Seeking Newborn Information as a Resource for Maternal Support

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ABSTRACT

The purpose of this descriptive, longitudinal study was to identify topics and sources of information sought by new mothers. Eighty-nine mothers were recruited from prenatal classes conducted at two health-care systems located in the Midwest region of the United States. Telephone contact was made with the mothers between 2 and 3 weeks postpartum. Each mother completed prenatal and postpartum questionnaires addressing mothers' perceived support systems. Findings indicated that, despite attending prenatal classes and receiving child and postpartum care instruction, mothers often want additional information after they bring their baby home. The study's results contribute to nursing knowledge by confirming that new mothers seek and receive information regarding childcare from multiple sources. Nurse-initiated contacts with postpartum mothers provide support and information that can assist mothers in caring for their newborns.

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Being a new parent brings many opportunities, but also many challenges. Parents seek information to help them in their parenting role. Dealing with everyday problems by appropriately using one's resources to achieve a maximum potential for daily living is one definition of health (King, 1990). Nurses and childbirth educators are in an ideal position to communicate with expectant and new parents to promote health. When nurses and educators communicate with new parents, mutual goals for parental role development in the care of a newborn can be achieved.

THEORETICAL FRAMEWORK

King's (1981, 1983, 1990) nursing theoretical framework guided the present study. The basic assumption of King's Theory of Goal Attainment is that

nurses and patients mutually share information in order to identify specific problems, which help in developing and attaining mutual goals, with the ultimate goal being health. King advocated that the relationship established between individuals is often based on social roles. For example, a new mother and her postpartum nurses communicate to assure that the new mother can adequately care for her newborn, thus promoting the health and safety of the baby. In developing her role, the new mother communicates with multiple other individuals within her social system when she desires or needs support for enhancing her confidence in her new maternal role.

King (1981) contends that relationships developed within a social structure are either formal or informal. According to King, informal relationships

are nonprofessional relationships and are usually based on social and family ties. A new mother, in order to cope with change or to find assistance in meeting basic needs, often uses these informal relationships. King construes formal relationships as professional relationships. A developed relationship between the mother and her health-care provider thereby places the provider in a position of authority to offer information based on the provider's experience and education.

Significance of the Current Study

Nurses and childbirth educators are in an ideal position to assist parents of newborns by providing accurate, evidence-based information. Understanding that a new mother will seek information from available formal and informal sources may assist parent educators and postpartum nurses in anticipating potential problems, being available to the new parent, and making the appropriate information readily available. This information needs to be timely and responsive to the parent's needs and could make a substantial difference in the new parent's feelings of competency.

Sources and Topics of Information Sought by New Parents

New mothers, especially first-time mothers, are expected to seek help from family, friends, and health professionals in order to learn about their role and capabilities as a mother (Hung & Chung, 2001; Pridham, 1997). Additionally, new mothers often feel fatigued and have a variety of physical changes during a period in which support from nurses, family, and friends has been shown to help the mothers cope with their adjustment to motherhood (Cheng, Fowles, & Walker, 2006).

Although attendance at childbirthing classes is dropping, one of the avenues through which expectant mothers seek information is childbirth education classes. Childbirth education classes evolved to meet parental needs in order to help parents cope with the natural processes of labor and birth, get advice, and learn how to care for their infant (Lothian, 2008).

Home visits by nurses within the first months of the postpartum period is another method of providing education and support that is utilized by some health-care providers and parents. However, due to tight economic restraints, not all hospitals participate in a newborn visitation program, or they limit the program to "at-risk" families, specifically mothers

who are teenagers, single, poorly educated, who have a low income, or who received inadequate prenatal care (Drummond, Weir, & Kysela, 2002; Moore et al., 2005).

In their classic study, Sumner and Fritsch (1977) found that new parents benefit from a telephone network. The investigators noted that, even when given the information prenatally, mothers often have questions when they are in the actual situation of caring for their infant.

METHODS

For the current study, a longitudinal, descriptive design was used to determine new mothers' prenatal and postnatal concerns and questions. Additionally, the study was designed to identify the sources of information that mothers use to address their concerns. The present study was part of a longitudinal investigation to determine the factors that influence new parents' feelings of competency (Sink, 2001).

Subjects

Expectant mothers were recruited within a month of their due date from a convenience sample of pregnant women enrolled in childbirthing classes at either of two teaching hospitals located in the Midwestern region of the United States. Inclusion criteria required that the mothers be at least 18 years old, speak English, and have a telephone. Additionally, each mother and her infant had to be healthy postpartum.

The study sample included 89 mothers, of which 82 (92%) were first-time mothers. The participants ranged in ages from 18 to 41 years old, with 4 (4.5%) aged between 18 and 19 years old, 50 (56.2%) aged between 20 and 29 years old, and 35 (39.3%) aged between 30 and 41 years old. Among the 89 mothers, 73 (82%) experienced vaginal births—totaling 41 baby boys and 50 baby girls, including two sets of twins—ranging in gestation from 35 to 41 weeks. Eighty-three of the participants were married or partnered women. The majority (92%) of the women were Caucasian. The mothers' mean level of education was 2 years of college. Sixty-four

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(72%) of the mothers worked full time, 17 (19%) worked part time, and 8 (9%) were unemployed.

Data Collection Procedures

After obtaining approval from the institutional review boards at both the academic and hospital settings, expectant mothers who were nearing their last childbirth class and were scheduled within 4 weeks of their expected due date were invited to participate in the study. The mothers received informed consent and an initial questionnaire to complete at home. The questionnaire included a list of potential contacts that were developed from sources of support identified in a review of nursing literature (Maloni, 1994; Pridham, 1997; Ruchala & James, 1997). In addition to being asked what questions they had, the mothers were asked to whom they had directed their questions. The mothers were then asked to give their opinion of how helpful the particular person was in answering their questions, using a Likert scale ranging from 0 ("not helpful") to 7 ("totally helpful"). All of the mothers were given a pager number as a way to contact me, the nurse researcher, if they had any questions about the study, postpartum care, or childcare.

All mothers agreeing to participate were contacted by telephone, within 14 to 16 days after giving birth, to determine if they had any questions or concerns related to being a new parent. The postpartum telephone contacts had some unavoidable variation due to the unavailability of some parents during the planned 14-day contact. After the first 2 weeks, a follow-up questionnaire with a postage-paid return envelope was sent to the mothers. The mean for return of the second questionnaire was 28 days ($SD = 15.68$).

Of the 117 mothers who originally agreed to participate in the study, 89 completed both questionnaires. The *t*-test analysis indicated that the women who dropped from the study and the women who remained were similar for all demographic variables. Fourteen of the original 117 subjects had to be excluded from the study because they gave birth at sites other than the hospitals approved by the institutional review boards. An additional 14 subjects dropped out due to postpartum complications with the mother or baby.

RESULTS

Topics of Information

The topics about which the mothers sought or shared information were broken down into eight general categories. These categories included "feeding" (questions related to bottle feeding and breastfeeding); "general infant care" (especially sleep/wake patterns, fussiness, schedules, and health); "child's skin care" (predominately rashes and cord care); "child's gastrointestinal tract" (primarily bowel movements and colic); "mother's postpartum care" (primarily breast care, fatigue, and hormonal and mood swings); discussions on "family changes" and "lifestyle changes" (including adjusting to having a new baby in the household); and "the birthing experience."

Sources of Information

Prenatally, mothers were asked to identify the sources from which they generally sought advice during the prenatal period regarding issues related to pregnancy, birthing, and childcare and to briefly state the topic of conversation. The mothers could respond to multiple categories of people and information sources. Postnatally, mothers were asked to identify the sources of information from which they actually sought advice during the first 2 weeks after coming home with their baby and to briefly state the topic of conversation. The mothers received support primarily from the father of the baby, followed by support from the mother's parents, the father's parents, other relatives, and friends.

A total of 1,547 pieces of advice were sought from a variety of individuals. Often, the mothers asked several different individuals the same question. Table 1 summarizes categories of advice sought by the mothers and identifies the total amount of advice sought, per category, and the amount of advice sought from formal professional resources and from informal nonprofessional resources.

Approximately 41% ($n = 638$) of all the mothers' questions were directed toward nonprofessionals who represented informal sources of support. The primary informal source of support was the father (35.1%). The second highest resource for information was the mother's parents (21.9%). Friends were the third highest resource (16.8%) used by mothers; other relatives (11.3%) and co-workers (5.2%) were used less frequently.

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TABLE 1

Categories of Advice New Mothers Sought From Professional and Nonprofessional Sources of Information

General Category	Questions		Questions to Professionals		Questions to Nonprofessionals	
	Number per category (N = 1,547)	Percent	Number per category (n = 909)	Percent	Number per category (n = 638)	Percent
General childcare	500	32.3	241	26.5	259	40.6
Feeding baby	492	31.8	303	33.3	189	29.6
Baby's skin	167	10.8	95	10.5	72	11.3
Mother's self-care	114	7.4	88	9.7	26	4.1
Baby's gastrointestinal concerns	112	7.2	62	6.8	50	7.8
Lifestyle and support	95	6.2	58	6.4	37	5.8
Birth experience	67	4.3	62	6.8	5	0.8
Total	1,547	100.0	909	100.0	638	100.0

who represented formal sources of support, including nurses, physicians, and professional telephone services. Most of the mothers' questions ($n = 516$) were directed toward me, in my role as the nurse researcher (58%), during my 2-week follow-up telephone call made to every mother.

Excluding the questions I fielded in my telephone calls with the mothers, a total of 38% ($n = 393$) of all the questions were directed toward professional sources. Of these, the most frequently called professionals were the baby's doctor (38.7%), followed by the baby's nurse (18.6%). Although only 23 (25.8%) of the mothers had visiting nurses come to their homes, 10.2% of all questions to professionals were directed toward these nurses during their two home visits.

An additional source of information was each mother's personal effort in searching information on her own. Ninety percent stated they had examined reading material that they had received from health professionals and from sources they had found on their own.

Topics of Information Discussed

Table 2 summarizes the mothers' most frequently sought advice by specific topic. The new mothers most frequently sought information related to breastfeeding from both professionals and nonprofessionals. The frequency of breastfeeding questions may be related to the fact that 46 (51.7%) of the mothers were breastfeeding throughout the study period. An additional 28 mothers (31.5%) left the hospital supplementing formula after breastfeeding.

The mothers' second most frequently mentioned concern related to general childcare (approximately

one third of all questions). Most of these questions pertained to handling a crying infant, the baby's sleep/wake patterns, and cord care.

This study found that topics pertaining to daily living, such as financial concerns or concerns regarding the child's future, were discussed only with friends and relatives. Additionally, discussions about the birthing experience were primarily addressed to friends and relatives.

Several topics were addressed only to professionals. The mothers' most frequently mentioned advice sought from only professionals related to taking medications or eating foods that would affect the baby while breastfeeding ($n = 10$). Other topics addressed to only professionals included specific breastfeeding information ($n = 12$), such as where to obtain breast pumps and alternate methods of giving breastmilk to the infant; the baby's health ($n = 17$), such as breathing patterns of the infant, ear problems, birthmarks, and lotions for diaper rashes; and health issues related to the mother's postpartum care ($n = 6$).

After the parents identified individuals from whom they sought support, they were asked to give their opinion about how useful certain sources of information were to them in regard to caring for their baby. Table 3 summarizes the percentages of helpfulness perceived by the mothers in both the prenatal and postnatal periods.

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TABLE 2
Advice Sought by New Mothers From Professionals and Nonprofessionals

Specific Topic of Advice Sought from Professionals	Number of Questions to Professionals (<i>n</i> = 909)	Specific Topic of Advice Sought from Nonprofessionals	Number of Questions to Nonprofessionals (<i>n</i> = 638)
Breastfeeding	108	Breastfeeding	95
Sleep/Wake patterns	60	Crying infant	79
Cord care	50	Sleep/Wake patterns	57
Amount/Schedule of feeding	42	General feeding	43
Fussy infant	35	Diaper rashes	27
Setting routines	34	Bathing baby	25
General feeding	30	Cord care	25

DISCUSSION

Types of Information Sought by New Mothers

The topic of advice most frequently sought from both professionals and nonprofessionals (approximately one third of all questions) was related to feeding the baby, with about half of the mothers' questions dealing with breastfeeding issues. The need for feeding information immediately after giving birth is an area in which mothers have questions, even when provided the information in birthing classes. This want for information has not changed in over 30 years since Sumner and Fritsch (1977) published their classic study promoting a postpartum telephone referral system when they discovered that, despite having attended prenatal classes, the majority of new mothers' questions related to breastfeeding.

Formal Sources of Information

In the present study, mothers sought information from professionals who were knowledgeable in the area of the mothers' needs. Although I provided the mothers with the opportunity to solicit my pro-

fessional advice without charge, they only generated 11 telephone calls to me in my role as the study's nurse researcher. When I contacted the mothers, many of them had questions, so I specifically asked why they waited until my telephone call to seek professional advice. The mothers admitted they were reluctant to bother busy nurses or physicians, and most felt their questions could wait until their next office appointment.

The mothers perceived nurses and physicians as being more helpful postnatally than prenatally. This finding is not surprising because most of the mothers indicated they were worried about "being a good mother" and about the "health of the baby."

An exception to finding nurses more helpful postnatally was found in the mothers' perception of the helpfulness of childbirth educators. During the prenatal period, 86% of the mothers rated childbirth nurse educators as helpful; however, postnatally, only 33.3% of the mothers rated the information received from nurse childbirth educators as helpful. Similarly, in Lumley and Brown's (1993)

TABLE 3
Perceived Helpfulness From Sources of Childcare Information

Source of Information	Percent Stating "Somewhat Helpful" to "Totally Helpful" Prenatally	Percent Stating "Somewhat Helpful" to "Totally Helpful" Postnatally	Percent Difference Between Prenatal and Postnatal
Prenatal classes	95.5	88.8	-6.7
Reading material from professional	93.1	88.8	-4.3
Friends	92.0	84.1	-7.9
Reading material from personal search for information	90.8	82.1	-8.7
Relatives	90.8	88.6	-2.2
Nurse childbirth educators	86.0	33.3	-52.7
Doctors	81.8	92.1	10.3
Television or videotapes	68.6	67.0	-1.6
Nurses	56.3	67.4	11.1
Father of the baby	25.3	31.8	6.5

sample of 245 first-time mothers, 63% felt childbirth classes were extremely helpful in understanding and dealing with pregnancy, labor, and birthing. However, only 30% felt satisfaction regarding preparation for life with a baby.

One explanation for the present study's participants feeling that nurse childbirth educators were less helpful than expected in providing information about caring for their baby is that infant care classes were held during the last week of the childbirth series. Often, these classes had few couples (20% to 50% of the original class) in attendance, usually due to a number of mothers giving birth before the end of the class series.

However, another possible explanation for the drop in attendance could be that the mothers in the present study were not ready to learn about childcare until after their baby's birth. Maloney's (1985) classic work found that parents' interests in a prenatal class vary according to the gestation of the pregnancy: Expectant parents who are close to giving birth are more interested in labor and birth information, while expectant parents in earlier gestations are only interested in information about the pregnancy. Furthermore, Mercer (2006) noted that women progress through four stages in becoming a mother and that each mother is influenced in what she wants to know by her own life experiences and by her infant's characteristics.

Another potential explanation for the present study's participants' identification of childbirth nurse educators as less helpful for the postnatal period is that the childbirth classes primarily focused on the birthing experience and breastfeeding, which addressed the mothers' prelabor concerns and worries. Therefore, the childbirth nurse educators met the prenatal concerns of the mothers and were viewed as helpful for the prenatal period. However, if the mother chose not to breastfeed, the childbirth nurse educator usually did not see the mother in the postpartum hospital stay. In the past, when mothers remained in the hospital for at least 3 days postpartum, many opportunities were available to discuss infant care with the childbirth nurse educators.

Due to health-care changes that have resulted in shorter hospital stays, the focus and method of teaching mothers have also shifted. In the two hospitals that participated in the present study, childbirth nurse educators do not teach parents during the postpartum period, unless specifically requested to do so, and then usually only for breastfeeding issues. The hospitals' busy postpartum staff nurses

and presentations of videotapes addressing the infant's and mother's postpartum care are the sources of information for new mothers. Therefore, the new mothers in this study could have perceived the childbirth nurse educators as not helpful postnatally simply because the nurses were not often teaching childcare in the hospital setting when the mothers were ready to be taught the information.

Contacts with visiting nurses were important to the participants in this study. Only 26% of the mothers had visiting nurses come to their home, yet 10% of all questions to professionals were directed toward these nurses during their two home visits. The first visit took place approximately 4 days post-discharge; the second visit occurred about 2 weeks post-birth. In a previous study of 42 new mothers who had contact with visiting nurses after early discharge from the hospital, all of the mothers asked the nurses important questions pertaining to care when the nurse made the initial contacts (Martell, Imle, Horwitz, & Wheeler, 1989). The mothers often had concerns related to health, infant care, and feeding when the nurse visited at approximately 72 hours after discharge. Similarly, Plews, Bryar, and Closs (2005) found that visiting nurses were important to new mothers as a resource to discuss problems. The nurses assisted the parents in identifying issues of concern, solving problems, and providing reassurance.

Informal Sources of Information

When mothers in the current study sought information, informal sources of support were often useful. The finding that most of the new mothers discussed issues with their baby's father was not an unexpected result. Although the mothers often discussed issues with their baby's father and the father was a source of support for them, most of the mothers did not find their baby's father extremely helpful in providing childcare advice. As one of the mothers stated, "I don't ask my husband for advice — he doesn't know anything either about caring for the baby!" According to the results of a classic study of 1,106 first-time mothers, during the transition to parenthood, new parents usually first turned to their mates for advice and assistance (Lieberman & Mullan, 1978). In a more recent study, mothers indicated they wanted their baby's father to be present at the birth, providing physical and emotional support to the mother (Cronin, 2003).

New mothers receive support from many different individuals, often getting varied and sometimes

inaccurate information. When events are progressing well, the lack of consistent, accurate information does not seem to present a problem. However, some mothers in the current study were frustrated with the inconsistency of information provided. Based on an individual's experiences, it is likely that the mother will receive different information related to the same questions. Even with individuals who have similar experiences, responses from informational sources may vary due to communication styles, expertise levels, and possibly not spending enough time to tailor the answers to the specific situation. However, the variations of responses may give the mother choices from which to select; consequently, if one suggested approach does not work with her child, applying another suggested option might be more helpful. Plews et al. (2005) found that the new parents in their study needed the encouragement and support of friends and family, but often recognized that friends and family may be limited in their ability to provide advice and may not be an appropriate resource for discussing feelings.

An additional informal source of information for the women in the present study was each mother's personal efforts in acquiring information. Most (90.8%) of the mothers obtained information from reading materials acquired on their own. In a study of 33 mothers, Maloni (1994) found that the women first attempted to learn about childcare through their actual experiences with the infant before seeking help from others. In a study of 151 first-time mothers, Barnes et al. (2008) found that 86% of first-time mothers used printed media as their primary source of information during pregnancy.

The Internet is becoming an increasingly major source of media and information. With instant access, anonymity, and use of services that permit individuals to interact with each other, it is not surprising that pregnant women and new mothers seek out information in this manner (Romano, 2007). However, Romano warns that some women feel overwhelmed with the massive amounts of information available online and that some of the information on the Internet is outdated or erroneous; therefore, new mothers may need guidance in sorting through the information they retrieve from the Internet.

Study Limitations

One of the limitations of the present investigation was that only 89 mothers in a convenience sample

participated in the study. Additionally, the sample was fairly homogeneous. Therefore, one should consider the data suggestive, but not representative, of all new mothers.

Implications for Nurses and Childbirth Educators

Nurses and childbirth educators are ideally situated to assist new parents with issues related to information needed for problem solving, which can enhance parents' feelings of competency in caring for their baby. Having supportive resources that offer alternative choices in solving problems provides mothers with choices for direction.

One possibility for enhancing prenatal childbirth education during an era in which attendance at childbirth education classes is dropping each year is, perhaps, to offer successful models of childbirth classes. The CenteringPregnancy® program provides such a model, in which expectant mothers attend perinatal group classes with self-directed health checkups, usually at the end of each class (Walker & Worrell, 2008). These classes offer many opportunities for expectant women to ensure proper self-management for health while, at the same time, to benefit from having others available for discussion of issues. These group classes offer exciting possibilities, especially for both adolescent and new mothers.

In the current study, the frequency and topic matter of the mothers' questions asked postnatally suggests that new mothers need childbirth educators and nurses to review three specific topics before the mothers are discharged from the hospital: breastfeeding, dealing with a fussy baby, and sleep/wake cycles of newborns. Although less ideal than direct teaching, videotaped presentations provided by childbirth educators could be a means of reviewing prenatal class information and increasing parents' knowledge for handling these specific issues. However, nurses and educators must encourage new mothers to view the videotapes and, next, they must provide new parents with an opportunity for discussion and questions with either the hospital nurses or childbirth educators before the mother's discharge from the hospital. Another option would be to offer postpartum classes that address and support mothers' informational and emotional needs (Aston, 2002).

Another opportunity for providing childcare information after birth is to develop community centers that educate and support pregnant women and the subsequent family. This type of setting could

be interdisciplinary, providing services needed from preconception to postpartum and infant care (C. De Vries & R. De Vries, 2007).

The current study's findings suggest that a follow-up nurse contact within the first week of hospital discharge plays an important role in assisting new mothers by providing the teaching when the mothers desire the information. Although home visits would be ideal, nurse-initiated follow-up telephone contact would reinforce to the mothers that professionals are available to answer childbirth questions as the need arises.

An alternate follow-up method is for nurses to contact mothers by e-mail. However, in a study that examined follow up of 198 pediatric emergency visits, more parents responded to telephone contact (87% of 98 families) versus e-mail contact (53% of 100 families) (Goldman, Mehrotra, Pinto, & Mounstephen, 2004). Thus, the efficacy of using e-mail for follow up will need to be researched with childbearing couples. The clinical application of nurses contacting new mothers is definitely noteworthy, as indicated in 52% of the mothers in the current investigation using my contact and expertise as the study's nurse researcher to answer their questions about childcare issues.

RECOMMENDATIONS FOR FUTURE RESEARCH

During the prenatal period, mothers value childbirth education classes because class content addresses their overwhelming need for birthing information. However, expectant women do not perceive the classes as valuable for the postnatal period, when the mother's focus changes to caring for the baby and self and when the new mother especially needs and wants information about childcare. This shift in mothers' needs creates a dilemma for childbirth educators who have long struggled with trying to resolve the problem of when to provide childcare information. Thus, a need exists for further research related to the timing of providing specific information to new mothers.

More research is also needed to investigate ways of assisting the parent who has a fussy, or "difficult," newborn. In the present study, the few mothers who verbalized issues related to caring for a fussy baby were frustrated, fatigued, and worried about their parenting abilities. These mothers had sought advice from multiple sources and still wanted additional information. Research that identifies specific stressors and the means to alleviate

particular childcare situations will be useful to future parents.

It is recommended that the current study be repeated, using ethnically and socioeconomically diverse populations. Additionally, the subsequent investigation may include a section using a developmental readiness approach to the education of childbearing women, considering the mothers' age, maturity, stage of pregnancy, and, perhaps, health literacy.

Attending childbirth education classes can be costly for new parents, which may be an issue of concern for young mothers attending class sessions. Future studies that incorporate comparisons of various childbirthing and community programs may address the costs involved for the mothers, especially since health insurance companies may or may not pay for the educational components of maternity care.

CONCLUSION

Understanding that, during the prenatal period, expectant parents do not want to focus on potential childcare problems, yet they desire to have the information — especially in preparation for the postnatal period — could generate creative teaching methods used by childbirth nurses and educators to provide childcare information. Understanding which potential concerns are present or may shortly arise can assist postpartum nurses and childbirth educators in preparing appropriate information and making it readily available to new parents, using a variety of suitable teaching methods to stimulate learning and retention of information.

The fact that new parents often do not know what kinds of questions to ask before taking their baby home is useful for nurses to understand so they can focus their teaching on relevant newborn issues. Nurses who initiate contact with postpartum mothers and who give support through reassurance and information can assist mothers in developing confidence in caring for their baby.

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