The Needs of Postbirth Parents: An International, Multisite Study

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Abstract

Health care reform has moved postbirth care into the community without assessment of how this may change parents' needs. Mother-father pairs ($n = 117$) in six sites in four countries were interviewed at 5 to 10 days postbirth and again between 6 and 8 weeks postbirth to determine their needs. Content analysis revealed both parents in all sites had a strong focus on self-needs throughout the postbirth period. Postpartum programs oriented solely to family-centered care may not meet the specific needs of contemporary parents.

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This study emerged during a conversation among a group of nurses and midwives attending an international research conference. Members of the group were from diverse cultures and health care systems, yet their concerns were similar. Motivated primarily by economic rationalization, many health care delivery systems have moved postpartum care into the community through early discharge and follow-up programs. Many programs were developed to meet the needs of parents by professionals without clear directions from the consumers of care. The initial discussion raised questions as to whether parents' major postpartum needs were universal regardless of health systems, social policies, midwifery, or community nursing programs. This study was then undertaken based on the hypothesis that parental needs across societies may be more similar than different.

Literature Review

Within the existing literature that documents concerns of postpartum women, there is an assumption that the concepts of *need* and *concern* are synonymous. The common postpartum maternal concerns found in the literature review are presented in Table 1.

The available literature contains considerable variability in design, sampling methods, and findings. Mothers' postpartum concerns have been studied immediately following birth (DiMatteo, Kahn & Berry, 1993; Tribotti, Lyons, Blackburn, Stein & Withers, 1988) and retrospectively at 6 months postpartum (Tulman & Fawcett, 1991), with the most common times being 2 weeks (Hiser, 1987; Miovech, Knapp, Borucki, Roncoli, Arnold & Brooten, 1992; Ruchala & Halstead, 1994) or 4 weeks following birth (Gruis, 1977; Harrison & Hicks, 1983; Smith, 1989). Methods of study have included interviews (Hiser, 1987; Miovech, et al., 1992; Ruchala & Halstead, 1994; Tulman & Fawcett, 1991), questionnaires (Gruis, 1977; Harrison & Hicks, 1983; Smith, 1989; Tribotti, et al., 1988), narratives from postpartum focus groups (DiMatteo, et al., 1993), records of telephone calls to health providers (Sumner & Fritsch, 1977), and recording of nursing diagnoses made during postpartum visits (Williams & Cooper, 1992). Some researchers differentiated the mothers who had cesarean (Miovech, et al. 1992) or vaginal (Hiser, 1987) births; others did not specify. Few studies differentiated between

the concerns of multiparas and primiparas (DiMatteo, et al., 1993; Miovech, et al., 1992; Tulman & Fawcett, 1991) or compared and contrasted concerns (Gruis, 1977; Harrison & Hicks, 1983; Smith, 1989; Tribotti, et al., 1988). Only one study focused on multiparas' concerns (Hiser, 1987). Most study subjects were primiparous women who gave birth to healthy infants with no complications.

To date, the question "What do postpartum parents need?" is not clearly addressed in the literature. In spite of increasing paternal leave policies, little research has included the father's postpartum needs, and none has taken a dyadic approach in determining parents' needs. The main aim of this international, multisite study was to determine if health promotion needs among contemporary postbirth parents were universal. Secondly, we examined similarities and differences across sites. The information obtained could then guide relevant perinatal program development and social policies.

Method

An exploratory, descriptive survey took place in six sites located in four countries. In order to fit specific requirements for funding and ethical approval, each site required slight modifications of a basic proposal. Throughout all phases of the study, the investigators were in communication with the chief investigator via

Table 1 Common Concerns of Postpartum Mothers

CONCERN	CITATION
• Infant feeding	• Bull & Lawrence, 1985 • Gruis, 1977 • Ruchala & Halstead, 1994 • Smith, 1989 • Sumner & Fritsch, 1977 • Tribotti, et al., 1988 • Williams & Cooper, 1992
• Body image	• DiMatteo, et al., 1993 • Harrison & Hicks, 1983 • Hiser, 1987 • Miovech, et al., 1992 • Ruchala & Halstead, 1994 • Smith, 1989
• Regulating family demands	• Gruis, 1977 • Harrison & Hicks, 1983 • Hiser, 1987 • Miovech, et al., 1992 • Ruchala & Halstead, 1994 • Smith, 1989 • Tulman & Fawcett, 1991
• Fatigue	• Gruis, 1977 • Harrison & Hicks, 1983 • Miovech, et al., 1992 • Ruchala & Halstead, 1994 • Smith, 1989 • Tulman & Fawcett, 1991
• Infant behavior	• Gruis, 1977 • Smith, 1989 • Tribotti, et al., 1988
• Maternal physical concerns	• DiMatteo, et al., 1993 • Miovech, et al., 1992 • Ruchala & Halstead, 1994 • Smith, 1989 • Sumner & Fritsch, 1977 • Tribotti, et al., 1988 • Williams & Cooper, 1992
• Infant sleep/crying	• Ruchala & Halstead, 1994 • Sumner & Fritsch, 1977
• Infant physical care and behavior	• Bull & Lawrence, 1985 • Gruis, 1977 • Hiser, 1987 • Miovech, et al., 1992 • Ruchala & Halstead, 1994 • Sumner & Fritsch, 1977
• Time for self	• Harrison & Hicks, 1983 • Hiser, 1987 • Smith, 1989

email. Coaching, mentoring, and clarification occurred rapidly with this technology.

Sample. Twenty sets of parents were interviewed in each of the sites: Canada (Calgary and Halifax), Sweden (Göteborg), and the United States (Albuquerque, New Mexico, and Greenville, North Carolina). Seventeen sets of parents were interviewed in Australia (Sydney). The convenience sample obtained consisted of 117 partnered parents ($N = 234$) who had given birth to a live infant and were the primary caregivers. All were able to read, write, and understand the language of the country. No other criteria were applied.

Data Collection. A maternity nurse or nurse-midwife conducted structured interviews of parents within 5 to 10 days and 6 to 8 weeks postbirth. The interview contained the following five main questions designed to elicit needs:

1. What are your needs at this time?
2. What has happened that you didn't expect?
3. What advice has been helpful?
4. What advice would you have liked?
5. What advice would you give to others?

The questions about advice were included to confirm or augment needs expressed in answering the first question. To gain some information about the parents' feelings within the context of their needs, interviewers asked each parent to provide five words that described their pregnancy, labor, and infant. Parents chose to be interviewed together when the father was available; otherwise, the father was contacted separately. There was no discernible difference in either the quality or quantity of the interview data obtained between parents who were interviewed separately and together.¹ This was attributed to the structured interview process.

Data Analysis. A research team at each site completed data analysis for that location. Each research team consisted of the site investigator aided by students and

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staff nurses gaining research experience. The data were the descriptive, verbatim comments recorded on the interview forms. Content analysis began by identifying units of behavior in each parents' answer to every question in the two sets of interviews. Coding of the units into categories and subcategories was done on each site.

Each site analysis and raw data were submitted to the chief investigator for integration and comparison. This step was conducted with the awareness that different interpretations are possible between settings and that translations present the risk of losing information or missing subtleties of meaning. However, the findings show little evidence of variation.

The 460 interviews² generated more than 5,000 units of behavior for analysis. The major needs identified related to categories of *Self*, *Baby*, and *Others* for mothers, and to *Self*, *Caring for*, and *Finances/Work* for fathers. The congruence of these categories between sites was greater than 0.95%. Subcategories assigned on each site varied more as needs such as breastfeeding could be coded as a self or baby need. However, the data were similar and easily allowed consistent coding.

Findings

Parents' needs were similar in quantity the first week postbirth (early) and at 6 to 8 weeks postbirth (late), although there were variations in dominance of needs between mothers and fathers. None of the descriptors given for pregnancy, labor, or the baby suggested that any of the parents were angry, unhappy, or unduly distressed. Although some words used by parents to describe pregnancy suggested mild distress, most words indicated happiness. Labor was described as painful by 95% of the total sample of mothers and by 90% of fathers. All words describing the infant indicated affection and pleasure.

¹Several parents who were interviewed together told us they had considerable discussion following the first interview as they had learned about each other's needs.

²In Greenville, with a predominantly working, immigrant, rural population, two fathers were absent from the household at the time of the first interview, and eight were absent for the second interview.

Mothers' Needs

Mothers' needs related to self, baby, and others. Figures 1 and 2 show the distribution of these needs in all sites.

Self-needs. This category contained all units of behavior indicating needs focused on the woman herself. For the whole sample of mothers, self-needs accounted for 53.1% of all needs cited in the first week and diminished slightly by the end of the postbirth period (49.5%). Mothers from New Mexico expressed the lowest self-needs in both the early (16%) and late weeks (21%). The highest levels of self-needs were reported in the

Canadian sites. Early self-needs included managing the various body changes and the numerous body fluids coming from the postbirth maternal body. One Swedish mother summarized the experience with her postpartum body by stating "My whole body is leaking!"

The dominance of mothers' self-needs during the first week was due primarily to their body discomfort and changing functions and secondarily to fatigue and sleep disruption. Later self-needs were related to sleep deprivation and maternal role attainment. In Calgary and Halifax (Canada), where postpartum early discharge meant being home within 24 hours of birth, and in Göteborg (Sweden), where postpartum early discharge meant being home within 48 hours, the major subcategory in self-needs dealt with body pain. Mothers described back, abdominal, perineal, and anal pain, as well as breast discomfort or pain. The highest incidence of maternal pain was reported in Calgary where community follow-up was just being developed.

Baby. During the first week, mothers needed assurance that they were feeding their baby well and satisfying the infant's needs. Other needs were primarily focused on maternal competence in providing a good environment for the baby, evaluating the baby's health, and interpreting the baby's cues. A common need in this area was knowing the answer to the question "What does the crying mean?"

By 6 to 8 weeks postpartum, mothers' needs regarding the baby were focused on breastfeeding and diurnal sleeping patterns. Sleep/wake periods of the baby that were not in harmony with adult sleep/wake cycles led to the sleep needs of the adult parent. "How do I get the baby into a day-and-night rhythm?" was a common question. On each site, the ratio of late self-needs of the mother was in inverse proportion to needs regarding the baby.

Others. This category included mothers' needs in their roles with others and included subcategories of other children, husband, extended family, and friends. The total sample of mothers' needs regarding others were universally low, particularly in the first week postpartum (8.8%), and increased in the later postbirth period (15.1%). In the first week postpartum, mothers tended to allow the fathers to care for others. By 6 weeks, mothers had needs for assistance in managing their mul-

Figure 1 Mothers' Early Needs (%)

Figure 2 Mothers' Late Needs (%)

multiple roles of being a mother and a wife, as well as those that included expectations from other family members. Within each site, the pattern of mothers' needs regarding others shows little change overall between the early and later postpartum. These needs were few in number when compared to the needs for self and baby.

Fathers' Needs

Fathers' early and late needs related to the categories of self, caring for, and money/work. The ratios of these needs across sites are set out in Figures 3 and 4.

Caring For. Fathers' caring-for needs dominated during both early and late weeks in all but the Greenville

Figure 3 Fathers' Early Needs (%)

Figure 4 Fathers' Late Needs (%)

group in which some fathers were not available for the interviews. In the first postpartum week, fathers consistently described the need for assistance and knowledge about helping their wives find body comfort, supporting the practice of breastfeeding, and maintaining overall happiness within the family, including extended members. This is an important finding given the general perception that fathers do not willingly become involved postpartum. Contrary to that perception, the fathers from all sites enacted a supportive role. Each father expressed considerable concern for his wife's discomfort, acknowledging that she was also caring for their infant, usually establishing breastfeeding, and getting to know the infant's cues.

Self-needs. Fathers' self-needs mostly focused on requiring help to manage the household and keep the family functioning. The paternal focus complemented the maternal focus on the mother's body and the baby. The father's needs were for information about household management, child-care, and the larger family issues of balanced interaction and decision making. Fathers also required more hours of sleep.

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Finances/Work. Needs related to finances/work were described as keeping a balance between the caring role and work responsibilities. Many fathers had time out from work during the first week and were eager participants in the study questions. By 6 to 8 weeks, the father was balancing the roles of worker and father. The needs in this category rose from early postpartum (9.4%) to late postpartum (15.2%). By late postpartum, fathers expressed needs regarding management of the additional financial responsibilities.

Unexpected Events and Feelings

Maternal Postbirth Pain. Asking parents to describe unexpected occurrences elicited considerable response

on all sites. Because these responses were so similar in the early and late interviews, the reporting of them is combined in Figures 5 and 6. On five of the six sites, the majority of unexpected needs were regarding the category of self for both mothers and fathers. Mothers reported more unexpected needs than fathers did. The continuation of pain following the last contraction of labor was the single most unexpected happening for both parents at all sites. The least concern with body pain was in New Mexico. In Göteborg, postbirth pain was the most frequently reported unexpected event. "I thought delivery should be the end of the ailments" and "I have more uterine pain than before!" were typical comments.

Figure 5 Mothers' Unexpected Needs (%)

Figure 6 Fathers' Unexpected Needs (%)

Complexity of Breastfeeding. The complexity of breastfeeding was also a surprise. Mothers' comments such as "I did not expect breastfeeding to be so complicated" or "There is more to this breastfeeding than I expected" were common. The expectation that breastfeeding would be "natural" or easy caused surprise and frustration when nipple and breast pain, difficulty in positioning the baby, and variations in milk flow created problems.

Emotional Response to the Baby. In spite of all their other needs, both mothers and fathers expressed amazement at the intensity of their emotional response to the infant. They were surprised at their immediate and growing feelings of love for the baby. For example, one Calgary father said, "I didn't expect this kid to completely take over my life *and* my heart, and it has all happened fast!"

Helpfulness of Advice Received

The answers to these questions fell into the same categories for both parents, namely advice regarding self, baby and others. Both mothers and fathers found some advice related to self-needs helpful. In responding to this question, parents who described advice in a category as helpful had reduced needs in that category.

For Mothers and Fathers. Mothers found the most helpful advice received in early postpartum related to self, while the least helpful related to the category of others. Nearly all of this early advice was about breastfeeding: typically, encouraging mothers "to persevere with breastfeeding." Advice about the maternal emotional state such as "Don't worry—It will get better" was also helpful. Mothers in New Mexico had the lowest self-needs; however, they also received the most advice in this area. This finding may reflect the extended family involvement in this particular group of parents.

Late helpful advice for mothers was in the area of personal rest and the infant's crying. Typical advice included "Rest when the baby does" and "You are not the cause of the baby's screaming." One Halifax woman was quite clear that no advice was the most helpful.

For fathers, early advice relating to self—in particular, how to manage the household tasks—was the most useful in the majority of sites (ranging widely between 22%

to 66%). However, this helpfulness diminished over time. The most outstanding feature of this finding is that, despite such high needs in relation to caring for their wife and infant, fathers did not report any advice given to them as helpful in coping with their baby or their partner's needs.

Advice to Others. The parents' common responses to the question "What advice would you give others?" contrasted with the distress expressed in their answers to previous questions. One or both parents were quick to answer, "Oh, just to relax and enjoy it!" or "Don't worry about anything, you will survive!" or "The chaos doesn't last forever." These comments were expressed with laughter and good humor. The parents did not seem aware of the dichotomy between their needs as described in previous questions and their simultaneous implication that one could completely relax throughout the postpartum period!

Discussion

These findings are similar to previous findings in which the mother and father are complementary in their postpartum roles. In the postpartum period, the father provides an emotional and social cushion around the mother-infant dyad (Stainton, 1985; Stainton, 1989).

Differences Between Mothers' and Fathers' Needs. The differences in the needs of both mothers and fathers indicate a complementary and dynamic relationship oriented to the maintenance of family functioning (Stainton, 1985; Stainton, 1989). In the first week, fathers' early needs are clearly directed to finding ways of modifying maternal body discomfort and keeping the household functioning. Mothers' needs exist within a body recovering from both pregnancy and giving birth and establishing breastfeeding. They are involved in a mother-infant dyad that is protected by the father (Stainton, 1989). Once physical recovery is achieved and the baby's behavior is understood (Stainton, 1989), the mother joins in caring for others as well as for the infant (Stainton, 1989).

These findings suggest that fathers may be underestimated in the supportive and less visible role they provide within postbirth families, especially in the early postpartum period. The invisibility of the fathering role may be

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Differences in Needs over Time. There were not as many dramatic changes as expected in the needs of either mothers or fathers between the first and sixth weeks. Mothers' needs regarding others increased over the post-birth period, while needs regarding self decreased and needs regarding baby remained similar. Overall, fathers' self-needs decreased over the postbirth period, except in Halifax where the self-needs of fathers increased. This pattern did not seem to be related to work requirements.

The data clearly indicates that both mothers and fathers have needs related to themselves during the post-birth period. Despite the variability in health systems and language, the parents' universal category of need was self. This finding is important. Maternal-child nursing scholars have identified other self-focused work in the past (Highley, 1967; Rubin, 1967). It is an area of parental postpartum need that still may not be understood by providers of postbirth care and prenatal educators who only advocate a family-centered focus and philosophy. Provision of care that offers both policy and practice matched to the different postbirth needs of mothers and fathers might provide better health promotion for this population. It may also provide a more cost-effective use of meager resources.

Further work has explored the nature of the maternal postpartum pain that was described as unexpected and found to be real, highly individualized, and unacknowledged (Stainton, Edwards, Jones & Switonski, 1999). The next step is to test models of care designed to meet the self-needs of postpartum parents and reduce postpartum pain.

Implications for Practice

The needs of postpartum parents identified in this multisite sample are even more similar than had been

hypothesized in the initial discussion that motivated the study. Knowing the expressed and implicit needs of this population means that programs shaped to match those needs will be more cost effective from the perspective of health care delivery and more efficacious from a perspective of health promotion for postbirth parents.

Perinatal caregivers and educators need to have a wide repertoire of knowledge and skills for contingent response to postpartum needs. By asking the parents what their needs are, they can provide more precise and effective preparatory education and care. The questions used for this study elicit interesting and important information and can be used in assessing postpartum needs of individuals.

It may be more helpful if nurses, midwives, doctors, and others could implement a comprehensive, individualized plan for the support of parents to extend beyond the first postbirth weeks (Fichardt, 1994; Martel, Imle, Horwitz & Wheeler, 1989; Hampson, 1989). This study clearly indicates that a family-centered philosophy of postpartum care may not meet some of the self-focused needs of mothers and fathers unless expanded to address the self-focused needs.

The goal is to provide postpartum care that has the variability and flexibility to accurately meet the needs of postbirth parents within the social, cultural, and economic constraints of current health care systems. This study design could be useful in identifying needs in other postpartum population groups, such as nonpartnered and/or teenage mothers.

Matching care with needs influences the experience of parents (Donaldson, 1991; Stainton, 1992; Waldenström, Borg, Olsson, Sköld & Wall, 1996). Programs that use knowledge of the similarities and differences between mothers and fathers will more likely achieve high quality outcomes in parent-newborn care. In particular, fathers need to be included in preparation for household management. More attention to self-needs of mothers may offset the isolation and depressed feelings that are common in early motherhood. Fathers' needs for advice and help with caring for others are also areas for more attention in practice (Donaldson, 1981).

A transitional model of postpartum care—one in which the caregiver is able to focus on the individual and changing needs of each parent, as well as on family development during the postpartum period—may provide a better fit with parental needs for care. Policies

reflecting the individual as the *unit* of care and the family as the *context* for those individuals would encourage both the assessment of individual needs and the flexibility in practices in order to best serve this important population.

Recommendations for Evidence-Based Postpartum Care

The following recommendations are offered to caregivers working with postpartum families:

- Needs pertaining to the maternal body, especially tending to pain, are important in the hospital, birth center, or home setting, particularly during the first week after birth;
- Perinatal education programs for parents and caregivers must acknowledge that each parent has self-needs in the postpartum period—this acknowledgment will lead to more realistic expectations and planning; and
- Prenatal caregivers can ensure that the realities of self-needs, postbirth pain, and complementary roles of parents are included in prenatal information during antenatal assessment, preparatory classes, and the creation of informational materials.

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Perspectives for New Parents

You can't start worrying about what's going to happen. You get spastic enough worrying about what's happening now.

—Lauren Bacall

If I knew what I was so anxious about, I wouldn't be so anxious.

—Mignon McLaughlin

It's exhilarating to be alive in a time of awakening consciousness; it can also be confusing, disorienting, and painful.

—Adrienne Rich

Nothing contributes so much to tranquilizing the mind as a steady purpose—a point on which the soul may fix its intellectual eye.

—Mary Wollstonecraft Shelley