Primiparae's Identification of Critical Incidents During First Postpartum Month and their Evaluations of Subsequent Nursing Intervention

Jane M. Erwin

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PRIMIPARAE'S IDENTIFICATION OF CRITICAL INCIDENTS DURING FIRST POSTPARTUM MONTH AND THEIR EVALUATIONS OF SUBSEQUENT NURSING INTERVENTION

by

Jane M. Erwin

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

January 1969
I certify that I have read this thesis and that in my opinion it is acceptable, in scope and quality, as a thesis for the degree of Master of Science.

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CHAPTER I

INTRODUCTION TO THE STUDY

I. INTRODUCTION

This is the era of preventive medicine in maternal-child care. With more thorough health instruction and refinement of antepartum, intrapartum, postpartum and postnatal care, great progress has been made toward the prevention of complications and more is anticipated. In spite of such progress, the infant mortality rate of the United States was seventh in 1964 compared with the rates of six west European countries.¹

The first four to six weeks of the postpartum are important to maternal welfare. The involutionary process takes place largely within this period. Hemorrhage and puerperal infection, two of the three most common causes of maternal deaths, may occur at this time in the postpartum period. Mortality due to these causes is for the most part preventable.

Great strides have been made in preventive mother and infant care--yet, not enough attention is given to the early postpartum period. Infants are seen by physicians four weeks after discharge from the hospital if the mother arranges it. Mothers are seen by physicians six weeks after discharge.

II. THE PROBLEM AND METHOD OF STUDY

**Purpose of the Study**

The purpose of the study was to investigate (1) what critical incidents mothers would report as having occurred in connection with physical care of their infants and themselves during the first postpartum month and (2) how the mothers would evaluate nursing intervention provided in their homes for the problem areas thus identified.

**Method of Study**

The descriptive-survey approach\(^2\) was chosen as a method of research in this study in an attempt to discover, through the use of the critical incident technique,\(^3\) the problems encountered by beginning mothers in caring for themselves and their infants during the first month postpartum. Through the use of the two evaluation tools, an attempt was made to discover the value of professional guidance for specific critical incidents during the one-month period and the effect of each visit as a whole.

**Need for the Study**

Much publicity has been given to the importance of adequate maternal-child care throughout the nine months of pregnancy and the childhood years. The mother is encouraged to have regular antepartum

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care by a physician. Throughout labor and delivery the vital signs of the mother and infant are closely observed. The postpartum hospital stay, though often lasting three days or less, is characterized by frequent visits from the physician and nurse to both mother and infant. Occasionally guidance and support are continued for the new family during the early postpartum period in the home. However, for the normal mother and infant, professional guidance stops on the day of discharge unless the mother initiates it later.

"For countless American families, the first weeks at home with a new baby are stressful and anxiety-producing." This fact is supported by the studies reported by LeMasters and Larsen as surveyed in the Review of Literature, Chapter II.

This study grew out of the researcher's concern and interest for mothers who experience critical incidents while providing physical care for themselves and their infants in the early postpartum period. Special interest centered on the idea that since critical incidents do occur in the early postpartum, mothers might find nursing care helpful at that time.

Assumptions

1. Professional guidance for the mother is limited during the first month postpartum.

2. The four home visits made by the researcher during the first month postpartum were sufficient for the mother to determine the value

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4Ibid.

5See Chapter II, Review of Literature, pp. 5 and 8.
of nursing intervention.

3. The researcher would be able to establish rapport with the new mothers enabling them to discuss freely their experiences in providing care for themselves and their infants.

4. Mothers would experience problems in care of themselves and babies which they would identify as critical incidents.

Scope of the Study

The subjects were chosen according to the criteria of selection and were limited to mothers delivering in one university hospital. Situations recognized by the nurse as problems but not identified by the mothers as critical incidents were not dealt with in this study. Only critical incidents related to the physical aspects of care of mother and child were used in the study.

III. DEFINITION OF TERMS

For the purposes of this study the following terms have been defined.

Critical incident is an experience important enough to make an impression on the mother, such as dissatisfaction or concern for herself and/or her infant while providing care.⁶

Nursing intervention is the purposeful actions designed by the researcher to meet the needs of the mother following the identification

⁶Flanagan, loc. cit.
of a critical incident.

Physical care is a set of activities directed toward meeting the feeding, sheltering, comforting, cleansing, and maintenance needs of mother or infant as contrasted to emotional or social needs.
CHAPTER II

REVIEW OF LITERATURE

I. INTRODUCTION

A selected review of literature revealed no research on the specific topic of mothers' identification of critical incidents and mothers' evaluation of nurses' intervention for problem situations occurring in the home during the first four weeks of the puerperium; as a result this review includes studies on early parenthood stresses or concerns and professional assistance provided during the initial postpartum period.

II. EARLY PARENTHOOD STRESSES AND CONCERNS

In a study of the impact of a family addition on the young married couple through analysis of parents' own ratings of their experiences, LeMasters reported that of the forty-six couples interviewed thirty-eight (83%) confirmed the hypothesis of this study which was that "the addition of the first child constitutes a crisis event, forcing the married couple to move from an adult-centered type of organization into a child-centered triad group system."¹ In other words most of the parents found the transition into parenthood difficult. This study made no mention of the mothers' opinions of whether or not the caretaking activities for mother and/or baby were contributing

factors to the rating given by the group who described the transition as creating "severe" or "extensive" crisis. No comment was made about data regarding the couples who did not find the transition a crisis situation. The only reference to the eight couples not of the crisis group was that the sample was too small to make any general statement about them. Were they better prepared for parenthood? Did they receive assistance in their homes postpartum? Had they had previous experience in infant and mother care?

The fact that the birth of a child creates a stressful situation for many families was again brought out by the study done by Mann, Woodward, and Joseph. From the study of 201 mothers, their conclusion was that the birth of a baby is one of the critical periods in life and is a "time that tests the very structure of the family itself." The brief report of this study did not include findings. Thus it was difficult to identify evidence leading to this conclusion. Statements made by mothers interviewed about their feelings and recollections of the early postpartum period included such descriptions as confusion, disorganization, helpless feeling when the mother did not know the cause of the baby's crying.

Larsen, in an exploratory study of 130 mothers, expanded the point that parenthood produces stress by analyzing data related to the

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2 Ibid., p. 117.


4 Ibid., p. 48.
entire childbearing experience, prenatal, labor and delivery, hospital stay, first three months at home, and later postpartum. She attempted to find the answers to three questions: What kinds of experiences were actually recalled as stressful by the mothers? At what points did these stresses occur? and What changes occurred with multiparity? She found that the first three months at home produced the greatest number of stresses. The complaints registered by the mothers included physical complications of baby, such as colic and allergies; of concern also were the emotional upsets and nervousness; fatigue and depression; difficulty in adjusting to the needs of the baby (especially night waking); difficulty adjusting to the needs of other children; too much company; interference by relatives and neighbors; difficulty with housework and routines; worry over ability to cope with family needs; worry over the baby; and concern over regaining former weight or figure.

Primiparae found physical discomforts of pregnancy, labor and early puerperium more stressful than did the multiparae. The general trends of the study were:

1. During each successive pregnancy, fears for the unborn baby and fears for the mother herself apparently increase.
2. During successive labors, there is increasing distress over lack of support from the nursing personnel.
3. During successive postpartum periods, there appears to be more stress from too much company and from interference by relatives and neighbors, as well as some increase in concern by mothers about weight reduction.
4. The problems of housework and routines within the family multiply with each increase in family size.
5. Of the entire childbearing experience, mothers mentioned

fatigue more in the postpartum period than during pregnancy.6

The stress of meeting the needs of the new baby along with the loss of sleep and the resulting fatigue of the mother suggest that a baby's sleep-and-eating pattern may also play an important part in postpartum adjustment.

More specific areas of concern have been identified in studies done by Adams,7 Ladner,8 and Henning, et al.9

Adams purposed in her study to find the answers to the following questions:

1. What are the areas of concern to primigravida mothers regarding their own infant caretaking activities?
2. Do such concerns change in kind and/or degree during the first month of maternal care?
3. Are the kinds of concerns of mothers or changes in them related to birth weights of infants?10

Adams defined concerns as "areas of special interest or worry to mothers as indicated by questions pertaining to particular areas of care."11

She interviewed forty primigravida mothers, including twenty mothers of

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6Ibid., p. 36.


10Adams, op. cit., p. 72.

11Ibid.
infants premature by birth-weight, and twenty mothers of infants of normal birth-weight, throughout the first month of infant care. Adams developed three interview guides. Information obtained through the first interview guide, administered in the hospital on the second day after delivery, included information the mother already had about infant care. Also included were such questions as the kind and amount of help the mother planned to have in caring for the baby at home and areas of child care that the mother anticipated might be a problem.

The second interview form, administered one-week after the mother had assumed care of the infant, sought the following information: Had the previously anticipated concerns proved to be actual concerns? What were the areas of present concern? What person did the mother consider to be most helpful in assisting with the care of the infant? What was the father's involvement in the care of the infant? What further information would the mother like to have had about infant care at the time of discharge from the hospital?

The third interview form bore a close resemblance to the second, and it was utilized at the end of one month after the mother had assumed the care-taking activities.

The general findings of the study can be summarized as follows:

Feeding was the area of greatest concern for the mothers during the first month, with the peak of concern at one week (over two-thirds of the mothers asked questions in this area at one week). Though the infant's crying was the area of lowest anticipated concern at two days, it was of concern to about one-third of the mothers throughout the post-hospital period. The respondents stated more concern about bathing and
care of navel and/or circumcision when anticipating care of infant at home. About one-fourth of the mothers actually had questions in this area after caring for their infants one week but by the end of the month these questions had almost disappeared. "Other" concerns were greatest at one week, with twenty-eight mothers having questions in this category. The category of "other" included these problems: elimination, hiccups, when to first take child out-of-doors, rash, and sleeping.

"Respondents experienced the greatest number of questions about caretaking activities after they had cared for their infants one week and the fewest after one month of care."^{12}

The two sets of mothers corresponded more often than not in the number and kinds of concerns indicated by their questions at each interview.

At the last interview the mothers were asked to name two or three of the questions that had seemed most important to them in caring for their babies during the first month. Feeding was named again as an area of greatest concern, with crying indicated by ten mothers as important.

The amount of experience the mother had had in caring for small children seemed highly related to the amount of concern expressed. Rooming-in experience in the hospital played a significant part. Those mothers who had rooming-in experience asked more questions at two days but by the end of the week asked only one-third the questions about bathing and care of navel and/or circumcision as those without such

^{12}Ibid., p. 74.
Mothers who had attended prenatal classes had less questions about bathing, crying, and care of navel and circumcision. Class attendance made little or no difference with regard to questions about feeding and "other" concerns.

The discussion of this study brought out the fact that the greatest concerns about care of the infant occurred when the mother first interacted with her infant in supplying such care. The concerns appeared at two days with mothers having rooming-in hospital situation; they increased at one week for mothers not having rooming-in. One of the findings in this study was that a nurse could answer the mother's questions during the early postpartum period when she is first assuming the care responsibilities of the infant, and relay the progress the mother is making to the mother's physician.

Ladner's study aimed at identifying problems and concerns regarding infant care activities of Mexican-American mothers within the first three weeks of the neonatal period, found that the concerns mentioned included the areas of feeding, elimination, bathing, care of cord, and others. The findings in regard to concerns of Mexican-American mothers corresponded to those identified in Adams' study.

Henning and others set up a study in which their purpose was stated as follows: To identify some fundamental considerations of maternal needs in the postpartum period. The method was as follows:

\[\text{Ibid.}, \text{p. 76.}\]
\[\text{Ibid.}, \text{p. 77.}\]
\[\text{Ladner, op. cit.}, \text{p. 63-64.}\]
forty mothers contacted, 9 process recordings were done in a postpartum unit during the first postpartum week of mothers interviewed, 5 home interviews within three weeks postpartum, and 26 semi-structured interviews in a clinic setting. The findings were stated as follows: the primiparas felt a need for more guidance and reassurance in planning self-care and care for their babies at home; the primpara needed more detailed basic and repetitive instruction in infant care; the multipara was more interested in advice on the reestablishment of the family relationships, such as avoiding sibling rivalry and developing a household plan in order to allow more time for recovery. Henning and her co-researchers concluded that all mothers need support in the assumption of their new role in an increased family size. Each mother has her own concerns and problems about subjects which are common to postpartum mothers, but which require an individual approach. Another study intent on identifying concerns of mothers during the first-three months postpartum was conducted by Carpenter. She found that mothers identified the same concerns as mentioned in Adams' and Ladner's studies, but she went further to identify mothers' concerns regarding their own care. These fell into the categories of breast and perineal care and other health problems or complications.

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16 Henning, et al., loc. cit.

17 Maude Helen Carpenter, "The Need for Assistance of Mothers with First Babies During the Three Month Period Following the Baby's Birth" (unpublished dissertation, Teachers College of Columbia University, 1965).
III. PROFESSIONAL ASSISTANCE FOR INITIAL POSTPARTUM PERIOD

Another facet of Carpenter's study was identification of the help needed by mothers for providing care for themselves and their infants. She found that twenty-three mothers were able to find the needed information and help and were able to make effective use of it. However, twenty-two mothers did not know how to go about securing the needed help and required assistance. The latter group of women shared the following factors that seemed to be associated with the findings: socioeconomic status (mothers of lower socioeconomic group tended to need additional assistance); the age (no mention was made by Carpenter why this was significant); level of education (tended to have elementary or partial secondary school education only); country of birth of mother (immigrants from countries other than Canada and English-born needed help to make effective use of the community resources); the length of hospital stay (tended to leave hospital sooner); and the health of the mother and baby (those with health problems or personal problems or whose babies had health problems). Those women who were able to find needed information and help used the following sources of assistance. Mothers of firstborns rely on their doctors for assistance; in the initial period following hospital discharge they tended to consult doctors by telephone, seeking advice with aspects of their own care and the baby's care. Some mothers needed to have procedures demonstrated or needed supervision and guidance to apply new knowledge.

A public health nurse had visited all of the mothers at least once. For eleven of the twenty-two mothers who needed additional
guidance, a single visit was not enough to give opportunity for the nurse to assess the mothers' needs accurately. The fact that they needed additional guidance had gone unnoticed. Carpenter concluded that a single visit may not be adequate to discover the concerns and areas of need for some primiparous patients.18

Carpenter's study pointed to eleven instances in which the nurse was not effective in her visits to the primiparous mother. Brown studied the effects of visits made by public health nurses on the intensity and number of concerns of primiparas. In her study there were two groups used, twenty mothers in each of the control and the experimental groups. Group A, experimental, received visits from the nurse, whereas Group B, the control, did not. Questionnaires were utilized to assess the mothers' concerns at two different time periods, first while the mother was in the hospital and again four weeks after the mother and infants had been discharged from the hospital. The mothers were asked to rank six areas of infant care in order of their importance. These areas were bathing, crying, feeding, elimination, routine care, and sleeping. The conclusions of this study were that the nurse's visit had a positive effect upon both the number and intensity of primiparous mothers' concerns about feeding of their infants. The mothers in A group had a significant reduction in the concerns of feeding their babies as compared to mothers in B group. However, these mothers reported an unexpected increase in the degree of concern over infant crying as compared to those mothers who did not receive visits

18 Ibid., p. 74.
from the nurse. These conclusions would suggest that the effects of public health nursing visits on concerns of primiparae regarding infant care requires further investigation.19

Another study reported briefly in a Canadian journal analyzed routine visits made by public health nurses in a large city to all newborn infants. The nurses involved in the study were asked to complete a questionnaire following each of ten visits to a mother and her newborn infant. The questionnaire was not discussed in the report of the study. The replies totalled 824 from 105 nurses on each of ten baby visits. An assessment of the value of the visit to each mother and infant was made by the visiting nurses. Hunter deduced that the visits of the nurses were of value to the mothers based on the fact that 81 percent of the visits were judged to be valuable by the visiting nurses.20


CHAPTER III

METHOD OF STUDY

I. METHOD OF RESEARCH

The descriptive survey method using the convenient sample with
purposive selection was utilized for the selection of patients from
the maternity unit of a university hospital. This type of sampling
method entailed the selection of individuals according to certain cri-
teria.

Criteria for Selection of Patients

The following criteria were considered in selecting subjects for
the study.

1. Primiparas. Since the physical care aspects of mother and
infant care were the focus of this study, mothers facing parenthood for
the first time were chosen. They tend to ask questions about and re-
quire repetitious teaching in the area of planning for self care and
care for their babies.2

2. Married.


4. No identifiable physical or mental problems which would
interfere with the mothers' capacity to care for themselves and their
infants.

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1Good and Scates, op. cit., p. 602.

5. Delivered infants who were of normal birth weight and had no apparent congenital anomalies or complications.

6. Age: 18 through 27 years old.

7. High school graduates with no more than two years of college.


9. Had no more than five siblings.

10. Not delivered by cesarean section.

11. Remained in the hospital for no more than ten days after delivery.

12. Willing to participate in this study.

The period of time selected for collection of data was the first four weeks after discharge from the hospital, since the usual appointed contacts with professional help are at a minimum during this time and critical incidents may occur frequently.

Selection and Use of the Tools

The information needed for this study was obtained through five visits with each of the subjects, one in the hospital and four at home.

Preliminary information sheet. This sheet was utilized to determine which resources mothers had used or would be using to assist them in caring for themselves or their infants. The primary purpose of this information was to aid the researcher in selecting the type of nursing intervention for the specific critical incident described by the mothers.³

³See Appendix A.
Description of the study. The sheet included a general statement of the interest that physicians and nurses have in the problems some mothers experience after leaving the hospital. It also described briefly to the mother what would occur at each home visit. The main purpose of this sheet was to give a written description of the reason for the study and how the mother would be involved.

Critical incident technique and tool. Critical incident technique, as described by Flanagan, is essentially a method of gathering certain important information concerning behavior in defined situations. The technique involves observations by a qualified observer. For this study, the mothers were considered to be qualified observers, since they were actually experiencing the problem of mother and/or infant care. The objective for using this method was to reduce the frequency of, or completely eliminate, subjective or stereotyped comments. Thus, this method was employed as an objective method of identifying the problem areas encountered by mothers in providing maternal and infant physical care. By employing this technique, it was also the intention of the researcher to more accurately assess the individual problem and apply nursing intervention for the critical incident described by the mother. The purpose of tailoring the nursing intervention for a specific critical incident was to prevent its reoccurrence.

The critical incident sheet was developed for recording the

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4See Appendix A.

5Flanagan, op. cit., p. 335.
mothers' descriptions of each incident and was organized with a series of questions. They were as follows: Describe exactly what happened. What circumstances led up to this incident? How did you feel in this situation? What did you do and say? What do you think caused this difficulty? What suggestions do you have for improving this situation? Other information recorded on this form for the researcher's benefit in itemizing data included critical incident number, date, visit number, and mother's name.  

Nursing intervention tool. This tool was utilized as a detailed record of the intervention applied to the problem identified in the critical incident. The information included on the form was as follows: name of mother, visit number, date, critical incident number and description, type of nursing intervention (examination, counseling, demonstration, teaching, referral, and supervision), and a description of the nursing intervention. This form was completed by the researcher immediately following the home visit.

Evaluation forms. The first form was employed to obtain the mothers' evaluations of the nursing intervention applied to the problems identified within the critical incidents.

An introductory statement was made at the beginning of the form explaining the importance of an accurate completion of the form. A

6 See Appendix A.

7 See Appendix A.

8 See Appendix A.
brief description of the mother's critical incident and the nurse's intervention for that incident was included on the form before it was given to the mother to complete.

The mother was asked to describe how the nursing intervention was of value or was not of value. The questions were formulated to facilitate as objective an evaluation as possible.

On a second evaluation sheet, Effect of Nurse's Visit, the mother was asked to check the statements which best described the effect of the nurse's visit. The statements on this sheet were divided into three sections. Section 1 included the following statements:

a. Nurse's services and advice were appreciated but left me confused.

b. Nurse's services and advice increased my understanding of the problem(s).

c. Nurse's services and advice were appreciated but did not provide new information.

Section 2 included the following options:

a. Nurse's services and advice were appreciated but gave me a feeling of inadequacy.

b. Nurse's services and advice gave me a feeling of confidence in my own ability to solve the problem(s).

c. Nurse's services and advice were appreciated but had no effect on my level of confidence for solving the problem(s).

Section 3 included the following statements:

a. Nurse's services were somewhat helpful but the amount of benefit probably does not warrant the time and expense involved.

9See Appendix A.
b. Nurse's services may be helpful in certain cases and should be made available.

c. Nurse's services are definitely needed.

The mothers were asked to check in each of the three sections the one statement which best described the effect of the visit for them.

II. PROCEDURE

Description of First Visit

This visit was made before the mother and infant were discharged from the hospital. The researcher introduced herself as a "mother and infant nurse" who was conducting a study about areas of child care and mother care which seemed to be most perplexing to the mother during the first month after discharge from the hospital. Upon gaining the mother's permission to visit once a week for four visits in her home, preliminary information was obtained and recorded on the preliminary information sheet as previously described. The plan of procedure was stated to the mother as follows:

I will make four visits to your home, each visit approximately one week from the last. At each visit I will ask you to describe experiences that you have had while caring for your infant or yourself which left you with a feeling of concern or dissatisfaction. After you have described such incidents, I will provide guidance in some form to alleviate the problems described. At the completion of the visit I will give you a form on which you will indicate what information met your needs and what information did not meet your needs for solving the problem.

The visit was concluded by making an appointment for the first home visit. At this time the mother was given a description of the study form.
**Description of the Second Visit**

This visit was made in the home two to three days after the mother and infant were discharged from the hospital. The mother was asked to identify as many critical incidents as she could recall occurring during her administration of care to herself or her baby. A simplified definition of a critical incident was given her as follows: "By critical incident, I mean an experience that you encountered while giving care to your baby or yourself which presented a problem or gave you a feeling of dissatisfaction or concern." As the mother described the critical incident(s), the researcher asked questions from the critical incident form for clarification.

After the mother had completed her description of the critical incident(s), nursing intervention was provided in the form of such general activities as examination, demonstration, teaching, counseling, referral, or supervision. The choice of methods of intervention was made in accordance with the nature of the critical incident and the type of preparation the mother had had for mother and infant care.

After providing the nursing intervention, the researcher wrote the description of the critical incident and nursing intervention on the evaluation form. The mother was given the form and was asked to complete it by the next home visit. An evaluation form was made for each of the critical incidents described by the mother. She was also asked to complete the effect of nurse's visit form as an overall evaluation of the visit. This form was to be completed by the following visit. An appointment was made for the next visit and the visit was terminated.
The researcher completed the nursing intervention sheet immediately following the home visit.

Description of the Third Visit

This visit was made approximately seven days after the second visit. It was conducted in the same manner as the second visit except that the evaluation forms were collected.

Description of the Fourth Visit

This visit was made approximately seven days after the third visit. It was conducted in the same manner as the third visit. The evaluation forms from the third visit were collected and the mothers were informed that this was the final visit if no critical incidents were reported.

Description of the Fifth Visit

This visit was made approximately seven days after the fourth visit. It was made for the sole purpose of collecting the evaluation forms from the fourth visit. Five visits were planned for each patient. When no critical incidents were reported by a mother at the fourth visit, no fifth visit was made. The mothers who were seen at the fifth visit were informed that it was the final visit.

The Pilot Study

Two primiparous mothers were selected to participate in the pilot study. The pilot study was conducted to determine whether the questions as stated on the critical incident sheet and the evaluation forms stimulated responses from the mothers which accurately described
their critical incidents and gave a clear picture of their evaluation of the nursing intervention and the effect of the visit as a whole. As a result of the pilot study, changes were made in the evaluation form dealing with the total effect of the nurse's visit.
CHAPTER IV

PRESENTATION OF DATA

The purpose of this study was to investigate: (1) the types of physical care critical incidents experienced by mothers while providing mother-infant care during the first postpartum month and (2) the mothers' evaluations of the nursing intervention provided for such critical incidents.

This chapter contains a presentation, analysis, and interpretation of the data collected from the six mothers who met the criteria of selection of the study and who delivered infants from April 1, 1968, through September 30, 1968. The information was obtained from four or five visits made within the first month after delivery. When no critical incidents were reported on the fourth visit, no fifth visit was made.

I. TYPICAL HOME VISIT

A visit to one of the primiparae who identified four critical incidents during the month after the delivery of her baby will be discussed to provide background for presentation of the data.

Mother #3 was 25 years of age, the second of three children. She had no previous experience caring for mothers or newborns shortly after delivery. She had read one book on the art of nursing an infant and had attended six prenatal classes at the university hospital. The topics discussed in the classes included nutrition in pregnancy and lactation and how to bathe an infant. A relative came from Illinois to
stay with her for approximately ten days after discharge from the hospital. This mother stated that her physicians had not given her any home-going instruction for mother or infant care.

At the first home visit two days after discharge from the hospital, this mother asked, "Why don't doctors and nurses tell new mothers more about how to care for themselves and their infants?" She stated that she had sore nipples from nursing and the pain during each feeding was so unbearable that she had not nursed the baby for approximately ten hours. She had exposed her breasts to the air but this had not relieved the discomfort. This mother indicated that she had avoided putting any ointment on her nipples for fear of harming the infant.

From an examination of the mother's breast, it was noted that one or two very reddened fissures about 1 to 2 centimeters long were present on each nipple. This mother indicated that she wished to continue breast-feeding her infant and the following instructions were given her: Nurse the baby 5-7 minutes on each breast at each feeding. If the baby is not satisfied follow with Similac 2 or 3 ounces or less. Lubricate the nipples with a bland ointment such as butter or olive oil after each feeding. Expose the breasts to the air 1 or 2 hours a day to aid in the healing process.

The mother's evaluation of what the nurse did that helped read as follows: "The butter seemed to help a lot; also being exposed to the air. After a couple of days it didn't hurt at all for him to nurse with the nipple shield." The response she gave to the question, "What did the nurse do that did not help you?" read as follows: "The only problem that I had was that when my breasts were uncovered and the baby would
make a sound or I would even look at him, the milk would start dripping all down the front of me or if I was lying down, I'd soon have a puddle, even in my sleep."

The second critical incident described by this mother concerned a headache which she had had off and on since leaving the hospital. She reported a history of recurrent headaches all of her life. She had not taken the usual aspirin medication for fear the baby would be harmed by it. Rest had not seemed to relieve the headache.

The counsel given this mother was to continue the usual amount of aspirin but to take it either immediately after nursing or 2 to 3 hours before nursing the baby.

In response to the evaluation question, "What did the nurse do that helped you?" the mother stated that she had taken the medication as directed but had not received relief. The headache spontaneously disappeared the following day.

The mother gave the following response when evaluating the total effect of that nursing visit: "The nurse's services and advice increased my understanding of the problems, gave me a feeling of confidence in my own ability to solve my problems, and are definitely needed."

II. ANALYSIS AND INTERPRETATION OF SELECTED FACTORS

Preliminary information (the mothers' background or resources for assistance in mother and infant care), critical incidents reported, nursing intervention administered, and mothers' evaluations will be presented and certain relationships discussed.
Preliminary Information

Age. Of the six mothers, the ages ranged from 20 years to 25 years of age with the mean age being 22.8 years.

Siblings. The number of siblings of the mothers ranged from one to five with a mean of 2.8 siblings per mother.

Birth order. Two mothers were the eldest of two children. One mother was the first of three children and another was second of three children. Two mothers were fifth of five and six children, respectively.

Discussed mother-infant care with others. Three mothers of the six discussed mother and infant care with their friends or relatives. The topics covered in the discussions were infant bathing, choice of infant clothing and supplies, and the need for the mother to get adequate rest after the birth of the baby.

Reading. All mothers had done some reading on the subject of mother and infant care. One mother had read only one chapter in a pamphlet. However, the remaining mothers had read one or more pamphlets or books.

Television and radio. All six of the mothers reported that they had received no information about mother-child care from these mass media.

Training and educational background in mother-infant care. Three mothers had attended at least six prenatal classes. These mothers reported that one or more of the following topics were discussed in the
classes: infant bathing; infant dressing and diapering; nutrition in pregnancy and lactation; and exercises in preparation for labor and delivery. One of these mothers had attended twelve prenatal classes and was a registered nurse. Of the six mothers three had had educational background for mother-child care to some extent, and three had not.

Experience caring for mothers and infants. Two mothers reported having had experience caring for newborn nieces and nephews. A third mother, being a registered nurse, had had some experience caring for mothers and infants in the hospital setting. This type of experience was in an institutional setting and presented a somewhat different set of happenings than typified in the home after hospital discharge.

Outside help. All but one of the six mothers had received some outside assistance from a friend or relative. Three mothers had relatives help for one to two weeks duration. Two mothers had assistance for two days from a friend or relative. One of these mothers stated that she was relieved when her sister returned home because she had brought her three older children with her. One of the six mothers had no outside help.

Physicians' homegoing instructions. Only two mothers of the six reported having been given any instructions from their pediatrician or obstetrician. One of these mothers stated that her pediatrician had told her not to read too many books, that a mother did not need to be told how to care for her baby. She stated that she received no instruc-
tions from her obstetrician. The other mother who reported having been instructed by her physicians stated that she had been told to observe the baby for increasing jaundice but had been given no method for evaluating the degree of jaundice. This mother reported this as a critical incident at the first home visit. Her obstetrician had told her not to have sexual intercourse for six weeks but gave no reason for the advice. Though this mother did not report this as a critical incident, she seemed to indicate that she was not following the advice.

**Comparison of Preliminary Information and Number of Critical Incidents**

The preliminary information was tabulated in Table I to facilitate the analysis of this data for those mothers reporting two critical incidents for the one-month period as compared to those mothers reporting four critical incidents for the same postpartum period. By example, two mothers who reported four critical incidents during the one-month period can be compared to show the varying backgrounds of the two mothers. Mother #4 was twenty-five years old, a graduate nurse; attended twelve prenatal classes, had a relative stay with her for a week after discharge, received some homegoing instructions from her physicians, and read two books. Mother #6 was twenty-two years old and read *Parents Magazine* and an antepartum care pamphlet. She had not attended any prenatal classes, had no mother-infant experience, had no outside help, and received no instructions from her physicians for mother-infant care. Both mothers had discussed mother and infant care with friends and were the eldest of two children. Otherwise these mothers showed quite different backgrounds.
TABLE I
BACKGROUND ACCORDING TO NUMBER OF CRITICAL INCIDENTS IDENTIFIED BY EACH MOTHER

<table>
<thead>
<tr>
<th>Background and Preparation</th>
<th>Mothers Reporting Two Incidents</th>
<th>Mothers Reporting Four Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 years</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>22 years</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>25 years</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Siblings:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Birth order:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2nd</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>5th</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Discussed care with others:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>Reading:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1 pamphlet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>1 or more pamphlets</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1 or more books</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Training or educational background:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6 prenatal classes</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>12 prenatal classes</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Nursing education</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Experience caring for mother or infants:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Outside help:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2 days</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>1-2 weeks</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Obstetrician or pediatrician instructions:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
There seemed to be no characteristics which distinguished those mothers who identified four critical incidents from those who identified only two critical incidents. The size of the sample may have prevented the identification of any characteristics of the two groups. There may be other factors not investigated in this study which would identify mothers who experience critical incidents.

**Critical Incidents**

A total of eighteen critical incidents was reported by the six mothers during the data collection period. It is possible that more critical incidents may have been identified by the mothers on further home visits.

A total of ten critical incidents were reported at the first home visit to the mothers. Seven critical incidents were reported during the second home visit. Only one critical incident was reported at the third home visit. Ninety-four percent of the critical incidents were reported during the first two weeks. This might indicate that (1) the first two weeks of the postpartum is the time when problems of maternal and infant care are most likely to occur and/or (2) mothers may be more acutely concerned about their maternal and infant care experiences at this time but their concern subsides as they become more familiar with their infants and as they recover from their deliveries.

Five critical incidents centered on maternal care and were reported only by mothers who identified four critical incidents. One mother reported three maternal care critical incidents, including headache, sore nipples, and diminished milk supply. Another mother reported
perineal pain, and the third mother identified constipation as a critical incident. All except one of the five maternal care critical incidents were reported during the first postpartum week. The incident involving diminished milk supply was reported the second week.

An attempt was made at categorizing the types of maternal care critical incidents according to maternal behavior, maternal symptoms, and pathology. The information from the categorization did not add to the analysis of the data.

Since the maternal care critical incidents were not uncommon complaints of new mothers, either group of mothers could have reported any one or all of them. It is not clear why only those mothers reporting four critical incidents identified maternal care incidents.

Each of the six mothers reported at least one of the thirteen critical incidents centering around infant care. Six such critical incidents were reported during the first postpartum week and included infant crying (reported by four mothers), determination of increasing jaundice, and infant bathing. The problem of how to determine increasing jaundice might have been circumvented if the physician had explained how this was done at the time he instructed the mother to do it. The mother who did not know how to bathe her infant had not had prenatal classes or instruction on the subject in the hospital.

During the second postpartum week, seven infant care critical incidents were reported, including vomiting (reported by three mothers), rash, cord-stump drainage, and infant cough. Vomiting was the only critical incident identified by more than one mother the second week. One of the mothers reporting infant vomiting had an appointment with
her physician for the baby's two-week examination. Her physician diagnosed the vomiting as a symptom of colic. Another of the three mothers reporting infant vomiting had called her physician to report the vomiting and to make an appointment with the physician. That infant was diagnosed as having colic. The third infant's vomiting subsided without the mother consulting a physician.

During the third postpartum week or the fourth visit, the only critical incident reported was one involving infant care—the infant desired to nurse more frequently. This was reported by one mother who reported four critical incidents during the data collection period.

An attempt was made to find a possible relationship between the type of infant care critical incidents identified by the mothers and the preliminary preparation of the mothers. No such relationship was forthcoming.

Seventy-two percent of the total of 18 critical incidents involved infant care. Thirty-one percent of these involved infant crying. Crying was the most prominent critical incident of the first week the mothers and infants were home. Perhaps the mothers reported infant crying because they were unsure how to interpret it. Twenty-three percent of the infant care critical incidents involved vomiting. All of these critical incidents occurred during the second week the mothers and infants were home from the hospital. A question arises, is the second week the most likely time for vomiting in the infant to occur? If so, what type of information should be given the mother regarding this symptom before hospital discharge, if any? The remaining forty-six percent of infant care critical incidents were miscellaneous items.
The foregoing discussion of critical incidents and preliminary preparation for mother-infant care indicate that perhaps the amount of reading, discussion of mother and infant care with others, number of prenatal classes attended, help in the home after hospital discharge, and/or physician's homegoing instructions did not prevent problems that mothers identified as critical incidents.

**Nursing Intervention**

The intervention was tailored to meet the individual needs of the mothers experiencing the critical incidents. See Appendix B for details of the nursing intervention for each critical incident. The criteria for choosing a method of nursing intervention for a critical incident were the nature of the incident and, less often, the preliminary preparation of the mother for mother and infant care. An example of how these two resources were useful for planning intervention follows. Of two mothers reporting infant vomiting, one indicated that her infant had been vomiting for two days, whereas, the other mother reported her infant vomited periodically. The first mother was instructed to give her infant small, frequent feedings and to consult her physician about the infant's vomiting at the appointed visit the next day. Also, the infant was examined for dehydration, as part of the nursing intervention. The intervention was different for the second mother since the mother seemed to indicate the infant's vomiting was due to his eating too rapidly and not burping. The mother was instructed to interrupt the baby's eating after every ounce of formula or after ten minutes of nursing and to vary the positions for burping the infant.
These mothers' backgrounds for mother-infant care did not aid in selecting of methods of intervention. The manner in which a mother's preliminary preparation for mother-infant care aided in the selection of a method of nursing intervention may be illustrated as follows: The mother who was a nurse and reported perineal pain was instructed to apply a hot water bottle to the area of discomfort. Had this mother not been a nurse and not had an understanding of the temperature of the water for such a procedure an explanation would have been given with a demonstration of the safety limits of water temperature for the hot water bottle and procedure for filling the bottle.

The nursing intervention was arranged into six categories: counseling, demonstration, examination, teaching, referral, and supervision. Supervision was not used for any of the incidents. Referral and demonstration were each used once. See Table II. Examination was used four times, once each to determine dehydration of an infant reportedly vomiting for two days; to observe for fissures of the nipples of a mother reporting pain upon nursing; to observe the sclera of the jaundiced infant; and to clarify the amount of drainage the infant with cord-stump drainage was having.

Counseling was the method utilized in seventy-eight percent of the critical incidents. The only incidents where this method of intervention was not employed were the incidents involving maternal headache, maternal constipation, and infant cough. Counseling was utilized nearly twice as frequently for intervening in infant care problems as teaching, the second most frequently used method of intervention. This may indicate that mothers possess facts about how to care for their infants but
TABLE II
NUMBER OF TIMES METHODS OF NURSING INTERVENTION
USED ACCORDING TO CRITICAL INCIDENTS

<table>
<thead>
<tr>
<th>Incidents</th>
<th>Counseling</th>
<th>Teaching</th>
<th>Examination</th>
<th>Demonstration</th>
<th>Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crying</td>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Infant</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Other Maternal</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>10</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
need assistance in implementing their knowledge. Mothers may be confused by the apparent disagreement among authors of infant care manuals and thus be unable to deal with their problems to their satisfaction.

Teaching was used ten times or for fifty-six percent of the critical incidents. It was used for four out of the five maternal critical incidents; though it was implemented in less than one half of the infant care critical incidents. Mothers may possess fewer facts about their own postpartum care than they do of infant care. Thus, they need assistance in obtaining information and knowledge necessary for their own home care.

More than one method of intervention was employed for ten of the eighteen critical incidents. The researcher used three methods of intervention with two critical incidents. These incidents involved determination of increasing jaundice and diminishing milk supply. Two methods were employed for eight critical incidents.

Counseling was employed for all seven critical incidents of infant crying and vomiting. Teaching was combined with counseling for one incident of crying and one of vomiting. The mother reporting crying had not had prenatal classes or experience caring for newborns. The mother reporting infant vomiting stated that the infant was a fast eater. The researcher explained how to reduce the infant's rate of eating. By implementing the intervention this mother was able to control the infant's vomiting without consulting a physician. There is a possibility that the other two mothers reporting vomiting would have been able to deal more effectively on their own had the researcher employed teaching as a method of intervention.
Evaluation

On the evaluation form the six mothers were asked to give answers to these two questions: "What did the nurse do that helped you?" and "What did the nurse do that did not help you?" All mothers responded to the first question. Only one mother responded by stating what the nurse did that did not help her.

Due to the variety of responses on the evaluations it was necessary to formulate categories of responses based on the mothers' statements of the kind of help they received. Sixteen of the eighteen responses fell into the following categories: gained reassurance or confidence (25%); gained information (31.25%); problem alleviated (31.25%); or a combination of gained information and reassurance or confidence (12.5%).

The two evaluations not included in the above categories may be described as follows: The mother's evaluation of the nursing intervention for the critical incident of headache stated that after taking the aspirin the headache remained until the following day. There appeared to be some confusion or lack of communication between the mother and the researcher. The original incident reported by the mother was that she had a headache but feared to take the usual aspirin since she was nursing her baby and it might harm him. The nursing intervention applied was to encourage the mother to take the usual medication but to administer it either immediately after nursing the baby or two to three hours before nursing him. The evaluation the mother gave was of the effectiveness of the aspirin and not of the nursing intervention. The second evaluation not included in the categories above involved the
critical incident of maternal sore nipples. This evaluation response stated that the problem had been alleviated but that another had appeared as a result of the nursing intervention, namely, when her breasts were uncovered to expose them to the air milk leaked from the breasts profusely.

The results of the evaluation of the general effect of the nurse's visit were as follows: All six mothers at all eleven visits responded that the nurse's services and advice increased their understanding of the problem(s) and gave them a feeling of confidence in their own ability to solve the problem(s). The responses to the third section of the evaluation form centered on two of the three options. For approximately fifty-five percent of the visits the mothers stated that the nurse's services may be helpful in certain cases and should be made available. The second response made for approximately forty-five percent of the visits was that the nurse's services are definitely needed. No mother responded by selecting the option stating that the nurse's services were somewhat helpful but the amount of benefit probably does not warrant the time and expense involved.

The primary purpose of the above evaluation of the total effect of the visits was to gain the mothers' opinions of the effect the researcher's services had on their abilities to solve their problems, on their confidence in their own ability to care for their infants, and whether such services should be made available to the public.

In general, the mothers regardless of age, number of siblings, preparation for mother and child care, and number and kind of critical incidents gave positive evaluations of the visits. No critical inci-
dents reoccurred as critical incidents. Infant crying reportedly continued in a similar manner as had been reported in the incidents of two mothers. However, they were not reported again as critical incidents and no further intervention was initiated for them. One reason for the positive evaluations of the researcher's visits and intervention might have been the result of the mothers' desires to meet the expectations of the researcher as they interpreted them.

The subjectiveness of the evaluation comments limits any interpretation; however, the presence of a professional person who could provide information and encouragement seemed to aid the mothers in dealing with their maternal and child care experiences, thus reducing the critical nature of their problems.

Factors That Influenced Data

The findings of the study may have been influenced by certain factors, namely, the researcher's ability to perceive the critical nature of the incidents experienced by the mothers. In several instances, a mother asked questions about infant or mother care without identifying it as a critical incident. The researcher was required at such times to either pursue the subject further or to help the mother answer her own question. Such instances were not recorded unless the researcher judged the nature of the problem to be critical. Some critical incidents may have been missed as a result.

Another factor influencing the findings of the study may have been the researcher's lack of skill in providing the nursing intervention needed. One incident especially that may have been influenced by
such lack of experience was where the infant had been vomiting for two days. The mother the week before had given the infant Elixir of Catnep for crying at night. The researcher did not ask the mother if the infant had been given any of this medication before the vomiting began and since the vomiting occurred.
CHAPTER V

SUMMARY, CONCLUSIONS, RECOMMENDATIONS

I. SUMMARY

The first four weeks to six weeks of the postpartum or postnatal period are important to maternal and infant welfare. Both mother and infant are experiencing physiological adjustments and complications are likely to be more frequent at such a time. In spite of progress toward prevention of maternal and infant complications, the maternal and infant mortality in the United States continues to be alarming.

The purpose of this exploratory study was to investigate (1) what physical care critical incidents primiparae experience during the first postpartum month and (2) what evaluations mothers give to nursing intervention applied to such critical incidents.

A review of the literature provided background for the study. This review indicated that although some attention had been given to the stress of childbearing, identification of maternal concerns, and nurses' evaluations of home visits to mothers with newborns, relatively little information was available dealing with mothers' experiences per se, or their evaluation of nursing care and services provided in their homes.

Data were collected from four or five visits to each of six mothers delivering in a teaching hospital on the west coast during a six months period, April 1, 1968, through September 30, 1968. Specific information obtained from these mothers who had delivered their first
babies and was recorded on individual data tools.

The data were tabulated and analyzed according to number of
critical incidents and certain relationships. Three of the six patients
reported two critical incidents each during the one-month period, and
each of three patients identified four critical incidents.

Eighteen critical incidents were identified by the six mothers
during the one-month postpartum period.

Thirteen of the critical incidents concerned infant care and
included crying (reported by four mothers), vomiting (reported by three
mothers), rash, cord-stump drainage, increased appetite, determination
degree of jaundice, bathing, and cough. Of all critical incidents,
infant or maternal, infant crying and infant vomiting were the only
critical incidents reported by more than one mother.

Maternal care critical incidents numbered five and included sore
nipples, headache, perineal pain, diminished milk supply, and constipa-
tion. Only those mothers reporting four critical incidents identified
maternal critical incidents. All of these except diminished milk sup-
ply were reported in the first week.

All but one of the critical incidents were identified within the
first two weeks after hospital discharge. Infant crying was the promi-
nent concern of the first week. Infant vomiting was the primary concern
of the second week.

Counseling and teaching were the methods most frequently employed
as nursing intervention. Examination, demonstration, and referral were
used much less frequently. Supervision was not utilized at all.

All of the mothers responded to the question about what the nurse
did that was helpful. Only one mother identified what the nurse did that did not help her. The individual visits were evaluated consistently as follows: the nurse's services and advice increased the mothers' understanding of the problems and gave them a feeling of confidence in their own ability to solve their problems. The mothers chose either the option that the nurse's services may be helpful in certain cases and should be made available or the nurse's services are definitely needed.

II. CONCLUSIONS

Based on the findings the following conclusions were made:

Since the majority of critical incidents occurred during the first two weeks, it may be concluded that nursing intervention was needed during the first two weeks postpartum.

These mothers did not identify the same critical incident a second time. Thus, nursing intervention through home visits was valuable to this group of mothers in assisting them to resolve critical incidents involving maternal and infant care during the first month postpartum.

Nursing intervention for critical incidents experienced during the first postpartum month was valuable to primiparae for providing information leading to their understanding of their problems, for increasing their confidence in their own ability to solve their problems, and/or for providing information leading to the alleviation of the critical nature of their incidents.
Since there were individual types of critical incidents requiring specific intervention, nursing intervention is needed in a very specific way for each mother.

III. RECOMMENDATIONS

As a result of this study the following recommendations are made.

It is suggested that:

1. A study be done using a matched control group for purposes of identifying critical incidents and their resolution without nursing intervention.

2. Additional studies be done to compare conclusions concerning the relationship of preliminary preparation and experience to the number and kind of problems experienced.

3. A study be done to determine a means of recognizing the likelihood of post-hospital discharge maternal-infant care problems. This might be based on the mother's factual information about mother and infant care, her self-confidence, and her previous experience in caring for infants and early postpartum mothers.

4. A study be done to determine the value of a telephone service rather than home visits for identification of problems of mother and infant care and provision of nursing intervention.
BIBLIOGRAPHY
BIBLIOGRAPHY

A. BOOKS


B. PERIODICALS


C. PUBLICATIONS OF THE GOVERNMENT, LEARNED SOCIETIES, AND OTHER ORGANIZATIONS


D. UNPUBLISHED MATERIALS


APPENDIX A
DESCRIPTION OF STUDY

Physicians and nurses are anxious to know the types of problems young mothers are having during the first month after the birth of their babies. With a knowledge of those problems, patient care can be improved. I am conducting a study to find out what experiences mothers are having during their first month with their babies. Your answers to questions I will be asking will not directly or immediately affect present services but will influence future medical and nursing care.

I am now looking for real experiences from real patients. Only you can give me that.

When I come to your home I will ask you to relate certain experiences you have encountered while providing care to yourself or your infant which caused you concern or dissatisfaction. I will make an effort to provide some information to assist you to meet those situations should they occur again. At the close of each of the home visits I will give you a form to fill out which will give you an opportunity to describe the effect of the information that I gave you.
PRELIMINARY INFORMATION SHEET

Name ___________________________ Address ___________________________ Phone ______

Age ______ Number of Siblings _____ Placement in Birth Order ______

(Resources that have assisted or will assist the mother to care for herself or her infant.)

1. Have you discussed care of yourself and/or your baby with others? Describe.

2. Have you read anything on the subject of mother and infant care? Describe.

3. Has T.V. or radio been informative to you about mother and/or infant care? Describe.

4. Have you had any training or educational background preparing you to care for infants or mothers? Describe.

5. Have you had any other experience caring for mothers and/or infants after pregnancy? Describe.

6. Will you have any outside help after you leave the hospital?
   a. Relationship?
      relative
      nurse
      friend
      housekeeper
   b. Living in with you?
      On call when needed?
      Coming in daily?

7. What has your physician told you about ...
   your baby's care?
   your care?
CRITICAL INCIDENT

Name ______________________ Date ________________

C.I. Number ____ Visit Number ____

Describe the experience that occurred during the care of you or your infant that presented a problem or gave you a feeling of dissatisfaction or concern. I will ask you questions to help you clarify the situation you are reporting.

1. Describe exactly what happened.

2. What circumstances led up to this incident?

3. How did you feel in this situation? What did you do and say?

4. What do you think caused this difficulty?

5. What suggestions do you have for improving this situation?
NURSING INTERVENTION
(guide sheet)

Mother's Name ____________________     Visit Number ______
Date ___________________________     Critical Incident Number ______

Description of Critical Incident.

Type of Nursing Intervention:

_____ Examination     _____ Teaching
_____ Counseling     _____ Referral
_____ Demonstration     _____ Supervision

Description of Nursing Intervention.
The following information is very important for the successful completion of this study. Your evaluation of certain activities carried out by the nurse to assist you to remedy the problem areas that you identified is essential to this study.

Below you will see the problem area that you identified, the nurse's activities, and a series of questions to answer. Please answer all questions frankly and as accurately as possible.

Name ___________________________ Date ____________

1. Critical incident number _____. Description.

2. What the nurse did.

3. What did the nurse do that helped you?

4. What did the nurse do that did not help you?
EFFECT OF THE NURSE'S VISIT

Check one statement (a, b, or c) from each of the following three (3) sections which best describes the effect of the nurse's visit.

Section 1

_____ (a) Nurse's services and advice were appreciated but left me confused.

_____ (b) Nurse's services and advice increased my understanding of the problem(s).

_____ (c) Nurse's services and advice were appreciated but did not provide new information.

Section 2

_____ (a) Nurse's services and advice were appreciated but gave me a feeling of inadequacy.

_____ (b) Nurse's services and advice gave me a feeling of confidence in my own ability to solve the problem(s).

_____ (c) Nurse's services and advice were appreciated but had no effect on my level of confidence for solving the problem(s).

Section 3

_____ (a) Nurse's services were somewhat helpful but the amount of benefit probably does not warrant the time and expense involved.

_____ (b) Nurse's services may be helpful in certain cases and should be made available.

_____ (c) Nurse's services are definitely needed.

Name _____________________________ Visit No. _______
MOTHERS' BACKGROUNDS, CRITICAL INCIDENTS, AND EVALUATIONS
ALONG WITH NURSING INTERVENTIONS

Mother #1

Visit #1 (while mother was in hospital):

Background: Twenty years old, fifth of six children.
Read one chapter of pamphlet on maternal care.
Cared for infant of sister.
Stayed with friend for two days after discharge.

Visit #2:

Critical Incident: Infant cried for 3-4 hours—off and on
2nd night home; gave infant Elixir of Catnep
next night and infant slept well.

Nursing Intervention - Counseling
Counselled mother to contact her physician
about safety of Elixir of Catnep; explained
possible causes of crying.

Evaluation ("What nurse did that helped"):
Nurse made us feel like we had adequately
handled the situation.

Effect of Nurse's Visit:
Nurse's services and advice increased my under-
standing of problem; gave me a feeling of
confidence in my own ability to solve the
problem; and may be helpful in certain cases
and should be made available.

Visit #3:

Critical Incident: Infant vomited 4 feedings day before
this visit and once each of two previous days.

Nursing Intervention - Counseling, Examination
Examined infant for dehydration; suggested
giving small frequent feedings until visit
to physician following day.

Evaluation ("What nurse did that helped"):
Eased our minds by telling us that baby was
not dehydrated and vomiting was probably
due to hot weather; suggested decreasing
baby's feedings at shorter intervals so
baby's stomach could tolerate it.
Mother #1 (continued)

Effect of Nurse's Visit:
Nurse's services and advice increased my understanding of problem; gave me a feeling of confidence in my own ability to solve the problem; and are definitely needed.

Visit #4:
Critical Incident: none reported.

Mother #2

Visit #1 (while mother was in hospital):

Background: Twenty years old, fifth of five children. Discussed mother and infant care with sister. Read one book on child care and several Woman's Day magazines. Attended six prenatal classes - bathing, dressing, diapering, experienced caring for infant. Relative stayed for two days. Pediatrician told her not to read too many books.

Visit #2:
Critical Incident: Infant fuzzed and appeared hungry every two hours but nursed only five minutes each breast.

Nursing Intervention - Counseling, Teaching
Counseled mother to give infant pacifier or water (1-2 oz.) between every 3 1/2 - 4 hour feedings. Restrict feedings to every 3 1/2 - 4 hours.

Evaluation ("What nurse did that helped"):
When baby was really upset she'd suck on the pacifier and bottle, though she did enjoy the water more and would drink a couple of ounces.

Effect of Nurse's Visit:
Nurse's services and advice increased my understanding of the problem; gave me a feeling of confidence in my own ability to solve the problem; and are definitely needed.
Visit #3:

Critical Incident: Infant developed tiny water-blister type rash on face after going shopping in heat of the day - no other symptoms developed.

Nursing Intervention - Counseling
Counseled mother to dress infant lightly (short shirt and diaper) when in heat; take a blanket (lightweight) to cover infant when in air-conditioned store.

Evaluation ("What nurse did that helped"): Suggestions worked great. I was able to take her shopping and on little trips to San Bernardino.

Effect of Nurse's Visit:
Nurse's services and advice increased my understanding of the problem; gave me a feeling of confidence in my own ability to solve the problem; and are definitely needed.

Visit #4:

Critical Incident: none reported.

Mother #3

Visit #1 (while mother was in hospital):


Visit #2:

Critical Incident: Mother's nipples became sore about two days ago; had not nursed for more than 12 hours due to unbearable pain even with nipple shield.

Nursing Intervention - Examination, Counseling
Examined nipples and found 1 or 2 fissures about 2 cm. long on each nipple. Counseled mother to limit length of nursing to 5-7 minutes on each breast followed by a supplemental bottle when necessary. Expose nipples to air 1-2 hours per
Mother #3 (continued)

day. Apply butter or olive oil to nipple after each feeding.

Evaluation ("What nurse did that helped"): Followed suggestions; nipples healed within 2 or 3 days - no pain when using nipple shield while nursing.

Evaluation ("What nurse did that did not help"): However, when breasts were exposed to air milk leaked profusely.

Critical Incident: Mother reported having a headache for three days but had avoided taking medication for fear of harming baby (had a history of recurrent headache since childhood).

Nursing Intervention - Teaching
  Instructed her to take usual aspirin but to take it immediately after nursing baby or 2-3 hours before nursing the baby.

Evaluation ("What nurse did that helped"): The aspirin did not help but headache disappeared next day after visit.

Effect of Nurse's Visit:
  Nurse's advice and services increased my understanding of problems, gave me a feeling of confidence in my own ability to solve the problems, and are definitely needed.

Visit #3:

Critical Incident: Milk supply diminished because she had been upset at possibility of being away from husband for two months (needed air-conditioned apartment but due to financial difficulty husband suggested wife stay with her mother in Illinois for two months until he could make other arrangements).

Nursing Intervention - Counseling, Teaching, Referral
  Advised mother to continue nursing if so desired - as she did so her milk supply would increase.
  Nurse contacted a woman with an air-conditioned home for rent at low cost to determine if the rental was still available. The mother was then referred to woman to make suitable arrangements for the home.
Mother #3 (continued)

Evaluation ("What nurse did that helped"): Encouraged me to continue nursing baby; because of her I will be able to stay with my husband through the summer.

Critical Incident: Infant vomited after taking bottle day of visit; eats fast and is difficult to burp. Vomited less frequently when nursing.

Nursing Intervention - Counseling, Teaching
Interrupt infant after each one ounce of formula to burp. Vary the position for burping: - over shoulder - sitting - lying on abdomen. Interrupt nursing.

Evaluation ("What nurse did that helped"): Told me to change positions to burp him and not let him eat so fast. I found if I stopped after every 1/2 ounce he would not vomit if he burped.

Effect of Nurse's Visit:
Nurse's services and advice increased my understanding of the problems, gave me a feeling of confidence in my own ability to solve the problems, and are definitely needed.

Visit #4:

Critical Incident - None reported.

Mother #4

Visit #1 (while mother was in hospital):

Visit #2:

Critical Incident:  
Perineal pain as a result of tearing during delivery - became unbearable at night; pain medication not beneficial.

Nursing Intervention - Counseling, Teaching  
Apply hot water bottle to anal area, fill one half full and expel air from bottle before capping to decrease size to avoid pressure.

Evaluation ("What nurse did that helped"):  
The suggestion was a big help. I hadn't thought of that - it provided a great deal of relief.

Critical Incident:  
Infant fussy after 3 a.m. feeding; appeared hungry - sucking first; fussiness lasted 2 1/2 to 3 hours.

Nursing Intervention - Counseling  
Give pacifier at such times. Wrap infant tightly for feeling of security. Take advantage of wakeful periods during day so will sleep during night.

Evaluation ("What nurse did that helped"):  
Suggestions were excellent. Pacifier helped and other suggestions but baby still remained awake 2-3 hours.

Critical Incident:  
Unsure how to judge whether infant's jaundice is increasing.

Nursing Intervention - Examination, Counseling, Teaching  
Observe whites of eyes for yellowing. Examined infant - no yellowing of sclera noted. Contact physician if have further questions.

Evaluation ("What nurse did that helped"):  
Reassured me.  
Jaundice disappeared.
Effect of Nurse's Visit:
Nurse's advice and services increased my understanding of the problems; gave me a feeling of confidence in my own ability to solve the problems, and may be helpful in certain cases and should be made available.

Visit #3:
Critical Incident: none reported.

Visit #4:
Critical Incident:
Infant desires to eat more frequently.

Nursing Intervention - Teaching, Counseling
Nurse infant every 3-4 hours. An infant's appetite often increases at or around the third week postnatal.

Evaluation ("What nurse did that helped"): Reassured me and gave me the foregoing instruction.

Effect of Nurse's Visit:
Nurse's advice and services increased my understanding of the problem; gave me a feeling of confidence in my own ability to solve the problem; and may be helpful in certain cases and should be made available.

Mother #5
Visit #1 (while mother was in hospital):
Background: Twenty-five years old, first of three children. Read pamphlet about general infant care. Six prenatal classes - infant bathing, dressing and diapering, labor. Relative stayed for 14 days.

Visit #2:
Critical Incident: none reported.
Mother #5 (continued)

Visit #3:

Critical Incident:
Infant vomited after each feeding even when burped. Called pediatrician but unable to talk with her.

Nursing Intervention - Counseling
Interrupt feedings every 10 minutes to slow infant's rate of eating. Burp at this time. Limit length of feedings to 20 minutes. Make an appointment to see pediatrician should infant's vomiting persist.

Evaluation ("What nurse did that helped"):
Continued to vomit so had pediatrician examine infant.

Critical Incident:
Cord-stump drains, dark and bright red drainage.

Nursing Intervention - Examination, Counseling
Examined umbilicus - healing normally. Instructed mother to swab stump with alcohol two times daily to dry area and promote healing.

Evaluation ("What nurse did that helped"):
Suggested cleaning cord stump with alcohol and explained how.

Effect of Nurse's Visit:
Nurse's services and advice increased my understanding of problems; gave me a feeling of confidence in my own ability to solve the problems; and may be helpful in certain cases and should be made available.

Visit #4:

Critical Incident: none reported.
Visit #1 (while mother was in hospital):

Background: Twenty-two years old, first of two children. Discussed general infant care with friend. Read about antepartum care and Parent's magazine.

Visit #2:

Critical Incident:
Infant cried for two hours 1st night home. Still cries after feedings at times.

Nursing Intervention - Counseling
This is an adjustment period for infant. Several things can cause discomfort—burp, wet diapers, pin sticking; pacifier may be helpful when all else fails; wrap infant tightly in blanket.

Evaluation ("What nurse did that helped"):
Gave me confidence that the baby is all right though crying and I'm not doing anything wrong in letting her cry a few minutes.

Critical Incident:
Mother was constipated one day with some rectal bleeding.

Nursing Intervention - Teaching
Fresh fruits and vegetables, leafy lettuce, 4-6 glasses of water daily help to maintain regularity. Heating lamp (60 watt bulb) placed 12-14 inches from perineal area will aid in healing rectal soreness.

Evaluation ("What nurse did that helped"):
Told me which fruits and vegetables were best to provide loose stools. Also explained use of a light to heat the stitches and help healing.

Critical Incident:
Uncertain how to bathe infant.
Mother #6 (continued)

Nursing Intervention - Demonstration, Teaching
Demonstrated bath, care of cord and genitals.

Evaluation ("What nurse did that helped"):
Showed me how to clean genitals, avoid drafts, clean navel, ears, and creases of skin.

Effect of Nurse's Visit:
Nurse's services and advice increased my understanding of the problems; gave me a feeling of confidence in my own ability to solve the problems; and may be helpful in certain cases and should be made available.

Visit #3:

Critical Incident:
When infant was taken to church coughed for fifteen minutes. Church was drafty and feared infant caught cold.

Nursing Intervention - Teaching
Cough would have continued if infant had cold; runny-nose, fever, would have developed.
When infant appears ill:
- take temperature rectally
- observe for runny nose, diarrhea, stuffy nose, vomiting, rash.
Call physician and report such symptoms to him. Hotwater bottle and cold humidifier are valuable aids for relieving symptoms of a cold.

Evaluation ("What nurse did that helped"):
Explained symptoms of a cold to me; advised checking temperature, runny-nose, vomiting, greenish stool and diarrhea.
Use humidifier and hotwater bottle to relieve stuffiness and provide warmth, respectively.

Effect of Nurse's Visit:
Nurse's services and advice increased my understanding of problem; gave me a feeling of confidence in my own ability to solve the problem and may be helpful in certain cases and should be made available.

Visit #4:

Critical Incident: none reported.
Mrs. Charlotte Ross  
Director, Nursing Service  
Loma Linda University Medical Center  
Loma Linda, California  

Dear Mrs. Ross:

As you know many mothers have major adjustments to make when they take their first child home from the hospital. I am interested in finding what areas of care for the infant and the mother cause concern for the mother during the first four weeks at home. Also of interest is the appraisal mothers make of nursing intervention in their homes applied to these concerns.

I would appreciate permission to select my sample of patients from the maternity unit in the Medical Center. No physical procedure will be performed. What I want to do is get acquainted with the new mothers, seek their permission for me to visit them in their homes over a four-week period, and transcribe some information from their course during pregnancy, labor, delivery, and immediate postpartum period. Permission for the project has been granted by the Research Advisory Committee for Human Experimentation and Research. Approval has also been given by Dr. Chinnock, who will be working closely with me.

Your consideration in permitting me to carry out my research will be appreciated. Should you desire a copy of the findings of my study, please let me know.

Sincerely yours,

(Mrs.) Jane Erwin
LOMA LINDA UNIVERSITY
Graduate School

PRIMIPARAE'S IDENTIFICATION OF CRITICAL INCIDENTS DURING FIRST POSTPARTUM MONTH AND THEIR EVALUATIONS OF SUBSEQUENT NURSING INTERVENTION

by
Jane M. Erwin

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

January 1969
ABSTRACT

The purpose of this exploratory study was to investigate (1) what physical care critical incidents primiparae experience while providing mother-infant care during the first postpartum month and (2) what evaluations mothers give to nursing intervention applied to such critical incidents.

Six mothers who met the criteria of selection were visited four or five times. The first visit was made in the hospital to obtain background information of the mother's preparation for maternal and infant care. The second through the fourth visits were made in the home in order to record physical care critical incidents that they experienced while caring for themselves and their infants, to provide nursing intervention for such incidents, and to collect the mothers' evaluations of the previous nursing intervention and visit. The fifth visit in the home was made to collect the evaluations of nursing intervention provided at the fourth visit.

All six mothers reported critical incidents. Infant care critical incidents experienced included crying, vomiting, rash, cough, cord-stump drainage, increased appetite, procedure for bathing and determination of increasing jaundice. Maternal care incidents experienced were perineal pain, sore nipples, fear of diminished milk supply, headache, and constipation.

The total of eighteen critical incidents were identified during the one month period. All but one of these occurred within the first two weeks after hospital discharge. Three mothers reported two critical
incidents, while the remaining three reported four. Only the mothers identifying four critical incidents reported maternal care critical incidents.

No relationship appeared between the number of critical incidents each mother reported and her preliminary preparation for mother and infant care.

Nursing intervention was administered for all critical incidents reported. Counseling and teaching were the most frequently used methods of intervention. There was no report of reoccurrence of critical incidents.

Although two of the critical incidents were experienced by more than one mother, individual specific nursing intervention was required for each mother.

The mothers stated their evaluations of nursing intervention in a variety of ways. These were categorized as: (1) Problem alleviated (31.25%); (2) Mother gained self-confidence and was reassured (25%); (3) Mother gained information (31.25%); (4) Combination of gained reassurance and information (12.5%). The general evaluations given by the mothers for the total eleven visits were as follows: the nurse's services and advice increased the mothers' understanding of their problems; gave them a feeling of confidence in their own ability to solve their problems; and might be helpful in certain cases. Therefore, such services and advice should be made available or was definitely needed.