A Study Of The Agencies And Personnel Available In Montana To Give Information And Guidance To The "New Mother"

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A STUDY OF THE AGENCIES AND PERSONNEL AVAILABLE IN MONTANA TO GIVE INFORMATION AND GUIDANCE TO THE "NEW MOTHER"

CAROLYN DAWSON

SUBMITTED IN PARTIAL FULLFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF BACHELOR OF SCIENCE IN NURSING

CARROLL COLLEGE
1961
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CHAPTER I

INTRODUCTION

In routine daily care of the mother and baby in our maternity wards, careful consideration should be given by the nurse to the emotional needs of the mother and to her needs for instruction and guidance. This experience is not routine to the mother-to-be, and she may be very insecure and frightened by this new responsibility.

There are many women today who have little knowledge and many misconceptions and fears of pregnancy, labor, and delivery. Their fears can become intense, and will have a resultant effect on their labor and delivery, thus inhibiting their co-operation. The nurse can dispel many misconceptions and reduce fears by giving the mother-to-be an explanation of labor and delivery.

The few days a mother now spends in the hospital after delivery give her little time to become acquainted with the care of her baby. During this time, her role consists chiefly of feeding her baby; she is given little experience in his total care. Many feel nurses are "too busy" to be questioned, and the patient hesitates to consult with the nurse concerning the variety of problems which confront her regarding both physical care of the baby and preparation and
sterilization of his formula.

The mother can be made to feel much more confident and relaxed by being given actual experience under supervision, in handling their baby, dressing and undressing them, bathing them, preparing formula, etc.

Problem

Are professional nurses meeting the need for the education of the "new mother" not only in caring for herself, both physically and emotionally, but also in the care of the infant?

Purpose

This study was made to point out the problems that arise when a woman faces the prospect of becoming a mother for the first time; to determine the personnel and agencies available in Montana to give her adequate instructions concerning the emotional and physical needs before and after delivery; to give her an understanding of birth itself, and instructions and guidance on the care of her baby.

Justifications

In a recent survey by Donny and Reid\(^1\) it was found that there was little or no instruction given to the "new mothers" during their stay in the hospital. As many as forty hospitals were included in the survey and only about

\(^1\)Ethel Donny and Mabel Reid, "Classes for Expectant Parents," Nursing Outlook, VIII (October, 1960), 561.
six per cent were on rooming-in plans, and seventy-four per cent stated they received no formal instruction in any aspect of baby care before they went home. Of this group, very few had siblings five years younger than they, and on questioning said they had little previous experience with babies. Many had called their doctors frequently for information and advice, and had taken the baby in several times before his scheduled two week check-up.

In many conversations both as a professional nurse and as a friend, many mothers have discussed the lack of knowledge they had concerning preparation for motherhood, and of the lack of instruction given them.

The mortality rate of infants is 16.7 per 1000 live births, and the mortality rate of mothers is 1.7 per 10,000 live births in Montana.\(^1\) While the rate is decreasing, it is still too high; inadequate maternity care, of which the professional nurse plays an important role, is a significant factor.

Hypothesis

The hypothesis of this study is that professional nurses are not meeting the educational needs of the "new mother."

Definitions

1. "new mother," is the woman, young or old, who is

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experiencing child-birth for the first time.

2. mortality, is the death rate of the mother or infant.

3. antepartal, care given before delivery or child-birth.

4. postpartal, care given after delivery or child-birth.

5. maternity care, sum total of care given the woman during her pregnancy.

Limitations

1. The few mothers questioned.

2. The mothers whose infants were three months old or younger.

3. The small area surveyed.

4. The honesty of the answers given.

5. The validity of the questionnaire.

Assumptions

1. That a professional nurse is a health teacher.

2. That the professional nurse, under the direction of a physician, assists him by explaining to the patient the order he wishes carried out.

3. That the professional nurse gives information to a patient under her care, which is necessary for the health and well being of the patient.

Survey of Literature

"The history of the care of women during pregnancy and child-birth runs parallel with every other human endeavor in an evolution from magic to science."\(^1\)

The Greek physician, Somanus of Ephesus,\(^2\) stands out in


\(^2\)Ibid.
ancient medicine. His writings deal very soundly with pregnancy, labor, pediatrics, and gynecology. From his time through the entire middle ages, obstetrics was at a very low ebb. Child-birth was looked upon with fear and superstition. The medicine man called upon all his magic; great emphasis was placed upon gods and goddesses in their role of assisting women in labor.

There is little reason to infer that even primitive women had an easy time bearing children, though the idea has been represented that they gave birth with much ease. Emmons¹ studied the pelves of a group of American Indian squaws and found that twenty-nine per cent were abnormal. Among races where women received little care during childbirth and resumed work immediately after, they aged rapidly, losing their youthful appearance and figure.

Throughout history a variety of people have assisted at childbirth; the primitive Indian medicine man, the wise old woman, the "midwife," and the crude "barber" surgeon.

Little recognition of the care of the mother and child, physically and emotionally, was given until the seventeenth and eighteenth centuries. Since then, there has been an increased interest shown in this problem by both the public and medical profession. It was during the seventeenth and eighteenth century that modern obstetrics began to develop. "Child bed fever" was studied and reduced; anesthesia was

introduced; men began to attend women at child-birth; instructions were given for the care of the mother, and studies by Lister and Pasteur reduced infections and improved Caesarean sections.

More recent advances include prenatal care, which was given wide attention through the work of the Association for Improving the Conditions of the Poor in New York, 1907. The first maternity center in this country was established in 1917. A more complete conception of maternal care is gradually evolving, with the value of prenatal care established.

The American public is showing an increasing interest in the problem of maternity care. The responsibility of the parents themselves is great. Education for parenthood as an important part of education for family life, needs further recognition by our educators, physicians, and the parents themselves.

The extensive adoption of early antepartal care is doing much to improve the total care of the mother-to-be. It is through the interest, instruction and guidance of a nurse that the patient receives much of her information.

Today there are special courses offered to mothers and fathers by the Maternity centers; the visiting nurses associations, the Red Cross chapters, many state departments of health, and hospitals, provide such information.

In 1958, a research was conducted by Yankauer; Shaffer,

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Boek, and Clark of the New York State department of health\textsuperscript{1} to determine women’s attitudes on child-bearing and parent classes. They found that the mothers valued their class experience greatly, and half had already recommended them to others. They seemed most interested in classes which had contributed to their general understanding of what pregnancy, labor, delivery, and care for the baby would mean to them. Some expressed the thought directly that the most valuable aspect was sharing feelings and experiences, and discussing them with the other mothers.

It is the responsibility of the community to be aware of and to provide care for mothers who need financial help; this involves the question of adequate clinic and hospital facilities, as well as competent nursing service.

Montana has recognized the need for education of "new mothers," and is meeting this need through its "Education for Parenthood" program. Based on the group discussion method, these classes are developed by nurse leaders, practicing physicians, and hospitals with obstetrical services. The course is offered at least three times a year; it consists of six two hour sessions. At present twenty-five counties are offering the course for adults, and seventeen counties for both adults and high school students.

The first such groups to be organized were started in

\textsuperscript{1}Alfred Yankauer, M. D., Walter Boek, Ph. D., Emma Sheffer, R. N., and Dorothy Clark, R. N., "What Mothers Say About Child Bearing and Parent Classes," \textit{Nursing Outlook}, VIII (October, 1960), 563.
1954 and were held in Conrad, Havre, Sidney, Shelby, and Miles City. Later classes were organized and carried out in Billings, Bozeman, Butte, and Roundup.

The purpose of the discussion groups, is to provide opportunity, with leadership, for the free expression of mutual interest to re-enforce health information of individuals within the group. The unique feature is the "freedom of discussion" afforded the participants. Through this method, fears, anxieties, and tensions are reduced, and the expectant parent is given the opportunity to pose questions she otherwise would be afraid of sounding "foolish."

A new development in this program is the organization of Professional County Committees under the direction of the state. These committees consist of professional and sponsoring groups concerned with maternal and new born care. They investigate the progress of the Education for Parenthood Program, evaluate it, and make recommendations for further improvement of the program.

In addition to the Parenthood classes, the Montana State Board of Health provides the services of a Hospital Nursing Consultant in an effort to reduce maternal and infant mortality. She brings new information and demonstrates new techniques in maternity and infant care, and assists in the improvement of procedures.
CHAPTER II

METHOD

The descriptive survey was used for evaluation of this problem. A questionnaire was sent to "new mothers" to determine their attitudes and opinions of the information and guidance given them before and immediately after the birth of their baby; this included the information and guidance given in the doctor's office, parenthood classes, and the hospital.

The questions were so developed that they could be answered with one word (see app. I), the purpose was to make the questionnaire short and concise for the person answering, and for easy tabulation.

A letter was included with the questionnaire (see app. II) stating that the information was to be used for the subject of a thesis, and asking for any additional comments which they would like to make.

A private interview was obtained with the State Department Consultant of Maternal and Child Health. A list of questions were prepared as an interview guide. (see app. III).
CHAPTER III

ANALYSIS OF DATA

Analysis of Questionnaire

Of thirteen questionnaires mailed, ten were marked and returned, a percentage of seventy-seven. An analysis of the results show that prior to the birth of the infant, forty per cent of the mothers felt they had little experience with infants, twenty per cent a moderate amount, and forty per cent a great deal of experience. Only fifty per cent felt they were given adequate instructions from their doctors during their pregnancy.

More mothers interviewed had attended classes for parenthood than had not attended, and ninety per cent felt the classes dealt with the problems they felt were most important to them. All the mothers stated the classes were conducted on a discussion basis, rather than lecture, but that no actual experience was given them.

During their hospital confinement, fifty per cent felt nurses gave adequate information and explanation, and fifty per cent felt questioning was necessary to obtain this information. Seventy per cent of the mothers indicated that no instructions were given them before the demonstration bath the day of their dismissal, but all felt confident in their ability to take care of the baby when they left the hospital.
After their dismissal, seventy per cent stated they had no difficulty in the routine care of the baby, however of the seven, four had attended parenthood classes and two had a great deal of experience with babies prior to marriage. Eighty per cent stated they were unaware of any professional agency from whom they could have obtained necessary information. The other twenty per cent stated the hospital told them to call if any problems arose.

Additional comments were made that the parenthood classes should deal more with the care of the infant; more up to date charts and movies should be shown; hospital instruction the day of dismissal was inadequate and they were unable to remember everything they were told at one demonstration; that one time gave them little opportunity to discover problems that might arise, or to ask all the questions they felt necessary; that problems arose in the preparation and sterilization of the formula, and had to be solved by trial and error, or by a helpful relative. One opinion was expressed that husbands should be included in these instructions, so they would be able to participate in the care of the infant and be of help to the mother, especially in the first few days after dismissal from the hospital.

**Analysis of the Interview**

In a personal interview with the State Department Consultant of Maternal and Child Health, the author learned that Montana has recognized that one of the most important
factors in reducing maternal and infant mortality is the need for more education. To meet this demand group discussion classes, "Education for Parenthood," have been organized. The plan was developed by the state, and is carried out in the counties under the direction of the Professional County Committee.

The discussion leader or leaders, (two are desirable) should be familiar with the method of group discussion; study and be able to interpret visual aids; review basic background information on maternity care as needed; know the maternity practices in the hospitals in the area; serve as a connecting link with physician, hospital, patient, and family; acquaint herself with services that the mother can obtain from the public health nurse.

The attendance at these classes originally was to be limited to the "new mother," but so many women in their second and third pregnancies have expressed a desire to attend, that no restrictions were placed on them.

Ideally, a class for discussion should be limited to six or eight, but most areas have reported attendances ranging from sixteen to twenty-five. Initially, the classes were limited to adults, but recently attention has been focused on the number of adolescent parents. There are approximately 1,640 babies born each year to women under the age of twenty. The program, therefore, has been extended to high schools. At the present, seventeen counties have incorporated this program in the high school curriculum,
end many others are making the necessary arrangements.

The "Education for Parenthood" plan has been set up as a group discussion, and much emphasis is being placed on the term "discussion" rather than "class" to give a better interpretation to those interested.

The first session deals with physical changes due to pregnancy; the second, ways of promoting comfort; the third, essential foods and keeping weight at the desired level; the fourth, the birth of the baby; the fifth, the care of the baby; and the sixth, care at home immediately after dismissal from the hospital.

Included in the last session is an evaluation sheet, which aids in determining the effectiveness of the program; some of the opinions expressed were that the classes gave a better understanding of what birth is, and what to expect and how to cope with it; minimized the fear of childbirth; and gave a better understanding of care for the baby.

These sessions are approved, and in many cases applauded, by the doctors in Montana. Special forms are supplied the doctors (see app. IV) by the committee and many women are directly referred to the sessions by their doctors.

Local organizations, such as the Jaycees, sponsor these programs by advertising them in the newspaper and over the radio, whenever possible. This sponsorship by a community group is an important factor in the success of the program.

At the present, Montana has a few public health
nurses serving as discussion leaders, however, the number is not sufficient to adequately meet the needs for information and guidance of mothers after their dismissal from the hospital.

One of the most important needs of the "new mother" is an understanding of pregnancy and birth to allay the fears and superstitions many have developed. Opinions expressed in the evaluation sheet show this to be one of the most valuable benefits derived from the program.
CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary and Conclusions

There are many women in our society today who have had little or no experience handling babies. With the rapidly rising rate of mothers under twenty years of age, the need for adequate education is even more essential, a fact now recognized by both the medical profession and the public.

From the questionnaire it is noted that many women are given little information or instruction in the doctor's office concerning their pregnancy or the birth of the baby. It is also clear that many women feel they are not receiving adequate information and instruction in the hospitals. This may be due to the shortage of nurses, or it may be due to the fact that the individual nurse is unknowingly neglecting her role as a "teacher" of the mothers under her care.

Little instruction or actual experience apparently is being given before the demonstration bath the day of dismissal. This does not give mothers a chance to ask many of the questions which will arise. More adequate explanation or demonstration of formula making and sterilization should be given, since this presents a problem to the mother after her dismissal from the hospital.
The parenthood classes, set up as group discussions, enable mothers to discuss their feelings and emotions. Through this method, some women will benefit from the experiences of others. Discussing a stable diet, exercises, proper clothing, and other incidental items which occur in day to day living during pregnancy, are good ways to bring out questions which some women consider "foolish."

A thorough explanation of pregnancy, labor, and birth, complete with illustrations, remove unnecessary fear from the mother and make her more co-operative during labor and delivery. This is the greatest contribution of the parenthood classes.

Insufficient attention is focused on the care of the baby; actual experience in caring for the child should be given. Many still feel "experience is the best teacher."

Montana's Education for Parenthood program is an excellent beginning toward the education of "new mothers." Twenty five out of fifty-six counties have incorporated this plan for adults, and seventeen are included in the high school curriculum. In the remaining counties, the only teaching done is that carried on while the mother is a patient in the hospital.

The lack of a sufficient number of public health nurses to assist with problems which arise in the home, following dismissal from the hospital, is another disturbing feature. This service would be most beneficial especially in the follow-up care of the pre-mature infant.
It is the author's conclusion that as professional nurses in Montana, we are not adequately meeting the educational needs of the "new mother."

Recommendations

1. That the "Education for Parenthood" program be extended to all counties and be included in high school curriculum.

2. That the sessions of the program be more adequately publicized.

3. That the educational facilities in the maternity departments of our hospitals be more adequate.

4. That the number of public health nurses assisting in the follow-up care in the homes be increased. (The author is aware of the fact that, because of a shortage of nurses in the public health field, this recommendation cannot be realized.)
APPENDIX I

QUESTIONNAIRE

Prior to Birth of Baby

1. Prior to your marriage, did you have much experience in handling babies or being around them?
   - little
   - moderate
   - great

2. Were you given instructions in your doctor's office by way of printed literature, or from the doctor or nurse, you felt adequate to prepare you for the physical and emotional changes which took place during your pregnancy?
   - little
   - adequate

3. Did you attend any classes offered for the "mother to be"?
   - yes
   - no

4. Did you feel these classes dealt with the problems you felt most important?
   - yes
   - no

5. Were they set up for group discussions, or discussion lecture?

6. Were you given actual experience in classes or demonstration type?

Hospital Service

1. During your stay in the hospital did the nurses offer to explain and give you information, or was it necessary for you to question them to obtain important information or instruction?
   - adequate
   - questioning
   - explanation
   - needed
2. Did you receive any instruction before the demonstration bath the day of dismissal? yes no

3. Did you leave the hospital feeling confident in your ability to make formula and care for your baby's needs? yes no

After Dismissal

1. With the information you had upon discharge from the hospital, did you have difficulty in the routine care of your baby the first two weeks you were home? yes no

2. Were you aware of any professional agency or organization from whom you could have obtained assistance if needed? yes no
Dear Mrs. ____________,

I am a graduate nurse attending Carroll college, and I am conducting a survey of new mothers in this area to determine whether or not adequate information and instruction is given them for their new role as a mother. This material will be the subject of a thesis, and no names will be used.

Please circle the word you think best describes the answer to the question, and use the back for any additional comments you would like to make.

If you would return it to me in the enclosed, self-addressed envelope, at your earliest convenience, I would greatly appreciate it.

Sincerely,

Miss Carolyn Dawson
1. What facilities are available in Montana for educating women for their new role as a mother?

2. In the education for parenthood classes, what qualifications are necessary for the leaders?

3. Is there any restriction placed on the attendance at these classes?

4. Are the classes set up as lecture, or as discussion groups?

5. Are the mothers given any experience under supervision, in procedures such as bathing or dressing an infant?

6. What do you feel is the most important need of the women who attend these classes?

7. Are these classes approved by the majority of doctors in Montana?

8. Do you feel that in most instances these classes are sufficiently publicized?

9. Are there any civic groups that offer similar courses such as the Red Cross, Rotary, etc.?

10. Do you feel Montana has a sufficient number of public health nurses to assist mothers with problems after dismissal from the hospital?
DISCUSSION GROUPS FOR EXPECTANT PARENTS

Name __________________________________________________

Address ______________________________________________

A series of seven meetings are recommended to you so that you may further discuss what is happening to you and your baby. You will enjoy talking over your mutual interests with other expectant parents.

(Place) (Hour and Date) (Leader)

(Physician)
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