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A COMPARISON OF POSTPARTUM CLIENTS' AND NURSES'
PERCEPTIONS OF PRIORITY INFORMATION
NEEDS FOR EARLY DISCHARGE

BY

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A THESIS

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ABSTRACT

A COMPARISON OF POSTPARTUM CLIENTS' AND NURSES' PERCEPTIONS OF PRIORITY INFORMATION NEEDS FOR EARLY DISCHARGE

By

Karen E. Lincoln

The purpose of this descriptive study was to compare the perceptions of postpartum clients and nurses as to priority information needs for early discharge. King's Theory of Goal Attainment provided the conceptual model. A convenience sample of 33 nurses and 62 clients was used for the study. A 50-item instrument by Degenhart-Leskosky (1989) was used to compare perceived maternal and infant needs.

Though the analysis of data suggested there were no significant differences between the clients' and nurses' perceptions, there were discrepancies in 14 of 50 topics, and in some mean rankings. Infant feeding appeared as top priority for both groups. Other significant topics for both were infant immunizations, safety, happiness, illness identification, and maternal episiotomy care. Inconsistencies appeared in areas of maternal breast care, lochia, time-management, and infant frequency of feedings, bathing, and medical care. Overall, the study supports identification of individual information needs for discharge.

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CHAPTER ONE

INTRODUCTION

Client teaching is an integral component of postpartum care. In the past few years there has been a trend toward early discharge from the postpartum unit as a cost-containment measure. Consequently, the mothers and nurses are challenged to meet the needs of discharge preparation within a limited time-frame.

The practice of preparing mothers for normal postpartum experiences is based on the assumption that postpartum teaching will contribute to a smooth recovery and a sense of well-being. The content of teaching appears to be based on what nurses and doctors consider appropriate and necessary. What is in question is what the new mothers identify as important (Martell, Imle, Horwitz, & Wheeler, 1989).

The combination of early discharge and the extent of postpartum teaching topics poses a dilemma for the postpartum nurse. It is difficult to determine where the focus of the teaching should be for each client. Identification of topics deemed most important from the client's perspective would reduce the array of information taught during the postpartum period and concentrate on information that would be most

beneficial to the mother (Davis, Brucker & MacMullen, 1988). Furthermore, concerns could possibly be identified in the late antepartum period thus reducing the postpartum burden (Sheil, Bull, Moxon, Muehl, Kroenig, Palmsberg & Kelber, 1995). Little research has been done in this regard.

Clients have certain expectations of the nurse's role, part of which is the fulfillment of some needs. A 1989 study by Morales-Mann demonstrated that clients and nurses have different perceptions as to the importance of certain nursing activities in the postpartum unit.

With clients being challenged to take more responsibility for their own care, the use of traditional postpartum content may be inappropriate for instruction of the early discharged mother. In order to effectively plan and implement a teaching plan that will best meet the needs of the client within the limited time-frame, the nurse must determine what the patient perceives as significant information. Knowledge received in this regard would allow nurses to compare their own perceptions with those of the client and to make appropriate modifications.

The purpose of this study is to compare the postpartum nurses' and clients' similarities and

differences in perceptions of priority information needs for early discharge. The results will be utilized to identify where these similarities and differences occur and to assist nurses toward the establishment of mutual goal-setting with their clients. These modifications should contribute to a smoother transition from hospital to home for the postpartum client.

CHAPTER TWO

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

Review of the Literature

Review of the relevant literature reveals a minimal amount of published studies related to what mothers and/or nurses perceive to be priority needs for discharge teaching. Even fewer studies have examined priorities within the context of the shortened hospital stay, commonly referred to as early discharge.

Early discharge. Early discharge from the postpartum unit has been embraced by health care institutions as a method of reducing costs. Though data is limited, the possible impact of early discharge has been a concern of researchers. Studies conducted in the mid-1970s and 1980s demonstrated no increase in postpartum complications as a consequence of early discharge of low-risk women (Avery, Fournier, Jones, & Sipovic, 1982; Scupholme, 1981; Yanover, Jones, & Miller, 1976). These studies, however, did not examine the psychosocial issues of the women nor differentiate between the outcomes of multiparous and primiparous women.

Carr and Walton (1982) outlined the possible nursing implications of early discharge, although no studies using these implications as guidelines for

education were found. Hall and Carty (1993) examined the perceived satisfaction with the in-hospital experience using a small sample of postpartum women (N = 8) who had been discharged prior to 24 hours. A questionnaire, concerning the client's perception of her early discharge experience, was distributed on two separate occasions. Through analysis of answers given, the author proposed that a client's beliefs about home and family; aspects of her personality, such as her ability to problem-solve; and the availability of a support system would make early discharge a satisfactory experience. None of these studies addressed the priority needs of the mother.

A study by Lemmer (1987) compared low-risk primiparas discharged within 24 hours after delivery (N = 21) to those discharged after 24 hours (N = 21). A questionnaire was completed by both groups to test differences in maternal concerns at one week postpartum. No significant differences between the groups were found. Both groups identified much concern about infant illness, maternal physiologic changes, their mothering role and body image, and aspects of breastfeeding. The author emphasized the importance of providing information based on an individualized

teaching plan and stressed the importance of follow-up for both groups.

Barnes (1996) felt that early discharge not only challenges nurses because of the shortened time to accomplish client teaching objectives, but also because most mothers are not ready to digest new information at this time. Those with no prenatal education, adolescents, primiparas, or those who have special learning needs may require additional teaching and support. The author strongly supported postpartum home care follow-up.

In 1994, McGregor reported on the frustration that nurses were feeling with implementation of the early discharge. They were concerned that with the 24-hour stay new mothers were rarely observed functioning independently with their infants and were often not ready to learn the information that the nurses provided. The author outlined some interventions that the nursing staff was planning to implement to cope with a shortened stay.

In a follow-up report in 1996, the author reviewed the implemented changes. The use of technology such as a nurse/client cellular phone communication system, self-medication system, guest rooms for mothers discharged when their infants remain in the hospital,

and the use of patient care technicians (PTC) to perform certain tasks increased client satisfaction. Likewise, the nurses were also more satisfied because even though the mothers were still going home in 24 hours, nurses were freed from some of their responsibility and allowed to focus on more specific needs of the client.

Identification of information needs. Other studies have identified infant care and feeding as major information needs in the postpartum period (Harrison, 1990; McGregor, 1994; Barnes, 1994). A retrospective study conducted by Valaitis, Tuff, and Swanson (1996) described the utilization of a telephone information line aimed at parents of children from newborns up to five years of age. The 24-hour line was staffed by nurses who specialized in maternal/child nursing or pediatrics. A log of 6,662 calls over a two year period was analyzed as to the caller's main concerns, the nurses' response to the calls, and who utilized the service. Infant feeding, whether breast or formula, was the primary concern in the first few days after discharge followed by basic infant care. Medical concerns such as colic, fever, cold symptoms and sleep issues became more prevalent in the subsequent weeks. Growth and development issues such as toilet training

and discipline were common for parents of older children.

Davis, Brucker, and MacMullen (1988) provided a questionnaire divided into maternal and infant care teaching topics to 117 low-risk mothers. The mothers were to rate each topic ranging from not important to very important. The study sample was 15-36 years of age, married (51%), and multiparous (56%). All participants stayed in the hospital for three days. Results indicated that information about postpartum complications and infant illnesses were rated very important 68% of the time.

A subsequent study in 1989, by Martell, Imle, Horwitz, and Wheeler, used a Q-sort technique and examined information priorities of new mothers. The subjects were 18-38 years in age with diverse educational backgrounds and had undergone low-risk vaginal deliveries. Sixty-seven percent were multiparous and all had assistance at home. Part of the criteria for the short-stay program discussed in this study was that all of the participants had to be discharged within 6-8 hours after delivery and return, with their infants, to the outpatient clinic within 48-72 hours. Findings indicated that the mothers expressed a high degree of concern about threats to

their own health and infant care and feeding. The study indicated that they were least concerned about their own sexuality, family changes, and bowel function. The nursing implications addressed by the authors not only stressed the need for identification of individual postpartum concerns during the hospital stay, but also expressed their feelings that a follow-up program at home or in a clinic setting should be mandatory.

Two studies looked at the health education needs of adolescent mothers. A study by Howard and Sater (1985) asked primiparous adolescent mothers (N = 66), aged 14 to 18 years, to identify what they perceived as important information needed to care for themselves and their infants during the first six weeks postpartum. A 56 item questionnaire was divided into the categories of infant medical needs, mother-infant psychosocial needs, maternal physical needs, and daily physical infant care. The primary concern of these mothers was identified as being care of the infant.

Another study by Degenhart-Leskosky (1988) compared the perceived needs of adolescent (N = 22) and non-adolescent (N = 30) mothers regarding information needs on self-care and infant care. Data was obtained by the use of a questionnaire with 54 items that

addressed the categories of maternal physical care, mother-infant psychosocial needs, infant physical care, and infant medical needs. Findings indicated that adolescent mothers had a greater perceived need for information regarding infant medical care while non-adolescent mothers perceived information on maternal physical care as most important. Furthermore, adolescent mothers gave higher priority to psychosocial and infant care informational needs than non-adolescent mothers.

A different approach was taken by Ament (1989) in a study based on Reva Rubin's postpartum tasks (1961). The author examined the mother's readiness to learn in the early puerperium. A convenience sample ($N = 50$) of women who had low-risk vaginal deliveries within a seven hour time period was used for the study. No other criteria were established. Of those who met the criteria, 96% were Caucasian, 60% were multiparas, and the age range was from 17-38. A questionnaire with 13 statements that reflected the "taking in" concept (a period of passive and dependent maternal behavior) and 9 statements that reflected the "taking hold" concept (a period of independent and autonomous maternal behavior) was given to the mothers at specified intervals beginning one hour after delivery

and continued throughout a two-day hospitalization. According to the results, primiparas and mothers 28 years of age and younger had a longer "taking in" phase. The authors concluded that often women are not readily able to absorb vast amounts of information while in this phase and thus should not be expected to learn and perform return demonstrations with infants until at least 24 hours postpartum.

A more recent study conducted by Sheil, Bull, Moxon, Muehl, Kroening, Palmsberg and Kelber (1996) developed a Maternal Concerns questionnaire based on a previous work by Bull (1979). The instrument was given to five groups of childbearing women (N = 187) during the antepartum and postpartum periods. The subjects responded to questions about themselves, their infants, partners, families and community activities. It was intended to identify specific concerns of mothers so that nursing care could be individualized to meet each client's needs. The authors concluded that this type of tool was useful for identifying concerns in the late antepartum or immediate postpartum period. By identifying concerns in late antepartum, not only could some teaching begin but also the concerns could be reviewed in the postpartum period for changes. This process could continue with home care visits. This

identification and continual review could allow for planning of interventions and referrals to appropriate community resources.

Role of the nurse. A few studies have looked exclusively at the nurse's role in the postpartum experience. Mercer (1981) outlined ways that the nurse could guide the mother toward methods to achieve the multiple roles and expectations she may encounter. It was suggested that the nurse serve as a facilitator for the mother toward the resolution of feelings related to the reality, as compared to the perceived fantasy, of her new role.

Hampson (1988) also discussed the role of the postpartum nurse in relation to early discharge. She proposed the development of more relevant assessment techniques that would allow the nurse to identify and meet the needs of the early discharged mother. She particularly emphasized the importance of follow-up care and matching the specific needs of families with the appropriate community resources.

Further investigation of the role of postpartum nurses was revealed in a study by Field and Renfrew (1991). They surveyed postpartum nurses and public health nurses to determine the policies, procedures and content relative to postpartum teaching. A total of

100 subjects responded to questionnaires. Based on the findings of these questionnaires, the authors reported that the nurses covered an extensive amount of information but felt that the material was often presented at a superficial level with little reinforcement.

Barnes (1994) noted that our mobile society does not allow for traditional family support systems as in the past. Thus the burden of providing support and teaching basics of infant care often falls on the nurses. Early discharge puts time constraints on this process. A hospital in Tennessee uses a team approach to client teaching. Once the specific needs have been identified by the primary nurse, goals are established and strategies to accomplish these goals are planned. Then the appropriate nurse, such as the staff nurse, clinical nurse specialist, child health educator, or lactation consultant is called upon to provide teaching. Appropriate protocols are also initiated. These provide an outline of information discussed and a tool for documentation. Teaching can also be supplemented with videotapes or written materials. Identification of specific needs and collaboration among nurses provide a more productive use of time.

Changing needs during postpartum. Another avenue of research has focused on the premise that learning interests change throughout the postpartum period. Adams (1963) found primiparas (N = 40) were most concerned about infant feeding in the early postpartum, while additional concerns about infant bathing and care of the cord and circumcision were expressed at time of discharge. Likewise, a telephone survey by Haight (1977) to mothers (N = 136) determined that they were most concerned about infant care issues at 3 to 7 days postpartum. By 4 to 6 weeks postpartum, primiparas (N = 40) studied by Gruis (1977) were more interested in ways to gain their pre-pregnancy figures and the demands of managing the household.

A later study by Bull (1981) compared the concerns of 40 primiparas on the third postpartum day and after one week at home. It was hypothesized that the mothers would express fewer and less intense concerns about self, infant, family, and community on the third day postpartum than after one week at home. None of the hypotheses were supported. No significant differences were shown. Moderate to much concern in relation to self and infant and little concern about family and community issues were consistently expressed across two time periods. The author suggested that by using

maternal concerns as a basis for a teaching plan, the nurse in the postpartum unit could initiate the teaching and provide anticipatory guidance for discharge. The recognition of the concerns following discharge could aid in guidance for a community health nurse follow-up.

Golas and Parks (1986) conducted a study to determine the effectiveness of teaching primiparous mothers about infant behavior. There were three groups involved in the study. The experimental group (N = 17) received a specific teaching plan designed to include a video tape, presentations, a question and answer session, and a demonstration by a pediatric nurse practitioner with a return demonstration by the mother on selected infant behaviors. The contrast group (N = 16) received only a written checklist and explanation of behaviors, and the control group (N = 13) received neither teaching nor a checklist. The authors reported that the experimental group demonstrated more knowledge of infant behavior and appropriate responses than either of the other groups. The authors concluded that specific teaching interventions, designed to allow input from the mother and presented by the healthcare provider in person

rather than in written form, promoted increased knowledge and high consumer satisfaction.

Perception and identified needs. At the present time there are only a few published studies relating both nurses' and clients' perceptions of information needs in the puerperium. In a very early study, when comparing the perceptions of postpartum concerns of mothers and nurses, Lesser and Keane (1956) found that both groups frequently identified preparation for return to independence as a need. Austin (1980), Brown (1982), and Cameron (1979) discovered that there were numerous maternal and infant teaching topics considered appropriate for postpartum teaching but there was no consensus as to which topics were most important. Though Bull and Lawrence (1984) found that information being taught during a traditional postpartum hospitalization was useful, other studies by Hiser (1987) and Moss (1981) found possible incongruities between the identified concerns of the mother during a traditional hospital stay and the typical postpartum teaching by nurses.

Another study by Blackburn, Lyons, Stein, Tribotti, and Withers (1988) looked at nursing diagnoses related to the postpartum client. The researchers studied 236 nurse/patient pairs and

reported that although the problems identified most frequently by nurses and patients were similar, there were some discrepancies in certain areas. The nurses and patients agreed on topics such as alteration in comfort and potential for growth. However, the areas of anxiety, sleep pattern disturbance, and impaired mobility were identified by the mothers and not the nurses, while the area of knowledge deficit was a high priority for the nurses but not perceived as a major concern by the mothers at this time.

A comparative study of perceptions of clients and nurses about the importance of nursing activities during the postpartum period was conducted by Morales-Mann (1989) in Canada. Fifty clients and 25 nurses were included in the study. The clients had to have experienced an uncomplicated vaginal delivery and spent two days in the postpartum unit, and be at least 18 years of age. The nurses had to be responsible for the direct care of clients during the postpartum period. The clients and nurses were sent questionnaires immediately after volunteering for the study. The nurses' questionnaire not only examined how much importance they actually assigned to nursing activities but also how much importance they would like to assign. Inquiry was also made as to perceived reasons for

discrepancies. It was hypothesized that there would be no significant difference between the importance ratings assigned by clients and those assigned by nurses. This hypothesis was rejected. There were discrepancies in areas such as education on infant feeding, prevention of infection, breast care, birth control, comfort measures, and psychosocial care. Reasons given for discrepancies were insufficient time and staffing, and lack of coordination with other nurses and support staff. The author suggested a need for definition and clarification of what is essential nursing care for the postpartum client.

Summary. The existing literature supports that even though new mothers are capable of delineating their own personal learning needs, there may be differences in perception of these needs between the postpartum client and nurse. A wide variety of topics are considered appropriate within the context of postpartum teaching, and recognition of maternal concerns can assist nurses in the development of teaching strategies that reflect the individual client's priorities. Furthermore, the studies generally advocate some kind of follow-up in the postpartum period with all clients.

Limitations in all the studies were that all of the participants were English-speaking mothers who had

normal, uncomplicated, vaginal deliveries of healthy newborns. Furthermore, the study subjects all delivered in hospitals in large urban or suburban areas. Therefore, the results of the studies should not be broadly generalized to the postpartum population. Further research is needed for continued validation of the importance of identifying priority needs in the postpartum setting. Inclusion of studies focused on other nurse/client populations such as adolescent mothers, mothers of different cultures, mothers in rural areas, and mothers with complications would add credibility to the existing literature.

Conceptual Framework

The conceptual framework for this study was based on King's Theory of Goal Attainment. This theory was derived from King's conceptual model for nursing and focuses on the interpersonal system of her general systems framework because "what nurses do with and for individuals is what makes the difference between nursing and any other health profession" (King, 1989). At the center of this system are two people, usually strangers, who come together in a health care organization to help and to be helped to maintain a state of health that permits functioning in roles. The theoretical components describe the nature of nurse-

client interactions that lead to achievement of goals (Evans, 1991).

The theory also asserts that decision making is a collaborative effort between the client and the nurse. They communicate with each other, identify goals, and investigate methods to attain these goals.

Perception, which is a concept in King's systems model, has a major influence on a person's behavior and is fundamental to all human interactions. The senses provide the initial data for formulation of perception, while an individual's education, past experiences, self-concept, and other elements of personal history will influence it as well. King states that "[perception] is a process of organizing, interpreting, and transforming information from sense data and memory. It is a process of human transactions with the environment. It gives meaning to one's experiences, represents one's reality, and influences one's behavior" (King, 1981).

Perception influences one's interpersonal system through interaction. Interaction involves both perception and communication between one individual and another. It can influence how an individual thinks and feels about another; how each perceives the other; what

each expects of the other; and how each reacts with the other (King, 1981).

Transaction also involves perception. A client's perception of an interaction will affect valuation of the transaction. According to King (1981), a transaction is affected by the actions, judgements, perceptions, and reactions of those involved. It concerns both verbal and nonverbal communication which leads to series of events that are used to achieve a goal. A transaction represents a situation in which each individual actively participates in and is changed by the process. When the nurse's and client's perceptions are congruent regarding a situation, a transaction takes place. Together the nurse and client collaborate in identifying goals to be achieved (King, 1992).

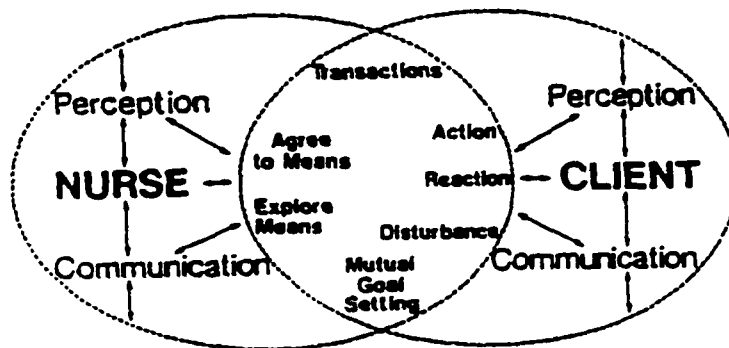
In summary, perception is related to how the client and nurse each view the priority information needs during the postpartum period. Communication takes place with a face-to-face encounter between the nurse and client during which time both individuals relay information regarding what information each deems important. Interaction continues the process when the nurse and client purposefully explore the meaning of their individual perceptions and share their views.

This should lead to congruence which then leads to transaction. Transaction occurs when the nurse and client continue their interaction using a decision-making process regarding goals and the means to achieve these goals.

King proposes that perceptual accuracy needs to be present in nurse/client interactions for transactions to occur. When transactions occur, goals will be attained, client satisfaction will occur, and effective nursing care will result. In other words, a congruency in perception of client needs is necessary for mutual goal setting and goal attainment. (Fig 1.)

Figure 1.

Schematic diagram of Theory of Goal Attainment



Consumers play a major role in nursing practice today. They want to be active participants in decisions related to their health and nursing care. In order for nurses in postpartum to function effectively

they must develop appropriate responses to consumer demands. They need to understand what the client perceives as important for discharge teaching.

This study was undertaken to identify the most important teaching topics from the perspective of those actually involved in the postpartum experience--the postpartum client and her nurse. It also explored the continuing need of the postpartum nurses to gain knowledge of client perceptions of priorities in order to plan the most satisfactory and efficient method of teaching for early discharge. Understanding between these two entities can evolve into mutual goal setting and, ultimately, mutual goal attainment.

Concepts and Terms

1. Perception - each person's representation of reality; an awareness of persons, objects, events.
2. Priority information needs - those needs (psychological, physiological, medical) deemed most important by client and nurse.
3. Early discharge - discharge from the postpartum unit within 36 hours of delivery.

Research Question

What differences are there between postpartum nurses' and clients' perceptions of priority information needs for early discharge?

CHAPTER THREE

METHODS

Design

A descriptive two group comparative design was used to compare postpartum nurses' and clients' similarities and differences in perceptions of priority information needs for discharge. The objective of a descriptive study is to accurately portray the characteristics of persons, situations, or groups and the frequency with which certain phenomena occur. Phenomena are described rather than explained (Polit & Hungler, 1991). This study compared two groups of subjects on the dependent variable--perceived priority information needs. A self-administered questionnaire was used with both groups for data collection.

An advantage in using a self-administered questionnaire is that there is possibility of complete anonymity. This guarantee may be extremely important for honesty in responses of both clients and nurses. Furthermore, there will be little or no interaction with the investigator, which could affect subjects' responses, and thus the possibility of interviewer bias should be reduced.

There are some variables, however, that could affect the validity of the study. The use of a convenience sample may risk sample bias. The client sample, a fairly heterogeneous group, has a greater risk of sample bias than the nurse sample which tends to be more homogeneous.

Demographic variables of the clients such as age, education, culture, marital status, and parity could have an effect on how questions will be answered. Likewise, years of experience, part- or full-time employment, and shift worked are factors that could influence the nurse sample. For example, those working nights might have different perceptions about learning needs than those on days or afternoons who perform nearly all of the discharge teaching. Established criteria should help define the populations.

Furthermore, both nurses and clients may answer questions in a manner they feel would satisfy the researcher because they will be aware that they are participating in a study. This may be particularly true of the nurses because the researcher has a working history with some of those involved. The assurance of anonymity should assist with reduction of this problem.

The timing of completion of the questionnaire could also threaten the validity. If a client waits until

the time of discharge to answer the questionnaire she may hurry to finish it and not give serious thought to the questions being asked. Also, though a fairly large number of clients will likely be eligible to participate in the study, a small percentage may actually choose to participate and return the questionnaire. This problem can be decreased if the questionnaires are distributed early in the postpartum period and a box is placed at a convenient location on the unit for return.

Sample and Setting

This study was conducted with postpartum nurses and clients from two small community hospitals in mid-Michigan. These hospitals average between 700 to 800 deliveries a year with most low-risk vaginal deliveries being discharged within 24-48 hours after delivery.

A convenience sample of postpartum nurses (N = 33) and postpartum clients (N = 62) who met the designated criteria were used in the study. Criteria for nurses included: RN status; responsibility for the direct care of postpartum clients; and at least 3 days per week employment on the OB unit.

Criteria for the postpartum clients included: the ability to read, write, and understand English; age of at least 19 years; an uncomplicated vaginal delivery

and postpartum course; and planned discharge within 36 hours after delivery.

Instrument

In order to compare perceptions of postpartum priority needs, the same questionnaire was distributed to both clients and nurses. Assessment was made using a 50 item questionnaire based on the instrument developed by Degenhart-Leskosky in a 1989 study comparing adolescent and non-adolescent health education needs. This instrument was adapted from the original instrument designed by Howard and Sater for a 1989 study on perceived needs of adolescent mothers. The questionnaire was reviewed by experienced educators in the field of adolescent pregnancy and parenting to ensure content validity of the instrument. It was also pretested on a small group of adolescent mothers to establish reliability and identify area of difficulty as to content, terminology, and design. No alpha-coefficients were reported.

The Degenhart-Leskosky questionnaire is divided into three sections. The first section includes items that assess the mother's informational needs regarding her physical and psychological care. Physical changes, nutrition, medical care, contraception, time management and reactions to becoming a parent are included in the

topics. The second section contains informational needs of mothers regarding physical and psychosocial care of the infant. Specific topics consist of newborn characteristics, feeding the infant, care of the well and sick newborn, and ways to promote the newborn's psychological health. Responses are rated on a four-part scale ranging from "very important" to "not important". The third section addresses demographic and obstetric information. Acceptable levels of reliability were established by Degenhart-Leskosky. Alpha coefficients of .78 for mothers' physical care, .79 for mothers' psychosocial needs, .89 for infants' physical care and .76 for infants' medical needs were reported.

The Degenhart-Leskosky instrument was revised by the present investigator. The first section comprised the demographic and obstetric information. Included in the nurses' questionnaire was also a work history on the maternity unit. Sections two and three were maternal physical and psychosocial needs, and infant physical and medical needs, respectively. The four-part response scale was changed to a five-point response format using the categories of "not at all important", "slightly important", "moderately important", "important", and "very important". A place

for "other" was added at the end of both sections two and three to enable participants to choose topics not specified in the questionnaire.

Reliability Testing

Reliability coefficients can be an important indicator of the quality of an instrument. Table 1 compares the alpha coefficients of the specific subscales identified in the questionnaire. The highest reliability occurred with the part of the tool that reported the nurse perception of need for information relating to baby's physical care. ($\alpha = .91$). The lowest occurred with the part that related to the client's perception of her own need for psychosocial care needs ($\alpha = .70$). Overall, the tool had a higher reliability with the nurses than the clients in each subscale.

Table 1. Alpha coefficients of questionnaire subscales

Subscale	# of items	mom	nurse
mom's physical needs	12	.72	.80
mom's psycho-social needs	8	.70	.90
baby's medical needs	9	.72	.84
baby's physical needs	21	.84	.91

Procedure

Approval from the human subjects review committee at the university and permission to recruit subjects from the two identified community hospitals was obtained prior to commencement of the study. Also, the investigator met with the nurse managers of the postpartum units to provide information as to the nature and logistics of the study.

Each nurse who met the criteria was given a packet in her mailbox which included a cover letter (Appendix A), directions for completing the questionnaire, and the questionnaire (Appendix B). The cover letter described the purpose of the study and assured anonymity as no names were included on the questionnaire. An envelope was provided in which each subject could seal the questionnaire. A place was designated on each unit for the return of the questionnaire which was collected at the end of each week. Return of the questionnaire implied consent.

The researcher recruited one assistant to facilitate the distribution of the questionnaires to the mothers. The researcher and the assistant visited the hospital in closest proximity to her home three times a week. The assistant was instructed on the approach to clients so as not to influence behavior or generate stress. A packet, including a brief

explanation of the study, was given to each identified mother (Appendix C). The mothers were asked to read the enclosed information for further details. The mothers' packet was similar to the nurses with a cover letter (Appendix D), instructions on how to complete the questionnaire, and the questionnaire (Appendix E). The cover letter included a description of the study as well as a guarantee of confidentiality. The clients were assured verbally and in the cover letter that participation was totally voluntary, that no names would be included on the questionnaire, and that response would in no way influence her care. It specified that agreement to participate in the study will be considered favorable by the return of the questionnaire. There was a place designated by the nurse manager on the postpartum unit where the questionnaires could be returned in sealed envelopes prior to the mother's discharge from the hospital.

The risk to the subjects in the study was minimal. Questionnaires were coded numerically with no other identifying information required. Plain envelopes were used for return. Access to the information on the questionnaires was restricted to the researcher.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

The perceptions of postpartum nurses and clients concerning information priorities prior to discharge were analyzed descriptively. A reliability analysis of the testing tool was done in regard to the questions asked relating to mom and baby care information needs. The scores on the questionnaire were investigated for equality of means of both groups (nurses and clients) as to age, perceived information needs for mom's physical and psychosocial care, and perceived needs for baby's physical and medical care. Also, a mean ranking by group was completed for each category on the questionnaire. This allowed for an analysis of data for each group as well as a comparison between groups.

Characteristics of the Subjects

There were 62 clients (mothers) and 33 registered nurses who completed the questionnaire. The mean age of the mothers was 25.3 years as compared to 36.0 years for the nurses. The number of pregnancies experienced by the nurses was slightly higher than that of the mothers ($M = 2.9$ for nurses and $M = 2.1$ for moms). One-hundred percent of both samples spoke English as a

first language. The clients all had uncomplicated vaginal deliveries and were discharged within 36 hours after birth. The typical client profile was a multipara (N = 46, 74%) who was living with the father of the baby (married = 50%, single = 27%)., had attended prenatal classes during this or a previous pregnancy (62%), was expecting to have help at home following discharge (89%), and was at least a high school graduate (100%). Sixty percent had completed high school only, while 34% had completed college, and 6%, graduate school.

One hundred percent of the nurses had worked at least one year on the obstetrical unit (M = 7 years). The typical nurse's profile was a female who had been a registered nurse for M = 9.4 years (52%), worked the day (42%) or evening shift (33%), worked three to five days per week (67%), and had children of her own (94%).

Perceived Needs

The research question was: What differences are there between postpartum nurses' and clients' perceptions of priority information needs for mother's experiencing early discharge. A t-test for independent samples was used to analyze the differences between the means of the sample groups. This test reports the

difference in the mean scores of the client and nurse related to perceived needs in the four subscales.

To determine the significance of these values a test for equality of means was conducted to yield a 2-tailed probability with a p value to indicate level of significance. The results of this testing are reported in Table 2. Overall, the results indicated no significant difference between the perceived priority informational needs of nurses and client as the p value in all four identified subscales was $>.05$.

Table 2 Significance of perceived priority
information needs of nurses and clients

Subscale	t	p
mom's physical needs	-.89	.37
mom's psychosocial needs	-.58	.56
baby's medical needs	1.36	.18
baby's physical needs	.35	.73

t = t -test score p = level of significance

Comparison of Clients' and Nurses' Perceived Needs

The sample groups (postpartum clients and nurses) were compared to see if there were any statistically

significant differences between the groups in relationship to their perceived priority information needs during the postpartum period. The 50 items on the questionnaire (20 related to mother's needs and 30 related to baby's needs) were the same for both groups. The Mann-Whitney U was used to compare rankings of the groups on each item in the questionnaire. The analysis of this test indicated 14 items which demonstrated a significant difference. Of these 14 items, 10 related to information concerning the baby's needs and 4 to the mother's needs.

By examining the mean ranks of the questionnaire items that showed a significant difference between the client and nurse groups, information about sleeping habits of baby, what the newborn will look like, bathing the baby, when to begin exercising, when to expect return of menses, how the birth will affect relationships with others besides the father, and ways to manage time with a new baby were ranked higher for the client than the nurse. For the nurses, information about constipation and diarrhea, safety, immunizations, feeding the baby including how often to feed, burping and holding the baby ranked higher than for the client.

Table 3 Significance of difference of mean ranks
of questionnaire items for nurses and clients

Item	z	p
Baby		
How to hold	-4.939	.0000
Bathing	-4.320	.0000
Immunizations	-3.559	.0004
Burping	-3.243	.0012
Constipation and diarrhea	-3.094	.0020
Sleeping habits	-2.596	.0094
Information about feeding	-2.450	.0143
How often to feed	-2.360	.0182
Protection from accidents	-2.130	.0331
What baby looks like	-2.025	.0429
Mother		
When to exercise	-4.209	.0000
Return of menses	-3.339	.0008
Time management	-2.906	.0037
Effect of birth on others	-2.906	.0303

Ranking of Identified Information Needs

The questionnaire presented to both the postpartum client and nurse groups was divided into two sections: care of mother and care of baby. Within each section were statements relating to specific teaching topics

that could be addressed during the postpartum period and the importance of each to the individual filling out the questionnaire. The scoring of responses was as follow : not at all important - 1; slightly important - 2; moderately important - 3; important - 4; and very important - 5. Analysis of the mean responses of both clients and nurses indicated the top 10 perceived information needs for both groups. (See Tables 4 & 5)

Table 4 Top 10 information needs for mothers

Variable	mean
Clients N = 62	
1. Information on feeding baby	4.6
2. How to feed baby	4.6
3. Protecting baby from accidents	4.4
4. Time management	4.3
5. Immunizations	4.3
6. Care of episiotomy	4.3
7. Ways to make baby happy	4.3
8. Bathing baby	4.3
9. How to know if baby is sick	4.2
10. What to do if baby is sick	4.2

Table 5 Top 10 information needs for nurses

Variable	mean
Nurses N = 33	
1. Information on feeding baby	4.9
2. Immunizations	4.8
3. How to feed baby	4.7
4. Protecting baby from accidents	4.6
5. Care of the breasts	4.5
6. How often to feed baby	4.4
7. What to do when baby is sick	4.2
8. Care of episiotomy	4.1
9. Type, amount, duration of flow	4.1
10. Ways to make baby happy	4.1

Observation of the above data indicates that information about feeding the baby is perceived by both clients and nurses as the number one information need or "very important" scoring 4.6 and 4.9 respectively. Also information on immunizations, safety, how to feed the baby, care of the episiotomy, ways to make baby happy, and what to do when the baby is sick are among the top ten priorities with both groups. Clients also

perceived other baby care needs such as bathing and how to know when baby is sick as well as time management for themselves as priority needs during postpartum. The nurses perceived how often to feed the baby as a priority along with care of the breasts and information about the type, amount, and duration of lochia (flow).

In summary, the statistical analysis demonstrates that there was no significant difference between the postpartum clients and postpartum nurses perception of priority information needs for discharge overall. However, there were some specific areas that were significantly different. The data obtained indicate the clients seemed to be more concerned about the baby's care than their own care. Though baby care was also a priority with the nurses, they tended to include more topics relating to mother's physical care than the clients. Generally, it seems that both postpartum clients and nurses are in tune with each other.

CHAPTER 5

DISCUSSION

Discussion

Studies have reported the issues related to postpartum teaching in various forms. Some have looked only at maternal concerns, some at the nurse's role, and others have compared groups such as primiparas and multiparas or adolescents and non-adolescents. It was found in many of the studies that actually looked at perceived information needs of postpartum clients and nurses that though some of the areas of need identified were similar, there were incongruities in others (Austin, 1980; Brown, 1982; Cameron, 1979; Hiser, 1987; Moss, 1981; Blackburn, et al, 1988; Morales-Mann, 1989).

Analysis of the results of this study indicated that, overall, there was no significant difference in the perceived priority informational needs of nurses and clients. However, analysis of individual items revealed 14 areas of discrepancy out of a possible 50. Most areas of variance (10) related to items regarding care of the infant. Furthermore, when the mean ranks of all the items were analyzed there was also

significant difference. The mothers ranked baby items such as bathing, sleeping habits, and physical characteristics, and mother items such as familial relationships, information about exercise and menses, and time-management for self higher than the nurses. The nurses ranked baby items such as bowel problems, feeding concerns, safety, and immunizations higher than the client. No items related to the mother ranked higher with the nurses than the clients.

In the top 10 ranking of scores, information on feeding was number one for both nurses and clients. Of the remaining 9 items, 6 items appeared on both lists (immunizations, how to feed baby, protection from accidents, care of the episiotomy, ways to make baby happy, and how to tell if baby is sick). In addition, care of the breasts, information concerning the lochia, and how often to feed the baby appeared on the nurses' list. Time-management, bathing the baby, and what to do if the baby is sick appeared on the clients' list. The results may indicate that an instrument such as the one used in this study may be useful in determining specific information needs of mothers.

Limitations

The number of study subjects in both groups was small (N = 62 for clients and N = 33 for nurses). The

samples were random, thus the findings cannot be generalized to other groups. The clients were not divided into parity thus there can be no determination as to which topics were of more importance to primiparas or multiparas.

The groups were primarily Caucasian and middle to lower-middle class. All clients delivered in one of two small community hospitals and lived in the surrounding rural area. Also, while the nurses could take the questionnaire home to complete, the clients were requested to complete it before discharge. This may have affected some responses because of time constraints, interruptions, and the overall physical or psychological well-being of the client at the time.

Implications for Nursing

Meeting the information needs of mothers who are discharged early in the postpartum period continues to be a challenge for postpartum nurses. Most nurses would agree that the birth of a child requires adjustments both physically and psychologically. These adjustments may generate concerns that need to be addressed whether they are regarding the care of the infant or the care of the mother herself. Both nurses and clients can become frustrated. Nurses can become frustrated with the limited time-frame in which to do

the teaching as well as the amount of material that they feel they need to teach. Clients can become frustrated as they are overwhelmed with information at a time that they may not be ready to hear it.

One of the primary components of the nursing process is assessment. During the postpartum period while assessing the components of routine care, the nurse could identify the priority information needs of the client. By using King's Theory of Goal Attainment, the nurse and client could effectively interact and explore their individual perceptions of priority information needs. This would allow both parties to come together in a commonality of purpose. Goals could mutually determined and acceptable methods to achieve the goals discussed. Thus, specific concerns of interest would be addressed and others could be omitted.

Suggestions for further research

Further research in the area of postpartum information priorities is needed. This study was too small and limited in scope to generalize to all postpartum clients and nurses. The tool was easy to administer and could be useful when investigating the postpartum concerns of all mothers. A replication of this study with nurses in different settings such as

birth centers or urban hospitals would be useful to determine if their perceptions were similar to those in this study. Likewise, clients separated into specific groups based on parity, age, economic level, and culture could give a better overview of general population needs. Overall, additional research is needed to provide supporting evidence of the importance of identifying priority information needs to be addressed prior to discharge. This would provide necessary information to nurses to provide anticipatory guidance for the clients and assist with nursing care planning within the confines of early discharge.

Conclusions

This study demonstrated the importance of identifying priority information needs to be addressed before mothers leave the hospital. Though there were some areas of congruence of perceived needs between clients and nurses, there were enough areas of difference so as not to be able to generalize that all clients need the same information. Congruence between client-perceived and nurse-perceived needs is a critical component of collaborative decision-making between nurses and clients. Lack of congruence may lead to frustration and eventual dissatisfaction on the part of both.

In today's rapidly changing vision of health care, the postpartum period continues to present challenges for all. Understanding the value of collaboration between clients and nurses can provide a positive educational outcome for families and their newborns while reducing the pressures on nurses to accomplish all educational goals during a limited hospital stay.

APPENDIX A

My name is Karen Lincoln RNC, a graduate nursing student at Grand Valley State University. I am inviting you to participate in a research study being conducted as part of my thesis. The purpose of the study is identify what areas of teaching that you feel are most important for new mothers. Mothers will be participating in the same study identifying learning needs most important to them. The information provided by both groups should assist in the teaching/learning process during the postpartum stay.

Participation in the study is strictly voluntary, confidential, and will not affect your job in any way. It will involve completion of a questionnaire that will take approximately 15 minutes.

This packet contains directions for filling out the questionnaire, the questionnaire, and directions for returning it.

All information obtained will remain anonymous. There is no risk involved in your participation. There are two parts to the survey. The first part of the survey includes a questionnaire about topics related to care of the mother and her baby. You are asked to rate these topics as to their importance to you. Please take time to answer each section. The second part of the survey will include special information about yourself. Do not include your name. Once you have completed the questionnaire, seal it in the envelope provided, and return it to the mailbox in the locker room with my name on it. If you choose not to participate, just place the questionnaire in the envelope and return it. Thank you for your time and consideration.

APPENDIX B

NURSE'S SPECIAL INFORMATION

Please answer the following questions.

1. What is your age?
2. How long have you been an RN?
3. How long have you been working on the obstetrical unit?
4. What shift do you work?
5. How many days a week do you work? (circle one)
 - a. 5 days/week or more
 - b. 4 - 5 days/week
 - c. 3 - 4 days/week
 - d. 2 - 3 days/week
 - e. less than 2 days
 - f. 7 days on - 7 days off
6. How many times have you been pregnant?
7. If you have children, what are their ages?

INFORMATION NEEDS QUESTIONNAIRE

Nurses are a very important aspect of teaching a new mother about herself and her newborn.

Below is a list of topics that you may include when teaching a new mother during her time in the hospital

1. Please read each item and check the appropriate box to rate the importance of that item's inclusion as part of your teaching
2. There are two sections. Section A contains topics related to care of the mother. Section B contains topics related to the care of the baby. Please complete both sections.
3. If a topic of importance to you is not listed please include in the "other" column and rate its importance.

Section A	NOT AT ALL IMPORTANT	SLIGHTLY IMPORTANT	MODERATELY IMPORTANT	IMPORTANT	VERY IMPORTANT	Please do not write in this space
1. Type, amount, and duration of discharge (flow) after delivery						
2. Care of stitches (episiotomy)						
3. Care of breasts						
4. Constipation						
5. Sleep and rest needs of the new mother						
6. Proper eating for the mother						
7. Exercise to help "get back into shape"						
8. When period is expected to return						
9. How soon to restart sexual relations						
10. How soon another pregnancy can occur						
11. Birth control						
12. Medical checkups after delivery						
13. Depressed feelings, "Postpartum blues"						
14. Emotional reactions to being a new parent						
15. How your life with the baby's father is affected by the baby's birth						

... continued

	NOT AT ALL IMPORTANT	SLIGHTLY IMPORTANT	MODERATELY IMPORTANT	IMPORTANT	VERY IMPORTANT	Please do not write in this space
16. Information about how life with other people is affected by baby's birth (parents, in-laws, friends)						
17. Best way to manage time with a new baby to care for						
18. How to be a good parent						
19. Going back to work						
20. Childcare						
21. Other						

Section B	NOT AT ALL IMPORTANT	SLIGHTLY IMPORTANT	MODERATELY IMPORTANT	IMPORTANT	VERY IMPORTANT	Please do not write in this space
1. What the newborn baby will look like						
2. How to feed the baby						
3. Information about bottle/breast feeding						
4. Preparing bottles						
5. How often to feed the baby						
6. Burping the baby						
7. How to hold the baby						
8. Equipment needed for a young baby (crib, bottles, clothes)						
9. Bathing the baby						
10. Care of the baby's cord/navel						
11. Care of the baby's genital area, including circumcision (if male).						
12. Type of diapers						
13. How to diaper a baby						
14. Diaper rashes						
15. What to do when a baby cries						
16. Sleeping habits of young babies						
17. Cradle cap						
18. Clipping baby's nails						
19. How to know when baby is sick						
20. What to do when baby is sick						
21. How to take baby's temperature						
22. Constipation and diarrhea						
23. Colic (baby's stomach aches)						

	NOT AT ALL IMPORTANT	SLIGHTLY IMPORTANT	MODERATELY IMPORTANT	IMPORTANT	VERY IMPORTANT	Please do not write in this space
25. Protecting baby from accidents						
26. Ways to make baby feel happy and loved						
27. Spoiling the baby						
28. What to expect that the baby can do in the first few weeks of life						
29. Community agencies and resources (public health clinics, food programs, etc.)						
30. When to start immunizations (baby shots)						
31. Other						

APPENDIX C

Congratulations! My name is Karen Lincoln, RNC, a graduate nursing student at Grand Valley State University. You have just accomplished the most assertive job a woman can do--having a baby! I realize that this is a very busy time for you and that you have many new responsibilities and concerns. (Sleep probably being at the top of the list.) However, I am inviting you to take a few minutes to answer some questions concerning the care of yourself and your baby. The study is being conducted to find out what kinds of information mothers want before they leave the hospital. What learning needs are most important to you?

Participation in the study is strictly voluntary, confidential, and will not affect your care in any way. It will involve answering a questionnaire which will take approximately 15 minutes. For the future, we hope to use the information mothers supply about their learning needs to provide better services to mothers before they go home.

YES - Here is a packet containing directions for filling out the questionnaire, the questionnaire, and directions for returning it. Thank you for your willingness to participate.

NO - Thank you for your time.

APPENDIX D

THANK YOU for taking time to participate in the study. New mothers often have many different questions they would like answered before they leave the hospital. We would like to know what information you feel is important. All information obtained will remain anonymous and confidential. There is no risk involved in your participation.

There are two parts to the survey. The first part of the survey includes a questionnaire about topics related to your care and the care of your baby. You are asked to rate these topics as to their importance to you. Please take time to answer each section. The last part of the survey will include special information about yourself. Do not include your name. Once you have completed the questionnaire, seal it in the envelope provided, and return it to the box at the nurse's station. If you choose not to participate, just place the blank questionnaire in the envelope and return it. Again, congratulations and thank you!

APPENDIX E

MOTHER'S SPECIAL INFORMATION

Please answer the following questions.

1. What is your age?
2. What is your marital status? (circle one)
 - a. married/living with baby's father
 - b. married/not living with baby's father
 - c. single/living with baby's father
 - d. single/not living with baby's father
 - e. single/living with relatives or friends
 - f. other (please specify) _____
3. Who will help when you get home?
4. How many times have you been pregnant?
5. How long ago was your previous birth? (if you have more than one child)
6. How many children do you have living with you and what are their ages?
7. Have you ever taken prenatal classes? If so, how long ago?
8. What is your highest level of education? (circle one)
 - a. middle school
 - b. high school
 - c. college
 - d. graduate school

INFORMATION NEEDS QUESTIONNAIRE

New mothers have differing opinions as to what topics related to the care of themselves and their infant are important to them.

Below is a list of types of information that may be given to you during your time in the hospital.

1. Please read each item and check the appropriate box to rate the importance of that item to you.
2. There are two sections. Section A contains topics related to your care. Section B contains topics related to the care of your baby. Please complete both sections.
3. If a topic of importance to you is not listed please include in the "other" column and rate its importance.

Section A	NOT AT ALL IMPORTANT	SLIGHTLY IMPORTANT	MODERATELY IMPORTANT	IMPORTANT	VERY IMPORTANT	Please do not write in this space
1. Type, amount, and duration of discharge (flow) after delivery						
2. Care of stitches (episiotomy)						
3. Care of breasts						
4. Constipation						
5. Sleep and rest needs of the new mother						
6. Proper eating for the mother						
7. Exercise to help "get back into shape"						
8. When to expect your period to return						
9. How soon to restart sexual relations						
10. How soon another pregnancy can occur						
11. Birth control						
12. Medical checkups after delivery						
13. Depressed feelings, "Postpartum blues"						
14. Emotional reactions to being a new parent						
15. How your life with the baby's father is affected by the baby's birth						

... continued

	NOT AT ALL IMPORTANT	SLIGHTLY IMPORTANT	MODERATELY IMPORTANT	IMPORTANT	VERY IMPORTANT	Please do not write in this space
16. Information about how your life with other people is affected by the baby's birth (parents, in-laws, friends)						
17. How to best manage your time with a new baby to care for						
18. How to be a good parent						
19. Going back to work						
20. Childcare						
21. Other						

Section B	NOT AT ALL IMPORTANT	SLIGHTLY IMPORTANT	MODERATELY IMPORTANT	IMPORTANT	VERY IMPORTANT	Please do not write in this space
1. What the newborn baby will look like						
2. How to feed the baby						
3. Information about bottle/breast feeding						
4. Preparing bottles						
5. How often to feed the baby						
6. Burping the baby						
7. How to hold the baby						
8. Equipment needed for a young baby (crib, bottles, clothes)						
9. Bathing the baby						
10. Care of the baby's cord/navel						
11. Care of the baby's genital area, including circumcision (if male).						
12. Type of diapers						
13. How to diaper a baby						
14. Diaper rashes						
15. What to do when a baby cries						
16. Sleeping habits of young babies						
17. Cradle cap						
18. Clipping baby's nails						
19. How to know when baby is sick						
20. What to do when baby is sick						
21. How to take baby's temperature						
22. Constipation and diarrhea						
23. Colic (baby's stomach aches)						

	NOT AT ALL IMPORTANT	SLIGHTLY IMPORTANT	MODERATELY IMPORTANT	IMPORTANT	VERY IMPORTANT	Please do not write in this space
24. Medical care for baby						
25. Protecting baby from accidents						
26. Ways to make baby feel happy and loved						
27. Spoiling the baby						
28. What to expect that the baby can do in the first few weeks of life						
29. Community agencies and resources (public health clinics, food programs, etc.)						
30. When to start immunizations (baby shots)						
31. Other						

APPENDIX F


February 24, 1996

*Karen Lincoln
4335 W. Harrison
Alma, MI 48801*

Dear Karen:

Permission is granted to utilize the structured questionnaire that has been developed to determine the educational needs of new mothers. The questionnaire may be revised to make it workable for your population.

Sincerely,


Suzanne Degenhart-Leskosky

APPENDIX G



1 CAMPUS DRIVE • ALLENDALE MICHIGAN 49401-9403 • 616/895-6611

August 13, 1996

Karen E. Lincoln
4335 W. Harrison
Alma, MI 48801

Dear Karen:

Your proposed project entitled "*Comparison of Postpartum Nurses' and Clients' Perceived Information Needs for Early Discharge*" has been reviewed. It has been approved as a study which is exempt from the regulations by section 46.101 of the Federal Register 46(16):8336, January 26, 1981.

Sincerely,

A black rectangular box redacting the signature of Paul Huizenga.

Paul Huizenga, Chair
Human Research Review Committee

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