career, if she works outside the home. She may not be ready to assume her multiple responsibilities and may need much help and support from family and friends.

Achievement of these tasks, according to Mercer (1981b) should help the new mother attain the maternal role. Problems with maternal role attainment may lead to dysfunctional mothering and the potential for abuse, neglect, and failure to thrive.

For the purposes of this study, the Maternal Concerns Questionnaire instrument was used. Developed by Bull (1981), it was based on a theoretical perspective. As was stated earlier in the literature review, Bull based her questionnaire on work done by Gruis (1977). It would also appear that Mercer's and Rubin's work influenced the development of this questionnaire, particularly Mercer's (1981b) maternal tasks.

Numerous studies have been done in the areas of maternal adaptation and maternal concerns. From the majority of those studies, it might seem that new mothers in the early postpartum are primarily concerned with themselves, especially their body image. However, most of those studies used questionnaires or tools that listed specific concerns for the mothers to select, so this may have influenced their responses. Because most of the studies were completed in the 1980's, this study will attempt to add to the data that were previously collected. It will be interesting to see if new mothers in the mid 1990's have the same concerns or if changes in society have affected their concerns.

Chapter 3

RESEARCH DESIGN AND METHODOLOGY

Research Design

This study utilized a descriptive design which involved the use of a mailed questionnaire, the Maternal Concerns Questionnaire developed by Bull (1981). This instrument will be discussed later in this chapter.

Subjects

The sample consisted of primiparas who had vaginal deliveries and were discharged early (36 hours or less) from a medium-sized hospital in the San Francisco Bay Area. In order to rule out other intervening variables, only those mothers who met the following criteria were included:

1. Gestation lasting 37-41 weeks.
2. Age 20 and older.
3. Medically uncomplicated pregnancy.
4. Medically uncomplicated delivery (no forceps, no fourth degree lacerations).
5. Discharged home with baby 36 hours or less after birth.
6. Able to read and speak English.

Sample size was limited to 30-50 participants. Participants were recruited from the delivery log and patient charts. Permission to use these records was obtained from the hospital's Investigational Review Committee and the Chief of Obstetrics and Gynecology (see Appendices A & B).

Research Procedures

Data Collection

Within the first ten days postpartum, each participant received a cover letter explaining the study and questionnaire, a short demographic survey, the self-administered questionnaire, and a stamped return envelope. Participants completed the questionnaire and survey in their own homes and returned it by mail to the researcher. Consent to participate in the study was implied if the questionnaire was returned to the researcher and this was explained in the cover letter.

The instrument used was the Maternal Concerns Questionnaire (MCQ) developed by Bull (1981). The MCQ is a 46 item tool used to measure intensity of maternal concerns during the postpartum period. On the questionnaire, a concern, as defined by Bull, is "anything that is a question, worry, or a problem to you" (Sheil et al., 1995, p. 151). Items are rated by the participant on a four-point Likert scale as being of no concern, little concern, moderate concern, or much concern. Definitions of each rating were located at the top of the questionnaire. Sheil et al. (1995) determined that the MCQ required about 15 to 20 minutes to complete and readability was at the eighth grade level.

Sheil et al. (1995) discovered the MCQ did measure specific concerns in different populations of women through secondary analysis of its use in five master's theses. In each of the five studies, Cronbach's alpha was used to determine reliability. Alphas of .9 and above were obtained in all five studies. Bull (1979) as reported in Sheil et al. (1995) subjected the questionnaire to content validity, making changes as indicated by the

reviewers, which included new mothers and obstetric and nursery nurses. Based on the reliability and validity findings, as well as the confidence-interval theory used to analyze individual items, Sheil et al. (1995) found the MCQ could be used with confidence in postpartum situations, especially in the first two weeks.

A copy of the MCQ is found in Appendix H. Bull's original tool had 46 items. Four items were added in 1989 (Sheil et al., 1995). These four items related to multiparas and were not tested in Sheil's analysis. For the purposes of this study, the original tool with 46 items was used. Permission to use the MCQ was obtained from M.J. Bull, Ph.D. and E.Sheil, Ph.D (see Appendices D & E).

The original format of the MCQ shows all the items on one page. This researcher felt that this was difficult to read; therefore, several formats of this questionnaire were tested with a new mother's support group to determine readability and ease of completion. A two page format of the questionnaire was chosen as the best format and was used in this study.

There were some limitations in using this questionnaire. Even though it has been tested for validity and reliability in the study by Sheil et al.(1995), because it is a fixed choice questionnaire, mothers may not find "their" specific concern, and may just pick the "best answer." One may also notice that the category of self has the most concerns to select and is the first section of the questionnaire. It is interesting to note that when this questionnaire was used in previous studies, the most concerns were related to self, and the least were related to community and family, which is the last section of the questionnaire.

It would be interesting to rearrange the format in further studies to see if this would make a difference in the responses.

Despite these limitations, the MCQ was used in this study to determine concerns because it was the only instrument found in the literature review that was documented to have been tested thoroughly for reliability and validity. Its use in this study contributed to further testing of the instrument. All data collected were sent to Dr. Sheil at the University of Wisconsin/Milwaukee for her ongoing psychometric evaluation of the tool.

Data Analysis

Upon receiving the completed questionnaires, the data obtained were analyzed and reported in the form of descriptive statistics. The demographic survey (see Appendix G) was analyzed by counting the number of responses to each category and calculating percentages and frequencies for those categories.

For the questionnaire, data were analyzed and organized using a frequency distribution. In a frequency distribution, the number of times each event occurs is counted or the data are grouped and the frequency of each group is reported (LoBiondo-Wood & Haber, 1990, p. 296).

With each questionnaire, responses were tallied for each of the 46 items and the frequency of the levels of concern (no, little, moderate, much) were calculated. A listing of the top ten items of "much concern" was compared to previous studies. A second listing of the top ten items of "no concern" was also reported. Items chosen with the most frequency within each of the five categories (self, baby, partner, family and community),

were presented in a table format. Data in the other studies related to maternal concerns have been presented in this manner. The findings and interpretation of this study will be presented in Chapter 4.

Chapter 4

FINDINGS AND INTERPRETATION

This chapter contains a summary of the data collected from the returned questionnaires with a discussion of the findings and a comparison to other studies. During the time period from April to August, 1996, 66 Maternal Concerns Questionnaires (MCQ) were sent to primiparas who fit the criteria stated in Chapter 3. Of those sent, 28 were returned, for a return rate of 42%. According to previous research, this return rate is quite high. Burns and Grove (1987) stated that a return rate of 25-30% can be expected with a mailed questionnaire and Wilson (1989) reported a lower rate of return (15-20%). The high return rate for this questionnaire is especially significant because one would assume that a new mother would be too fatigued and/or too busy with infant care and self care to respond to a mailed questionnaire. This may suggest that the participants were interested in letting their needs and concerns be known.

Of the 28 returned questionnaires, five mothers completed the MCQ when they were more than ten days postpartum. They were dropped from the study, leaving a total of 23 subjects.

Demographics

Demographic data included: (a) age, (b) marital status, (c) educational level, (d) race/ethnicity, and (e) class attendance. Class attendance data were collected for the education department at the participating institution and were not included in this study.

Table 1 shows that the majority of the subjects (78%) were in the 25-34 age range.

No subjects were over 40 years old, and the least common age group was 20-24 years.

Table 1

Age of the subjects (n=23)

Age	Frequency	Percent
20-24	2	9%
25-29	9	39%
30-34	9	39%
35-39	3	13%
40+	0	0%
Total	23	100%

Seventy-eight percent of the subjects were married; 22% were single. There were no separated/divorced subjects in this study. The high rate of married subjects was consistent with those responding in previous studies, with the exception of Norr, Nacion, and Abramson (1987), whose subjects were primarily unwed mothers.

Educational level of the subjects is reported in Table 2. Nearly half (48%)of the subjects were college graduates; 30% had completed high school only; and 22% had some years of college education (0-3 years). All of the participants in this sample had completed high school.

Age, marital status, and educational level of the subjects in this study were similar to

previous studies by Lemmer (1987) and others whose subjects tended to be in their 20's and 30's, married, and well-educated. Certainly the fact that the participating institution served a primarily middle-class community influenced these factors.

Table 2

Educational level (n=23)

Level	Frequency	Percent
11th grade or less	0	0
High school graduate	7	30%
Some college (0-3 years)	5	22%
College graduate or above	11	48%
Total	23	100%

Table 3 shows the race/ethnicity of the subjects. The most common ethnic group was Caucasian, least common East Indian and Other, with none of the subjects selecting these categories. The results of this section of the demographic survey are quite close to the general ethnic makeup of the county in which the study was conducted. According to the 1990 census of the county, 53% of the population was Caucasian, 17% was African-American, 14.5% Asian/Pacific Islander, 14% Hispanic, .05% Native American, and the remainder identified by the census as "other race" (McCormack & Kanda, 1996). With

the exception of the low percentage of Hispanic subjects (4%), the results listed in Table 3 corresponded closely to the 1990 census. The lower percentage may be related to the fact that the MCQ was sent to those who could speak and read English. There were numerous Spanish-speaking primiparas who delivered at the hospital, but could not participate in this study.

Table 3

Race/Ethnicity of the subjects (n=23)

Race/Ethnicity	Frequency	Percent
African-American	3	13%
Asian	4	18%
Caucasian	13	57%
East Indian	0	0%
Hispanic	1	4%
Native American	1	4%
Pacific Islander	1	4%
Other	0	0%
Total	23	100%

In previous studies using the MCQ, when ethnicity of the subjects was reported, the subjects were almost entirely Caucasian. The only exception was Norr, Nacion, and

Abramson's study (1987), whose subjects were African-American and Hispanic. It was significant that the sample for this study was culturally diverse and representative of the county population.

Results of the study

The MCQ was mailed to the subjects on their day of discharge from the hospital. They were required to complete the questionnaire and the survey within the first 10 days postpartum. Table 4 shows how many days postpartum the subjects were when they completed the questionnaires.

As indicated in Table 4, the majority of the subjects (53%) completed the questionnaire when they were three to five days postpartum. There was a wide range with subjects being from three to ten days postpartum when completing their questionnaires. One might assume that some concerns would be more intense at three days postpartum as opposed to ten days and these findings would affect the validity of the study. However, Bull (1981) compared concerns of mothers three days postpartum and ten days postpartum using the MCQ and discovered no significant difference between the two groups. Therefore, even though there was a wide range during which subjects completed the MCQ, it should not affect the findings of the study significantly.

The MCQ had five main sections: (a) self, (b) baby, (c) partner, (d) family, and (e) community. Subjects rated each item on the MCQ as being of "no concern," "little concern," "moderate concern," or "much concern."

Table 4

Postpartum days when questionnaire completed.

Number of days postpartum	Frequency	Percent
Three	3	13%
Four	5	22%
Five	4	18%
Six	1	4%
Seven	3	13%
Eight	1	4%
Nine	3	13%
Ten	3	13%
Total	23	100%

Of the 46 items on the MCQ, the item which was most frequently chosen under "much concern" was recognizing signs of illness (in the infant). This differs from previous studies (Bull, 1981; Gruis, 1977; Harrison & Hicks, 1983; Lemmer, 1987) which found return of figure to normal and managing demands of the household to the most commonly reported items of "much concern."

Table 5 shows a ranking of the top ten most frequently chosen items under "much concern" from the results of this study. The top ten items in this same category from two

previous studies (Gruis,1977; Lemmer, 1987) are included for comparison. In this study, one can see that of the ten items of "much concern," seven of the ten are from the infant section of the MCQ. In Lemmer's 1987 study, five of the ten related to self, the other five to infant. And in Gruis' original study of maternal concerns, eight of the ten most frequently chosen items of "much concern" were related to self.

Table 5

Top ten items of "much concern"

This study(1996)	Lemmer(1987)	Gruis (1977)
1. Recognizing signs of illness	Return of figure to normal	Return of figure to normal
2. Infant feeding	Being a good mother	Managing demands of husband, household
3. Being a good mother	Recognizing signs of illness	Emotional tension
4. Normal growth & development	Exercise habits	Fatigue
5. Physical care of infant	Infant feeding	Interpreting baby's behavior
6. Safety (infant)	Physical care of infant	Finding time for self
7. Interpreting baby's behavior	Finances	Sexual relations
8. Return of figure to normal	Safety(infant)	Diet
9. Sleeping through baby's cries	Food you eat	Feelings of isolation
10.Breast soreness	Interpreting baby's behavior	Normal growth and development

The most frequently chosen items under the category of "moderate concern" were related to self. Fatigue, emotional tension, and care of breasts were the most commonly chosen items. While new mothers were most concerned with their infants, concerns about self were secondary, with partner, family and community items being primarily chosen as being of "little concern" or "no concern." The most frequently chosen item under "little concern" was change in family's lifestyle, and under "no concern" was partner being a

good father. Previous studies also reported very similar results, with new mothers being less concerned with partner, family, and community items.

Table 6 shows the top ten items of "no concern" as indicated by the subjects in this study. The findings in this table are similar to those found in previous studies. Graef et al. (1988) reported that infant and maternal concerns were foremost with only 19% of mothers expressing concerns about family and friends. Lemmer (1987) also found that fewer women indicated intense concern regarding their husbands, family, and community. Bull (1981) found that 80% of the mothers ranked relationships with relatives and friends as of little or no concern. In this study, 95% of the subjects ranked the same items as being of little or no concern.

Table 6

Top ten items of "no concern"

1. Partner being a good father
2. Change in relationships with married friends
3. Change in relationships with single friends
4. Participation in organizations in the community
5. Feelings of being tied down
6. Family planning
7. Finding time for recreation
8. Change in relationship with relatives
9. Inability to concentrate
10. Return of menstrual period

Table 7 divides the MCQ into the categories of self, baby, partner, family, and community and demonstrates the most frequently reported item for each of the four types of concerns.

Table 7

Category of Self: Items most frequently reported for each type of concern

No Concern	Little Concern	Moderate Concern	Much Concern
Feelings of being tied down	Vaginal discharge	Fatigue	Being a good mother

Category of Baby: Items most frequently reported for each type of concern

No Concern	Little Concern	Moderate Concern	Much Concern
Feeling comfortable handling the baby	Infant's physical appearance	Traveling with baby	Recognizing signs of illness

Category of Partner: Items most frequently reported for each type of concern

No Concern	Little Concern	Moderate Concern	Much Concern
Partner being a good father	Your relationship with the baby's father	Sexual relations	Finding time to be alone together

Table 7 (continued)

Category of Family: Items most frequently reported for each type of concern

No Concern	Little Concern	Moderate Concern	Much Concern
Setting limits on visitors	Changes in family's lifestyle	Finances	Managing the demands household

Category of Community: Items most frequently reported for each type of concern

No Concern	Little Concern	Moderate Concern	Much Concern
Change in relationships with married friends	Change in relationships relatives	Availability of community resources(babysitters, etc.)	Employment outside the home

Summary

The results of this study did differ from previous ones in that infant care ranked as the area of most concern. As was stated earlier, maternal concerns ranked highest in previous studies (Bull, 1981; Gruis, 1977; Harrison & Hicks, 1983; Lemmer, 1987).

Reasons for this difference are not entirely clear. The sample was more culturally diverse than in most of the previous studies, but the age, marital status, and educational level were similar. Because the majority of the subjects were 3-5 days postpartum when they completed the MCQ, one might assume they would be more concerned with their physical discomforts (sore breasts, episiotomy, fatigue, etc.) than their infants, but this was

not the case.

The subjects in this sample were discharged early (36 hours or less after delivery) and may not have had much time to receive guidance and instructions for care of their infants. Therefore, this lack of experience caring for their infants may have contributed to the high level of infant concerns. Certainly 19 years ago when Gruis (1977) did her study, women stayed longer in the hospital, and possibly were more comfortable caring for their infants by discharge. This may have influenced her study, which showed maternal concerns being most prevalent. However, in Lemmer's study (1987) half of her subjects had been discharged early and still showed a higher number of maternal concerns.

Based on these findings, implications for the nursing care of primiparas and their infants will be discussed in Chapter 5. Conclusions and recommendations for further study will also be presented.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Introduction

The purpose of this study was to discover the primary concerns of primiparas in the first ten days postpartum following early discharge from the hospital setting. The goal of the study was to provide a needs assessment to help determine nursing interventions for postpartum home care. This chapter summarizes the conclusions reached in this study, limitations of the study, implications for nursing practice, and recommendations for further research.

Conclusions

The findings from the MCQ indicated the primiparas in this study were most concerned with their infants, moderately concerned with self, and showed little to no concern regarding husband, family, and community. As was reported in Chapter 4, these results were different from previous studies. While the sample was more culturally diverse than previous studies, it was similar in terms of age, marital status, and educational level.

Limitations of the study

The major limitation of this study was the small sample size (n=23). It was hoped a larger sample could be studied, but time constraints affected data collection. Because of the small sample, findings cannot be generalized to the general population. However, they do contribute to the body of research involving primiparas and their concerns.

Implication for nursing practice

Length of stay for new mothers is currently a popular political issue. If Senate Bill 969 passes and becomes law, insurance companies may offer a short hospital stay and a postpartum home visit as an alternative. If this does happen, home care agencies (which generally serve a primarily geriatric population) will be providing care to new mothers and newborns. Determining needs of mothers and infants would be essential to provide the best care in a short length of time. The findings of this study indicate that infant concerns were foremost, with maternal concerns second. A home care agency could develop a plan of treatment based on these concerns.

Traditionally, most education for new mothers has focused on infant care, but with early discharge, postpartum patients have little time for instruction and/or are unable to focus on the instruction given in the hospital setting because they are still in the "taking-in" phase. Visiting the patient in her own home would allow the new mother to learn in a lower stress environment and instruction could be individualized. The home environment could be assessed and pertinent safety instructions could be given. Referrals could be made to the appropriate agencies if needed and further parental support could be arranged.

Care of new mothers should not be solely based on what the majority of women see as primary concerns. Individual needs must be assessed and plan of treatment adjusted to give patients quality care. Nevertheless, these findings do provide a baseline for planning nursing interventions for home visits.

One way to determine individual needs would be to administer a short questionnaire

(possibly a form of the MCQ) to mothers before discharge. The nurse could use this information as a basis for home visits/referral, and could plan for special needs to be met.

Recommendations for further research

Maternal concerns have been studied for several decades, but there is a need for continuing research in this area. One possible area to study would be comparison of the concerns of women from various ethnic groups. Research could identify cultural differences and also suggest ways to provide more culturally competent postpartum nursing care. Another area to study would be age differences, such as teen-age primiparas and so-called "elderly" primiparas (those women in their late 30's and early 40's). One might assume that their concerns would be quite different as implied in Mercer's (1981a) study, but there are no specific studies in the literature to support this assumption.

The MCQ targets mothers with vaginal deliveries only. Mothers who deliver by Cesarean section need to be studied as a group to determine their concerns. The MCQ could possibly be adapted for these mothers. The findings from this study and others would increase nurses' knowledge of new mothers' concerns and help guide the development of postpartum home care programs.

As changes in the healthcare system move the care of patients from the hospital setting to the home, advanced practice nurses need to identify needs and develop and implement plans to provide quality health care to new families. Determining new mothers' concerns is one way of discovering those needs.

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APPENDIX A

Letter of permission from Institutional Review Committee

MEDICAL STAFF

March 7, 1996

Lori Collett, RNC
15781 Via Represa
San Lorenzo, Ca. 94580

Dear Ms. Collett,

The Institutional Review Committee of Eden Medical Center met on Tuesday, January 23, 1996.

The committee reviewed your study on primiparas who have been early discharged and approved your study to be done at Eden Medical Center, pending approval by the OB/Gyn Committee.

Sincerely,

Peter Wong, M.D., Chairman
Institutional Review Committee

/sf

APPENDIX B

Letter of permission from OB/GYN Chief of Staff, Eden Medical Center

March 8, 1996

Lori A. Collett, RNC
15781 Via Represa
San Lorenzo, CA 94580

Dear Lori:

I have reviewed the materials you sent me concerning your research project for San Jose State University. I understand you will be sending primiparas a cover letter, questionnaire, and a demographic survey and that the patients will not be directly contacted. I also understand you will be getting names, addresses, and delivery information regarding these patients from the L & D delivery log and patients' charts and confidentiality will be maintained.

As Chief of Obstetrics and Gynecology, I give my approval to your research project. You may begin collecting data as soon as you receive approval from the Institutional Review Board at San Jose State University.

Sincerely,

Benjamin Wolsztejn, M.D., F.A.C.O.G.

APPENDIX C

Letter from Human Subjects-Institutional Review Board, San Jose State University

SJSU SAN JOSE STATE UNIVERSITY

A campus of The California State University

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

TO: Lori Collett
15781 Via Represa
San Lorenzo, CA 94580

FROM: Serena W. Stanford
AAVP, Graduate Studies & Research

DATE: April 4, 1996

The Human Subjects-Institutional Review Board has approved your request to use human subjects in the study entitled:

"Primary Concerns of Primiparas in the First Ten Days Postpartum Folloing Early Discharge"

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Serena Stanford, Ph.D., immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that all subjects need to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate, or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact me at (408) 924-2480.

APPENDIX D

Letter of permission from Margaret J. Bull, Ph.D

15781 Via Represa
San Lorenzo, CA 94580

Margaret J. Bull, Ph.D
School of Nursing
6-101 Unit F
University of Minnesota-Twin Cities
Minneapolis, MN 55455

Dear Dr. Bull:

I recently read the journal article "Concerns of Childbearing Women: A Maternal Concerns Questionnaire as an Assessment Tool" in the February 1995 issue of JOGN. I am a graduate student at San Jose State University and am interested in using the questionnaire for my thesis. I would like to give the questionnaire to primiparas who have been discharged early (48 hours or less) from the hospital. I would survey them within the first 10 days post-discharge. My goal is to use the information collected as a needs assessment tool for the development of a postpartum home care program.

I feel the questionnaire would be perfect for my needs and am glad that it has been determined to be a valid instrument. I would like your permission to use this instrument. I am working on my thesis proposal now, so I will need to know as soon as possible if I may use the Maternal Concerns Questionnaire.

My address is at the top of this letter. Or if necessary, you may call me at 510-278-8589. I look forward to hearing from you and appreciate any comments or advice you may have concerning my project.

Sincerely,

Lori A. Collett

Lori A. Collett, RNC

10/13/95

Permission granted. Good luck with your research!

Margaret J Bull

APPENDIX E

Letter of permission from Eileen P. Sheil, Ph.D

UNIVERSITY OF WISCONSIN MILWAUKEE

School of Nursing

March 2, 1996

Ms. Lori A. Collett, RNC
15781 Via Represa
San Lorenzo, CA 94580

Dear Ms. Collett:

Following receipt of your request to use the Maternal Concerns Questionnaire (MCQ) for use in your thesis, I spoke with you last semester. At that time, with full agreement of Dr. Margaret Bull, I gave verbal permission for you to use the MCQ as a tool in your study. This letter serves as written documentation of our conversation and my agreement for you to use the MCQ.

It was wonderful speaking with you and learning of your interesting study. Hopefully it is well under way now, dare I say nearing completion? I look forward to hearing about your findings and also to receiving the raw data (with key) for use in our ongoing psychometric evaluation of the tool. It would be most helpful if such data could be sent on a disk.

I wish you success in your work.

Sincerely,

Eileen P. Sheil, PhD, CNM
Associate Professor

Cunningham Hall • PO Box 413 • Milwaukee, WI 53201 414 229-4801

APPENDIX F

Cover letter sent to subjects

SJSU SAN JOSE STATE UNIVERSITY

A campus of The California State University

College of Applied Sciences and Arts • *School of Nursing*
One Washington Square • San José, California 95192-0057 • 408/924-3130 • Fax 408/924-3136

Dear New Mother:

Congratulations on your new baby! I am a registered nurse and a graduate student at San Jose State University. I am conducting a study of new mothers and their primary concerns in the first 10 days postpartum. I am interested in finding out what concerns you most in the first 10 days after birth. The results of my study could be used in the development of a postpartum home care program.

Enclosed is a demographic survey and questionnaire asking about concerns. Will you please spend 15 minutes or so filling out these two items? ***It is important that you fill out the questionnaire on or before your tenth day postpartum.*** Please mark your baby's date of birth on the top of the questionnaire and the date you completed the survey, but ***do not put your name on the survey!*** When you have completed both items, please use the stamped envelope to return the survey to me.

You should understand that your participation is voluntary, and that choosing not to participate in this study will not affect your relations with San Jose State University or Eden Medical Center. You do not have to sign a consent form to participate--if you return this questionnaire, consent to participate in the study is implied.

You will not receive any benefits from participating in this study, but the results may benefit future new mothers if a postpartum home care program is established. This research involves only minimal risk--the probability and magnitude of discomfort is no greater than encountered in daily life.

The result of this study may be published, but because your name will not be on your questionnaire, confidentiality will be maintained.

If you have any questions about this study, I will be happy to talk with you. I can be reached at 510-889-5093--please ask for my voice mail and leave a message. If you have questions or complaints about research subjects' rights,or in the event of research related injury, please contact Serena Stanford, Ph.D., Associate Academic Vice President for Graduate Studies and Research, at (408) 924-2480.

Thank you for your time. I hope you are doing well and enjoying your new baby!

Sincerely,

Lori A. Collett, RNC

APPENDIX G

Demographic Survey

DEMOGRAPHIC SURVEY

Please complete the following demographic survey. Mark the answer that correctly describes YOU.

AGE

____ 20-24 ____ 25-29 ____ 30-34 ____35-39 ____40+

MARITAL STATUS

____ Married ____Separated/Divorced ____Single

EDUCATIONAL LEVEL

____11th grade or less ____High School graduate

____Some college (0-3 Years) ____ College grad. or above

RACE/ETHNICITY

____African-American ____Asian ____Caucasian

____ East Indian ____Hispanic ____Native American

____Pacific Islander ____Other (please state)

Please mark all the classes you attended at Eden Medical Center:
____Lamaze ____Monthly Pregnancy Forum ____Bradley
____Baby Care ____Infant/Child Safety & CPR

Thank you for taking the time to fill out this survey!

APPENDIX H

Maternal Concerns Questionnaire

MATERNAL CONCERNS QUESTIONNAIRE

Date of baby's birth_____________ Date completed questionnaire_________________

Concerns experienced by some mothers after the birth of a baby are listed here. A concern is anything that is a question, worry, or a problem to you. Please read each item and decide how much the item concerns you. Then circle your response using the following scale:

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

Please answer the following items as to how you feel *NOW.*
The first area of concern relates to YOU.

	No Concern	*Little Concern*	*Moderate Concern*	*Much Concern*
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	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	1	2	3	4
12. Emotional tension	1	2	3	4
13. Inability to concentrate	1	2	3	4
14. Your labor and delivery experience	1	2	3	4
15. Feelings of being tied down	1	2	3	4
16. "Baby blues"--feeling depressed	1	2	3	4
17. Finding time for personal interests	1	2	3	4
18. Being a good mother	1	2	3	4

The next area relates to YOUR BABY

	No Concern	*Little Concern*	*Moderate Concern*	*Much Concern*
19. Infant's physical appearance	1	2	3	4
20. Normal growth and development	1	2	3	4
21. Infant feeding (such as amount, how often)	1	2	3	4
22. Physical care (diapering, cord care, etc)	1	2	3	4
23. Feeling comfortable handling baby	1	2	3	4

Concerns relating to your baby, continued...

	No Concern	*Little Concern*	*Moderate Concern*	*Much Concern*
24. Interpreting baby's behavior	1	2	3	4
25. Sleeping through baby's cries	1	2	3	4
26. Recognizing signs of illness	1	2	3	4
27. Traveling with baby	1	2	3	4
28. Safety (preventing accidents)	1	2	3	4
29. How to dress baby (clothing that is too warm or too cold for environment)	1	2	3	4

The next area is concerns relating to YOUR PARTNER

	No Concern	*Little Concern*	*Moderate Concern*	*Much Concern*
30. Your relationship with the baby's father	1	2	3	4
31. Partner being a good father	1	2	3	4
32. Finding time for recreation	1	2	3	4
33. Finding time to be alone together	1	2	3	4
34. Sexual relations	1	2	3	4
35. Family planning (birth control)	1	2	3	4

The next area relates to YOUR FAMILY

	No Concern	*Little Concern*	*Moderate Concern*	*Much Concern*
36. Managing demands of the household	1	2	3	4
37. Change in family's lifestyle	1	2	3	4
38. Setting limits on visitors	1	2	3	4
39. Finances	1	2	3	4

The next area relates to YOUR COMMUNITY

	No Concern	*Little Concern*	*Moderate Concern*	*Much Concern*
40. Change in relationships with single friends	1	2	3	4
41. Change in relationships with relatives	1	2	3	4
42. Change in relationships with married friends	1	2	3	4
43. Advice from relatives and friends	1	2	3	4
44. The availability of community resources (such as babysitting, parenting classes)	1	2	3	4
45. Employment outside the home	1	2	3	4
46. Participation in organizations in the community (such as bowling, church)	1	2	3	4

47. Do you have other concerns that are not listed here? If yes, please describe them on the back of the paper.

Please put the completed questionnaire and demographic survey in the self-addressed envelope for return.
THANK YOU FOR HELPING ME WITH MY STUDY!!!!!!!!!!!