Factors Which Deterred a Group of Women from Seeking Early Antepartum Care

Marcia H. Dunbar

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FACTORS WHICH DETERRED A GROUP
OF WOMEN FROM SEEKING EARLY
ANTEPARTUM CARE

by
Marcia H. Dunbar

A Thesis in Partial Fulfillment
of the Requirements for the Degree
Master of Science in the Field of Nursing

June, 1963
I certify that I have read this thesis and that, in my opinion, it is adequate, in scope and quality, as a thesis for the degree of Master of Science.

Betty J. Trubey, Associate Professor
Department of Nursing

Winifred M. Edwards, Associate Professor
Department of Nursing and Sociology

Ruth M. Lindbloom, Assistant Professor
Department of Nursing
ACKNOWLEDGMENTS

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Acknowledgment is made for the contribution and cooperation received from personnel of the Obstetrical Unit of the selected hospital at which data was gathered for this study.

Marcia H. Dunbar
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTRODUCTION TO THE STUDY</td>
<td>1</td>
</tr>
<tr>
<td>The Problem</td>
<td>2</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>2</td>
</tr>
<tr>
<td>The Purpose of the Study</td>
<td>3</td>
</tr>
<tr>
<td>Assumptions</td>
<td>4</td>
</tr>
<tr>
<td>Need for the Study</td>
<td>5</td>
</tr>
<tr>
<td>Method of the Study</td>
<td>5</td>
</tr>
<tr>
<td>Limitations of the Study</td>
<td>6</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>6</td>
</tr>
<tr>
<td>Organization of Remainder of Thesis</td>
<td>7</td>
</tr>
<tr>
<td>Summary</td>
<td>8</td>
</tr>
<tr>
<td>II. REVIEW OF LITERATURE</td>
<td>8</td>
</tr>
<tr>
<td>Early Studies</td>
<td>9</td>
</tr>
<tr>
<td>Recent Studies</td>
<td>10</td>
</tr>
<tr>
<td>Summary</td>
<td>11</td>
</tr>
<tr>
<td>III. METHOD OF STUDY</td>
<td>12</td>
</tr>
<tr>
<td>Method of Research</td>
<td>12</td>
</tr>
<tr>
<td>Selection and Development of Tool</td>
<td>13</td>
</tr>
<tr>
<td>Selection and Description of the Study Group</td>
<td>13</td>
</tr>
<tr>
<td>Collecting the Data</td>
<td>15</td>
</tr>
<tr>
<td>Summary</td>
<td>15</td>
</tr>
<tr>
<td>IV. ANALYSIS AND INTERPRETATION OF DATA</td>
<td>16</td>
</tr>
<tr>
<td>Responses to Questions Regarding Deterrent Factors to Early Antepartum Care</td>
<td>16</td>
</tr>
</tbody>
</table>

iv
<table>
<thead>
<tr>
<th>Chapter Heading</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patterns of Antepartum Clinic Attendance</td>
<td>30</td>
</tr>
<tr>
<td>Motivating Influences for Initiating Antepartum Care for the Immediate Past Pregnancy</td>
<td>31</td>
</tr>
<tr>
<td>Home Circumstances Which Possibly Deterred Early Clinic Attendance</td>
<td>36</td>
</tr>
<tr>
<td>Expectations from Antepartum Medical Clinic</td>
<td>37</td>
</tr>
<tr>
<td>Sources and/or Lack of Information of Clinic Facility</td>
<td>39</td>
</tr>
<tr>
<td>Previous Influences of Clinic and Clinic Personnel</td>
<td>40</td>
</tr>
<tr>
<td>Perceptions of Services Which Clinics Have to Offer</td>
<td>43</td>
</tr>
<tr>
<td>Perceptions of Needs of Pregnant Women</td>
<td>44</td>
</tr>
<tr>
<td>Subjects' Attitudes and Opinions of &quot;What Should be Done&quot; &quot;What Was Done&quot; and &quot;What They Desired to Do&quot;</td>
<td>47</td>
</tr>
<tr>
<td>Feelings About the Pregnancy</td>
<td>49</td>
</tr>
<tr>
<td>Major Factors Deterring Other Women From Seeking Early Clinic Attendance as Stated by Interviewees</td>
<td>49</td>
</tr>
<tr>
<td>Deterring Factors to Their Own Early Clinic Attendance As Stated by the Selected Subjects</td>
<td>51</td>
</tr>
<tr>
<td>Summary</td>
<td>55</td>
</tr>
<tr>
<td>V. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS</td>
<td>57</td>
</tr>
<tr>
<td>Summary</td>
<td>57</td>
</tr>
<tr>
<td>Conclusions</td>
<td>60</td>
</tr>
<tr>
<td>Recommendations</td>
<td>62</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>64</td>
</tr>
<tr>
<td>APPENDIX A: Letter Requesting Permission for Study</td>
<td>70</td>
</tr>
<tr>
<td>APPENDIX B: Description of Larger Group of 178 Women With Graphic Comparisons of Study Group of Twenty and Group of 178 Women</td>
<td>71</td>
</tr>
<tr>
<td>APPENDIX C: Interview Guide</td>
<td>81</td>
</tr>
<tr>
<td>TABLE</td>
<td>PAGE</td>
</tr>
<tr>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>I. Responses Regarding Factors That Influenced the Decision to Seek Antepartum Medical Care</td>
<td>35</td>
</tr>
<tr>
<td>II. Responses Regarding Reasons for Making First Appointment</td>
<td>37</td>
</tr>
<tr>
<td>III. Responses Given for First Wanting to Attend Clinic</td>
<td>39</td>
</tr>
<tr>
<td>IV. Responses Regarding Nurses' Activities in Antepartum Clinics During Previous Pregnancies</td>
<td>41</td>
</tr>
<tr>
<td>V. Responses of Mothers Regarding What the Doctor Did For Them at Clinic in Previous Pregnancies</td>
<td>42</td>
</tr>
<tr>
<td>VI. Responses Regarding the Most Important Services Clinics Have to Offer</td>
<td>44</td>
</tr>
<tr>
<td>VII. Responses Regarding Needs of Pregnant Women</td>
<td>45</td>
</tr>
<tr>
<td>VIII. Responses Regarding Time a Woman Should Initiate Prenatal Care</td>
<td>47</td>
</tr>
<tr>
<td>IX. Responses Regarding Reasons a Woman Should Seek Antepartum Medical Care</td>
<td>48</td>
</tr>
<tr>
<td>X. Mothers Feelings About Their Pregnancy</td>
<td>50</td>
</tr>
<tr>
<td>XI. Responses Regarding Factors Deterring Other Women From Seeking Early Antepartum Care</td>
<td>50</td>
</tr>
<tr>
<td>XII. Responses Regarding Deterrent Factors to Early Antepartum Clinic Attendance</td>
<td>52</td>
</tr>
</tbody>
</table>
# List of Figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Classification of Pregnancies According to Duration</td>
<td>31</td>
</tr>
<tr>
<td>2.</td>
<td>Percentages of Various Types of Antepartum Medical Care Facilities Used by Study Group</td>
<td>32</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION TO THE STUDY

It is recognized that early antepartum care is of great importance to mother and unborn child. So important is it that maternal and fetal morbidity and mortality is not likely to continue to decrease unless expectant mothers receive early care.

The deficit in quantity of antepartum care in California is borne out by a statewide survey of quality, quantity and eligibility of public antepartum care in California in which it was estimated that between 10 and 40 per cent of the mothers delivered in County hospitals had received no antepartum care. Although it was recommended that there be ten to twelve visits per pregnancy, most clinics actually provided between two and five visits.\(^1\)

Similar situations have caused obstetricians, social workers, public health nurses and those specializing in obstetrical nursing to reflect on the possible causes of lack of care or early care on the part of mothers-to-be. Consequently, some studies have been done to ascertain the reasons given by the latecomers for not seeking earlier and more frequent medical supervision. However, it seems that there is a need to study individual antepartum clinics and the factors which deter or motivate patients attending those clinics. A recommendation based on findings of the previously mentioned survey was that:

\(^1\)State Department of Public Health and California Conference of Local Health Officers, "Public Prenatal Care in California," California's Health, 15:13, October 1, 1957.
Local health departments find out, if they do not already know, the extent of the deficit of prenatal care in their communities and the reasons why certain mothers either do not seek or do not obtain adequate care, and use the facts to plan appropriate improvement of local prenatal care.  

I. THE PROBLEM

Statement of the problem. This study was undertaken to determine what factors deterred a group of primigravidas and multigravidas, who attended a selected antepartum clinic and delivered in a selected hospital, from seeking antepartum care until or after their seventh month of pregnancy.

The purpose of the study. It was the purpose of this study: (1) to determine the extent of the deficit of early care in a group of women who had delivered at the selected hospital during a six-month period of time; (2) to determine deterring factors which influenced women not to seek antepartum care until or after their seventh month of pregnancy; (3) to determine if previous experiences in antepartum clinics influenced when care was initiated with the immediate past pregnancy; (4) to determine if women perceive antepartum care as "preventive" or as "diagnosis and treatment"; (5) to provide information which might possibly aid the personnel in the selected clinic in promoting early antepartum care among their patients; (6) to determine if results obtained in this study correlate with results of previous related studies; (7) to add to the literature of related studies, material which may be usable to other antepartum clinics.

Assumptions. The following assumptions were made: (1) there is a notable deficit in seeking early care among those women attending the

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2 Ibid., p. 51.
selected clinic and hospital; (2) there are a variety of factors which
deter women from seeking early antepartum care; (3) there are factors
relating to the selected clinic which may be different than in the other
clinics in which studies were done; (4) that the factor or factors for
delayed attendance at antepartum clinic would be stated by the inter-
viewees as they desired or had ability to do so.

Need for the study. The justification of the need for this study
follows:

1. More and more expectant mothers in the United States are re-
ceiving no antepartum care. This is particularly true
among mothers who must resort to clinics and ward services.  

2. There was found to be a notable deficit in the seeking of
early care among women attending the selected antepartum
clinic.

3. Relatively few studies have been done which identified fac-
tors that discourage expectant mothers in seeking early
antepartum care.

4. Studies need to be done in individual clinics in order to as-
certain factors relating to those clinics and the patients
attending those clinics.  

One author states in discussing the problem:

The need for further research into reasons for neglect, and into
the relative importance of various contributing factors, seems evi-
dent...  Interviews with women from various socio-economic groups

---

3 Meeting the Childbearing Needs of Families in a Changing World
(Report of a Work Conference Sponsored by Maternity Center Association.)

4 State Department of Public Health and California Conference of
Local Health Officers, loc. cit.
inquiring into motivating and deterring factors might help translate evidence of neglect into specific needs.5

5. It would be of value and interest to determine if factors found in this study were common to factors found in previous studies.

6. After factors related to a particular clinic have been identified, the clinic could have a working basis for alleviating undesirable factors.

7. Nurses need to know how they can best encourage mothers to seek early antepartum care. The results of this study could possibly give them a working basis for their educational actions.

Method of the study. For this study, the descriptive survey was the method selected. The interview technique was used by the researcher in order to obtain the necessary information.

In order to justify the need for the study at the selected hospital, the percentage of women delivered during a six-month period, who had not received care until their third trimester of pregnancy, was determined. Literature was reviewed to discover what related studies had been done in this area (1) to determine the extent of the problem as found by others; (2) and to aid in the approach to be used for this study.

In order to formulate well-understood questions for the interviewee, an interview guide was developed.

A pilot study was conducted on six patients on the post-partum unit of the selected hospital in order to evaluate the effectiveness of each question before the researcher interviewed the larger group.

Specific dates and hours were arranged for the interviews and permission was obtained before proceeding with the study from the following personnel: (1) the Chairman of the Obstetrical Department; (2) the Hospital Administrator; (3) the Director of the Nursing Service; (4) the Supervisor of the Obstetrical Unit.

Provision was made for privacy during the time of the interview in order that it could proceed without interruption. In order to insure accurate gathering of data, it was recorded during the interview.

From the data received from each patient, deterrent factors were discovered. Conclusions were drawn and recommendations made.

Limitations of the study. The following were limitations of this study: (1) responses obtained were limited to twenty women who had delivered their infants at the selected hospital which is associated with the selected antepartum clinic; (2) the study was limited to patients who did not seek antepartum care until or after the seventh month of pregnancy; (3) the participants' inability to express some of the deterrent factors to their early antepartum clinic attendance.

II. DEFINITION OF TERMS

For the purpose of this study, the following definitions have been used:

Deterrent: to keep (a person) from doing something through fear, anxiety, doubt; discouragement.  

Motive: Any striving toward a specific goal, regardless of how it may have been initiated.  

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Primigravida: a woman pregnant for the first time.

Multigravida: a woman who has been pregnant several times. 9

Antepartum: the period designated is that between conception and onset of labor, "antepartum", "before labor". 10

Seventh month of pregnancy: the seventh lunar month or twenty-eighth week of a ten-lunar month --forty-week duration of human pregnancy. 11

Antepartum clinic: an outpatient establishment where pregnant women may come for medical supervision given by a variety of medical personnel: private physicians, residents, interns, medical students, registered nurses and nurses aides.

Factor: In this study, the term is used to designate an isolable element, circumstance, influence or constituent which contributed to produce a result.

Practical difficulties: events associated with everyday activities which present an obstacle.

III. ORGANIZATION OF REMAINDER OF THESIS

An overview of the remainder of the thesis is as follows:

Chapter II consists of a review of the literature of related studies both in early and recent years.

Chapter III contains the method of approach used by the researcher; included is a description of the research tool.

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9 Ibid., p. 337.

10 Ibid.

11 Ibid., p. 221.
Chapter IV presents an analyses of the data gathered and its interpretation.

Chapter V summarizes the study. Conclusions drawn by the researcher were cited. Recommendations were made.

IV. SUMMARY

With the increase of expectant mothers receiving late or no ante-partum care, it was of value to investigate the contributing factors.

This study was concerned with discovering such factors as stated by a group of women who delivered their infants at a selected hospital and attended the antepartum clinic associated with that hospital. It was the researcher’s goal that the findings of the study would be of some use to the selected clinic as a basis for alleviating deterring factors if they existed within the clinic and also as a basis for effectively approaching the women seeking late care. Likewise, it was hoped that other clinics of the same nature as the selected clinic would benefit from the study.
CHAPTER II

REVIEW OF LITERATURE

There is much in medical literature which indicates the value and necessity of early antepartum care. However, there are many factors which deter some women from seeking early care. Studies have been done in antepartum clinics both large and small; various methods and techniques have been used to determine when the majority of women seek medical supervision in pregnancy and what factors keep expectant women from seeking early antepartum care.

I. EARLY STUDIES

From September, 1929 to June, 1932, a study was conducted in Cattaraugus County, New York. The findings showed that 30.8 per cent of expectant mothers studied registered for antepartum care in the first through third month of their pregnancy; 19.2 per cent registered in the fourth through fifth month; 19.2 per cent in the sixth through seventh month; 6.5 per cent in the eighth month of pregnancy and 2.7 per cent in the ninth month of pregnancy. Furthermore, 21.2 per cent of the women received no care at all.\(^1\)

In 1936, a Michigan study showed that, of all women classified, 20 per cent of the cases were supervised eight or more months of their pregnancy, 33 per cent were supervised five to seven months, 26 per

\(^1\)Dorothy Wiehl, and Katharine Berry, "Maternal Health and Supervision in a Rural Area," *Milbank Memorial Fund Quarterly*, 17:173, 177, April, 1939.
cent one to four months and 21 per cent made their first and only visit during the third trimester. Also included in this 21 per cent were those women who made no antepartum visits, or for whom there was no evidence of any antepartum care and those for whom the total amount of antepartum care was unknown. "Prenatal supervision was less adequate for subsequent than for first pregnancies."²

In 1937, the Metropolitan Life Insurance Company conducted a four-month study with some 5,800 maternity cases. In the group were 2,386 women living in Greater New York, Long Island and Westchester County, New York; the other 3,426 lived in the states of Arkansas, Louisiana, Mississippi, Oklahoma and Tennessee. One-half of the women receiving antepartum care from the visiting nurses of the Metropolitan Life Insurance Company put off registration until the last trimester of pregnancy.

For the two Territories combined, it was found that approximately one-half of the first prenatal visits were made in the last trimester of pregnancy, approximately two-fifths in the second trimester, and only slightly over one-tenth in the first trimester. Examining the records month by month for the second and third trimester, it was found that 9.2 per cent of the women received their first antepartum visit in the fourth month, 12.9 per cent in the fifth month, 16.2 per cent in the sixth month, 18.4 per cent in the seventh month, and 19.2 per cent, or the largest proportion, in the eighth month. Finally, as many as 12.1 per cent received their first visit in the last or ninth month of pregnancy.

Berglund reports in her study of a survey made in 1939 by the New York City Health Department:

Seventy-three per cent of the persons in a selected district participating in the study thought it important that an expectant mother visit a doctor before the end of the first trimester of preg-


nancy; however, 50 per cent of the women in this district did not go to
doctor until after the end of the second trimester of pregnancy. 4

Another report is found in the publication Public Health Nursing.
This study, by Fluent, dealt with antepartum care and the reasons given
by women for not seeking medical supervision early in pregnancy. In
order to consider this aspect of the problem, requests were sent to nine
agencies in widely diverse areas of the United States. A sampling of
the reasons given by expectant women for not seeing a doctor early in
pregnancy was obtained. A group with "inability to recognize need for
medical care" made up the largest number of women studied. Over three
quarters of these were due to lack of effective information, and the re-
mainder to indifference. The second largest grouping was due to "financial"
reasons. The third grouping was "individual" reasons. The women
in this group were either afraid of having another baby, afraid of a
medical examination, or had no one to stay with the children at home.
"Attitude toward medical care" made up the fourth classification and
included about 7 per cent of the total group. Poor experiences with
previous medical supervision left these women uninterested in seeking
it again. 5

II. RECENT STUDIES

Another survey, as reported in Berglund's study, was taken in
1954 by a social worker employed by the state of California. Beckman
interviewed a sample of mothers who delivered in the Los Angeles County

4Ruth Berglund, "A Study of a Selected Number of Mothers Ad-
mitted to Prenatal Clinic During the Eighth or Ninth Month of Preg-
nancy" (unpublished Master's thesis, University of California, Los
Angeles, May, 1959), pp. 7, 8.

5Marion Fluent, "Securing Early Antepartum Care," Public Health
Nursing, 32:29-31, January, 1940.
General Hospital to determine how much medical care they had received and
why certain mothers did not obtain adequate care when it was available.
Four-hundred and thirteen mothers were interviewed. Of these, 12 per
cent had not been to the doctor or clinic for antepartum care during the
current pregnancy. One visit had been made by 9 per cent. Fifty per
cent had sought care in the first trimester and 25 per cent waited until
the third trimester. One hundred ninety-nine women of the 413 were in-
terviewed concerning their attitude toward care received in this preg-
nancy and previous pregnancies. The following is a summary of the
Beckman study as to the dominant reasons why care was not sought: (1)
lack of sufficient motivation—no particular psychological block to at-
tendance, (2) ignorance, (3) unsatisfying and non-meaningful previous
antepartum experience, (4) psychological factors interfering with ob-
taining care, (5) practical difficulties interfering with attendance. 6

A study of twenty-two women made by Nelson of the University of
Pittsburgh compared the backgrounds, perinatal, and general medical care
practices and preparation for motherhood between women who sought early
antepartum medical care in the first trimester of pregnancy and those who
did not seek antepartum medical care in the first trimester. By ques-
tionnaire and interview of these twenty-two women, the following
characteristics of the women who sought medical care during the first
trimester were compared with those who did not. Women who sought care
in the first trimester were younger, had fewer years of marriages, fewer
pregnancies, had a higher mean number of years of marriage per pregnancy,
more were Anglo-Saxon, Italian and all Jewish and there was noted a
slightly higher level of education in this group. These women held more

6 Berglund, op. cit., pp. 8-10.
highly skilled jobs and had more work experience. The husbands of these women also held more highly skilled jobs. More of the women who sought antepartum medical care in the first trimester were found to have obtained private medical care. These women more frequently recalled more items of the first antepartum and post-partum medical examination. More of these women had insurance coverage for perinatal medical care. These women expressed more freedom in asking questions of the physicians on the first antepartum and post-partum visits and went for the first antepartum medical visit to confirm the pregnancy. Of the women who sought early antepartum medical care, more had received information about menstruation and the birth process from their families. Also, these women had courses in school which were helpful in preparing them for marriage and motherhood. These women were more willing to assume responsibility for beginning their children's sex education at home and more willing that the school or some other source supplement home information. Little difference was seen between the two groups with respect to source of reading material or television programs on health, although some of both groups had found particular health programs on television helpful. None had found radio helpful and none had attended parents' classes.7

A survey of antepartum care was conducted in the Boston Metropolitan area in June, 1956. Eighty-three per cent of the women studied were of the opinion that antepartum care should begin during or before the third month of pregnancy; however, less than 71 per cent actually began care at that time during their pregnancy. The remaining 17 per cent of women thought care should begin at the fourth month or later and

they also lagged in initiating care at the month they indicated.

The discrepancy between opinion and performance is greatest for the low income and educational groups and becomes progressively less as levels of maternal education and family income increase. These factors suggest the force of other significant factors that may affect the determination to obtain prenatal care, such as knowledge of principles of hygiene, attitude, cultural values, effectiveness of communication between the patient and the physician and accessibility and acceptability of care. They may also reflect differences in depth of understanding of the risks involved in delaying medical supervision.8

According to the 1955-56 Annual Report of the Los Angeles County Health Department:

Statistics reflect that most women register for prenatal care in the second and third trimesters. In the fiscal year 1955-56, of a total of 5,889 registrants to prenatal clinic, 1,095 or 18.6 per cent, applied in the first trimester; 2,792, or 47.4 per cent, in the second trimester; and 2,002, or 34.0 per cent, in the third. In other words, most applicants apply for prenatal care in the second or third trimesters. Accordingly, planning medical care costs with such applicants among the low-income groups is a problem, especially so for about one-third who apply during the last three months of pregnancy and lack funds.9

This report further comments on some of the factors which influence women to apply for medical supervision late in pregnancy: Pediatrician-psychiatrists point out that, during the first trimester, the mother’s concern seems to be primarily with her own circumstances as a person. She is, as yet, not aware of the baby and, rather, is concerned with how she herself feels. It is only as she becomes aware of her responsibilities to the child she is developing, and becomes more conscious of him as a separate person, that she feels motivated to place herself under medical supervision regardless of how well she herself


feels. She now wishes security that, as a mother, she is doing the right thing for the baby. In spite of health education efforts over the years, experience reflects that in 1952-55 about four-fifths of the pregnant women in the low income groups who attended the County Health Department service report for care during the second and third trimesters, with at most six months in which to plan costs of maternity care. Furthermore, Los Angeles has experienced a more than average population growth. Many newcomers are from states with less well-developed health education programs in practice and would not appreciate the significance of early antepartum care. Many know that as non-residents they cannot expect county medical care unless the situation is an emergency. These factors, too, are deterrents to early application for medical care and possible budgeting of medical care costs. The third factor found in this study, and one of considerable significance, relates to the American cultural pattern of paying bills. • • • Buying on credit is the prevailing practice among low income families for most every expensive item they acquire. Accordingly, they are out of tune with voluntary hospitals which require part-pay patients to meet the costs of hospitalization before the patient leaves the hospital. They are also out of tune with physicians who require maternity patients covered by hospital insurance to pay them in full "in advance". 10

A report in 1957 on a statewide survey of quantity, quality and eligibility of antepartum care in California was the first overall picture of public antepartum care in California. This report stated:

• • • most county hospital staffs estimated that between 10 and 40 per cent of the mothers delivered in their hospitals had not received any prenatal care. Although it is recommended that there

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10 Ibid.
be ten to twelve visits per pregnancy, most clinics actually pro-
vided between two and five visits.

All patients delivered at Denver General Hospital between January
1, 1958 and July 1, 1958 who had no antepartum care or only one or two
antepartum visits were interviewed.

Reasons for not seeking prenatal care were varied, and more than
one answer was given by many. The predominant reasons given by
those with no prenatal care were 'lethargy', 'finances' and 'other'.
For those with one prenatal visit: 'Baby-sitting problem', 'fi-
nance', and 'did not know facility existed'. For those with two
prenatal visits: 'Finances', 'baby-sitting problem', and 'lethargy'.

A study was done in 1958 by Brooker, University of California,
Berkeley, to determine some of the reasons women fail to receive antes-
partum care until late in pregnancy or receive no care until time of
delivery. Interviews with some thirty women netted the following results:
(1) five women did not receive medical supervision because they were
ineligible at the County hospital, (2) another three of the group
failed to obtain care because they did not know they were pregnant, (3)
for two of the mothers, care was not obtained because they did not want
to go. Fear of doctors was the reason given, (4) lack of babysitters
was the reason ten women gave, (5) five mothers did not think it neces-
sary to go unless they were sick, (6) five mothers put off seeking care
until sufficient money was saved to obtain care from a private doctor.
This study also investigated the attitudes of these mothers toward the
time care should be received. The majority stated that it should begin
in the first trimester and the reasons for this were: (1) "everyone

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11State Department of Public Health and the California Con-
ference of Local Health Officers, "Public Prenatal Care in California,"
California's Health, 15:49, October 1, 1957.

12Harold Hepner, and Richard Shaver, "Perinatal Mortality as
Related to Prenatal Care," Rocky Mountain Medical Journal, 57:45,
February 8, 1960.
says it's best" and, (2) "because when you're pregnant, you need shots because sometimes your blood is low".  

"A Study of a Selected Number of Mothers Admitted to Prenatal Clinic During the Eighth or Ninth Month of Pregnancy", as reported by Berglund in 1959 had interesting results: The fifteen women interviewed came to the clinic late in pregnancy because: (1) they had no symptoms; or, (2) they were not concerned enough about their symptoms to come earlier; or, (3) they did not understand the value of seeking medical supervision early. As the time for delivery approached, they came to clinic for reassurance that they and the babies were alright and for the medical examination. Furthermore, these mothers-to-be seemed to think that a pregnant woman is well as long as she has no symptoms or feeling of illness; therefore, there is little reason to seek medical supervision. These women did not seem to associate medical supervision with prevention, but rather with treatment and diagnosis. In this study, symptoms alone were not sufficient motivating factors for seeking care, but severity or kind of symptoms were the determining factors of when care was sought. For some, it made a difference whether symptoms were associated with pregnancy or not.

A survey recently completed by the Central New York Maternal and Perinatal Mortality Study was made to ascertain the time of pregnancy at which patients start antepartum care. The survey was made as a "spot check" of the Metropolitan Syracuse area during May, June and July of 1961. The data obtained represented all clinic patients of the six

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13Helen Broker, "Study of Failure to Obtain Early Prenatal Care, San Jose Resident Life Births for 1958" (University of California, Berkeley, 1958), p. 9-10. (Mimeographed.)

antepartum clinics conducted, but the private patients represented only a relatively small number. Data included the week of gestation of the first antepartum visit, the number of previous pregnancies, and the circumstances which prompted the patient to make the first antepartum visit. The circumstances studied were the following: (1) a routine physical examination; (2) a differential diagnosis—patient who came to find out if she was pregnant; (3) and an examination because of symptoms and/or signs. The results showed that, of the private patients, 78.2 per cent came in the first trimester; 17.6 per cent in the second trimester; and 4.2 per cent in the third trimester; nine patients had no care. The clinic patients showed a different picture. In this group, 20.7 per cent came in the first trimester; 56.1 per cent in the second; and 23.2 per cent in the third trimester; 36 patients had no care. Of all patients, 64.9 per cent came for a routine examination; 15.7 per cent for differential diagnosis; and 19.4 per cent because of signs and symptoms.15

III. SUMMARY

A review of early and recent literature on the time women seek medical supervision in pregnancy and factors which keep women from seeking early care is reported.

Two studies show that 50 per cent of the population studied had no care until the last trimester of pregnancy. Approximately 20 per cent of the group in the two studies reviewed showed that no care had been received until the last month of pregnancy or no care had been received at all. Beckman reported that 25 per cent of the group she studied waited until the third trimester for care and 12 per cent had not been to a

doctor or clinic at all. In another study, less than 71 per cent of the group began care in the first trimester. Another study reported that most women studied registered in the second and third trimester of their pregnancy. An estimate of between 10 and 40 per cent of mothers delivered in County hospitals had received no antepartum care according to a California statewide survey. Care was initiated in the third trimester by 1.2 per cent of private patients and 23.2 per cent of clinic patients according to a Syracuse, New York survey. Routine examination, differential diagnosis and signs and symptoms were reasons given for seeking care.

In studies of the factors which prompted or deterred patients to seeking early antepartum care, Nelson found that the following characteristics were correlated with those who seek early antepartum care versus those who do not: (1) younger age, (2) fewer years of marriage, (3) fewer pregnancies with more years of marriage per pregnancy, (4) higher level of education, (5) private medical care with insurance coverage for care and, (6) more sex education in family. The women studied by Berglund did not seem to associate medical supervision with prevention but rather with treatment and diagnosis. Deterrent factors to seeking early care were: (1) finances, according to four reports, (2) babysitting problems, according to two reports, (3) lethargy or lack of motivation, according to three reports. Other deterrent factors brought out by these same studies were: (1) lack of knowledge of pregnancy, (2) women did not want to go for care, (3) lack of knowledge of clinic facility, (4) ignorance, (5) unsatisfying and/or nonmeaningful previous prenatal experience, (6) psychological factors, (7) practical difficulties, (8) individual reasons, (9) other reasons.

A review of the literature showed that interviews with mothers
seeking care late in pregnancy resulted in diversified answers. However, one underlying factor remained the same in all groups; that was, an inability to recognize the importance of preventive supervisory antepartum care.
CHAPTER III

METHOD OF STUDY

The purpose of this study was to determine factors which deterred a group of women from seeking antepartum care until or after their seventh month of pregnancy.

I. METHOD OF RESEARCH

The descriptive or normative survey was the method of research chosen. This method is directed toward ascertaining the prevailing conditions. Good and Seates describe it thus:

"...descriptive investigations include all of those studies that purport to present facts concerning the nature and status of anything—-a group of persons, a number of objects, a set of conditions, a class of events, a system of thought, or any other kind of phenomena which one may wish to study."

It is further described in this way:

"...an organized attempt to analyze, interpret, and report the present status of a social institution, group, or area. It deals with a cross section of the present, of duration sufficient for examination. Its purpose is to get groups of classified, generalized, and interpreted data for the guidance of practice in the immediate future."

A review of literature was done to determine when women seek antepartum care and the causative or deterrent factors which influence when they seek it.

Permission to conduct the study was secured from the hospital.

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administrator, the Chairman of the Obstetrical-Gynecology Department, the nursing service director and the supervisor of the Obstetrical Unit of the selected hospital where the research was conducted.

A nonprobability sampling, purposive selection, was the method of sampling chosen by the investigator. This method is based on the principle of selecting individuals for the sample according to criteria of controls.

Selection and Development of the Tool

A combination, focused-nondirective interview was used to obtain information for this study. In a focused interview, the main function of the interviewer is to focus attention upon a given experience and its effects. The interviewer knows in advance what aspects of a question he wishes to cover. He has freedom to explore reasons and motives, to probe further in directions that were unanticipated. A nondirective interview encourages the patient to express his feelings without direct suggestions or questions. Although the interviewer is expected to ask questions about a given topic, hopefully he does not bias or direct the respondent to one rather than another response. The interviewer encourages the respondent to talk fully and freely by being alert to the feelings expressed in the statements of the respondent.

In order to have well-formulated questions prepared, an interview guide was used. Additional information sought as to the patient's age,

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3See Appendix A.


6Ibid., p. 266.
race, birthplace, religion and number of visits to the clinic was obtained from the chart.

The pilot study. Six mothers were interviewed for the pilot study. To prepare the mother for the interview, the investigator would introduce herself as Mrs. D____. She would then explain her purpose for being there by stating something similar to the following: "I am a student at __________ University and I am doing a study. I am interested in knowing your attitudes, opinions and feelings about prenatal care and prenatal clinics. Would you be willing to participate in the study?" None of the mothers refused to participate during the pilot study. The interviewer would make arrangements to see the mother that evening or the following day at a specific time.

The interviews were conducted on the post-partum unit of the selected hospital in a private room. Or, if there was not another patient present, in the patient's room. At the beginning of the interview, the investigator would explain that the responses recorded would be treated in a confidential manner and that they would be recorded during the interview.

During the pilot study, it was decided to revise the interview schedule to render the interview more effective. In order to better meet the objectives of the interview, some questions were added, some deleted, the sequence of questions changed and the wording was changed in one question. It was also decided by the investigator to conduct the interviews wearing street clothes and laboratory coat rather than professional uniform. This decision came about after conducting interviews in both types of attire and noting no appreciable difference in the responses of the interviewees. The data collected in the pilot study was not used in the main study.
Selection and Description of the Study Group

The study group of twenty women selected for interview was chosen on the basis of the following criteria: (1) they had not initiated antepartum care until their third trimester of pregnancy or had received no care at all; (2) the pregnancy terminated in the birth of a healthy, live infant (it was felt to be unadvisable to interview a mother with a sick or deceased infant); (3) the mothers interviewed for the main study were those who had delivered their infants during the four-week time period of March 12, 1963 to April 10, 1963 (this month was thought to be as representative as any other month); (4) both primiparas and multiparas were interviewed.

The study group had the following characteristics:

1. **Number of Antepartum Visits.** Three women, or 15 per cent, had no antepartum medical care; five, or 25 per cent, had one to three visits; seven, or 35 per cent, had four to six visits; five, or 25 per cent, had seven to nine visits. It is noted that none of the study group had over seven to nine visits to antepartum clinic.

2. **Age.** Eight of the women, or 40 per cent, were age twenty to twenty-four; four, or 20 per cent, were twenty-five to twenty-nine years of age; seven, or 35 per cent, were thirty to thirty-four years old; and one woman, or 5 per cent, was in the thirty-five to thirty-nine age bracket. Here, it was found that the largest percentage of women were in the twenty to twenty-four years of age group.

3. **Race.** Seventeen, or 85 per cent, were Caucasian (Spanish-American); three, or 15 per cent, of the women were of the Negro race.

4. **Birthplace.** Fifteen, or 75 per cent, of the mothers were born in the United States while five, or 25 per cent, were born in Mexico.
5. Religion. The religious affiliation of sixteen, or 30 per cent, of the women was Catholic. Four, or 20 per cent, of the women were of Protestant affiliation.

6. Term Preganacies. (live births) Two, or 10 per cent, of the study group had one term pregnancy; three, or 15 per cent, had two term pregnancies; five, or 25 per cent, had three term pregnancies; four, or 20 per cent, had four term pregnancies; two, or 10 per cent, had five term pregnancies; one, or 5 per cent, had six full-term pregnancies and three, or 15 per cent, had seven full-term pregnancies. It is interesting to note that the largest percentage of the group had three children in the family.

7. Premature Births. Ninety-five per cent of the group had had no premature births, while only one of the mothers interviewed had a premature birth.

8. Abortions. Fifteen, or 30 per cent, of the women had no abortions; three, or 15 per cent, had had one abortion and one had four abortions.

9. Economic Status. In order to discover further the characteristics of the study group, the investigator studied their economic status as rated by the selected clinic which these patients had attended. The patients are rated either A, B, or E.

Rating is based on monthly income and the number of family members this income must serve. Patients rated A are those eligible for a 40 per cent discount of the private patient paying rate. Patients rated B are given a 30 per cent discount and patients rated E a 20 per cent discount.

Of the study group, seventeen, or 35 per cent, of the patients had an A rating, two, or 10 per cent, a B rating and one, or 5 per cent,
an E rating. This indicated that the majority of the patients inter-
viewed were probably on a low income level or had large families or
both.

It was of interest to the investigator to compare the study
group of twenty with a larger group. Obstetrical coding cards and an
IBM sorting machine were used for this preliminary investigation. The
women who were discharged from the maternity unit of the selected
hospital during the six-month period from August, 1962 through January,
1963 numbered 838. It was found by the investigator that, of the 838
women, 178, or 21.2 per cent, had not initiated antepartum care until
their third trimester of pregnancy. This 21.2 per cent was thought to
be representative of all those women first attending the selected
clinic at their third trimester of pregnancy and delivering their babies
at the selected hospital. During the period of this research, the study
group of twenty was compared with the group of 178 women in order to
determine the extent to which the study group's characteristics were
like those of a larger group. Broadly speaking, the two groups were
comparable with the exception of race and religion. A description of
the group of 178 is given and graphic comparisons of both groups are
shown in the Appendix.7

Collecting the Data

Twenty mothers were interviewed for the main study. The same
method used to prepare the mothers for the interview for the pilot
study was used for the main study.

Two of the mothers approached refused to participate during the
main study.

7See Appendix B.
The interviews were conducted in a private room or a semi-private room if the patient was alone there. In two instances, patients were interviewed in their rooms when other patients were present. One time this was done when a patient was on "bed rest" and once when a patient requested to stay in her room. This did not appear to inhibit these patients' responses.

Three patients were Spanish-speaking and willingly spoke through an interpreter.

The interviews were conducted in a manner similar to that of the pilot study. The revised interview schedule was used. The interview was based on the desire to know the mother's pattern of initiating antepartum medical care; her motivations for initiating care during the immediate past pregnancy; the possible home circumstances which had prevented her from seeking care; her lack of motivation (if present) for not seeking care; her source or lack of information about the clinic facility; the possible influences of the clinic personnel which she came in contact with in past pregnancies— as to when she sought care in the immediate past pregnancy; her perception of the services the clinics have to offer; her perception of the needs of pregnant women; her feelings about the immediate past pregnancy; her opinions and/or feelings as to why other women do not seek early antepartum care; the factor or factors which deterred her from seeking early care during the immediate past pregnancy.

A fact-finding question as to the number of pregnancies and their termination was asked first as an opening question. Other factual information desired was obtained from the chart. Most mothers, while

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8See Interview Schedule in Appendix C.
interviewed, were, or appeared to be/feel "comfortable". If the interviewer noted anxiety as manifested by tone of voice or actions, she would attempt to alleviate it by her approach to the particular personality she was dealing with and as she perceived the amount and apparent kind of anxiety. If, by their answers, it was apparent that the interviewees did not completely comprehend or perceive the question, the interviewer would clarify it.

The following questions or probes were used to determine the depth of the expression, or the frame of reference of feeling or attitudes of the patient:

"Would you clarify what you mean by that?"

"Would you explain that further?"

"Why?"

"Anything else you would like to add?"

"I see."

"Yes, or "Uh huh", or a nod of the head.

Responses were recorded during the interview using expressions and key words as nearly verbatim as possible. At no time did the recording seem to make the patient uncomfortable. All data were obtained at the time of one interview which would last approximately forty to forty-five minutes. The data were analyzed and interpreted. Conclusions were drawn and recommendations made.

II. SUMMARY

The descriptive survey, with a combination focused-nondirective interview, was the method chosen for the study. The method of sampling chosen was purposive selection.

Twenty mothers who attended and/or delivered their infants at a
selected hospital and clinic consisted of the study group.

Permission to conduct the study was secured from appropriate individuals before proceeding with the investigation.

During the period of the investigation, the characteristics of the study group of twenty were compared with a large group in order to determine the extent to which the study group's characteristics were like those of a larger group.

A pilot study was done which aided in determining the effectiveness of the prepared interview guide.

Interviews were conducted on the post-partum unit of the selected hospital. Responses were recorded during the interview. Additional data was obtained from the chart.

Data was analyzed and interpreted. Conclusions were drawn and recommendations made.
CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

Although it is generally agreed that antepartum care should be sought early in pregnancy and that this care should be sought as soon as a woman suspects she is pregnant, a preliminary study by the investigator showed that, of 838 women who delivered their babies at a selected hospital during the months of August, 1962, through January, 1963, 178, or 21.2 per cent, did not seek antepartum care until the third trimester of pregnancy. The problem concerned with this study was to determine factors which deterred a selected group of twenty (eighteen multiparas and two primiparas) women attending the same antepartum clinic and/or hospital from seeking early antepartum care.

I. RESPONSES TO QUESTIONS REGARDING DETERRENT FACTORS TO EARLY ANTEPARTUM CARE

Data were collected from interviews with subjects selected on the basis that they had not initiated antepartum care until their third trimester of pregnancy or had received no care at all. Multiple responses were received from each woman regarding the questions asked her to determine deterring factors to her early clinic attendance.

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Patterns of Antepartum Clinic Attendance

In order to facilitate evaluation of succeeding questions, the interview was begun with the question, "How many pregnancies have you had?" Twenty women, eighteen multiparas and two primiparas, had a total of seventy-six full-term pregnancies, one premature birth and seven "miscarriages". Figure 1 represents the classification of pregnancies according to duration.

To determine if antepartum care had been received and what kind of antepartum care facility had been sought for their pregnancies, the patients were asked to indicate the place where care was received and the type of service utilized--such as, private physician, clinic, etc.

Responses indicated that, of seventy-six full-term pregnancies, care had been received for sixty-eight of them. Of the seven pregnancies which had terminated in "miscarriage", care had been sought for only two of them. For the pregnancy ending prematurely, care had been received. Thus, for a total of eighty-four pregnancies, care had been received for seventy-one, or 84.5 per cent.

The interviewees further replied that the various kinds of antepartum medical care services used were: (1) clinics, (2) midwives, (3) private doctors, and (4) a combination of private doctor and clinic. Of the services used, 20.2 per cent were clinics. Sixty-two per cent were at the clinic of the selected hospital where this study was done and 28.2 per cent at clinics in another county, other states, Los Angeles City Health Centers and at County Hospital Clinics. Of the services used, 4.2 per cent were those of a private doctor; for another 4.2 per cent, services of a midwife were used, and for 1.4 per cent, combined services of a private doctor and clinic were used. Figure 2 shows an illustration of the various antepartum care facilities used.
FIGURE 1

CLASSIFICATION OF PREGNANCIES
ACCORDING TO DURATION

Full-term 90.6%

Miscarriages 8.3%

Premature 1.1%
FIGURE 2

PERCENTAGES OF VARIOUS TYPES OF ANTEPARTUM MEDICAL CARE FACILITIES USED BY STUDY GROUP
In order to determine if these women developed a habit or pattern of when they initiated antepartum medical care, they were asked, "What month of pregnancy did you first attend a clinic with those (previous) pregnancies?" and, "When you first attended clinic with this (immediate past) pregnancy, how many weeks (months) had you been aware of your pregnancy?"

Responses recorded for seventeen multiparas answering the question about the previous pregnancies for which they had received care indicated that the average month in which care was initiated was 4.6, or during the second trimester. Responses regarding the immediate past pregnancy showed that sixteen of the total of eighteen multiparas interviewed indicated that they had been aware of their pregnancy for an average of 6.2 months, also within the second trimester, before they sought antepartum care. According to the hospital charts, the average month in which this group actually started care was 8.5, or the third trimester of pregnancy. Two of the eighteen multiparas had received no care for the immediate past pregnancy. The two primiparas of the group interviewed had been aware of their pregnancies six months and eight and one-half months respectively when they had first sought antepartum care.

These findings indicate that, for the greatest majority of their pregnancies (81.5 per cent of them), this group was accustomed to seeking care at some point during their pregnancy. However, on the average, it was the pattern of the multiparas not to seek care until their second trimester. Here, it can be noted again that, of a total of sixty-four previous pregnancies for these multiparas, there was an instance of one premature birth and seven miscarriages. Perhaps this group perceived these complications as of relatively low incidence (12.5 per cent); therefore, they felt safe in continuing their pattern of
initiating care late during the pregnancy under question in this study. For, as previously stated, they had been aware of their pregnancy on the average of 6.2 months before they first sought care. The primiparas also had been aware of their pregnancies six months and more when they first sought care. Thus, little difference was found in the time of initiating care in multiparas and primiparas in this study.

Various types of facilities were used; but, for 90.2 per cent of the pregnancies, clinic services were utilized. These findings seem to indicate that the majority of these women seeking care late in pregnancy must feel that it is necessary to come to antepartum clinic at some time, but various factors deter them from coming before they are well along in their pregnancy. The fact that these women most often utilized clinic services points up the necessity for motivating influences for early attendance to come from clinic personnel.

Motivating Influences for Initiating Antepartum Care for the Immediate Past Pregnancy

The objective of the question, "What brought about your decision to seek medical care?" was to discover what factors finally motivated these women to come to clinic. There were twenty responses to this question. The question was not applicable to two of the interviewees who did not seek care until labor had begun. Two of the subjects, or 10 per cent, stated they had no particular reason but just decided it was time to go for care. Two, or 10 per cent, indicated that, with the realization that the baby was soon due, they wanted to start care somewhere and see a doctor to be assured of a hospital for delivery. One of the mothers answered that she finally had the necessary money to go. Two mothers went because of symptoms they wanted treated. One mother was no longer employed and then could go. One mother waited
until her residence was permanent before she went. One mother, having
recently moved to the city, went to the selected clinic immediately after
hearing about it from friends. One mother went for differential diag-
nosis. She thought her missed periods were the onset of the menopause
because she did not feel pregnant. One mother went for advice about the
 advisability of continuing employment. One mother went because of urging
relatives. The largest number, seven, or 35 per cent, of the group stated
they went because they "just knew they should go to have medical care."
When further questioned about "just knowing to go for care," these
mothers expressed that it was something innate with them, or something
they had always known should be done. Table I gives the distribution
of responses of the mothers as to why they initiated antepartum clinic
attendance.

**TABLE I**

**RESPONSES REGARDING FACTORS THAT INFLUENCED THE
DECISION TO SEEK ANTEPARTUM MEDICAL CARE**

<table>
<thead>
<tr>
<th>Motivating Factors</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No particular reason</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>With realisation of soon coming infant, wanted</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Identification with some medical center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Necessary funds obtained</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Symptoms</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Termination of employment</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Permanent residence assured</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>New to city—knowledge of facility obtained</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Differential diagnosis</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Advice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relatives' urging</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Innate knowledge</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td><strong>Total Response</strong></td>
<td>20</td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The above findings point out a number of factors which finally
motivated these women to seek care. For two of the women, manifesta-
tion of symptoms was the motivating influence. It is interesting that
these two women appeared to perceive antepartum medical care only for
treatment of symptoms. Could it be that, in their past experience or initial concept of antepartum care, prevention was not an important component and that only a desire for treatment would motivate them to attend? For two of the women, a realization that they would need or that they desired attendance at the delivery of their infant motivated them to seek care at a clinic in order to be assured a place for delivery. Apparently, these women felt no need for clinic attendance for any other reason. The desire for differential diagnosis motivated one woman to come—the need for advice, another. One woman was motivated to come because of the urging of her relatives. She apparently felt no need on her own. The seven women who "just knew to go and have care" were motivated but not sufficiently at an earlier date. The motives which eventually prompted these women to go for care could have been any number of things from reassurance about themselves and the baby to realization that they had certain responsibilities to their baby and wanted to do the "right" thing.

Home Circumstances which Possibly Deterred Early Clinic Attendance

"Why did you make an appointment to attend clinic on that (the first appointment) date?", was asked in order to note any home circumstances, such as finances, transportation, babysitting difficulties, etc., which could have been possible deterrents to earlier clinic attendance. Again, this question was not applicable to the two interviewees who had no clinic care. Nineteen responses were received to this question. Ten responses indicated that there was no particular reason why a certain date was chosen. It would seem from this, then, that there were no particular home circumstances which had deterred these women from attending earlier had they so desired. Two women indicated the day they had chosen was most convenient for them because
arrangements were made for the children. One respondent indicated a transportation problem had been taken care of; therefore, she made an appointment to attend. Three women indicated finances had been a difficulty. When sufficient funds were obtained, they made an appointment for clinic. Two of the women made appointments when employment had permitted. One woman made an appointment when her husband strongly urged her to do so immediately. Table II shows the distribution of the responses as to reasons for making the first appointment to attend clinic.

TABLE II
RESPONSES REGARDING REASONS FOR MAKING FIRST APPOINTMENT

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No particular reason</td>
<td>10</td>
<td>52.6</td>
</tr>
<tr>
<td>Babysitting difficulties resolved</td>
<td>2</td>
<td>10.5</td>
</tr>
<tr>
<td>Transportation difficulties resolved</td>
<td>1</td>
<td>5.3</td>
</tr>
<tr>
<td>Financial difficulties resolved</td>
<td>3</td>
<td>15.8</td>
</tr>
<tr>
<td>Employment difficulties resolved</td>
<td>2</td>
<td>10.5</td>
</tr>
<tr>
<td>Husband urged</td>
<td>1</td>
<td>5.3</td>
</tr>
</tbody>
</table>

Total Response 19 100.0

These responses indicate that, for 52.6 per cent, there were no stated deterrents to earlier attendance at clinic.

Those women indicating babysitting, transportation, financial and employment difficulties seemingly were not sufficiently motivated to attend antepartum clinic to try to overcome these difficulties prior to their third trimester. Let it be remembered that, of this group, the average month of the first visit was 8.5. It seems that, with some effort, these apparent difficulties could have been solved at an earlier date. However, if not, if these were very real problems, the clinics have a part to play in alleviating them.

Expectations from Antepartum Medical Clinic

Questions eight and nine, "When did you first want to come to
Responses indicated that the average month of pregnancy at which the group first "wanted" to initiate care was 4.2, although previous findings indicate they were aware of their pregnancy for an average of 6.2 months before they first attended and were actually 8.5 months pregnant at the time of the first visit. There is quite a discrepancy between the time they first wanted to attend and when they actually did. Only two women of the group went when they indicated they first wanted to go.

Twenty-one responses were received regarding the reasons why these women first wanted to go to clinic. Four of these indicated "for treatment of symptoms." One was for "advice." One indicated "it is important." One indicated "for management of weight." Another said "it's best to go early." One said "to alleviate discomfort if it started." Another said "it's a good time for the doctor to tell if you are pregnant." Three indicated "for the baby's sake." Two said "because they knew they should have care." One woman who attended when she first wanted to at her eighth month stated "there is no reason to come early if no complications are present" and five women indicated "prevention" was the reason they first wanted to go—their answers were as follows: (1) for early detection if something was present, (2) things can come up and one can never know about them if one doesn't go to clinic, (3) had toxemia once—I knew I should go, (4) to get checked to see if anything was wrong, (5) to see if everything was alright. Table III shows the number and percentage distribution of reasons given for first wanting to attend clinic.
These findings seem to indicate that reasons for first wanting to go to clinic include a desire for its restorative, diagnostic and preventive services, but these aspects are not strong enough motivating factors to counteract strong deterring factors for attendance at that time. For, as previously stated, only two of the group went to clinic when they first "wanted" to go.

Again, the previously stated factors which seemed to bring about the final decision to seek care were, in general: (1) treatment; (2) resolution of difficulties; (3) diagnosis; and (4) innate knowledge to go for care. The reasons the largest majority of this same group gave for wanting to first go to clinic were for preventive aspects, diagnosis, treatment, and knowledge that they should go. In comparing the former responses with the latter, there appears to be a conflict of what may be considered the practical with the ideal.

**Sources and/or Lack of Information of Clinic Facility**

"What made you decide to come to _____(clinic)?" and, "Did you attend as soon as _____ told you about it?", were questions aimed at
discovering the subject's sources, or lack of information, of the clinic facility and, if there was lack of knowledge, if this influenced early attendance.

The eighteen responses to the first question indicated that, for twelve of the subjects, previous attendance at the selected clinic influenced them to return. For one mother, the financial considerations influenced her to go. For one respondent, a relative told her about the clinic and she made an appointment to attend as soon as she heard about it. Four of the subjects' informants about the clinic were friends; however, no care was initiated when they first heard about it. These questions did not apply to the two subjects who did not seek any clinic care.

Of this group of eighteen, thirteen did not lack information about a prenatal clinic. Of the five who did, only one initiated care as soon as she heard about it. This seems to point out that lack of information was not a deterrent to obtaining antepartum care before the last trimester.

**Previous Influences of Clinic and Clinic Personnel**

Based on the assumption that clinics and clinic personnel might have had an adverse effect during past pregnancies, thus influencing when the subjects first initiated care during the immediate past pregnancy, the multiparas of the group were asked these questions, "What did the nurse do for you when you attended clinic?" and, "What service (during past pregnancies) would you have preferred from the nurse?"

"What did the doctor do for you when you attended clinic?" (during past pregnancies) "What services would you have preferred from the doctor?" After each of these questions was asked, the interviewer referred the question to care received during the immediate pregnancy. Then the
question was asked, "What were your general impressions of the clinic you attended?" These questions were asked in an effort to determine if the subjects were in any way dissatisfied with care received during the immediate past pregnancy. This dissatisfaction, if present, might be responsible for delayed attendance at the antepartum clinic at a future time.

In regard to the things remembered about nurse's activities in antepartum clinics in previous pregnancies, the eighteen multiparas gave thirty-six responses ranging in sixteen categories. The responses are shown on Table IV.

**TABLE IV**

RESPONSES REGARDING NURSES' ACTIVITIES IN ANTENATAL CLINICS DURING PREVIOUS PREGNANCIES

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisted with examination</td>
<td>6</td>
<td>16.6</td>
</tr>
<tr>
<td>Gave instructions or explanations</td>
<td>2</td>
<td>5.6</td>
</tr>
<tr>
<td>Checked weight</td>
<td>6</td>
<td>16.6</td>
</tr>
<tr>
<td>Checked urine specimen</td>
<td>2</td>
<td>5.6</td>
</tr>
<tr>
<td>Checked blood pressure</td>
<td>1</td>
<td>2.8</td>
</tr>
<tr>
<td>Took TPR</td>
<td>3</td>
<td>8.3</td>
</tr>
<tr>
<td>Diet instructions</td>
<td>1</td>
<td>2.8</td>
</tr>
<tr>
<td>Took blood samples</td>
<td>1</td>
<td>2.8</td>
</tr>
<tr>
<td>Scheduled for appointments</td>
<td>2</td>
<td>5.6</td>
</tr>
<tr>
<td>Discussed problems</td>
<td>1</td>
<td>2.8</td>
</tr>
<tr>
<td>Gave advice</td>
<td>1</td>
<td>2.8</td>
</tr>
<tr>
<td>Gave pamphlets</td>
<td>1</td>
<td>2.8</td>
</tr>
<tr>
<td>Asked questions about how I felt</td>
<td>1</td>
<td>2.8</td>
</tr>
<tr>
<td>Nothing outstanding</td>
<td>1</td>
<td>2.8</td>
</tr>
<tr>
<td>Don't remember</td>
<td>2</td>
<td>5.6</td>
</tr>
<tr>
<td>Treated me nicely, kindly, in friendly manner</td>
<td>5</td>
<td>13.7</td>
</tr>
<tr>
<td><strong>Total Response</strong></td>
<td><strong>36</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

These responses indicate the various functions and roles the nurse figure assumed in the eyes of the interviewees and, for the most part, centered around what may be considered the routine duties of a nurse in an antepartum clinic. When asked what service they would have preferred
from the nurse, these subjects stated they were well satisfied with what
the nurse did for them in past clinic experiences and preferred no more
than what was received.

In answer to the question as to what the doctor did for them in
previous clinic experiences, the multiparas gave thirty-nine responses
ranging in seventeen categories which were related to the doctor's gen-
eral examination, diagnosis and treatment--also to the manner in which
he performed this care. Table V shows the distribution in number and
percentage.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>9</td>
<td>23.0</td>
</tr>
<tr>
<td>Checked baby's position</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Checked blood pressure</td>
<td>5</td>
<td>12.8</td>
</tr>
<tr>
<td>Took measurements</td>
<td>3</td>
<td>7.7</td>
</tr>
<tr>
<td>Ordered diagnostic tests</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Counseled about diet</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Counseled about weight</td>
<td>5</td>
<td>12.8</td>
</tr>
<tr>
<td>Checked baby's heart rates</td>
<td>3</td>
<td>7.7</td>
</tr>
<tr>
<td>Was rough and frightening</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Did not answer questions</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Did &quot;cancer test&quot;</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Ordered prescription</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>Was impersonal</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Discussed progress</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Counseled about blood pressure</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Had understanding and patience</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Can't remember and/or nothing outstanding</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td></td>
<td>Total Response 39</td>
<td>100.0</td>
</tr>
</tbody>
</table>

It was noted that sixteen of the eighteen indicated satisfaction
with the services received from the doctor.

These findings indicate that the greatest majority of past exper-
ences in antepartum clinic were of a satisfactory nature to these women.
The assumption that past negative clinic experience deterred the group
from seeking early antepartum care is not borne out by this group.

In reply to inquiry regarding services received from the nurses and doctors during the immediate past pregnancies, seventeen subjects indicated satisfaction and one dissatisfaction with the nurses; sixteen indicated satisfaction and two dissatisfaction with the doctors. Two of the group received no clinic care; therefore, the question was not applicable. Eleven women expressed a general impression of complete satisfaction of the clinic attended during the immediate past pregnancy; three women expressed discontentment with the long waiting periods to see the doctor; five women expressed a degree of satisfaction and then some dissatisfaction in regard to the hours the clinic was scheduled and the waiting periods.

These findings would seem to indicate satisfaction toward the clinic services and personnel as a whole. Prediction as to whether the dissatisfaction expressed would deter early clinic attendance in future pregnancies would depend on motivating and deterring factors at that time. However, it might be well to view these areas as possible deterring influences for the future.

Perceptions of Services which Clinics have to Offer

How does this group perceive the services of antepartum medical care? This could influence when they first sought care. In order to further determine this, the question was asked, "What do you think are the most important services the clinic has to offer?" The thirty-six responses from the twenty mothers showed that some of the subjects perceived the antepartum clinic as offering diagnosis, treatment, prevention and miscellaneous services. Some apparently had not given it much thought. See Table VI.
TABLE VI
RESPONSES REGARDING THE MOST IMPORTANT SERVICES CLINICS HAVE TO OFFER

<table>
<thead>
<tr>
<th>Responses Indicating Clinic Function As:</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic</td>
<td>5</td>
<td>11.0</td>
</tr>
<tr>
<td>Consultation with other doctors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimation of &quot;due date&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examination for baby's position</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To determine need for medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td>1</td>
<td>2.8</td>
</tr>
<tr>
<td>Getting vitamins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive</td>
<td>2</td>
<td>5.6</td>
</tr>
<tr>
<td>Maintenance of general health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All preventive medical aspects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic and Preventive</td>
<td>11</td>
<td>30.5</td>
</tr>
<tr>
<td>Pelvic examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other diagnostic tests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor's general examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To see how baby is coming along</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To see how I'm coming along</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevention and Treatment</td>
<td>2</td>
<td>5.6</td>
</tr>
<tr>
<td>Advice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>13</td>
<td>35.9</td>
</tr>
<tr>
<td>Information about progress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Answering questions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kind and/or interested attitude on part of nurses and doctors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nothing in particular</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Everything&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Attitude Verbalized</td>
<td>2</td>
<td>5.6</td>
</tr>
<tr>
<td>I don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Response</td>
<td>36</td>
<td>100.0</td>
</tr>
</tbody>
</table>

An interpretation of these findings showed that the women seeking late care not only perceive clinic services as offering diagnostic care and treatment, but as having some preventive functions as well. It would appear that these features of clinic service are not strong enough motivating factors to result in early attendance. As shown earlier, the above functions were given as reasons for first wanting to attend, but not the factors which brought about the final decision to attend.

Perception of Needs of Pregnant Women

Do the subjects' perception of the needs of the pregnant woman
affect when they seek care? Because this is a possibility, the following questions were asked. "Do you think pregnant women have needs that non-pregnant women do not have?" "What do you consider them to be?" "Why?"

Twelve, or 60 per cent, of the subjects responded "yes"; five, or 25 per cent, "no"; two, or 10 per cent, "at times"; and one, or 5 per cent, "I don't know". Table VII shows the more detailed replies as to their perception of needs during pregnancy.

TABLE VII
RESPONSES REGARDING NEEDS OF PREGNANT WOMEN

<table>
<thead>
<tr>
<th>Responses Of:</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Yes&quot;</td>
<td>9</td>
<td>45</td>
</tr>
<tr>
<td>Emotional Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More kindness, because of increased sensitivity of emotions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotions are varied and one needs consideration of this</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding and thoughtfulness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lovingkindness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Love</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Needs</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Rest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food cravings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;At Times&quot;</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Emotional Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>&quot;No&quot;</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

It will be noted that of the 70 per cent who answered in the affirmative or "at times", 55 per cent saw the outstanding needs of a pregnant woman as being emotional. This, coupled with the fact that 25 per cent of the total group felt that the pregnant woman had no
special needs, might partially explain why there was lack of early clinic attendance. Also, one might ask the question, are not the emotional needs mentioned by these women largely to be met by their family rather than the personnel in the antepartum clinic? In reviewing the findings of what these women perceive as the most important function of the clinic, it can no doubt be safely assumed that the clinic would not be the place they would go to have their emotional needs met.

The fourteen women who felt that a pregnant woman had specific needs were able to express the reasons for them in a rather limited way; but, the responses were interesting to note and were as follows:

"understanding is important at a time like that"; (a pregnant woman) "is always nervous and tense"; (a pregnant woman) "can't do as much as fast, feels so awkward and heavy and tired and things get on (her) nerves";

"when pregnant these things (love) affect the baby because the baby is part of you"; "when not pregnant a woman has her mind on her children, (when pregnant) wants more attention--has more time to think about herself"; "I prefer cold things" (food), (when pregnant); "need someone to baby you"; "it means a lot to have a husband and family that loves you"; "need rest to prevent swollen ankles"; (a pregnant woman) "has more on her mind--and don't want to hurt the baby--it comes first";

"changes that go on in the body, see other women and they are streamlined and (family) makes a remark and then you feel hurt"; "emotions are varied"; (a pregnant woman) "is more sensitive"; "need vitamins, but that's about all--I didn't feel different".

Of the five women who felt a pregnant woman had no special needs, three expressed they "felt no different" during pregnancy; one said that "it's all the same" and one, in essence, said that all her needs had been met. Apparently, feeling different (physically) is a motivating factor
to seeking medical care for these five women.

Subjects' Attitudes and Opinions of "What Should be Done" versus "What Was Done" and "What They Desired to Be"

Did this group follow through or want to follow through with what they thought should be done regarding antepartum clinic attendance? In order to evaluate this aspect of the problem, the interviewees were asked, "When do you think a woman who is pregnant should go to the doctor?" and, "Will you tell me why?"

The twenty responses given by the twenty interviewees to the first question revealed that nineteen of the twenty subjects did not attend clinic when they thought they should first do so. All of them thought care should be first initiated before the fourth or fifth month; however, the average number of months they were aware of their pregnancy was 6.2 before they actually initiated care. See Table VIII.

TABLE VIII
RESPONSES REGARDING TIME A WOMAN SHOULD INITIATE PREGNATAL CARE

<table>
<thead>
<tr>
<th>Responses</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>When she misses her period</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>As soon as she knows she is pregnant</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>As soon as she thinks she is that way</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>It varies with different women</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Right away</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Third month</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Fourth month</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>First or second month</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Third or fourth month</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Fourth or fifth month</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Total Response</td>
<td>20</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Again reviewing previous findings, it can be seen that these women first wanted to attend clinic on an average of 4.2 months of pregnancy. This 4.2 months corresponds with the time when they thought they should.
However, they were not able or willing to follow through with what they wanted and knew they should do because of stronger deterring influences.

Twenty-four responses were given by the twenty women as to reasons why women should initiate antepartum care. Examination of the responses indicates again this group's apparent knowledge of the importance of the preventive, diagnostic and restorative aspects of antepartum medical care. See Table IX.

**TABLE IX**

**RESPONSES REGARDING REASONS A WOMAN SHOULD SEEK ANTEPARTUM MEDICAL CARE**

<table>
<thead>
<tr>
<th>Responses</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>3</td>
<td>12.6</td>
</tr>
<tr>
<td>To take better care of herself</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should be under a doctor's supervision for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>health of mother and baby</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To avoid 'things'</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td>3</td>
<td>12.6</td>
</tr>
<tr>
<td>To tell you if you are anemic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To give you a blood test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If something is wrong, they will tell you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>about it</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td>2</td>
<td>8.3</td>
</tr>
<tr>
<td>To take care of sickness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevention and Treatment</td>
<td>3</td>
<td>12.6</td>
</tr>
<tr>
<td>Some women feel sick and should go early</td>
<td></td>
<td></td>
</tr>
<tr>
<td>So mother can feel good—might need vitamins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and calcium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help to not gain weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevention and Diagnosis</td>
<td>10</td>
<td>41.7</td>
</tr>
<tr>
<td>To see if baby is alright</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To start checking for complications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney infections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To prevent hard labor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To see if anything is wrong</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You never know what complications you may have</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If a woman needs medical care, it should start</td>
<td></td>
<td></td>
</tr>
<tr>
<td>early</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>3</td>
<td>12.5</td>
</tr>
<tr>
<td>That's the time you know you are pregnant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(fourth month) because before that baby</td>
<td></td>
<td></td>
</tr>
<tr>
<td>is just forming</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Response</strong></td>
<td>24</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Again, noting previous findings of what finally brought about the decision to seek care, only 15 to 20 per cent of the responses indicate these services were the motivating factors in their seeking care.

But, this group apparently wanted to do what they thought they should. Over half of the responses indicated preventive, diagnostic and restorative aspects of care as the reasons for first wanting to attend antepartum clinic. However, knowing the importance of antepartum care and wanting care were not sufficient influences for overcoming deterrent factors for this group. The unconscious elements of their motivation may have been the reason for this discrepancy.

Feelings About the Pregnancy

How did these women feel about their pregnancy? Positive or negative feelings would no doubt influence when care was initiated. The subjects were asked, "How did you feel about this pregnancy?" The nineteen responses received to this question revealed both positive and negative feelings toward the pregnancy. Over half of the subjects had negative feelings toward their pregnancy. Before they could accept a positive diagnosis of it or attempt to initiate care for themselves to maintain the pregnancy, they, no doubt, had to accept it within their own mind. See Table X on the following page.

Major Factors Deterring Other Women from Seeking Early Clinic Attendance as Stated by Interviewees

It was of interest to the investigator to discover subjects' attitudes, opinions and feelings about why other women do not seek early care. So, the question was asked, "What would you say are the major reasons many women do not come to antepartum clinic when they first think about coming or when they would first like to come?" It was assumed that much of the information they gave would relate to themselves as well as others. The thirty-four responses received are shown on Table XI.
TABLE X

MOTHERS FEELINGS ABOUT THEIR PREGNANCY

<table>
<thead>
<tr>
<th>Responses</th>
<th>Number</th>
<th>Per. Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Positive</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was glad or happy</td>
<td>8</td>
<td>11.9</td>
</tr>
<tr>
<td>Eager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fine</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Negative</strong></td>
<td>13</td>
<td>52.8</td>
</tr>
<tr>
<td>Feared or dreaded childbirth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Didn't want another, but finally accepted it</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sad, because of finances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disgusted, but had to get used to the idea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discouraged, didn't like it</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disappointed, so close to other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It was not real, seemed like a tumor</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Miscellaneous</strong></td>
<td>1</td>
<td>5.3</td>
</tr>
<tr>
<td>Time was going fast</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Response</strong></td>
<td>19</td>
<td>100.0</td>
</tr>
</tbody>
</table>

TABLE XI

RESPONSES REGARDING FACTORS DETERRING OTHER WOMEN FROM SEEKING EARLY ANTEPARTUM CARE

<table>
<thead>
<tr>
<th>Responses</th>
<th>Number</th>
<th>Per. Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Do not see need</td>
<td>4</td>
<td>11.8</td>
</tr>
<tr>
<td>Put it off</td>
<td>3</td>
<td>8.8</td>
</tr>
<tr>
<td>Language difficulties</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Babysitting difficulties</td>
<td>2</td>
<td>6.0</td>
</tr>
<tr>
<td>Fear of unknown</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Negligence</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Lack of time</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Family influences</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Long waiting periods in clinic</td>
<td>2</td>
<td>6.0</td>
</tr>
<tr>
<td>Transportation</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Inconvenience</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Feeling about examination</td>
<td>7</td>
<td>20.6</td>
</tr>
<tr>
<td>Finances</td>
<td>5</td>
<td>14.7</td>
</tr>
<tr>
<td>Don't know what doctor to choose</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Couldn't say or have no ideas</td>
<td>2</td>
<td>6.0</td>
</tr>
<tr>
<td><strong>Total Response</strong></td>
<td>34</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Responses indicated that the group saw negative or ambivalent attitudes about antepartum care and practical difficulties which were not resolved as deterring factors to other women's early attendance at clinic.

Deterring Factors to Their Own Early Clinic Attendance as Stated by the Selected Subjects

To further determine deterring factors to early antepartum clinic attendance, two additional approaches were used. These questions were stated on two different occasions throughout the interview. "What kept you from coming to clinic when you first thought about coming?" This was asked early in the interview after the subjects indicated when they first wanted to come. "What would you say is the major reason(s) why you did not come at the time you first thought about coming or when you would have first liked to come?" This was asked as the final question of the interview. This was done for two reasons: First, to summarize the factors stated by the subjects as they saw them and/or they wished to verbally relate them and second, because it was felt that at the end of the interview sufficient rapport would have been established between the interviewer and interviewee that heretofore unexpressed factors would be brought to light. It was interesting to note the responses to these two questions and to compare them. See Table XII. Two respondents attended clinic when they first wanted to do so; therefore, the questions did not apply. Half of the respondents, when questioned the second time concerning deterring factors, gave additional information or cited further what they considered deterring factors to their early antepartum clinic attendance. Based on these findings, we can see the deterrent factors to early antepartum clinic attendance, as stated by the group, were mainly: financial—six responses indicated this; practical difficulties such as employment,
<table>
<thead>
<tr>
<th>What kept you from coming to clinic when you first thought about coming?</th>
<th>What would you say is the major reason(s) why you did not come at the time you first thought about coming or when you first would have liked to come?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs. V: &quot;afraid—embarrassed of examination&quot;</td>
<td>&quot;fear&quot;</td>
</tr>
<tr>
<td>Mrs. A: &quot;was feeling well and thought it was too early to come&quot;</td>
<td>&quot;felt good and didn't see need to come sooner&quot;</td>
</tr>
<tr>
<td>Mrs. R: &quot;did not know the town—did not know about clinics and doctors&quot;</td>
<td>&quot;wanted to go back to Arizona and I had that in my head all the time—then we stayed here so I went to the doctor&quot;</td>
</tr>
<tr>
<td>Mrs. Z: &quot;was thinking about going back to Mexico City and didn't want to go to clinic and then stop going&quot;</td>
<td>&quot;fear of examination—embarrassment—then putting it off over and over again—feel good and feel not necessary to come&quot;</td>
</tr>
<tr>
<td>Mrs. H: &quot;didn't have an interpreter&quot;</td>
<td>&quot;husband comes as interpreter—works all week, plus extra on weekends—don't feel could take the time&quot;</td>
</tr>
<tr>
<td>Mrs. G: &quot;didn't have $35.00 in Jan. or Feb.—then let time slide by—didn't make an effort to come&quot;</td>
<td>&quot;finances—didn't have money and then in Feb. didn't make effort to come coupled with fact of feelings about examination. Felt should come—knew it was good for me—would get worried at night for not coming to see if something was wrong&quot;</td>
</tr>
<tr>
<td>Mrs. V: &quot;little girl had birthday—used funds toward it rather than clinic—I knew would need certain amount for registering&quot;</td>
<td>&quot;disappointment about being pregnant—hoping wasn't and had to adjust to this idea before I went&quot;</td>
</tr>
<tr>
<td>Mrs. R: &quot;money&quot;</td>
<td>&quot;hate first examination&quot;</td>
</tr>
<tr>
<td>Mrs. G: &quot;busy home life&quot;</td>
<td>&quot;feel well—see no need of coming—then toward end need a place to go and decide to go&quot;</td>
</tr>
<tr>
<td>Mrs. C: &quot;mainly finances&quot;</td>
<td>&quot;when first thought about coming, had money—then little girl got sick and didn't have it—then thought of going to but was ineligible then—thought of going to the in labor at last minute and they would take me—then income tax money came—could come!&quot;</td>
</tr>
<tr>
<td>What kept you from coming to clinic when you first thought about coming?</td>
<td>What would you say is the major reason(s) why you did not come at the time you first thought about coming or when you first would have liked to come?</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Mrs. T: &quot;was working and kept putting it off&quot;</td>
<td>&quot;negligence on my part. Just kept putting it off—time seemed to go by fast&quot;</td>
</tr>
<tr>
<td>Mrs. G: &quot;employment&quot;</td>
<td>&quot;finances, employment&quot;</td>
</tr>
<tr>
<td>Mrs. M: &quot;finances&quot;</td>
<td>&quot;didn't know what hospital I was going to—what we could afford—were in midst of moving—didn't know when we would move—babysitting, transportation, organizing trip to clinic&quot;</td>
</tr>
<tr>
<td>Mrs. C: &quot;money used for painting house—funds then used for Christmas and New Years&quot;</td>
<td>&quot;money, live far, transportation, don't have way to go so often—hours of waiting in clinic&quot;</td>
</tr>
<tr>
<td>Mrs. E: &quot;just don't take time out to come—was working also&quot;</td>
<td>&quot;don't know—guess don't like first checkup—when came was real nervous and felt sick just thinking about it. Don't think about the pain—it's the embarrassment&quot;</td>
</tr>
<tr>
<td>Mrs. B: &quot;employment&quot;</td>
<td>&quot;work problem—hard for boss to get replacement&quot;</td>
</tr>
<tr>
<td>Mrs. C: &quot;work—employment&quot;</td>
<td>&quot;didn't think it would make much difference if came early or just before baby was born&quot;</td>
</tr>
<tr>
<td>Mrs. L: &quot;no money&quot;</td>
<td>&quot;money&quot;</td>
</tr>
</tbody>
</table>
transportation, babysitting, language problems—eight responses indicated factors in this category. When previous findings were reviewed, it was found that the final decision to seek medical care came about and appointments were made when, for a large majority of the group, practical difficulties were overcome. The largest number of responses (eleven) indicated attitudes toward medical care as deterrent factors to early antepartum clinic attendance. These included feelings about the examination such as fear and embarrassment, negligent or indifferent attitude about need for care, disappointment about being pregnant and, finally, an attitude that antepartum care is unnecessary. These attitudes could have come about as a result of cultural or family influence or as a result of inadequate perception of antepartum care.

II. SUMMARY

This study of factors which deterred women from seeking early antepartum care was conducted by the normative survey method. A combination focused-non-directive interview was used to obtain the necessary data. Analysis was made of the responses of twenty mothers who did not seek antepartum care at a selected clinic until their third trimester of pregnancy.

Analysis of the data revealed that, although these mothers seek care at some point during their pregnancy, it was their pattern not to initiate it until well along in their second trimester for past pregnancies, and they, no doubt, felt secure in continuing this pattern of care. It was found that these women utilized clinic services most often for their antepartum care.

Factors which influenced them to seek care for the pregnancy under discussion in this study were: desire for identification with
some medical institution for the delivery of their baby; symptoms of illness; resolution of practical difficulties; desire for differential diagnosis; advice needed; urging of relatives; and an innate knowledge to go.

Factors which influenced when the first appointment was made was the resolving of practical difficulties and no particular reason, although the reasons given by the group for first wanting to go to the antepartum clinic was for the preventive, diagnostic and restorative services the clinic had to offer.

Findings of this study indicate that, for the greatest majority of the group, previous experiences at clinic and with clinic personnel had been of a very satisfactory nature; therefore, previous dissatisfaction would not have been a deterring factor to early clinic attendance for the immediate past pregnancy. Further, these women indicated a comprehension of the preventive, diagnostic, and restorative aspects of antepartum medical care.

Seventy per cent of the group felt that pregnant women have needs that non-pregnant women do not have and of these 55 per cent saw them as "emotional" only. This may explain late clinic attendance in terms of their feelings about the types of services clinics offer.

The interviewees expressed an opinion as to when and why they thought a woman should seek antepartum care. Although they stated a desire to follow through with their reasoning, they did not in actuality. The unconscious elements in their motivation may have been the cause for not doing what they desired and knew they should do.

Over half of the subjects interviewed expressed negative feelings toward their pregnancy. No doubt they had to accept their pregnancy before they sought medical care.
Responses of the group indicated that, as they perceived and expressed them, deterring factors to early clinic attendance for others and for themselves were practical difficulties such as employment, transportation, babysitting and language problems and attitudes toward medical care such as feelings about the examination, negligent and indifferent attitudes about the need for care, disappointment about being pregnant and finally an attitude that antepartum care is unnecessary.
CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

I. SUMMARY

There is much in medical literature which indicates the value and necessity of early antepartum care. However, the literature reports a notable deficit of those women seeking early care. There seems to be a variety of factors which deter some women from seeking the care indicated according to studies which have been done. It has been recommended by some investigators that more studies be done within individual antepartum clinics to ascertain factors deterring women from early attendance at those clinics. The problem concerned with this study was to determine what factors deterred a group of antepartum patients, who attended a selected clinic and hospital, from seeking antepartum care until or after their seventh month of pregnancy. It was the investigator's goal that the findings of the study would be of some use to the selected clinic as a basis for alleviating deterring factors if they existed within the clinic and also as a basis for effectively approaching the women seeking late care.

The descriptive survey with a combination focused-non-directive interview was the method chosen to obtain the necessary data. Permission was obtained from the Chairman of the Obstetrical Service, the Hospital Administrator, the Director of Nursing Service, and the Supervisor of the Obstetrical Unit of the hospital where the study was undertaken. A pilot study was done. For the main study, twenty women were interviewed during their post-partum stay in the hospital. The subjects were chosen
on the following basis: (1) they had not initiated antepartum care earlier than their twenty-eighth week of pregnancy or had received no care at all; (2) the pregnancy terminated in the birth of a healthy, live infant; (3) the mothers interviewed were those who had delivered their infants during the four-week period of March 12, 1963 to April 10, 1963; (4) both primiparas and multiparas were interviewed. This group was indicated as the study group. It was of interest to the investigator to compare the study group with a larger group of 178 women in order to determine the extent to which the study group's characteristics were like those of a larger group. The comparisons were made during the period of research and the groups were found to be comparable in number of prenatal visits made, number of full-term pregnancies, number of premature births and number of abortions.

The interview guide was designed to assist in determining factors which deterred the subjects from seeking early care. Factual information about these women was obtained from the chart.

The largest percentage of the study group was in the age group twenty to twenty-four years. Eighty-five per cent were Caucasian (Spanish-American), 15 per cent were of the Negro race, 75 per cent of the group had been born in the United States and 25 per cent in Mexico. Eighty-five per cent of the sample group had an "A" financial rating at the selected antepartum clinic which entitled them to the highest financial discount available to antepartum clinic patients. For a total of eighty-four pregnancies for this group, medical care had been received for 84.5 per cent of the total. Of the antepartum medical care facilities used for these pregnancies, 90.2 per cent were clinics. Although this group was accustomed to seeking care at some point in their pregnancies, their pattern for past pregnancies had been to seek it during or after their second trimester.
The average month of pregnancy at which the group stated they first wanted to initiate care was 4.2, although they had been aware of their pregnancy for an average of 6.2 months before they first attended clinic and they were in actuality 8.5 months pregnant at the time of the first visit. The final motivations to go for care were manifestations of symptoms; desire to identify with some medical institution for delivery of their infant; differential diagnosis; resolution of practical difficulties; advice needed; urging of relatives; and for seven of the women "just knowing the need to have care" was the motivational factor.

Of the group, thirteen did not lack information about the clinic. Of the five who did lack information, only one initiated care as soon as she heard about the clinic. This seemed to indicate that lack of information about the clinic was not a deterrent factor to early attendance for this group.

Answers to questions designed to discover the possible negative influences of past clinic experiences as deterrent factors revealed that the greatest majority of past clinic experiences were of a satisfactory nature to the group.

These women seeking care late in pregnancy perceived clinic services as not only diagnostic and restorative, but also as having preventive aspects as well. The reasons stated by the group for first wanting to go to antepartum clinic indicated those aspects also.

Regarding the needs of pregnant women, 55 per cent of the group saw the outstanding needs of pregnant women as emotional only and 25 per cent of the group felt that pregnant women had no special needs. This, coupled with the fact that the group did not perceive clinic personnel as meeting the emotional needs of pregnant women, might partially explain lack of early clinic attendance.
How did these women feel about their pregnancy? Over half of the group expressed negative feelings about their pregnancy.

Responses indicating the time a woman should first seek care and the reasons for this showed that all of the group thought care should be initiated before the fourth or fifth month of pregnancy and the reasons given for this again demonstrated the group's knowledge of the importance of the preventive, diagnostic and restorative aspects of antepartum medical care; however, these aspects were not the final motivating factors which influenced them to seek care.

The subjects’ attitudes, opinions and feelings about why other women do not seek early care were: (1) negative or ambivalent attitudes about antepartum care and, (2) practical difficulties.

Deterrent factors to their own early attendance as they expressed them were practical difficulties, such as employment, financial, transportation, babysitting and language problems, and attitudes toward medical care, such as feelings about the examination, negligent and indifferent attitudes about the needs for care, disappointment about being pregnant and, finally, an attitude that antepartum care was unnecessary.

II. CONCLUSIONS

On the basis of the statement of the problem and the purpose of this study and as indicated by the findings of the survey, the following conclusions were made:

Women, who attended the selected antepartum clinic and hospital, and who sought care late in pregnancy had established a pattern or habit of seeking care late and apparently felt secure in continuing it. They generally seek care at some time during pregnancy and most often utilize
clinic services. This points up the necessity for motivating influences for early attendance to come from clinic personnel.

The decision by these women to finally seek care points out that symptoms, desire to identify with some medical institution for delivery of their infant, differential diagnosis, advice, urging of relatives and knowing the need to have care were not of sufficient motivating influence to cause them to seek care at an earlier date.

Lack of information of clinic sources was not a deterrent factor to early attendance.

Previous antepartum clinic experiences were of a satisfactory nature to all but two of the group which seemed to indicate that past experiences in clinics had no negative effect upon early attendance at antepartum clinic.

Women seeking late care perceived clinic services as diagnostic, restorative and preventive, but the large majority were apparently not motivated by these perceptions to seek early care.

Fifty-five per cent of these women considered the outstanding needs of a pregnant woman as emotional only. An additional 25 per cent considered pregnant women as having no special needs. This, no doubt, was one of the reasons they did not seek care earlier. These women probably looked to their home and family and not the clinic to meet their emotional needs.

Women seeking care late in pregnancy apparently wanted to do what they thought they should do regarding a program of antepartum medical care for their reasons for first wanting to go to clinic correlated with when they thought a woman should go; however, wanting to go early and knowing the reasons for doing so did not motivate them to seek antepartum care before the third trimester. Factors not consciously known to the women
no doubt explains the cause for this lack of motivation.

Some women seeking care late in pregnancy had negative feelings about the pregnancy and before they could accept a positive diagnosis of it or attempt to initiate care for it they, no doubt, had to accept it first within their own mind.

Deterring factors to early clinic attendance as expressed by the group were practical difficulties and attitudes toward medical care. These factors were no doubt due to cultural conditioning, family influence, or inadequate perception of what constitutes comprehensive antepartum care. Although this group intellectually comprehended the physical needs of a pregnant woman in terms of the care antepartum clinics offer, they apparently had not emotionalized their reasoning to the point of sufficient motivation to attend antepartum clinic early. Also, in some cases, the clinics were apparently not meeting the emotional or felt needs as expressed by these latecomers to clinic. This probably accounted somewhat for lack of early initiation of antepartum care.

III. RECOMMENDATIONS

As a result of this study, the following recommendations were suggested:

1. That study be made to determine cultural influences as motivating or deterring factors to initiating early antepartum care.
2. That study be made to determine the contrasting deterring influences between primiparas and multiparas.
3. That study be made regarding the psychological factors which influence the early initiation of antepartum care.
4. That a more extensive study be made of motivating influences.
to early antepartum care.

5. That a similar study be done within the selected clinic using a larger sample group.

6. That study be done to determine the deterring factors to early care of patients using private medical facilities.

7. That a health education program for expectant mothers and entire communities which utilizes the principles of learning and the theories of motivation be set up in order to instill more positive attitudes regarding antepartum care.

8. That a study be done to evaluate the results of health education on the attendance of former "latecomers" to antepartum clinic.

9. That babysitting facilities, transportation facilities, afternoon and/or evening clinic hours for the working mother, and smaller clinics in outlying districts be considered for women attending antepartum clinic.

10. That clinic personnel give study to ways of meeting emotional and felt needs of antepartum patients.
Pre-managed
PARCHMENT
100% COTTON (THE)
U.S.A.

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BIBLIOGRAPHY

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APPENDICES
APPENDIX A

LETTER REQUESTING PERMISSION FOR STUDY

Dear Mr. __________:

To meet the requirements for an M. S. Degree in Nursing Education at __________ University, I would like to make a study of factors which deter women from seeking early prenatal care.

In order to do this, I plan to interview patients who made their first visit to the _________ Clinic during or later than their seventh month of pregnancy. I would interview these women during their post-partum stay on the maternity unit. I request permission from you to do the study and use the facilities at the _________ Hospital.

I have personally talked with Dr. __________, Mrs. __________, and Miss __________ and have gained their interest and cooperation. I will work closely with the medical and nursing staff during the four to five weeks of February through March I would be using the maternity unit facilities.

A reply at your earliest convenience would be greatly appreciated.

Sincerely,

(Mrs.) ________________
APPENDIX B

DESCRIPTION OF LARGER GROUP OF 178 WOMEN
WITH GRAPHIC COMPARISONS OF STUDY GROUP
OF TWENTY AND GROUP OF 178 WOMEN

Group of 178 Women

The 178 women who had not initiated antepartum care until their third trimester of pregnancy and who are compared with the study group of twenty had the following characteristics:

1. **Number of Prenatal Visits.** 33.7 per cent had one to three prenatal visits; 38.7 per cent had four to six visits; 15.1 per cent had seven to nine visits; 3.4 per cent had ten to twelve visits; and one, or .6 per cent, had thirteen or more visits; .6 per cent had no visits; for another .6 per cent, care had been received elsewhere; and, for 7.3 per cent, the number of visits are unknown. The largest percentage of women had only four to six visits to the clinic.

2. **Age.** 13.5 per cent of the group were fifteen to nineteen years of age; 31.9 per cent were twenty to twenty-four years of age; 26.9 per cent were twenty-five to twenty-nine years of age; 12.9 per cent were thirty to thirty-four years of age; 7.0 per cent were thirty-five to thirty-nine years of age; 3.9 per cent were forty to forty-four years of age. Here it is noted that the largest percentage was twenty to twenty-four years of age.

3. **Race.** 45 per cent were of the Caucasian race; 53.4 per cent were of the Negro race; .6 per cent was of another race; for 1 per cent of this group, race was unknown.
1. Birthplace. 83.2 per cent were born in the United States; 12.9 per cent were born elsewhere. It was unknown where 3.9 per cent of the group was born.

5. Religion. 61.6 per cent were Protestants; 50.0 per cent were Catholics; 2.2 per cent were of other faiths; for 6.2 per cent of the group, the religion was unknown.

6. Term Pregnancies. 18 per cent had no previous term pregnancies; 17.4 per cent had one term pregnancy; 14.6 per cent had had two term pregnancies; 15.2 per cent had had three term pregnancies; 17.4 per cent had had four term pregnancies; 7.3 per cent had had five term pregnancies; 5 per cent had had six term pregnancies; 2.2 per cent had had seven term pregnancies; 1.2 per cent had had eight term pregnancies; 1.7 per cent had had nine or more term pregnancies. It is interesting to note that the largest percentage of women of this group had had no previous pregnancies. Yet, they had not sought medical care until the third trimester of pregnancy.

7. Premature Births. There was one premature birth for this group 95 per cent of the group had had no previous premature births.

8. Abortions. 85.4 per cent had no abortions; 10 per cent had one abortion; 3.4 per cent had two abortions; 6 per cent had three abortions; 6 per cent had four abortions.

Graphic comparisons of the study group of twenty and the group of 178 women follow.
FIGURE 1
NUMBER OF PREGNANT VISITS

Study Group                      Group of 178
FIGURE 2

AGE RANGE

--- Study Group  --- Group of 178
FIGURE 3

RACE

- Study Group  - Group of 178.
FIGURE 4

BIRTHPLACE

Study Group          Group of 178
FIGURE 5

RELIGIOUS AFFILIATION

--- Study Group  --- Group of 178
Figure 7

Percentage of Subjects

Number of Premature Births

--- Study Group
--- Group of 178
FIGURE 8

NUMBER OF ABORTIONS

Study Group  Group of 178
APPENDIX C

INTERVIEW GUIDE

Name:
P.F. #:
Date:
Age:
Race:
Birthplace:
Number of visits to clinic:
Religion:

1. How many pregnancies have you had? Miscarriages Full-term Premature Stillbirths

2. With which of these have you had medical care? Miscarriages Full-term Premature Stillbirths

3. Where?

4. What month of pregnancy did you first attend a clinic with those pregnancies? Miscarriages Full-term Premature Stillbirths

5. When you first attended clinic with this pregnancy, how many weeks had you been aware of your pregnancy?

6. What brought about your decision to seek medical care?

7. Why did you make an appointment to attend clinic on that date?

8. When did you first want to come to clinic during this pregnancy?

9. Why?

10. What kept you from coming to clinic when you first thought about coming?

11. What made you decide to come to ________?

12. Did you attend as soon as ________ told you about it?

13. What did the nurse do for you when you attended clinic during previous pregnancies? During this pregnancy?

14. What service would you have preferred from the nurse? During this pregnancy?

15. What did the doctor do for you when you attended clinic? During this pregnancy?
16. What services would you have preferred from the doctor?

17. What were your general impressions of the clinic you attended?

18. What do you think are the most important services the clinic has to offer?

19. Do you think pregnant women have needs that non-pregnant women do not have?

20. What do you consider them to be?

21. Why?

22. When do you think a woman who is pregnant should go to the doctor?

23. Will you tell me why?

24. How did you feel about this pregnancy?

25. What would you say are the major reasons many women do not come to clinic when they first think about coming or when they would first like to come?

26. What would you say is the major reason why you did not come at the time your first thought about coming or when you would have first liked to come?
LOMA LINDA UNIVERSITY
Graduate School

FACTORS WHICH DETERRED A GROUP
OF WOMEN FROM SEEKING EARLY
ANTEPARTUM CARE
by
Marcia H. Dunbar

An Abstract of a Thesis in
Partial Fulfillment of the Requirements
for the Degree Master of Science
in the Field of Nursing

June, 1963
This study was done for the purpose of analyzing stated factors of deterrence to early antepartum clinic attendance by mothers who attended a selected antepartum clinic. Twenty mothers who initiated antepartum care after the twenty-eighth week of pregnancy were selected for the study.

The normative survey was the method chosen for the study and the interview technique was used to obtain the data for the study.

Findings and conclusions drawn were: women who sought late care had established a pattern of care they apparently felt secure in continuing. They most often utilized clinic services. Further, decisions to finally seek care (desire for treatment; resolution of practical difficulties; and innate knowledge) pointed out that these factors were not sufficient motivating influences for earlier attendance. Likewise, reasons these women first wanted to seek care (prevention, diagnosis and treatment) also were not strong enough motivating factors to counteract deterring factors.

Lack of information of clinic sources and previous clinic experiences were not deterrent factors to early clinic attendance.

Fifty-five per cent of the group saw the needs of pregnant women as emotional; 25 per cent, as having no special needs. Subjects expressed negative feelings toward their pregnancy. This probably partially explains the lack of early care.

Subjects expressed deterring factors to early attendance as practical difficulties. For example, employment, financial, transportation, babysitting and language problems. Other deterring factors
expressed were attitudes toward medical care such as, feelings about the examination, negligent and indifferent attitudes about the need for care, disappointment about being pregnant, and finally an attitude that antepartum care is unnecessary.

The above factors, plus the fact that in some cases the clinics were apparently not meeting the expressed needs of these patients probably accounts for lack of early clinic attendance.