PRIMIPAROUS MOTHERS' PERCEPTIONS OF THE EFFECTIVENESS OF THE POSTPARTUM PARENT SUPPORT PROGRAM (PPSP) AT THE SECOND TO FOURTH POSTPARTUM WEEKS

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Primiparous Mothers' Perceptions of the Effectiveness of the Postpartum Parent Support Program (PPSP) at the Second to Fourth Postpartum Weeks

By

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Abstract

The purpose of this study was (a) to determine whether the Postpartum Parent Support Program (PPSP) is helping mothers identify their postpartum learning needs; (b) to determine whether the PPSP is providing mothers with consistent, helpful, and confidence building information during the first postpartum weeks; (c) to determine whether the PPSP is helping mothers identify and use sources of support in the community; and finally (d) to determine whether early discharge affects maternal confidence in self and child care at 2-4 weeks postpartum.

The sample consisted of 61 primiparous mothers who delivered healthy, full-term infants at the tertiary obstetrics facility for Newfoundland. Mothers completed a demographic questionnaire during their hospital stay and a telephone interview between their 2nd and 4th postpartum weeks.

Results found that the learning needs self-assessment questionnaire is frequently not introduced as outlined by the PPSP implementation plan or in keeping with principles of adult learning.

While the PPSP is, for the most part providing mothers with consistent, helpful, and confidence building information, information regarding infant feeding from hospital nurses was frequently rated as inconsistent and not helpful. Furthermore, mothers indicated a need for information in various areas that were not provided, possibly due to inadequate use of the PPSP questionnaire. Overall, mothers were significantly more satisfied with information from community health nurses than with information from

hospital nurses. While the PPSP is providing confidence building information to new mothers, those who received an explanation of the purpose of the PPSP questionnaire were significantly more confident in self and infant care at 2-4 weeks postpartum than mothers who did not receive an explanation of the purpose of the questionnaire.

The PPSP is helping mothers identify and use sources of community support. However, mothers most in need of breastfeeding support (those who were breastfeeding with supplementation) were less likely to be aware of sources of community support than were exclusively breastfeeding women.

Finally, mothers who were discharged early were neither more nor less confident at 2-4 weeks postpartum than mothers discharged later.

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Chapter 1

Introduction

The birth of a child produces numerous physical and psychological changes in a woman. These changes have been described by several authors as crisis producing (Anderson, 1984; Donaldson, 1981; Hampson, 1989) while others refer to them as normal adaptation (Affonso, 1987; Curry, 1983). Nursing strategies in the form of education, support, and appropriate intervention during the postpartum period are believed to be helpful in facilitating a smooth transition for a woman and her family through this period of change. To facilitate this transition various postpartum support programs have been implemented across Canada and the United States. A Canadian example of postpartum support is the Postpartum Parent Support Program (PPSP), which has been introduced at selected sites across Canada. The purpose in conducting this study is to examine the effectiveness of the PPSP as it operates in the St. John's area.

Maternal and Infant Needs

Both mothers and infants have physical and psychological needs in the postpartum period. Maternal physical needs include physiologic restoration, the ability to prevent or treat complications such as cracked nipples, breast engorgement, infection, and other post-birth complications, and the ability to perform tasks related to infant care. Infant physical needs include adequate nutrition, cord care, and basic hygiene. Maternal psychological needs include integration of the birth experience (Lemmer, 1986) and attainment of the maternal role (Donaldson, 1981; Martell & Mitchell, 1984). The major psychological need of the infant is the need to be mothered (Donaldson, 1981). For first-time mothers the

need for information, or learning needs, overlaps all the above needs. There are several types of learning needs. Of these, felt or perceived needs are of most importance because learning requires motivation. Individuals are more likely to be motivated to learn information that they perceive as important to them (Sullivan, 1993).

The first weeks following the birth of a child have been determined to be a time of frequent and intense concerns for new mothers (Bull, 1981; Hiser, 1986; Lemmer, 1986; Ruchala & Halstead, 1994). It is during this time therefore that mothers require, and would be most motivated to learn from, information from health care providers. To better provide needed information, several theoretical frameworks have been developed to guide care and information given during the postpartum period. Two such frameworks are the crisis framework and the adaptation framework.

Hampson (1989) describes parenthood as a period of potential crisis for a family. Crisis is defined by Parad and Caplan (cited in Donaldson, 1981) as "a period of disequilibrium overpowering the individual's homeostatic mechanisms" (p. 249) According to Hampson (1989) the immediate postpartum is a period of crisis where increased rest is most needed and least obtainable. Postpartum crisis, as stated by Donaldson (1981), may occur over a period lasting 4-6 weeks and is characterized by increased emotion (anxiety, despair, helplessness, and decreased organization), which leads to decreased functioning. The vital crisis issues inherent in the transition to parenthood include a lack of preparation for the role, the nature of the abrupt role change, and the irrevocability and societal pressures to assume the parental role (Donaldson,

1981). Thus new parents have the responsibility of providing total care for an infant with little preparation and insight as to what their new role is. In addition mothers, during this period, are recovering physically from the many processes that accompany labour and birth. The goal of nursing during this period is to help the mother restore equilibrium by mobilizing support and increasing coping. This leads to maternal role taking and physiological restoration.

The adaptation approach states that there are both internal and external factors that affect successful adaptation. Internal factors include previous experience; perception of the birth experience; extent of mother-infant separation; mother's age, personality, and level of self-esteem. External factors include socioeconomic and cultural factors, gender stereotypes, education level, the perception of the parental role, and ethnic background (Hampson, 1989). Stressors such as physical complications, physiologic changes, fatigue, infant needs, role conflict, and change in parental relationships can interfere with successful adaptation (Evans, 1991).

Whether subscribing to the crisis framework or the adaptation framework, nursing has previously attempted to meet maternal needs by providing postpartum care to women during their hospital stay, which lasted approximately 5-7 days. Postpartum care typically consisted of group information sessions or information provided on an ad hoc basis. As mothers are now frequently discharged within a couple of days following birth, the amount of postpartum information that can be provided and assimilated while in hospital is lessened. The provision of information and education during the early postpartum period is

important in preparing mothers for self and baby care, and for development of the maternal role (Fichardt, van Wyk, & Weich, 1994; Koniak-Griffin, 1993). The documented importance of postpartum education for successful maternal adaptation therefore necessitates that effective methods of providing postpartum education be developed.

Early Hospital discharge

While early hospital discharge first began in the 1960's due to hospital bed shortages, consumer demand and escalating health care costs are responsible for the current trend of early hospital discharge (Beck, 1991). Health care costs over the past decade have increased dramatically. Early discharge is therefore one attempt to reduce health care costs. In addition to cost, families themselves desire shorter hospital stays for several reasons. These include, a desire for increased participation and control during childbirth and the postpartum period, enhancement of parent-child bonding, increased participation of fathers in infant care (Beck, 1991; Patterson, 1987), and recognition of pregnancy as a healthy state (Thurston & Dundas, 1985). Both positive and negative effects of early discharge have been discussed in the literature.

Positive effects of early discharge include the factors that led to its implementation These factors result in limited separation of families and provide earlier opportunities for families to begin integrating the child into the family. Decreased hospitalization also reduces health care costs (Williams, 1993).

Early discharge also has negative, and potentially negative, effects. Decreased

hospitalization limits the amount of time for teaching and support. Due to the short time to convey and assimilate the large amounts of information, reinforcement is not possible. Learning is further limited because this teaching must now occur during the first 1-2 days following delivery rather than the 5-7 day average stay in the past. This stage has been labelled by Rubin as the "taking in" stage (Rubin, 1961), and focuses on maternal physical restoration. Readiness to learn, according to Rubin, does not occur until the second stage "taking hold". Taking hold does not occur until days 3-10 postpartum (Martell & Mitchell, 1984; Rubin 1961), by which time most mothers are home. This may result in mothers being less ready to take on the responsibilities of motherhood at the time of discharge.

A potential negative effect of early discharge is that certain maternal and infant complications do not manifest themselves until after the first several days (neonatal jaundice, uterine suvinvolution leading to late postpartum hemorrhage, maternal depression, and various maternal and infant infections). The potential for increased morbidity and mortality therefore exists.

Another potential negative effect of early discharge relates to breastfeeding. Breastfeeding is a learned process which often causes initial concern, frustration, and physical discomfort for many women (Lothian, 1995). Support and guidance in the initial breastfeeding period is believed to enhance success with breastfeeding (Houston & Field, 1988; Jones & West, 1985, as cited in Chen, 1993). Early discharge therefore results in mothers going home during a crucial period.

As the literature review will show, early discharge with home follow-up is a safe

alternative for many women. However, early discharge makes preparation of the mother for care of self and infant even more important. Studies supporting the safety of early discharge have all had incorporated into their design some method of postpartum home support. Postpartum home support programs therefore remain an essential component of a shortened hospital stay environment.

Postpartum Programs

As the safety of early discharge without such support has not been established, provision of postpartum education to mothers and families within a shortened hospital stay environment has necessitated a shift in responsibility for such education from hospital nurses to community health nurses (Gupton & McKay, 1995). To provide such education during the early postpartum period, various postpartum support programs have been implemented across Canada and the Unites States. Traditionally, postpartum programs consisted of home visits, telephone contact, group sessions, printed literature, or a combination of these. Home and/or telephone contact tends to occur earlier than group support--6-10 days versus 4 weeks (Edwards, MacKay, & Schweitzer, 1992). According to Stefiuk (1996), providing postpartum education within an early discharge environment requires a paradigm shift in the way postpartum care is viewed.

In 1981, a Canadian postpartum education program, the Maternal and Child Health Program, was developed in Hamilton, Ontario. This program has since been renamed the Postpartum Parent Support Program (PPSP) and has been implemented at various sites nation wide. Inherent in the PPSP are the concepts of family-centred

maternity care, breastfeeding promotion, and a learner-centred philosophy based on principles of adult learning (Harrison, 1985; Health and Welfare Canada, 1989).

All women in Newfoundland who deliver in hospital, are automatically part of the Postpartum Parent Support Program. The PPSP is designed to provide patient education over the home-hospital-home continuum, thereby representing a paradigm shift in how postpartum support is provided (Stefiuk, 1996). Collaboration between hospital and community health nurses is facilitated through use of the "Live Birth Notification Form" and the "Record of Postpartum Patient Learning". Presently in Newfoundland all mothers receive postpartum follow-up by a community health nurse.

The PPSP consists of several components: a staff implementation handbook, a learning needs self-assessment questionnaire for parents and a corresponding staff reference manual (to provide consistent answers to parents' questions), various information sheets, and a colouring book for siblings (to encourage their interaction with parents and the new baby). A core component of the PPSP--the learning needs self-assessment questionnaire--is to be introduced to parents through a guided-interview approach. Nurses are to use the questionnaire as a tool to help parents assess their learning needs. Parents are encouraged to read the questionnaire and to mark areas they have questions about. A major emphasis of the PPSP is the liaison between hospital and community health nurses. The "Record of Postpartum Patient Learning" is passed on with the referral to the community health nurse who follows up as necessary (see Appendix A for the process of implementing the PPSP--the PPSP Program Plan for Newfoundland and

Labrador; Government of Newfoundland and Labrador Department of Health, 1995a).

The PPSP has two target groups: parents and family members, and health care professionals. The objectives of the PPSP, in relation to families are to:

1. develop feelings of competence and confidence regarding the postpartum period.
2. set realistic expectations in terms of coping during the postpartum period.
3. develop the skills and knowledge necessary to assume a parenting role.
4. identify and use support persons and resources.
5. acknowledge and understand the uniqueness of their child.
6. integrate the new mother and baby into a new family structure (Health and Welfare Canada, 1989).

Objectives for health care professionals involved in the PPSP are to:

1. provide accurate, up to date, and consistent information regarding the postpartum period.
2. develop competence and confidence in the role of adult educators working with families in stressful situations.
3. provide assistance to parents in the development of parenting skills.
4. build a team capable of delivering high-quality information in a consistent manner throughout the home-hospital-home continuum (Health and Welfare Canada, 1989).

In 1992 the Postpartum Parent Support Program was introduced to a large tertiary care hospital in St. John's, Newfoundland, one of several implementation sites funded by

Health and Welfare Canada. In a study by Basha (1993) maternal confidence and competence levels of postpartum mothers were found to have increased following program implementation. Since Basha's study however, changes have occurred within the PPSP. In 1994, Royle and Vivian-Book (1994), due to identified problems with the learning needs self-assessment questionnaire--Help Us to Help You--conducted a study to examine the use and usefulness of the learning needs questionnaire. Included in their recommendations were strategies for the development and introduction of a new questionnaire. As a result of these recommendations, the new PPSP learning needs self-assessment questionnaire was developed and implemented--You and Your New Baby: A List of Questions. In the fall of 1995, the new questionnaire was introduced at the tertiary obstetrics facility for the province of Newfoundland and Labrador. Nurses received a 2-hour orientation which focused primarily on familiarizing staff with the changes in the design of the questionnaire. The philosophy of the program (principles of adult learning) was briefly reviewed (Roma Quinton--Perinatal Coordinator, personal communication, July, 1996).

Due to changes within the program, and since Basha's study occurred at program implementation when adherence to the PPSP may have been greatest, continued evaluation, to determine present effectiveness of the PPSP in meeting the program objectives is the next logical step. This study, therefore, will examine the effectiveness of the PPSP as it presently operates in the St. John's area. Specifically, this study will address whether the PPSP is continuing to meet its stated objectives of assisting parents in

developing feelings of confidence in caring for their child, providing information that is perceived by parents as helpful in the development of skills and knowledge required for the parenting role, and providing information that is consistent in both the hospital and community settings. As frequency and intensity of maternal concerns have been reported to be greatest during the first postpartum weeks (Ruchala & Halstad, 1994), this study will be conducted between mothers' 2nd and 4th postpartum weeks. By this time, mothers have recovered from the acute physiological changes of childbirth, which include such things as breast engorgement, and perineal bruising and lacerations

Objectives

Based on the review of the literature the following broad objectives for this study are:

1. To examine whether the PPSP is providing accurate, up-to-date, and consistent information to mothers regarding the postpartum period.

2. To examine the effectiveness of the PPSP in achieving its desired outcomes in the areas of:

i) assisting mothers in the development of competence and confidence

ii) assisting mothers in the development of parenting skills and knowledge

iii) identifying and accessing support persons and resources during the postpartum period.

3. To examine whether shortened hospital stay affects the level of maternal confidence at 2-4 weeks postpartum.

Questions

1. Is the new learning needs self-assessment questionnaire "You and Your New Baby...A List of Questions" achieving its objective of helping mothers identify their postpartum learning needs?

2. Is the PPSP providing consistent information to primiparous mothers between the hospital and community settings?

3. Is the information given by the PPSP helping primiparous women acquire parenting skills?

4. How confident and competent do primiparous mothers perceive themselves to be in their adaptation to the parenting role?

5. Does the PPSP help primiparous mothers identify and use support persons and resources?

6. Does length of hospital stay impact on level of maternal confidence at 2-4 weeks postpartum?

Definition of Terms

Postpartum:	Period after delivery up to and including 6 weeks post-delivery.
Parenting:	The process by which a mother meets the physical, social, emotional, spiritual, and cultural needs of her newborn as she adapts to her new role.
Support:	Any assistance (physical, emotional, social, cultural, or spiritual) or resources provided to postpartum mothers by individuals and/or

groups, from either a professional or social background

Helpfulness: The degree to which the PPSP provided helpful information in the acquisition of parenting skills, as measured by the helpfulness items on the Postpartum Parent Support Program Assessment Questionnaire (PPSPAQ; Basha, 1993)

Consistency: The degree of similarity of information provided to mothers by hospital and community nurses, as measured by the consistency items on the PPSPAQ (Basha, 1993).

Competence: The mother's skills and interactions in the care of the infant that promote the infant's development (Mercer & Ferketich, 1994b, p 38).

Confidence: Mother's perceived competence in performing infant related tasks (Mercer & Ferketich, 1994b) as measured by the confidence items on the Postpartum Parent Support Program Assessment Questionnaire (Basha, 1993).

Effectiveness of the PPSP: The degree to which the PPSP met its objectives of providing parents with helpful, consistent, and confidence building information during the postpartum period.

Early Discharge: Hospital discharge by day 2 postpartum.

Theoretical Framework

This study is an evaluation of an adult education program designed to provide new mothers with consistent and helpful information that will increase their confidence in the postpartum period. The conceptual framework for this study therefore consists of three main concepts: 1) adult learning theory, 2) postpartum information, and 3) program evaluation.

Mothers have numerous informational needs during their period of adaptation to motherhood (Sullivan, 1993). The Postpartum Parent Support Program (PPSP) is designed to meet these informational needs by providing mothers with consistent, helpful, and confidence building information through a learner-centred approach based on principles of adult learning (Health and Welfare Canada, 1989).

According to adult learning theory, adults, unlike children, are self-directed learners who chose the content of what they learn based on its ability to be applied to their present situation and its relatedness to their previous life experiences (Knowles, 1980). Through the PPSP, women, within an adult learning framework, determine and indicate to nurses the information they feel is relevant for them to learn.

As with any health promotion/health education program, program evaluation is crucial to determine program effectiveness. Through program evaluation the accomplishments and limitations of a program are assessed, thereby allowing for changes, if necessary, to be made to further increase program effectiveness. Program evaluation can be conducted on several levels--process, impact, and outcome. Process evaluation is

conducted during program implementation whereas impact evaluation seeks to determine the immediate effects of a program on the target population. Outcome evaluation assesses the long-term goals of a program and evaluates whether the program improved either mortality and morbidity or quality of life of the target population. Most evaluations incorporate more than one level of evaluation (Dignan & Carr, 1992; McKenzie & Jurs, 1993). For this evaluation, process evaluation will be used to measure the effectiveness of the PPSP in facilitating mothers' self-identification of their learning needs through the PPSP learning needs self-assessment questionnaire, and in providing mothers with information that is consistent from both hospital and community health nurses. Impact evaluation will be used to measure the effectiveness of the program in 1) helping mothers identify and use support persons and resources, 2) providing information that is helpful in acquiring parenting skills and, 3) providing information that builds maternal confidence in the postpartum period.

Chapter 2

Literature Review

Since the objectives of the Postpartum Parent Support Program (PPSP) are all directed towards the common goal of assisting mothers and families during their adaptation to parenthood by providing consistent, helpful, and confidence building information, the literature review will focus primarily on topics related to maternal postpartum adaptation. Specifically, the literature will be divided into the following broad headings: maternal postpartum concerns, maternal role attainment, maternal confidence, and postpartum home support and client satisfaction. As the PPSP is designed to provide postpartum information through a learner-centred approach, the literature will also contain a discussion of the concept "adult learner". Finally, as this study is an evaluation of the PPSP, literature relating to program evaluation will also be presented.

Postpartum Concerns

As much of the literature regarding postpartum concerns of new mothers focuses on the relationship between time of discharge and postpartum concerns, postpartum concerns will be discussed primarily within the context of early hospital discharge. Although definitions of early discharge differ, the term frequently refers to discharge within the first 48 hours following vaginal birth, and 72 hours following caesarian birth.

As the amount of postpartum time mothers spend in hospital continues to decrease, concerns regarding the safety of early discharge have emerged. Recent literature studying the effects of early discharge supports the contention that it is a safe alternative

for low-risk mothers (Carty & Bradley, 1990; James et al., 1987; Lemmer, 1986; Norr, Nacion, & Abramson, 1989; Thurston & Dundas, 1985; Waldenstrom, Sundelin, & Lindmark, 1987). Likewise, early discharge has been shown to be medically safe for low-risk infants (Britton & Britton, 1984; Carty & Bradley, 1990; James et al., 1987; Norr et al., 1989; Waldenstrom et al., 1987). Most of the studies examining early discharge, however, incorporated into their design some form of postpartum home support (Ruchala & Halstead, 1994). Therefore it can be concluded that early discharge, with postpartum home support, is a safe alternative for low-risk mothers and their infants. The safety of early discharge without home support has not been established. As women from a low socioeconomic background experience numerous problems in the postpartum period, early discharge may be less appropriate for such women (Norr et al., 1989).

Current literature differs on the effects of early discharge on maternal concerns. Lemmer (1986) found no significant difference between early discharge and traditional discharge groups in the frequency or intensity of maternal concerns. Intense concerns, however, were present in both groups. Concerns related to the infant and to maternal physical needs rated as most intense, followed by concerns related to being a good mother, recognizing signs of illness, return of normal figure, exercise, and breastfeeding. The intensity of concerns is noteworthy as the sample was composed of all primiparous women. Lemmer (1986) reported that there was no home follow-up for these women with the exception of four women receiving a phone call from their physician. These findings are similar to Bull's (1981) who, in a comparative survey of 40 first-time mothers, found a

high intensity of maternal concerns at one week at home in the areas of emotional self, physiologic changes, and infant behaviour.

Pelligrom and Swartz (1980), in a descriptive study interviewed 37 married women at 3-4 weeks postpartum to determine their experiences in adjusting to being a new parent. Results of this study indicate that the expectations of new mothers differ from the actual experiences of the first postpartum weeks. Mothers reported spending less time than expected with household tasks, with their husbands, and caring for themselves. Mothers also reported getting less sleep than anticipated.

Martell, Imle, Horwitz, and Wheeler (1989), in a descriptive clinical study to identify the informational needs of early discharge mothers, found that at approximately 72 hours postpartum mothers had a high degree of concern about health threats, infant care, and feeding. Mothers were least concerned about their own sexuality, family changes, and bowel function. The sample for this study was composed of 42 women (both primiparous and multiparous) from a wide range of educational backgrounds. All women were discharged from hospital between 6-8 hours postpartum and scheduled to return to the outpatient clinic between 48-72 hours postpartum. Assistance at home during the first postpartum week was a criterion for early discharge.

Unlike Martell et al. (1989) who studied the type and intensity of postpartum concerns for both primiparous and multiparous mothers at one week, Harrison and Hicks (1983) examined the number of postpartum concerns at 6 weeks postpartum. They found that although there were no statistically significant differences between primiparous and

multiparous women in the number of major concerns expressed (average of five major concerns), primiparous mothers identified significantly more minor concerns than multiparous women.

Bull (1981), Harrison and Hicks (1983), Lemmer (1986), and Martell et al. (1989) found a high intensity of maternal concerns postpartum. Hawkins (1990), however, in an unpublished exploratory descriptive study of 41 primiparous mothers who delivered in the St. John's, Newfoundland area, found that maternal concerns within 48 hours of hospital discharge, though present, were low in frequency and intensity. The most frequent concerns experienced related to the infant, followed by concerns relating to self and home environment. Hawkins (1990) suggests that the high attendance at pre and postnatal classes, and rooming-in may account for the lower frequency and intensity of concerns reported in her study.

Norr et al. (1989) found a significant difference in maternal concerns with early versus traditional discharge groups. Norr et al. (1989) found that mothers in the simultaneous early discharge group had significantly lower maternal concern scores than either mothers who were discharged early but without their infants (the practice of sending mothers home without their infants was occurring prior to this study due to hospital bed shortages and the hospital policy of not releasing infants prior to PKU testing at 48 hours postpartum), or mothers who were discharged later. The findings of decreased concerns with the early simultaneous discharge group tend to support the importance of home follow-up and of discharging mother and baby together.

Postpartum fatigue has also been found to be a concern for many postpartum mothers (Campbell, 1986; Gardner, 1991; Ruchala & Halstead, 1994; Smith-Hanraham & Deblois, 1995). Postpartum fatigue has been found to be most intense at 2 weeks postpartum and to have decreased by 6 weeks postpartum (Gardner, 1991).

Maternal Role Attainment

The Postpartum Parent Support Program (PPSP) is based on the assumption that postpartum education facilitates the transition to parenthood by enabling mothers to care for themselves and their newborns more knowledgeably or confidently during the early postpartum weeks (Health and Welfare Canada, 1989). The PPSP incorporates into its philosophy the work of Reva Rubin, who was the first to study the development of the maternal role (Koniak-Griffin, 1993).

Although the concept of maternal role attainment is not directly listed in the objectives of the PPSP, attainment of the maternal role, as the literature review will show, cannot occur until the objectives of:

-- developing competence and confidence about the postpartum period, and

-- developing the skills and knowledge required for new parenting roles, are met.

The following section will therefore consist of a review of the literature regarding maternal role attainment. Specifically the work of Rubin (1967a, 1967b, 1984) and Mercer (1985) will be summarized, followed by other relevant research studies relating to the process of maternal role attainment.

Reva Rubin, through her work from 1961-1984, provided the foundation for the

study of the concept maternal role attainment" (Templeton, Edgil, & Douglas, 1988). According to Rubin, with each childbearing experience there is an incorporation into a woman's self system of a new personality dimension, a maternal identity. The self-system, or "core self" of a woman is composed of three interdependent categories--ideal image, self image, and body image--and determines what information will be taken into the self during the formation of a maternal identity (Rubin, 1984). The ideal image is composed of the qualities, traits, attitudes, and achievements that a woman sees as desirable for maternal behaviour. The self-image is the consistent "myself" that depicts the continuation of self into the present context. Body image is the way a woman perceives her body and its capacity to function and accommodate (Rubin, 1967a, 1967b, 1984).

The formation of a maternal identity is "a gradual, systematic, and extensive process" (Rubin, 1984, p. 39) that begins during pregnancy and continues following the birth of a child. The formation of a maternal identity "binds" or attaches a woman to her child. Maternal identity formation and attachment or "binding-in" are therefore interrelated processes of maternal role attainment.

Rubin discusses three stages to the progression of a maternal identity--replication, fantasy, and dedifferentiation.

1. Replication

The replication of valued elements in the behaviour and attitude of role models is the primary mode of incorporation of a maternal identity and binding-in (or attaching) to the child. This searching out and copying of behaviour of the "expert" model provide a

"probabilistic certainty in a stage of great uncertainty" (Rubin, 1984, p. 40). Replication of attitudes and behaviours also allows for the anticipation of future childbearing experiences. Women tend to search out behaviours that relate to their current or next stage of pregnancy.

In addition to role models, replication can also take the form of role play. Role play, in the form of babysitting and interactions with children, are attempts to experience the role of motherhood. Replication, through mimicry of role models and role play, begins the process of binding-in to a maternal identity.

2. Fantasy

Internalization of the maternal role is transacted by projecting mother and child into the future. Fantasy is defined by Rubin (1984) as " the cognitive exploration of possibilities in situation and experience of the self and the child" (p. 44-45). Through fantasy the pregnant woman can explore "how it will be".

Fantasies of the "wished for" child are common during pregnancy and are instrumental to the binding-in or attaching to the child and to the self as mother (ie. the development of a maternal identity). According to Rubin, fantasies such as feeding special foods to "the baby" during pregnancy and wearing maternity clothes are methods of binding-in to the child. As a woman binds-in in fantasy, there is a loosening and reorganization of bonds with self and with other persons.

3. Dedifferentiation

It is through replication, fantasy, and the reorganizing and relinquishing of bonds

that the substantive core of the maternal identity is developed. Following this, the process of dedifferentiation, or examination and evaluation of events or attitudes to determine whether they fit with the current self-image, occurs (Rubin, 1984, p. 50). New elements are "tried on" and viewed in light of the new image to determine whether they will be accepted or rejected. At this advanced stage of maternal identity formation there is a substantive core to test new experiences against. Complete evolution of a maternal identity involves a shift in focus from a third-person view of the child to a view of "this child" and self in relation to this child. This full sense of maternal identity occurs only when the mother has a stable identification of her child (ie. knows her child and can anticipate her/his needs). Identification results in a sense of confidence in self as mother This, according to Rubin, is usually complete at one month following delivery. As binding-in or attachment, and maternal identity formation are interdependent coordinates of the process of maternal role attainment, both processes have occurred at the completion of the stage of dedifferentiation (Rubin, 1984).

Mercer, building on Rubin's work, also studied the process of maternal role attainment and defined it as "a process in which the mother achieves competence in the role and integrates the mothering behaviours into her established role set, so that she is comfortable with her identity as a mother" (Mercer, 1985, p. 198) Mothering behaviours, according to Mercer, reflect social norms--common beliefs regarding what constitutes proper mothering behaviour. Attainment of the maternal role, according to Mercer, occurs over four stages--anticipatory, formal, informal, and personal. The anticipatory stage is

defined as the period prior to delivery when the woman begins the social and psychological adjustment to motherhood by learning the expectancies of the role of mother. The formal stage begins at birth and consists of behaviours that are guided by the "formal, consensual expectations of others in the individuals social system" (Mercer, 1981, p. 74). The informal stage begins when the woman develops unique ways of dealing with the role of mother outside of those conveyed by the social system. Finally, the personal stage occurs when the woman imposes her own individual style on the role of mother, and by doing so experiences a sense of harmony, confidence, and competence in her role as mother (Mercer, 1981, 1985). The achievement of confidence in the role of mother is the endpoint of the process of maternal role attainment as described by both Rubin and Mercer.

Research supports that maternal role attainment does not differ between age groups (Kemp, Sibley, & Pond, 1990; Mercer, 1985), between mothers of full and preterm infants (Zabielski, 1994), or between experienced and inexperienced mothers (Mercer & Ferketich, 1994a). Internalization of the maternal role, in Mercer's (1985) study, required more time to complete than the one month time period stated by Rubin (1984). One third of the mothers had internalized the maternal role by 2 weeks postpartum, 49% at 2 months, 64% at 4 months, and 85% at 9 months (Mercer, 1985).

Maternal Confidence

The PPSP is designed to provide consistent, helpful information that will enhance maternal confidence in self and infant care. Maternal confidence is also necessary for

successful maternal role attainment (Mercer, 1981, 1985; Rubin, 1984). The following section will therefore focus on research studies that relate to maternal confidence. As competence is operationalized in the literature as confidence in parenting skills (Mercer & Ferketich, 1994b; Rutledge & Pridham, 1987), studies focusing on confidence in parenting will be examined concurrently with studies that focus on competence and parenting.

Walker, Crain, and Thompson (1986a) found that gaining self-confidence in the parenting role is of greater importance for primiparous mothers than it is for multiparous mothers. For the primiparous woman gaining self-confidence in the parenting role is interdependent with forming a new relationship with her baby and hence developing a maternal identity. For the multiparous woman, who tends to score higher on self-confidence in the postpartum period than the primiparous woman (Walker, Crain, & Thompson, 1986b), self-confidence is not related to the formation of a maternal identity as maternal identity was likely formed in the first pregnancy.

Maternal confidence has been shown to be necessary for successful maternal-infant attachment. Mercer and Ferketich (1994a) found a significant direct relationship between maternal competence (as measured by Gibaud-Wallston and Wandersmans's (1978) 17-item Parenting Sense of Competence Scale; as cited in Mercer & Ferketich, 1994a) and maternal attachment at all test periods. Mercer and Ferketich (1990) found that competence was the major predictor of maternal-infant attachment for high-risk and low-risk women and suggest that maternal competence, and hence maternal attachment, could be increased by enhancing parenting skills (Mercer & Ferketich, 1990).

Williams et al. (1987) also found a relationship between confidence in parenting and maternal attachment. Williams et al. (1987) in a prospective longitudinal study assessed the development of the mother-child relationship in relation to the transition to parenthood. In this study parenting confidence was found to play a central role in the development of maternal attachment at the 8th month of pregnancy, 1 month postpartum, and at 2 years postpartum. Prenatally, parenting confidence significantly predicted postpartum adaptation to motherhood. Also, adaptation to the maternal role in the postpartum predicted parenting confidence 2 years later. Parenting confidence was also found to significantly predict the quality of the marital relationship and role conflict at 2 years following delivery. Maternal self-esteem was found to be one important determinant of parenting confidence. The authors suggest that education may enhance parenting confidence (Williams et al., 1987).

Rutledge and Pridham (1987) in a descriptive study, examined the relationship between mothers' early postpartum experiences and their perceptions of competence in caring for their infant. The sample consisted of 140 primiparous and multiparous mothers, the majority of whom were Caucasian, married, and well-educated. Data were collected by a self-administered questionnaire prior to discharge. Competence was operationally defined as "the extent to which a mother perceives herself to be knowledgeable about and capable of accomplishing the tasks involved in caring for and feeding a newborn" (Rutledge & Pridham, 1987, p. 187). Results revealed that mothers with more in-hospital preparation had significantly higher perceptions of competence than mothers with less in-

hospital preparation. Also, in-hospital preparation significantly affected the total perceived competence scores for mothers who were planning exclusively to bottlefeed. Feeding method was also shown to have a significant effect on perception of competence. Breastfeeding mothers had significantly higher total perceived competence scores than either bottlefeeding mothers or mothers who were breastfeeding with supplementation. The authors suggest that bottlefeeding mothers may have low perceptions of competence due to feelings that they made an inferior choice. Also, breastfeeding mothers may have high levels of competence prior to hospitalization (Rutledge & Pridham, 1987), possibly related to the higher socioeconomic and education factors associated with breastfeeding mothers.

The amount of perceived rest in hospital was also significantly related to perceived competence for breastfeeding mothers but not for bottlefeeding mothers or mothers who were breastfeeding with supplementation. Authors suggest the increased fatigue associated with breastfeeding may have contributed to breastfeeding mothers not being alert enough to judge their competence, and hence they may have underrated their abilities (Rutledge & Pridham, 1987).

The type of delivery (vaginal, planned caesarian section, unplanned caesarian section) did not significantly affect level of perceived competence (Rutledge & Pridham, 1987).

Carty and Bradley (1990), in a randomized, controlled trial, looked at the relationship between time of hospital discharge and level of maternal confidence at one

week postpartum. These researchers (1990) randomly assigned 131 women to one of three groups; group one--discharged within 12-24 hours, group two--discharged between 25-48 hours, and group three--discharged at four days postpartum. Those women in group one received five home nursing visits, those in group two received three visits, and those in group three received one visit.

Results of this study found a significant difference between groups in the level of confidence in mothering. At one week postpartum those women who were discharged within 24 hours had significantly higher levels of confidence in caring for their child than those in the other two groups. As there were no statistically significant differences in confidence level between groups at one month postpartum, Carty and Bradley (1990) suggest that giving mothers complete responsibility for their child early results in initial feelings of confidence in parenting. Increased confidence among mothers discharged early may however be the result of the five nursing home visits received by such women. The instrument used in this study was tested for, and found to have, adequate levels of reliability. A similar early discharge project in Nova Scotia, in which mothers were provided with home visits by hospital-based nurses, found similar results (The Steering committee of the Early Postpartum Discharge Project, 1992).

Postpartum Support and Client Satisfaction

Research studies of client satisfaction with postpartum nursing support have shown positive results (Barkauskas, 1983; Basha, 1993; Hall, 1980; Kenny, Cameron, & Shiell, 1993; Rush & Kitch, 1991). Hall (1980) and Kenny, Cameron, and Shiell (1993)

both found parents to be significantly more satisfied with postpartum home care than with hospitalization without home support. Kenny et al. (1993) studied the quality of satisfaction with nurse-midwifery care in the home versus the hospital. They found that while women were satisfied with both forms of care, they rated home care significantly higher in the areas of perceived caring, less rushed care, baby care, and maternal health. Hall (1980), in a quasi-experimental study, examined primiparas' satisfaction using the Neonatal Perception Inventories (NPI) I and II, and found that mothers who received home care were significantly more satisfied than mothers in the control group.

Blystad-Keppler (1995) evaluated the outcome of the Postpartum Care Centre, a nurse-run, clinic-based, postpartum program operating in the Northwestern United States that is designed to provide support to mothers at a lower cost than traditional home nursing visits. Postpartum clinic visits are scheduled for all new mothers between mother's 1st and 6th day postdischarge. Program evaluation revealed that since opening in 1991, the percentage of new mothers who visit the clinic has increased from 47% in 1992 to 81% in 1995. Also, due to early detection of maternal and infant problems, the readmission rates for both mothers and infants are low (to date 4 mothers and 12 infants have been readmitted to the hospital from the clinic). A telephone survey of 188 randomly selected patients revealed that all subjects had positive comments about the clinic. Results of a patient satisfaction questionnaire conducted in 1993 found that, on a scale of 1 to 5 (with 5 equalling excellent), the postpartum clinic was rated at 4.82 for care given to mothers and 4.84 for care given to infants.

In a study by Barkauskas (1983), a majority (86.2%) of home visited women stated they found postpartum public health nurse visits to be helpful, especially in the area of information giving, thereby supporting the above findings. When study outcomes of the home and control groups were compared, home-visited mothers were more likely to express concerns about health matters than the group which had no home visits. However, this non-randomized study had an subject attrition rate of 50%.

Rush and Kitch (1991), in a randomized, controlled trial, introduced a telephone support line to determine if parents would use it to seek help in the immediate postpartum period instead of phoning the maternity ward with questions. A special phone was installed in the nursery at a local hospital. Mothers were randomly assigned to either the experimental (n=130) or control (n=130) group. Those in the experimental group were given the hotline phone number which they could use to obtain information and advice from nurses. Those in the control group were not given any information regarding the new hotline service. Results found that significantly more parents phoned the hot-line than the ward with concerns (28% of the experimental group phoned the hotline while only 13% of the control group phoned the ward directly). The majority of calls related to infant care and breastfeeding. The increased likelihood of parents phoning the hotline versus the ward indicates that a hotline is a useful form of postpartum support. A major limitation with this study however was an absence of knowledge as to whether families found the information they received from the hotline nurse helpful or not.

Postpartum Parent Support Program (PPSP)

Although the PPSP is the method of postpartum support in Newfoundland, and in select sites across Canada, few studies examining the PPSP's effectiveness from parents' perspectives have been reported to date. Basha (1993) in a Master's Thesis utilized a pretest and posttest design, to study the effectiveness of the Postpartum Parent Support Program as it operates in rural and urban Newfoundland. She divided information needs into 15 areas and studied the consistency of information between hospital and community nurses before and after program implementation. The sample consisted of 80 primiparous women who delivered at a maternity unit in St. John's, Newfoundland. In the comparison group (those without the PPSP), 14 out of 15 informational need areas were rated by parents as inconsistent. Only 6 out of 15 areas were rated as inconsistent in the treatment group. There was also a statistically significant difference between treatment and nontreatment groups in the degree of helpfulness of information. Thirty-eight point seven percent of the information areas provided by hospital nurses was rated as significantly more helpful by mothers in the treatment group than mothers in the comparison group, 51.6 % of the information received from community health nurses was rated as significantly more helpful by mothers in the treatment group than those in the nontreatment group. Also, significantly more breastfeeding mothers in the treatment group rated the information they received as helpful ($p = 0.05$). Mothers in the treatment group were significantly more confident with baby and self-care ($p = 0.025$), and with decision making regarding child care ($p = 0.015$) than were women in the nontreatment group.

Basha's instrument, the Postpartum Parent Support Program Assessment Questionnaire (PPSPAQ) was modified and pretested from an instrument developed by the Edmonton Area Postpartum Parent Support Program Pilot Project Evaluation Committee. Reliability and validity of neither the Edmonton tool nor the PPSPAQ have been established. Basha (1993), however, tested content validity of the PPSPAQ by conducting a thorough literature review, and by a review from experts in the fields of maternal and child health nursing and bio-statistics. A limitation is that the study was conducted at the initial stages of implementation when motivation to adhere to PPSP guidelines may have been at its highest. Another limitation is that because subjects were initially approached by community health nurses, there was a potential for selective recruitment (ie. asking those women who they felt would agree to participate). In fact, both pre and posttest samples were composed predominantly of very well-educated, middle-class women.

Basha (1993) recommended evaluating the progress of the program within the same geographic region at a later date to monitor program effectiveness and evaluation with other groups such as single and low-income mothers.

In addition to Basha's (1993) study, several 6-month post-implementation process evaluations have been conducted at various sites throughout Newfoundland and Labrador to measure nurses' perceptions and use of the PPSP (Community Health Central Region, 1994; Community Health Eastern Region, 1993; Community Health Grenfell Regional Health Services, 1994; Community Health St. John's District Health Unit, 1992;

Community Health Western Region Implementation Committee, 1994; Salvation Army Grace General Hospital, 1993). While results of these evaluations have been mostly positive, several problem areas were identified: The PPSP learning needs questionnaire is underutilised by both nurses and parents (especially the less-educated parents), and breastfeeding information remains inconsistent. Provincial sites recommended that the learning needs questionnaire be revised to make it more attractive and user-friendly, that nurses receive practice-type workshops regarding adult learning principles, that the PPSP be promoted prenatally, and that the purpose and use of the learning needs questionnaire be emphasized more in the hospital setting.

In 1995, the Provincial Advisory Committee on Planned Obstetrical Discharge recommended that the PPSP continue to be utilized to "identify client learning needs and deliver standardized, accurate information to postnatal families" (Government of Newfoundland and Labrador Department of Health, 1995b, p. vii).

In addition to evaluations within Newfoundland, other evaluations of the PPSP have been, or are in the process of being, completed throughout the nation. The Scarborough Health Department conducted an evaluation of the PPSP in 1991 in the three Scarborough hospitals that initially implemented it during its pilot stage. Mothers (primiparous and multiparous) who had delivered at either of the three participating hospitals during a specific 2-week period (n=65) were asked to participate in a telephone survey at one month postpartum. Results indicated the need for further participation from public health nurses in postpartum home support: Only 18% of those surveyed reported

contact with a public health nurse by one month postpartum. Also, only 18% of the participants reported having received the PPSP learning needs questionnaire. Subjects also stated that confusion and discrepancies relating to inconsistent teaching and information regarding breastfeeding were present in information received from hospital staff. Finally, only 29% of subjects were aware of available community services. Results of this study are not generalizable as a convenience sample was used and therefore apply only to the hospitals studied (Scarborough Health Department, 1991).

The Edmonton Area PPSP Steering Committee designed a pre and posttest study to evaluate the PPSP from parents' perspectives. Phase 1 of the study consisted of a survey of 785 postpartum women to determine whether the information they received from hospital and community nurses was helpful, consistent, and confidence building. Phase 2 of the program was to be conducted following program implementation (The Royal Alexandra Hospital, The Caritas Group, Stony Plain Lac St. Anne Health Unit, Sturgeon Health Unit, & The Edmonton Board of Health, 1992). To date no reports are available regarding the outcome of the Edmonton evaluation or the reliability and validity of the Edmonton questionnaire.

The PPSP Parent Assessment Questionnaire Evaluation Project Advisory Committee in 1994 evaluated and revised the PPSP learning needs self-assessment questionnaire--Help Us To Help You: A List of Questions (Royle & Vivian-Book, 1994). This committee made numerous recommendations relating to various aspects of the PPSP based on an interprovincial survey of key informants from PPSP implementation sites

across the nation (program philosophy, implementation handbook, continuing education, process, adult learning principles, appearance of questionnaire, and further recommendations). Among these recommendations were the following: (1) that the PPSP Implementation Handbook be revised to provide a clear description of use of the revised learning needs self-assessment questionnaire; (2) that all health professionals at implementation sites be reorientated to the revised questionnaire and the theoretical framework of the PPSP (see Appendix B for revised questionnaire); (3) that the new questionnaire have an introductory explanatory page with a list of major headings that can be used as a condensed learning needs assessment tool; and (4) that all sites carry out client evaluations, based on existing tools, to provide feedback on a regular basis. Orientation of health professionals to the revised PPSP learning needs self-assessment questionnaire was conducted at all sites in Newfoundland between the fall of 1995 and the winter of 1996. Not all the recommendations made by Royle and Vivian-Book (1994) were incorporated into the revised questionnaire by Health Canada. Specifically, the introductory page and list of major headings, and tick boxes for parents to indicate areas to be addressed are to be included in the next revised questionnaire expected to be released between late 1996 and early 1997 (Lynn Vivian-Book, personal communication, July, 1996).

In response to early hospital discharge, the Healthy and Home Program was developed in Saskatoon to provide postpartum care to new mothers within the framework of the PPSP. The program is run by public health nurses and consists of a 24 hour

telephone hotline, hospital contact with each new mother by a public health nurse, telephone contact the evening of hospital discharge, and a home visit within 24 hours of hospital discharge. The PPSP learning needs questionnaire is used to direct patient teaching. Program evaluation found positive results from both health professionals and parents, reduced length of hospital stay for new mothers, and no increase in hospital readmissions for mothers or infants (Stefiuk, 1996).

The PPSP was implemented in several health centres in Kingston, Ontario in 1992. Parent satisfaction with information from both hospital and community health nurses was evaluated by distributing questionnaires to new mothers which were to be completed at time of discharge and within 2 weeks postpartum. Results revealed that parents are receiving consistent, valuable information from both hospital and community health nurses and that nurses are using adult learning principles to provide this information. It should be noted that the inservice education session for the PPSP consisted of a joint discussion by hospital and community health nurses of the factors affecting the postpartum mother's ability to learn and principles of adult learning (Jeswict, 1993). Such a focus on adult learning and collaboration between hospital and community nurses may have enhanced success of the program in this region. A pre and post-implementation impact evaluation was also completed by staff who had attended the PPSP inservice. Results, while positive, must be interpreted with caution as only 28% of those who attended the inservice completed the evaluation questionnaire (Brown, Jeswiet & Carr, 1993).

Maternal satisfaction with various forms of postpartum support is well

documented in the literature. The PPSP, the method of postpartum support in Newfoundland and Labrador, has been shown to be effective in providing mothers with consistent, helpful, and confidence building information. Effectiveness of the PPSP however varies across implementation sites. Due to revisions within the PPSP, further evaluation was recommended.

Adult Learning

As the PPSP is based on a learner-centred philosophy (Health and Welfare Canada, 1989), the following discussion will elaborate on the theory of adult learning.

Adult learning theory is based on the model of andragogy. Andragogy is defined as "the art and science of helping adults learn" (Knowles, 1980, p.43) and was developed as an alternative education model to pedagogy, "the art and science of teaching children" (Knowles, 1980, p.40).

According to Malcolm Knowles, one of the pioneers to write about adult learning, adult learning theory resulted from several changes in the way education was viewed by society. First, due to the explosion of knowledge and technology in the early 1900's the focus of education shifted from producing "knowledgable persons" to producing "competent persons" who were able to apply their knowledge under changing conditions. Second, as psychologists discovered that adults go through a natural sequence of steps when they learn, research and practice in education began to focus not on teaching, but on learning. As a result, teachers began to be viewed as facilitators and resource persons for self-directed learning. Third, due to the explosion of knowledge and technology, change

became the one constant in education. To keep pace with change, learning must be a lifelong process. Hence, the focus of education became primarily that of providing people with the skills of inquiry to produce self-directed learners. Fourth, as a result of the above changes education became concerned with finding new ways to deliver education services to individuals so as to promote lifelong, self-directed, learning. Non-traditional methods of education delivery therefore developed to link learners with resources (Knowles, 1980).

Andragogy, and therefore adult learning, is based on four assumptions that distinguish it from pedagogy. The first assumption of andragogy is that the role of the learner is an independent one. As individuals mature their self-concept moves from one of dependence to one of self-directness. The role of the educator is therefore to facilitate such self-directness by creating an environment that facilitates the comfort and acceptance of the individual (Cross, 1981; Knowles, 1975, 1980; Padberg & Padberg, 1990).

The second assumption of andragogy is that as adults grow they accumulate a growing reservoir of experiences which they bring with them to each new learning experience. This reservoir therefore becomes a learning resource from which the individual can draw. The role of the educator is to assist learners to tap into this reservoir to make the present learning experience meaningful (Cross, 1981; Knowles, 1975, 1980; Padberg & Padberg, 1990).

The third assumption of andragogy is that individuals become "ready to learn" only when they feel they need to know the information. Readiness to learn, among adults, is related to the developmental tasks of social roles. Havinghurst, a researcher in the area of

developmental tasks, identified three phases of adulthood--early adulthood, middle age, and later maturity--each with its own social roles to be fulfilled (Knowles, 1980). As individuals move through the phases of adulthood they become "ready to learn" new tasks. Educators must ensure that the content corresponds to the developmental task of the learner (Cross, 1981; Knowles, 1975, 1980; Padberg & Padberg, 1990).

The final assumption of andragogy is that unlike children, who view education as acquiring knowledge to be used later in life, adults see education as helping them to acquire the skills and knowledge to assist them to perform in the present. Hence adults engage in learning to respond to the pressures they feel from their current life situations. Educators must therefore begin from the perspective of the learner (Cross, 1981; Knowles, 1975, 1980; Padberg & Padberg, 1990).

The PPSP has incorporated in its philosophy select principles of adult learning. Specifically, the implementation guidelines for the program lists five principles for facilitating a learner-centred approach. They state that nurses should set a comfortable climate for learning, that nurses should share control of both the content of information and the process of introducing information, that nurses should enhance maternal self-esteem during the postpartum period, that nurses should ensure that information given is appropriate for the client's home situation, and that nurses should encourage self-responsibility. The 1995 PPSP Program Plan for Newfoundland and Labrador states that nurses should assess parents for literacy level prior to introducing the PPSP questionnaire (Government of Newfoundland and Labrador Department of Health, 1995a). It is believed

that by incorporating these principles of adult learning into postpartum support, nurses will facilitate self-directed learning.

Program Evaluation

As this study is an evaluation of the effectiveness of the PPSP in providing mothers with consistent, helpful, and confidence building information and of helping mothers to identify sources of community support, program evaluation literature will also be discussed.

Evaluation is the final step of program development. Program evaluation involves measuring the value or worth of the object of interest against a standard of acceptability (McKenzie & Jurs, 1993). The aim of evaluation is therefore to determine whether the program objectives have been met (Association of Registered Nurses of Newfoundland, 1992).

Evaluation is defined by Bergwall, Reeves, and Woodside (1974) as " ...a process that determines the results attained by some activity which was designed to accomplish a valued goal or objective." (p. 203). Bergwall et al. (1974) discusses two broad reasons for conducting evaluations in relation to health care. The first is that resources are limited and therefore should be used in the most productive way possible while achieving the desired outcomes. The second is that health care effects are often irreversible and therefore outcomes need to be determined as quickly as possible. More specifically, Bergwall et al. (1974) list eight purposes for evaluations: (1) measurement of the effectiveness of a program; (2) measurement of the efficiency of a program; (3) a form of quality control; (4)

identification of side effects, either positive or negative; (5) identification of strengths and weaknesses in the processes used to carry out a program; (6) provides for testing of the organizational structure and for modes of operation of a program; (7) creation of a critical attitude among the program staff, and; (8) a means of providing explicit accountability to the public.

DeBella, Martin, and Siddall (1986) define evaluation as "a feedback process in which planned information is used to guide and direct decisions." (p. 48). They list evaluation as one of the four steps involved in program planning (with assessment, analysis and design, and implementation being the other three). Evaluation is described as a critical step in program planning and as such must be included in the initial planning stage. The importance of developing the evaluation component of a program early during program planning is supported by other authors (Blum, 1981; Dignan & Carr, 1992; McKenzie & Jurs, 1993). Blum (1981) states that commitment to evaluation as part of the planning process represents acknowledgement that planning involves both the creative use of existing knowledge as well as an attempt to expand knowledge for specific purposes. McKenzie & Jurs (1993) state that program evaluation must be designed when program goals and objectives are being developed as this allows for the development of goals and objectives that are specific and measurable.

There are several types of program evaluations. Broadly, program evaluations consist of formative and summative evaluations. Formative evaluation occurs during program planning and implementation and provides immediate feedback that is used to

improve the program. Summative evaluation is conducted at the end of a program and looks at whether or not the program objectives were met (McKenzie & Jurs, 1993).

More specifically, program evaluations can be classified as process evaluations, impact evaluations, and outcome evaluations. Process evaluation consists of documentation during program implementation and is similar to, but less comprehensive than, formative evaluation. Impact evaluation assesses the immediate effects of a program and determines whether the program has been effective in producing favourable knowledge, attitudes, behaviours, or skills among the target population. Outcome evaluation assesses the long-term goals of a program and looks at reductions in mortality and morbidity or improvements in quality of life among the target population (Dignan & Carr, 1992; McKenzie & Jurs, 1993). Most program evaluations occur on several levels (DeBella et al., 1986).

Program evaluations serve both manifest and latent functions (Blum, 1981; DeBella et al., 1986). According to DeBella et al. (1986) the manifest function of evaluation is to assess the outcomes and effectiveness of the program and includes such issues as resources allocation, quality improvement, and knowledge expansion. Latent functions of evaluation are inherent and include such issues as disciplinary action, program termination, and provision of incentives for planning and change.

Evaluations are conducted in the following manner: (1) formulation of objectives; (2) specification of measures of performance (explicit criteria with behaviours and standards noted); (3) development of evaluation model, procedures, and tools; (4) data

collection; (5) analysis of data; (6) conclusions and explanations of results; (7) recommendations for action and change, in view of the relationship between the program objectives and the obtained results (DeBella et al., 1986).

Polit and Hungler (1995) define evaluation as a form of research that involves "...finding out how well a program, practice, or policy is working" (p. 194). In other words, how well the program is meeting its objectives. As evaluation is a form of research, program evaluations are conducted within several types of research designs, ranging from nonexperimental (descriptive) to experimental research. As well, it is advantageous to use both qualitative and quantitative methods when evaluating a program. The quantitative approach produces hard data such as counts and scores while qualitative data produces soft data such as descriptions (McKenzie & Jurs, 1993).

Polit and Hungler (1995) list three obstacles specific to evaluation research. First, evaluations are often perceived as threatening to individuals involved in the program; second, individuals involved with the program may be reluctant to cooperate and view the research as a waste of their time; and third, it is often difficult to effectively evaluate a program as program objectives are often vague and very general. This makes evaluation difficult.

Summary

The literature relating to maternal postpartum adaptation is extensive and includes such areas as maternal role attainment and the importance of maternal confidence on successful role attainment, maternal postpartum concerns and the effects of early

discharge on maternal concerns, and satisfaction and the effects of postpartum nursing support. The literature relating to maternal role attainment suggests that achieving competence and confidence in caring for one's infant is essential for successful maternal role attainment. Due to the many challenges associated with maternal postpartum adaptation, mothers have numerous information needs during this time. Postpartum support programs, such as the PPSP, which incorporates both hospital and community postpartum support, have been shown to be helpful to mothers in the postpartum period by assisting them in meeting their informational needs. Assisting mothers in meeting their informational needs during the early postpartum period is especially important as postpartum education has been shown to enhance maternal confidence.

The literature supports that early hospital discharge is medically safe for mother and child, provided that mothers receive postpartum support and education. The importance of postpartum support was also supported by studies which found that, even with postpartum support programs, the early postpartum period remains a time of tremendous adjustment and uncertainty, even for low-risk women. Literature relating to maternal adaptation of mothers who are young, less-educated, and from a low-income category is limited, but suggests that these women may have more intense concerns and problems than women in higher socioeconomic groups. This would suggest that postpartum support is most important for such women.

The literature also indicates maternal satisfaction with postpartum support programs. The PPSP, the standard method of providing postpartum support throughout

Newfoundland, has, in the past, been found to provide mothers with helpful, consistent, and confidence building information. The literature supports continued evaluation of this adult education program, to monitor program effectiveness.

Chapter 3

Methodology

Method

Research Design

Evaluation research, like basic research, can be conducted at several levels (Polit & Hungler, 1993). For this study a descriptive ex post facto design was used to examine the process and impact of the PPSP. Descriptive research was most appropriate for this study because randomization of subjects to groups and manipulation of the independent variable, the PPSP, were not possible. A strength of non-experimental research, such as descriptive, is its ability to be used to address problems that are not amenable to experimentation (Polit & Hungler, 1995).

Sample

The target population for this study consisted of all primiparous women who deliver at the major maternity unit in the province of Newfoundland from February to March, 1996. The sample for this study consisted of a convenience sample of 61 mothers who delivered at the maternity unit in St. John's, Newfoundland who met the following eligibility criteria:

-- primiparous

-- English speaking

-- discharged home from hospital with baby

-- have a full-term healthy infant

To attempt to obtain a representative sample, all eligible primiparous mothers were approached to participate in the study until 67 mothers had been recruited. Telephone interviews were chosen as the method of data collection because the hospital serviced a large geographical area and face-to-face interviews were not feasible.

Procedure

Following approval from the Human Investigation Committees of the Faculty of Medicine, Health Science Centre and the Health Care Corporation of St. John's, the nursing supervisor on the maternity unit was approached to assist the researcher in subject recruitment. Contact was made with her delegate every day to obtain a list of potential subjects. Potential subjects were then provided with a letter of explanation. If mothers agreed, the researcher visited with them during their hospital stay and explained the study. A consent form was signed at this time by mothers who agreed to participate (Appendix C). Demographic information, to check characteristics of the sample to determine its representativeness, was also obtained as this time (Appendix D). To obtain a more representative sample, mothers under the age of 19 years were also included in the study (see Appendix E for protocol for inclusion of minors). All adolescents were deemed capable of making an informed choice and of understanding what was involved in participating. Parental consent, in addition to subject consent, was therefore not required for such subjects.

Participants were informed that they would receive a phone-call from the researcher at the beginning of their 2nd postpartum week to arrange a convenient time to

conduct the telephone interview. All interviews occurred during the mother's 2nd to 4th postpartum weeks.

Data Collection

Demographic data were obtained from the mothers during an interview at the tertiary care maternity unit, St. John's (Appendix D). Then, between their 2nd and 4th postpartum weeks, each mother received one or two follow-up telephone interviews at a time convenient for her. The telephone interview consisted of two questionnaires--a postpartum information questionnaire (Appendix F), and the Postpartum Parent Support Program Assessment Questionnaire (PPSPAQ; Appendix G). Prior to beginning the questionnaires, mothers were again given a brief description of the study and the letter of consent was reviewed. The researcher then administered the first of the two questionnaires by reading the questions and documenting the responses. Prior to administering the second questionnaire, the researcher provided each mother with the option of completing the second questionnaire at a later date (before 4 weeks postpartum). If the telephone interview was interrupted for any reason, a return call, to complete the interview, was made at a time convenient to the mother. The average time to complete the telephone interview was 30 minutes.

Data relating to length of hospital stay, perceptions of birth experience, infant feeding method, availability of social and professional support, and the mother's identification of her learning needs through the PPSP learning needs questionnaire were collected through the postpartum information questionnaire (Appendix F). Data relating to

the PPSP's ability to provide mothers with information that was helpful, confidence building, and consistent were collected through the PPSPAQ (Appendix G). Data collection for this study occurred over a 2 month time period.

Instrument

So far, instruments developed to measure the effectiveness of the PPSP have not been tested for reliability and validity. Therefore, the PPSPAQ, the instrument used in Basha's (1993) study was used again, with some further modifications. The PPSPAQ was adapted from a tool developed by the Edmonton Area Postpartum Parent Support Program Pilot Project Evaluation Committee (1991). It is subdivided into three sections, to measure the effectiveness of the PPSP in meeting its stated objectives of 1) assisting parents to develop feelings of confidence in caring for their child, 2) to provide helpful information to develop the skills and knowledge required for the parenting role, and 3) to provide information that is consistent in both the hospital and community settings. Written permission was received from Basha to modify and use this instrument (Appendix H).

Confidence in parenting is measured by a 14 item, 7-point, Likert scale (scale ranges from no confidence to high levels of confidence).

Helpfulness is measured by a 7-point Likert scale, ranging from not helpful to very helpful, that addresses four areas of helpfulness, for a total of 27 items.

Consistency of each item of information given to mothers by hospital nurses, community health nurses, and between hospital and community nurses, is measured by a 15 item, 4-point Likert scale, for a total of three scores for each item.

PPSPAQ modifications

The PPSP is based on the mother's identification of her learning needs. It was therefore important to know whether mothers actually needed a particular item of information and, if so, whether it was offered. Therefore, for this study, two additional columns were added to the helpfulness questionnaire, asking "did you need the information" and "was it offered to you". These questions were placed before each item on the Likert scale that ranks the degree of helpfulness of information. As well, a third column, relating to consistency of information between hospital nurses, a component of the Edmonton questionnaire not included by Basha (1993), was retained for this study.

Reliability and Validity

Reliability and validity results were not available for either the PPSPAQ, or the Edmonton questionnaire. For this study, reliability was addressed by using Cronbach's alpha coefficient on the confidence component of the instrument. Coefficient alpha (such as Cronbach's) is considered the most useful index for testing internal consistency of an instrument (Polit & Hungler, 1995).

Data Analysis

Demographic data were analyzed descriptively (through frequencies, percentages, and means) as was the information relating to length of hospital stay, infant feeding method, availability of professional and social support, and exposure to the learning needs self-assessment questionnaire "You and your baby: A list of questions". Open-ended questions were analyzed qualitatively, by grouping responses into common themes.

Data on consistency, helpfulness, and confidence from the modified PPSPAQ were analyzed in the following way.

Consistency

The individual maternal score for consistency of each item of information was tabulated for each of the three categories; consistency of information between individual hospital nurses, consistency between hospital and community nurses, and consistency between community nurses. This allowed for determination of 1) the overall percentage of women who found the information received for each information item consistent or inconsistent for each of these three nursing categories; 2) the mean consistency score for each information item, for each of the three nursing categories, and 3) identification of, by ranking items according to mean scores, which specific items were most and least consistent, for each of the three nursing categories.

Degree of helpfulness of the information

For each of the information items on the helpfulness section of the PPSPAQ, the percentages of women who needed the information; and the percentages of women who needed, but did not receive the information, were calculated for both hospital and community settings. An individual maternal helpfulness score for each item of information by both hospital and community nurses was tabulated. This information was used to determine 1) the overall percentage of women who found the information received for each information item very helpful, somewhat helpful, and not helpful, for both hospital and community settings, 2) the mean helpfulness score for each item, for both hospital and

community settings, and 3) to identify, by ranking items according to mean scores, which specific items were most and least helpful, in both hospital and community settings.

To determine whether the information given by hospital nurses was significantly more or less helpful than information given by community nurses, the Wilcoxon Matched-Pairs Signed-Ranks Test was performed on the helpfulness scores for each information item, for both hospital and community nurse groups.

To determine whether mothers were significantly more or less satisfied with information from hospital nurses than community health nurses, the T-test was performed on results of the ratings of overall satisfaction for hospital and community health nurses.

Degree of confidence

Scores were calculated to determine 1) the overall percentage of women who rated themselves as very confident, somewhat confident, and not confident as a result of the information given for each of the information items; 2) the mean confidence score for each information item; and 3) to identify, by ranking items according to mean scores, which specific information items provided information which was most and least confidence building.

In addition to individual confidence scores for each item of information, overall confidence scores for each mother were also calculated. This allowed for determination of the percentage of mothers who overall were not confident, somewhat confident, and very confident in caring for self and child at 2-4 weeks postpartum.

Length of hospital stay data were collapsed into two categories--early discharge

(day 2 or less postpartum) and traditional stay (day 3 or greater postpartum). To determine whether length of hospital stay affected level of maternal confidence at 2-4 weeks postpartum the Mann-Whitney U Test was performed on individual maternal confidence scores.

To determine whether mothers who received the learning needs questionnaire "Help us to Help You: A List of Questions" were significantly more or less confident than mothers who did not receive the questionnaire, the Mann-Whitney U Test was performed on confidence scores and on overall satisfaction scores for both groups.

Finally, to determine whether mothers who received an explanation of the purpose of the learning needs questionnaire were significantly more or less confident or satisfied with information than mothers who did not receive an explanation, the Mann-Whitney U Test was performed on the confidence scores and on overall satisfaction scores for both groups.

Overall, these analyses determined whether the mothers identified their need for specific information, whether they received the information, the degree to which it was helpful, and whether it gave them confidence to care for themselves and their babies. As well, it determined whether the mothers perceived the information given by hospital and community health nurses to be consistent. In addition, it determined the relationship between length of hospital stay and the level of maternal confidence in caring for her child and self at 2-4 weeks postpartum. Also, it determined whether there were significant differences between 1) helpfulness of information between hospital and community health

nurses, and 2) overall level of satisfaction with information received from hospital and community health nurses. Finally, it determined whether there were significant differences in confidence levels and overall satisfaction with information between 1) those who received versus those who did not receive the learning needs questionnaire, and 2) those who received and did not receive an explanation of the purpose of the learning needs questionnaire.

Ethical Consideration

Approval to conduct the proposed study was obtained through the Human Investigation Committee, Memorial University of Newfoundland. Consent to collect data was obtained from the Health Care Corporation of St. John's following approval from the Human Investigations Committees at Memorial University and The Grace General Hospital (See Appendix I for letter of approvals). If permission to meet with the researcher was granted, the researcher visited the mother while in hospital. A brief explanation of the study was then presented, as well as the researcher's expectations of subjects (ie. agree to complete a telephone interview related to the discussed study at 2-4 weeks postpartum; Appendix J). The letter of explanation and consent followed the standard guidelines of the Human Investigations Committee, Faculty of Medicine at Memorial University. With regards to Human Investigations Committee's guidelines for minors, all the mothers under 19 years met the criteria for a mature minor in that they were capable of making an informed decision and understood what was involved in consenting to participate.

Potential subjects were informed that there were no direct benefits for them by participating in the research. Those mothers with serious concerns at the time of the interview were referred to professional help.

Confidentiality was ensured for each subject. All questionnaires were number coded. Subjects' names and all questionnaires were kept under lock and key. Upon completion of the study, all identifying data were destroyed. All data from questionnaires were coded by the researcher. No other individual had access to this information.

Subjects were informed that results of the study would be made available for any interested subjects and that a copy of the study will also be available at the Health Sciences Library.

Chapter Four

Results

The results of this study will be presented in seven sections. The first section will describe the characteristics of the sample, including birth experience and infant feeding method. Section two will describe results pertaining to the PPSP learning needs self-assessment questionnaire "You and Your New Baby: A List of Questions". Section three will present results obtained from the Postpartum Parent Support Program Assessment Questionnaire (PPSPAQ) relating to consistency of information, helpfulness of information, and perceived confidence in self and child care. The fourth section will examine differences in maternal confidence and satisfaction with information given between 1) women who were exposed and not exposed to the PPSP learning needs self-assessment questionnaire, and 2) women who received an explanation of the purpose of the questionnaire with those who did not receive an explanation of its purpose. Section five will describe the utilization of community support by postpartum mothers. Section six will present reliability results of the instrument used--the PPSPAQ, and finally section seven will contain a qualitative analysis of maternal perceptions of postpartum support.

The Sample

Of the 83 women who met the selection criteria for the study, 67 agreed to participate, a participation rate of 80%. Of the 67 women who agreed to participate in the study, the majority were between the ages of 20-29 years, were living with husband or partner, were employed, had completed some form of postsecondary education, had read

child care literature during the pregnancy, and had attended prenatal classes. Although the majority were highly educated, mothers represented a wide range of income categories, ranging from under $10, 000 per year to greater than $50, 000 per year. Adolescents comprised 10.4% of the sample, a figure which is slightly lower than the provincial adolescent live birth rate of 11.2% (percentage calculated by dividing the total number of live births to adolescents by the total number of live births in the province for the year 1992; Statistics Canada, 1995). The caesarian section rate among the sample was 23.9%, compared to the 1995-1996 hospital rate where subject recruitment occurred of 21.5% (medical records personnel, personal communication, June 1996).

As the researcher did not have permission to view the health records of those women who refused to participate (n=16), demographic comparisons could not be made between this group and those who participated in the study.

During the period of data collection at 2-4 weeks postpartum, five women refused, or were unable, to participate in a telephone interview (a drop-out rate of 7.5%) There were several demographic differences between those who dropped out and those who completed the study, though the small number of "drop-outs" prevented statistical comparison.

Of the five women who did not complete the interview, one was less than 20 years old, three were living alone, and one had less than grade nine education. Four of the five had attended prenatal education classes (see Table 1 for demographic comparisons between initial sample and those who completed the study). In addition to the five women

Table 1

Demographic Information for Mothers Initially Recruited and Those Who Completed the Study

Demographic	% Initial n=67	% Completed n=61
Living with husband/partner	67.1	70.5
Not living with significant other	32.9	29.5
Maternal employment		
Employed	64.2	63.9
Unemployed	29.9	31.1
Attending school	6.0	4.90
Maternal education		
Grade nine or below		
Some high school	10.5	8.20
Completed high school	19.4	16.4
Completed post-secondary	55.2	59.0
Place of residence		
Rural	32.8	34.4
Urban	67.2	65.6
Read books re. infant care	95.5	95.1
Attended prenatal class	65.7	65.6
Delivery method		
Vaginal	76.1	73.8
Caesarian section	23.9	26.2
Maternal age		
19 and under	10.4	9.80
20-29	62.7	62.3
30-39	26.9	27.9

Household income		
< $10 000/year	20.0	20.0
$10 000 - 30 000/Year	51.7	50.9
$30 001 - 50 000/year	15.0	14.6
> $50 000/year	13.3	14.5

who dropped out of the study, one woman was also excluded from data analysis because her baby developed complications which required transfer to the children's hospital in the area. Hence, the final sample size for this study was 61 women.

Birth Experience

The number of days in hospital postpartum varied from one day to greater than 5 days (Table 2).

Table 2

Number of Days in Hospital Postpartum

# Days	Freq	%
1 Day	2	(3.3%)
2 Days	13	(21.3%)
3 Days	21	(34.4%)
4 Days	11	(18.0%)
5 Days	8	(13.1%)
Greater than 5 Days	6	(9.8%)

As the literature frequently defines early discharge as discharge by day 2 postpartum (Government of Newfoundland and Labrador Department of Health, 1995b)

the data regarding length of stay was collapsed into "day 2 or less postpartum" and "day 3 or greater postpartum". Fifteen women (24.6%) were discharged by day 2 postpartum, while 46 women (75.4%) were discharged on or after day 3 postpartum. Those women who were in hospital longer than 5 days either chose to stay to establish breastfeeding, or developed an infection postpartum.

The majority of women (83.6%) described their length of stay as being just right, but 9.8% stated their stay was too long and 6.6% stated it was too short. It appeared that length of hospital stay was, to a large extent, at the control of the woman and her family. Many women reported that it was their choice either to leave early or stay later. Such control may account for the high rate of satisfaction with length of stay.

Eighteen women (29.5%) stated the delivery met their expectations, while 43 women (70.5%) stated it did not. Of the 43 women who stated that the delivery had not met their expectations, 10 stated it had been more difficult than expected, while 19 stated it had been easier. Ten women listed complications with labour and delivery as the reason for the delivery not meeting their expectations while four women listed unexpected sensations as the cause. Finally, two women stated that unexpected medical interventions were the reasons for the delivery not having met their expectations.

Feeding Method

Breastfeeding rates for this study differ somewhat from those reported by Matthews, Banoub-Baddour, Laryea, McKim, and Webber (1994) in the Newfoundland provincial breastfeeding study. During hospital stay 52.5% of women were breastfeeding

exclusively, 16.4% were breastfeeding with supplementation, and 31.1% were bottlefeeding exclusively as compared with 51.3%, 0.9%, and 47.8% respectively for the St. John's region as reported by Matthews et al. (1994). The larger percentage of mothers who were breastfeeding with supplementation in the present study may be reflective of the increased promotion of breastfeeding province wide. Many mothers who are unsure of their choice of infant feeding are therefore "trying" breastfeeding as their method of infant feeding.

During the first days at home the percentage of women exclusively breastfeeding remained unchanged, but many of the women who in hospital were breastfeeding with supplementation switched exclusively to bottlefeeding during their first days at home.

At the time of their interview at 2-4 weeks postpartum, 41.0% of women were exclusively breastfeeding, 9.8% were breastfeeding with supplementation, and 49.2% were exclusively bottlefeeding at this time.

Table 3 shows the planned duration of breastfeeding among those women who were exclusively breastfeeding at time of interview.

The Maternal Learning Needs Self-Assessment Questionnaire

The Postpartum Parent Support Program learning needs self-assessment questionnaire contains categories of questions pertaining to the postpartum period and is designed to assist mothers in identifying their learning needs (Appendix B). According to the PPSP Implementation Handbook the program is to work as follows: Mothers are presented with the questionnaire and are encouraged to read it and mark areas they have

Table 3

Length of Time that Exclusively Breastfeeding Mothers Planned to Breastfeed

Length of time to breastfeed	Frequency / % n=25
3-4 months	5 (20%)
5-6 months	16 (64%)
7-8 months	1 (4%)
Greater than 8 months	2 (8%)
Unknown	1 (4%)

concerns or questions about. These issues are then addressed by nurses who check with mothers frequently to determine if they have any questions. Mothers are told to take the questionnaire home with them and to use it to prepare questions for their visit with the community health nurse (Government of Newfoundland and Labrador Department of Health, 1995a).

Of the 61 women who completed this study, 53 (86.9%) remembered receiving the questionnaire "You and Your New Baby: A List of Questions" during their first 2 weeks postpartum, seven women (11.5%) did not receive the questionnaire and one woman was uncertain as to whether it had been received or not. The majority of women (60.7%) who received the questionnaire did so on their first postpartum day. A few mothers mentioned that they had seen the questionnaire at prenatal classes.

Of the 53 women who received the questionnaire, 47 (88.7%) read or perused it at

some point during their first 2 weeks postpartum. Almost all these mothers (97.9%) stated that it was easy to read. Of the six who received, but did not read the questionnaire, not understanding the purpose of the questionnaire, not having time, and having lost the questionnaire were stated as reasons for not having done so. In total, 14 women (23% of the sample) either did not receive, or received but did not read, the questionnaire.

Thirty women (56.6% of those who received the questionnaire) stated that a nurse had explained the purpose of the questionnaire to them. Twenty-two women (41.5%) stated that it was either left at their bedside or handed to them with other reading materials. Again, one woman was uncertain whether the questionnaire had been explained Explanations, if provided, were given at the time the questionnaire was presented to the woman.

Of those who received the questionnaire, 13 women (24.5%) reported that a hospital nurse had checked back with them during their stay to ask whether they had any questions relating to the questionnaire. Thirty-eight women (71.7%) stated that a hospital nurse had not asked whether they had questions pertaining to the questionnaire and two women were uncertain whether a nurse had asked about the questionnaire. When asked whether the community health nurse had asked if there were any questions relating to the questionnaire 17 women (32.1%) stated that the community health nurse had mentioned the questionnaire, 35 women (66%) stated the community health nurse did not mention the questionnaire, and one woman was unsure whether it had been mentioned

Only five women who read the questionnaire had questions or concerns that were

not addressed by the questionnaire. These included how to soothe a restless and irritable baby, exercises for the baby, safety issues regarding infant's clothing, and pets and the new baby.

Of the 13 women who stated that a hospital nurse had checked back with them regarding the questionnaire, only six had highlighted specific questions from the pamphlet. Of those six who had questions, four stated that hospital nurses provided answers to all of their questions, one woman stated hospital nurses did not provide answers to any of her questions, and one woman was provided with a copy of the answer guide to peruse. Of the 17 women who reported that the community health nurse had mentioned the questionnaire, seven women had highlighted specific questions from the questionnaire. All seven stated that answers were provided to all their questions.

Of mothers who read the questionnaire, 18 women (38.3%) perceived it as being very helpful in assisting them to identify their learning needs. Nineteen women (40.4%) found it somewhat helpful, while nine women (19.1%) perceived it as not being helpful in assisting to identify learning needs. Of those who found it not helpful, lack of understanding of the purpose of the questionnaire was described as the reason for it being not helpful. Several mothers stated that having an answer guide would have been more helpful.

In summary, for 23 of the 61 mothers in the sample (37.7%), the learning needs questionnaire, which is the basis of the PPSP, was neither read nor helpful. Of the mothers who received the questionnaire, 43.4% did not receive an explanation of its purpose. As

the PPSP is based on principles of adult learning, the purpose of the questionnaire is to assist parents in identifying their learning needs so that, once identified, they can be met. Women who do not read the questionnaire therefore do not have this tool to assist them in identifying their needs. Likewise, lack of understanding of the purpose of this tool may limit its effectiveness.

Sources of Help in the Community

Fifty-eight women (95.1%) had received a visit from a public health nurse by 2-4 weeks postpartum. Three women had not yet received a visit at the time of their interview Fifty-one women had received one visit at the time of interview, five women had received two visits, and two women (who required dressing changes) had received seven visits at time of interview. Seventeen women (27.9%) had received either one or two follow-up phone calls from the public health nurse.

Awareness of sources of community support varied with the type of support, with mothers being most familiar with breastfeeding support groups, well-baby clinics, and the MOMMY help line (a 24 hour hospital-based telephone advice service) and least familiar with La Leche League and lactation consultants. Awareness of sources of breastfeeding support also differed between exclusively breastfeeding women and women who were breastfeeding with supplementation. Of mothers who were exclusively breastfeeding at time of hospital discharge, 87.5% (n=28) were aware of the breastfeeding support groups while 70% (n=7) of mothers who were breastfeeding with supplementation (those in most need of support) were aware of breastfeeding support groups. Mothers who were

breastfeeding with supplementation were also somewhat less likely than exclusively breastfeeding mothers to be aware of La Leche League and lactation consultants. All mothers who were breastfeeding (exclusively or with supplementation) were aware of the MOMMY help-line.

Consistency of Information

Mothers' responses to the four-point consistency scale were collapsed into two categories, consistent or inconsistent, for each item of information given her. Percentages were calculated for only those women who received information on a given information item. In other words, women who received no information on a given item, or for whom the information was not applicable, were excluded from the analysis. This approach helped identify 1) the items which tended to be more inconsistent both among hospital nurses and between hospital and community health nurses and 2) the percentages of mothers for whom each item of information was consistent or inconsistent (Table 4). Overall, information from hospital nurses related to infant feeding (including supplementary feeding), and infant sleeping and crying behaviours were the items rated as inconsistent by at least 10% of the mothers. Information relating to mothers' physical and emotional care was generally rated as highly consistent as was information about baby care. Because almost all mothers received information from only one community health nurse, consistency for this group of nurses was not measured.

Overall, mothers rated the information received as being somewhere between always consistent (1) and somewhat consistent (2). Only breastfeeding information from

Table 4

Consistency of Information from Hospital Nurses (HN), and Between Hospital and Community Health Nurses (CHN).

Information Item	Between HN		Between HN and CHN	
	Consist n (%)	Inconsist n (%)	Consist n (%)	Inconsist n (%)
Breastfeeding	26 (65%)	23 (35%)	26 (86.7%)	4 (13.3%)
Bottlefeeding	12 (80%)	3 (20%)	10 (100%)	
Supplementary Feeding	9 (64.3%)	5 (35.7%)	7 (100%)	
Cord Care	54 (96.4%)	2 (3.6%)	51 (98.1%)	1 (1.9%)
Circumcision Care				
Care of Baby's Skin	44 (93.6%)	3 (6.4%)	29 (100%)	
Baby's Sleep Behaviour	12 (80%)	3 (20%)	10 (100%)	
Baby's Crying Behaviour	7 (77.8)	2 (22.2)	5 (83.3%)	1 (16.7%)
Diet Information	10 (90.9%)	1 (9.1%)	10 (100%)	
Breast Care	31 (93.9%)	2 (6.1)	26 (100%)	
Care of Stitches	33 (94.3%)	2 (5.7%)	20 (90.9%)	2 (9.1%)
Community Help	25 (100%)		21 (100%)	
Emotional Concerns	12 (100%)		11 (100%)	
Fatigue	23 (100%)		19 (100%)	
Home Environment	4 (100%)		4 (100%)	

hospital nurses, which was rated as inconsistent by 23 mothers (35%), received an overall maternal rank of greater than two, placing it between somewhat consistent and somewhat inconsistent. As can be seen from Table 5, the information between hospital nurses and

Table 5

Mean Consistency Scores for Hospital Nurses (HN) and Community Health Nurses (CHN)

Information Item	Mean Score HN	Mean Score Between HN & CHN
Sources of Help in the Community	1.08	1.095
Emotional Concerns	1.083	1.091
Fatigue	1.13	1.105
Cord Care	1.143	1.135
Care of Stitches	1.2	1.273
Adjustment to Home Environment	1.25	1.25
Care of Breasts	1.273	1.115
Care of Baby's Skin	1.319	1.241
Baby's Crying Behaviour	1.556	1.333
Baby's Sleeping Behaviour	1.6	1.3
Diet Information	1.636	1.5
Bottlefeeding	1.8	1.4
Supplementary Feeding	1.929	1.286
Breastfeeding	2.15	1.6

Note. Most consistent=1; Least consistent=4

community health nurses tended to be rather more consistent than information between different hospital nurses, possibly because mothers generally saw only one community health nurse.

Helpfulness of Information

To determine the level of helpfulness of information given to mothers by hospital and community health nurses, data from the 7-point Likert scale were collapsed into three categories--not helpful, somewhat helpful, and very helpful for each information area (see Table 6). Again, percentages were calculated for only those women who received information on a given information item. Those women who wanted, but did not receive information, or for whom information was not applicable, were not included in the frequency of that item, hence the low frequencies for many of the information items.

As the table indicates, the majority of mothers (greater than 50% of those who received information) found the information received very helpful. There are several areas however where the majority of mothers found the information received only somewhat helpful or not helpful. For information from hospital nurses these areas were maternal diet, infant colic, emotional concerns, and fatigue, areas mostly relating to maternal well-being. For information from community health nurses these areas were infant sleeping patterns and infant behaviour.

Infant feeding information was found to be not helpful by 23.6% (n= 13) of mothers who received the information and only somewhat helpful by another 23.6%. Due to the important role of helpful information for successful breastfeeding the finding that

Table 6

Level of Helpfulness of Information Given by Hospital and Community Health Nurses for each Information Item

Information Item	Not Helpful		Somewhat Helpful		Very Helpful	
	Hospital n %	Community n %	Hospital n %	Community n %	Hospital n %	Community n %
In Relation to Body						
Breasts	4 (10.3%)	1 (2.4%)	11 (28.2%)	12 (29.3%)	24 (61.5%)	28 (68.3%)
Stitches	7 (18.4%)	1 (4.0%)	8 (21.1%)	6 (24.0%)	23 (60.5%)	18 (72.0%)
Bowel Movements	3 (11.5%)	1 (6.3%)	6 (23.1%)	5 (31.3%)	17 (65.4%)	10 (62.5%)
Diet	1 (9.1%)	2 (7.4%)	5 (45.5%)	6 (22.2%)	5 (45.5%)	19 (70.4%)
Exercise	1 (5.6%)		4 (22.2%)	5 (23.8%)	13 (72.2%)	16 (76.2%)
Rest	1 (3.4%)	1 (3.1%)	9 (31.0%)	8 (25.0%)	19 (65.5%)	23 (71.9%)
Vaginal Discharge	5 (12.5%)	1 (3.0%)	7 (17.5%)	6 (18.2%)	28 (70.0%)	26 (78.8%)
Hemorrhoids			3 (42.9%)	1 (25.0%)	4 (57.1%)	3 (75.0%)

Table 6 (continued)

Information Item	Not Helpful		Somewhat Helpful		Very Helpful	
	Hospital n %	Community n %	Hospital n %	Community n %	Hospital n %	Community n %
In Relation to Baby						
Feeding	13 (23.6%)	6 (11.3%)	13 (23.6%)	9 (17.0%)	29 (52.7%)	38 (71.7%)
Baby Care			12 (19.7%)	4 (11.1%)	49 (80.3%)	32 (88.9%)
Rashes	2 (25.0%)			1 (10.0%)	6 (75.0%)	9 (90.0%)
Constipation			1 (25.0%)	3 (30.0%)	3 (75.0%)	7 (70.0%)
Colic	1 (33.3%)		1 (33.3%)	2 (50.0%)	1 (33.3%)	2 (50.0%)
Sleeping Pattern	2 (18.2%)	3 (17.6%)	2 (18.2%)	6 (35.3%)	7 (63.6%)	8 (47.1%)

Table 6 (continued)

Information Item	Not Helpful		Somewhat Helpful		Very Helpful	
	Hospital n %	Community n %	Hospital n %	Community n %	Hospital n %	Community n %
In Relation to Adjustment to Parenthood						
Relationship with Partner					3 (100%)	5 (100%)
Relationship with Others					3 (100%)	3 (100%)
Relationship with Infant					2 (100%)	2 (100%)
Sexual Relationship			1 (33.3%)	2 (28.6%)	2 (66.7%)	5 (71.4%)
Family Planning			1 (11.1%)	3 (15.0%)	8 (88.9%)	17 (85.0%)
Emotional Concerns			5 (55.6%)	4 (33.3%)	4 (44.4%)	8 (66.7%)
Fatigue	1 (12.5%)	1 (8.3%)	4 (50.0%)	5 (41.7%)	3 (37.5%)	6 (50.0%)
Work Issues					2 (100%)	1 (100%)

Table 6 (continued)

Information Item	Not Helpful		Somewhat Helpful		Very Helpful	
	Hospital	Community	Hospital	Community	Hospital	Community
	n %	n %	n %	n %	n %	n %
In Relation to Baby at Home						
Home Environment				1 (50.0%)		1 (50.0%)
Infant Behaviour				2 (66.7%)		1 (33.3%)
Immunizations	1 (20.0%)		1 (20.0%)	3 (6.8%)	3 (60.0%)	41 (93.2%)
Safety			1 (9.1%)	3 (12.5%)	10 (90.9%)	21 (87.5%)
Illness				1 (10.0%)	2 (100%)	9 (90.0%)
In Relation to Special Circumstances						
Information re. Problem	1 (5.3%)		5 (26.3%)	3 (17.6%)	13 (68.4%)	14 (82.4%)

47.2% (n=26) of mothers found the information less than very helpful is disturbing. In addition to recording the degree of helpfulness of information for the various information items, the helpfulness section of the PPSPAQ also recorded whether mothers received the information they perceived needing. Table 7 lists those items perceived by mothers as needed but not received from both hospital nurses and community health nurses. This table indicates that while mothers are receiving information relating to care of the infant, less information is being provided regarding maternal health (physical and emotional), anticipatory support (family planning and career information), and information relating specifically to single motherhood.

Table 7

Percentages of Mothers who Needed but did Not Receive Information from Hospital Nurses (HN) and Community Health Nurses (CHN)

Information Item Needed	Information Not Offered	
	HN's	CHN's
Breasts	27.9%	16.9%
Bowels	23.0%	18.6%
Stitches		11.1%
Diet	45.9%	27.6%
Exercise	45.9%	38.6%
Rest	37.7%	27.1%
Vaginal Discharge	34.4%	33.9%
Constipation	49.2%	42.4%

Colic	16.4%	16.9%
Sleep	52.5%	47.5%
Relationship with Partner	26.2%	25.4%
Relationship with Others	26.2%	25.4%
Relationship with Infant	26.2%	27.1%
Sexual Relationship	27.9%	28.8%
Family Planning	25.0%	20.3%
Emotional Concerns	46.7%	47.5%
Fatigue	43.3%	37.9%
Work	38.3%	41.4%
Adjustment to Home Environment	30.0%	30.5%
Infant Behaviour	47.5%	47.5%
Safety	25.0%	16.7%
Illness	60.7%	62.7%
Changes in Lifestyle	44.4%	47.1%
Family Acceptance	44.4%	47.1%
Concerns re. Lack of Father	44.4%	47.1%

To determine which information items were most and least helpful, mean helpfulness scores for each item of information were calculated and ranked from most helpful (7) to least helpful (1), for hospital nurses and community health nurses (Tables 8-11).

It should be noted that most mothers received information on infant feeding

Table 8

Five Highest Ranked Items Rated as Most Helpful from Hospital Nurses

Information Item	Mean Score
Relationship with Partner	7.00
Relationship with Others	7.00
Relationship with Infant	7.00
Work	7.00
Safety	6.727

Note. 1= Least helpful
7= Most helpful

Table 9

Five Lowest Ranked Items Rated as Least Helpful from Hospital Nurses

Information Item	Mean Score
Colic	4.00
Fatigue	4.875
Feeding	4.909
Diet	5.00
Stitches	5.158

Note. 1 = Least helpful
7= Most helpful

Table 10

Five Highest Ranked Items Rated as Most Helpful from Community Health Nurses

Information Item	Mean Score
Work	7.000
Relationship with Infant	7.000
Illness	6.800
Relationship with Partner	6.800
Immunization	6.773

Note. 1= Least helpful
7= Most helpful

Table 11

Five Lowest Ranked Items Rated as Least Helpful from Community Health Nurses

Information Item	Mean Score
Sleep	4.882
Infant Behaviour	5.000
Fatigue	5.333
Colic	5.500
Bowel Movements	5.750

Note. 1= least helpful
7= Most helpful

However, infant feeding was rated one of the least helpful areas of information from hospital nurses. Also, the information items that were anticipatory in nature (relationships with partner, others, and infant; work; and safety) were less likely to be provided by hospital nurses, but when provided were rated as the most helpful information items.

The Wilcoxon Matched-Pairs Signed-Ranks Test was performed on the helpfulness scores for each information item, for both hospital and community health nurses. The results of the Wilcoxon Matched-Pairs Signed-Ranks Test were statistically significant at the alpha 0.05 level for two of the information items. Information on breast care ($p=0.0394$) and information on infant feeding ($p=0.0304$) were significantly more helpful from community health nurses than from hospital nurses.

When asked to rate overall satisfaction with information received, 88.5% of mothers were either very satisfied (37.7%) or somewhat satisfied (50.8%) with information received from hospital nurses. However, 11.5% of mothers were not satisfied with information received from hospital nurses. In comparison, 61% were very satisfied with information received from community health nurses, 35.6% were somewhat satisfied, and only 3.4% of mothers were not satisfied with information given by community health nurses. T-test results indicate that mothers were significantly more satisfied with the information received from community health nurses than with information from hospital nurses ($p=0.001$).

Maternal Confidence

To determine mothers' perceptions of confidence in self and infant care, data from

the 7-point Likert scale were collapsed into three categories--not confident, somewhat confident, and very confident--for each information area. Table 12 lists the frequencies and percentages of mothers who were not confident, somewhat confident, and very confident for each area of information.

Table 12

Level of Maternal Confidence for each Information Item

Information Item	Not Confident		Somewhat Confident		Very Confident	
	Freq	%	Freq	%	Freq	%
Infant Feeding	0	0%	14	23%	47	77%
Infant Crying	0	0%	29	47.5%	32	52.5%
Infant Care	0	0%	3	4.9%	58	95.1%
Safety	1	1.6%	12	19.7%	48	78.7%
Minor Illness	6	10.9%	35	63.6%	14	25.5%
Preventative Health	2	3.3%	6	9.8%	53	86.9%
Feelings Toward Motherhood	0	0%	15	24.6%	46	75.4%
Changes in Relationships	1	1.7%	13	21.7%	46	76.7%
Changes in Lifestyle	0	0%	22	36.1%	39	63.9%
Decisions Re. Child Care	9	16.7%	15	27.8%	30	55.6%
Decisions Re. Career	3	5.1%	20	33.9%	36	61%
Sexual Relationships	0	0%	21	34.4%	35	57.4%
Personal Health Concerns	2	3.4%	21	35.6%	36	61%
Social Concerns	0	0%	20	33.3%	40	66.7%

At 2-4 weeks postpartum, 10.9% (n=6) of mothers perceived themselves to be not confident about minor infant illness and 16.7% (n=9) were not confident about decisions regarding child care. However, these are areas that most mothers have not directly encountered at 2-4 weeks postpartum. Generally, the great majority (more than 75%) of mothers perceived themselves to be very confident in areas of infant feeding, infant care, infant safety, preventative health, feelings toward motherhood, and change in relationships. For the remaining six areas, one third or more of mothers interviewed rated themselves as somewhat confident at 2-4 weeks postpartum. The majority of these areas centred around changes and decisions in the mother's personal life (ie. personal health and career decisions).

Mean maternal confidence scores for each information item were calculated and ranked in order of most confident to least confident (Table 13). Overall, mothers were either very confident (mean of 6-7) or somewhat confident (mean of 3-5) in all areas of self and child care at 2-4 weeks postpartum.

An overall mean maternal confidence score was also calculated for each individual mother Of the 61 mothers who completed the interview, 32 (52.5%) perceived themselves to be very confident in caring for themselves and their child at 2-4 weeks postpartum while 29 women (47.5%) perceived themselves to be somewhat confident in caring for themselves and their child at this same time period.

The Mann-Whitney U Test was done to determine whether mothers discharged early (day two or less) have higher or lower confidence scores than those mothers not

Table 13

Mean Confidence Scores Ranked From Most Confident (7) to Least Confident (1)

Information Item	Mean Score
Infant Care	6.77
Preventative Health	6.492
Safety	6.295
Feelings Toward Motherhood	6.279
Infant Feeding	6.246
Changes in Relationships	6.217
Social Concerns	6.033
Changes in Lifestyle	5.918
Sexual Relationships	5.875
Personal Health Concerns	5.746
Decisions Re. Career	5.627
Infant Crying	5.607
Decisions Re. Child Care	5.148
Minor Illness	4.509

discharged early (three or more days). There was no statistically significant difference between the two groups. Primiparous mothers discharged early were neither more nor less confident at 2-4 weeks postpartum than mothers in the traditional stay group.

Exposure to the PPSP Learning Needs Self-Assessment Questionnaire

As the PPSP learning needs questionnaire "You and Your New Baby: A List of

Questions" is a central component of the PPSP, the Mann-Whitney-U Test was performed on maternal confidence scores and helpfulness of information scores for the mothers who 1) used (n=47) and did not use (n=14) the PPSP questionnaire, and 2) received an explanation (n=30) and did not receive (n=23) an explanation of the purpose of the questionnaire.

No significant differences were found on the Mann-Whitney-U-Test between those mothers who used the questionnaire and those who did not use the questionnaire in either maternal confidence or satisfaction with information received. In other words, women who used (ie. read) the questionnaire were neither more nor less confident at 2-4 weeks postpartum in self and infant care than women who did not use the questionnaire. Likewise, women who used the questionnaire were neither more nor less satisfied with information received than were women who did not use the questionnaire. However, mothers who had a nurse explain the purpose of the questionnaire were overall significantly more confident (p=0.0406) with self and infant care at 2-4 weeks postpartum than were mothers who received the questionnaire, but did not receive an explanation. Specifically, mothers who received an explanation of the questionnaire were significantly more confident in the areas of infant care (p=0.0195), decisions regarding child care (p=0.0240), and sexual relationships (p=0.0357) than were mothers who had not received an explanation of the purpose of the questionnaire.

As mothers who received an explanation of the purpose of the questionnaire were no more likely to have used the questionnaire (p=0.7289) or to be satisfied with the

information received (p=0.3085), it may be that an important element of the PPSP is the explanation provided to mothers by hospital nurses. Such an explanation may have resulted in increasing mothers' awareness of their own learning needs, therefore resulting in them asking questions in areas they may not otherwise have recognized as learning needs.

Utilization of Community Support

Eight mothers (13.1%) had attended a public health clinic at time of interview. Reasons for attending the clinic included having baby weighed, attending a breastfeeding support group, and obtaining information regarding infant feeding and care.

Eleven mothers (18%) had phoned a public health nurse by 2-4 weeks postpartum (16 phone calls in total). The majority of phone calls were either directly or indirectly related to infant feeding.

Twenty-four mothers (39.3%) had utilized the hospital-based MOMMY help-line at time of interview. Reasons for using the help-line varied and included both maternal and infant health issues. Overall, 32 mothers (52.5%) sought out one or more forms of professional nursing support during their first weeks postpartum.

Fifty-six mothers (91.8%) had visited the physician by 2-4 weeks postpartum. Forty-nine women had visited solely for a routine baby check. Thirteen women had visited the physician for an additional reason--either an infant or maternal health concern, with the most common reason being infant jaundice (n=3).

Forty women (65.6%) stated they utilized other sources of support during their

first weeks at home. The vast majority of women stated that family and friends were important sources of support and general information.

Reliability of the PPSPAQ

As the PPSPAQ has not been tested for reliability and validity, Cronbach's Alpha Coefficient was performed on study results. Alpha results for two of the three PPSPAQ scales--consistency and helpfulness of information--could not be obtained due to the high number of not applicable responses within each scale. Results of the confidence scale however produced a Cronbach's Alpha Coefficient of 0.78. According to Polit and Hungler (1995) a reliability in the vicinity of 0.70 is sufficient for making group-level comparisons.

Qualitative Analysis

While quantitative data provides the numbers needed for statistical comparisons, qualitative data provides results that are rich in insight. Therefore, in addition to completing Likert scales, mothers in this study were also asked several open-ended questions relating to their postpartum period. The following pages contain a qualitative analysis of open-ended question results.

Positive Perceptions of Postpartum Hospital Care

Each mother was asked if she had any comments or suggestions related to her hospital stay. Of the 60 mothers who commented on their hospital stay, 40 stated that overall nurses were helpful and friendly. Eighteen of the 60 mothers were totally satisfied with the nursing support received during their hospital stay. Those mothers who stated

that hospital nursing care was excellent or very helpful were more frequently those who either asked nursing staff questions or had conversations with nurses during their hospital stay.

"They were very helpful. I rang a lot when I was nursing. They didn't mind helping."

"They were helpful. If I asked questions they answered them."

"One nurse was really, really helpful. She sat and talked."

"A couple came in and sat down and asked if I had concerns--that was nice."

Maternal Concerns Relating to Postpartum Hospital Stay

While 40 of the 61 mothers stated hospital nurses were helpful or friendly, concerns regarding nursing care were also identified by the 42 of the 60 women who commented on their postpartum hospital care. Problems centred around two common themes--lack of nurse-initiated conversation and lack of breastfeeding support

Lack of nurse-initiated conversation

Many mothers commented that information from hospital nurses was not forthcoming. Information was provided in response to specific questions but was not

volunteered by nurses. Similarly, many mothers stated that the nursing care was very task orientated.

> "There was very little conversation Nurses only came in to check There was no "how are you feeling" or "do you have any questions".. if you wanted something you had to ask them. If not, you didn't get any information or help."

> "Nurses would just ask questions, but would provide no information or tell you what to expect. They would say "what colour is your discharge now" but not tell you what that meant or what it should be They were very task orientated They would take my blood pressure and temperature, then leave. No one sat and talked."

> "There really was no one-to-one conversation. They came in and did what they had to do. They probably could have talked more about some things."

Several mothers commented that there was no guidance or teaching from hospital nurses. Mothers were left to care for their babies with minimal support Many first-time mothers felt unprepared to care for their child without assistance

> "They should ask if everything is OK and observe [breastfeeding] but they didn't I needed guidance [with breastfeeding] but there was none "

"The first day I was in the nurse handed him to me and said "his bottles are in the drawer". I said "wait!". I had no idea what to do with him."

"They really don't help you out with the baby much--just bring in bottles. They didn't tell me anything. As a teen mom I would have liked more help... I didn't even know I had to clean his cord. I wasn't told that until the day I was leaving."

Mothers frequently stated that anticipatory information was not provided. Many bottlefeeding mothers stated that information on breast engorgement was not provided and many moms became sore. Similarly, information about vaginal discharge and the possibility of passing clots frequently was not provided.

"My breasts were really sore. There was no information about binding them or that I should wear a tight bra."

"At home I passed a clot. I panicked and thought either I was dying or was giving birth again. It was large, the size of my fist. My husband phoned the hospital and they said I didn't have to come in. No one said that might happen."

Lack of breastfeeding support

Some breastfeeding mothers stated that the information they received about breastfeeding was often inconsistent. Receiving inconsistent information from nurses

caused confusion and was not supportive to establishing breastfeeding.

"One [nurse] would say " feed on demand" while another would say "[feed] only every 2 hours."

"Some would recommend feeding every 4 hours, 10 minutes on each breast. Others would say to feed as baby wanted."

"The way they tried to help you latch the baby on was inconsistent with the video They would grab the baby and the nipple and push them together, not wait for the baby's mouth to open."

"It's isn't just not helpful [inconsistent information] it's detrimental and can cause confusion, difficulty, and termination of breastfeeding."

One woman, who was having difficulty feeding and was advised by the pediatrician to stay in hospital until breastfeeding became established stated

"Everybody tried to help, but there was so much different information "give water", "don't give water", "use shields", "put a plastic nipple over the breast", "don't give nipple", "cup feed", "finger feed"... When I finally came home I was still finger and cup feeding the baby... Everybody pushes breastfeeding, but nobody is really trained to teach it."

In addition to inconsistency of information between nurses, information between nurses and doctors was also inconsistent at times.

"The doctor would say make use of the nursery, you need to get some sleep, while the nurses would say you should room-in, you have to get used to it."

Other mothers who were breastfeeding, but occasionally supplementing, stated that options regarding supplementing were not provided This lack of information about options was not supportive to successful feeding.

"I had a caesarian section and then got an infection in my uterus. I wasn't getting any sleep. Nobody suggested offering a supplement. Finally my doctor ordered one. .nobody mentioned that I could use a cup. The baby got nipple confusion and would not nurse the next day."

"At 3 days [postpartum] my milk was still not in...finally at night they gave her a bottle and she ate eagerly. They did not mention that I could use a cup."

Several mothers also stated that access to the nursery, to allow for rest between feedings, was often limited. As breastfeeding mothers frequently experience fatigue, this practice was not supportive of successful breastfeeding.

"The nursery was frequently closed...I asked the nursery nurse "I want to bring my baby down if it's OK" and she said "no, it's not OK"".

"I was very sore the first couple of days following the section. I was really tired so I brought the baby to the nursery but the nurse returned very soon with her [the baby] as she was fussy. I needed to rest but the nurse in the nursery did not want to leave the baby there... I was up from 10 pm to 6 am rocking and walking the baby. I couldn't look after myself at that point."

Perceptions of Postpartum Community Health Support

In addition to perceptions of care from hospital nurses, mothers were also asked their perceptions of the care they received from community health nurses during their first weeks postpartum. The majority of mothers stated that the visit(s) from a community health nurse had been helpful and that they were satisfied with the care and information received.

"She was fantastic. Very supportive, very relaxed. She observed and took time with me."

"Very informative and helpful."

"Really informative. [She] gave me a lot of information."

Eight mothers were dissatisfied with the support received from community health

nurses. Reasons for dissatisfaction were: baby not examined during visit (n=2), visit focused only on infant health (n=1), visit too early in postpartum (n=1), second visit not wanted (n=1), inaccurate information regarding vitamin and mineral supplementation (n=1), lack of validation of maternal performance in care of child (n=1), and visit not wanted (n=1).

Perceptions of First Weeks at Home with Infant

Approximately one half of mothers who commented on their first weeks as a new mother made reference to lack of sleep being a major change. While most mothers stated that they were enjoying their new role, they also acknowledged that it was a hard role. Many stated that, even with support from family and friends, they were very tired from lack of sleep.

"I'm more tired than I thought I'd be and I have lots of support from family. The baby wakes at 2 and 6 a.m."

"It's been rough, waiting for the baby to settle into a routine. She's up all night. I'm exhausted."

"It's wonderful, but very tiresome due to lack of sleep."

Additional Information Needs

When asked what additional information mothers would have liked to have received in hospital, 36 mothers stated that they would have liked anticipatory information about what to expect in the next weeks to months in relation to both infant care--feeding, common illnesses, and sleeping patterns and care of self--stitches, breast care, vaginal bleeding, and postpartum blues. Eighteen mothers stated that they would have liked more general information about what was normal and not normal regarding infant behaviour--feeding, sleeping, and crying behaviour. Four mothers stated they would have liked information about unexpected procedures and events that occurred during labour and delivery (caesarian section, problems with delivery of placenta) and how these events would impact on maternal health during the early postpartum period. Finally, six mothers stated they would have liked more consistent information regarding breastfeeding

Mothers were also asked what specific information they would have liked to have received from community health nurses. Six mothers stated they would have liked more general information about what was normal infant behaviour--feeding and sleeping behaviour. Fourteen mothers stated they would have liked more anticipatory information regarding infant care--feeding, common illnesses, and immunizations, single parenthood and maternal health. Two mothers would have liked information on postpartum exercises and one mother would have liked information on how to use a breast pump

Perceptions of Methods of Providing Information

Mothers were asked whether they had any comments about the different methods

of information that were provided to them by nurses. The majority of mothers stated that the pamphlets they received were helpful, informative, and easy-to-read. Several mothers stated they would have liked additional pamphlets regarding what to expect in the first postpartum weeks, breastfeeding, infant rashes, and immunizations. Many mothers stated the answer guide to the "You and Your New Baby: A List of Questions" questionnaire should be provided to all mothers.

Most women who had watched the postpartum education T.V. channel also found it to be helpful. One woman suggested that the T.V. channel be extended to include more topics.

None of the mothers in the study had participated in any group teaching activities, though several commented that they had noticed a sign on a bulletin board regarding group postpartum exercises.

Like the quantitative results, the qualitative data supports the importance of hospital nurses providing consistent information to new mothers, especially with regards to infant feeding. Qualitative results also emphasize the importance of nurses "talking" with new mothers, again supporting the quantitative results of the effect of nurse-client communication on maternal confidence.

Summary

For the most part, results support that the PPSP is meeting its objectives of providing mothers with consistent, helpful, and confidence building information during the postpartum period, and of assisting mothers in identifying and using support persons and

resources in the community. However, results of this study indicate that the process of introducing the PPSP to parents is not always functioning as was intended. Mothers are not always provided with a copy of the learning needs self-assessment questionnaire, and if given it, are frequently not provided with an explanation of its purpose. Also, nurses are not routinely checking back with mothers to determine whether they have questions pertaining to the questionnaire. While there were no differences in confidence levels between mothers who used and did not use the questionnaire, mothers who were provided with an explanation of the purpose of the learning needs questionnaire were found to be overall more confident in self and infant care at 2-4 weeks postpartum than mothers who received the questionnaire but no explanation. This supports the importance of correct introduction of the PPSP questionnaire.

In addition to problems with the process of introducing the questionnaire, two major areas of concern were also identified with information received from hospital nurses. One area identified as needing improvement was information regarding infant feeding. Information from nurses regarding infant feeding, particularly breastfeeding, was frequently rated as inconsistent. Information on infant feeding was also rated as one of the least helpful information items from hospital nurses and was rated as "not helpful" by approximately one fifth of mothers who received information from hospital nurses. Information from community health nurses was rated higher in terms of consistency and helpfulness than was information from hospital nurses.

A second concern identified by mothers was a perceived lack of support and

information from hospital nurses. While mothers received information from hospital nurses about infant care, less information was provided about maternal health, anticipatory support, and single motherhood; information areas in which mothers identified a need for information. Information from hospital nurses was described by mothers as limited and given mainly in response to specific questions. One-to-one conversations with nurses were infrequent, but perceived as very helpful when they occurred. Many mothers expressed a desire for answers to the learning needs questionnaire.

Most mothers in this study were familiar with services offered by hospital and community health nurses. Women who chose to breastfeed with supplementation (those most in need of breastfeeding support) were less likely to be aware of available sources of community support than were women who exclusively breastfed their infants.

Finally, early discharge was not found to affect maternal confidence at 2-4 weeks postpartum. This may be because the mothers had input into their time of discharge.

Chapter 5

Discussion

This evaluation of the PPSP revealed that the program is, generally, meeting its objectives of providing parents with consistent, helpful, and confidence building information, and of helping them identify and use support persons and resources in the community. Both process and impact evaluation results however revealed issues with the PPSP. Specifically, process evaluation results indicate issues with the effectiveness of the PPSP in facilitating mothers' self-identification of their learning needs and difficulties with the consistency of some of the information provided to new mothers. Impact evaluation results indicate some issues with the PPSP's ability to provide new mothers with helpful, confidence building information, and with helping mothers identify sources of community support.

Problems with assisting mothers to identify their own learning needs are the result of inaccurate introduction of the PPSP learning needs self-assessment questionnaire. The learning needs questionnaire--a central component of the PPSP--allows parents to direct the postpartum information they receive. As the remaining components of the PPSP centre around this tool it is crucial to the success of the program that it be implemented correctly. Results however indicate that the questionnaire is frequently not introduced as outlined in the PPSP Program Plan for Newfoundland and Labrador (Government of Newfoundland and Labrador Department of Health, 1995a)--which states that the questionnaire is to be given "separately...[and] introduced through a **guided interview approach**" (p. 11), that

nurses are to check regularly to determine if parents have questions pertaining to the questionnaire, and that nurses are to assess parents for illiteracy or other factors which may influence their learning. In addition, the program plan states that the questionnaire is to be introduced to parents prenatally (for example, at childbirth education classes or through posters at physicians offices; Government of Newfoundland and Labrador Department of Health, 1995a). Few mothers in this study indicated awareness of the PPSP prior to their postpartum period.

If such a central component of the PPSP is not being implemented correctly (which in this study was sometimes the case), it is not surprising that once problems with the process of introducing the questionnaire were discovered, problems with the impact of the PPSP on providing helpful and confidence building information, and on identifying support persons, were also identified.

The importance of correct introduction of the PPSP questionnaire through a guided interview approach was supported by study results which found that while solely providing parents with the learning needs questionnaire did not significantly affect maternal confidence at 2-4 weeks postpartum, provision of an explanation of the purpose of the questionnaire--and possibly the nurse-mother interaction that this implies--did significantly impact on maternal confidence. Mothers who received an explanation of the purpose of the questionnaire were found to be more confident with self and infant care than were mothers who received the questionnaire without such an explanation, possibly because they used the questionnaire more effectively.

An essential element to successful implementation of the PPSP is therefore a discussion by nurses with mothers of their postpartum learning needs. It is possible that such an explanation prompts mothers to examine their own knowledge regarding child and self care and to determine what their learning needs are. This increased awareness of learning needs may therefore have resulted in mothers asking more questions and initiating conversations with nurses in areas they may not have explored without such a prompt, thereby increasing their in-hospital preparation. Ruthledge and Pridham (1987) also found that mothers with more in-hospital preparation had significantly higher perceptions of competence than mothers with less in-hospital preparation.

Receiving an explanation of the purpose of the learning needs self-assessment questionnaire through such a discussion is especially important when one considers the literacy level of the Newfoundland population. Only forty-five percent of Newfoundlanders over the age of 16 years have reached a level four reading ability (ie able to meet most everyday reading demands); well below the national average of 63% (Statistics Canada, 1991). With such a low literacy level, the appropriateness of having a lengthy questionnaire as a core component of a patient education program should therefore be reconsidered. As the results of this study suggest that it is the explanation by nurses and not reading the pamphlet itself that enhances maternal confidence, it would seem appropriate that the main emphasis of the program be refocused on the importance of nurses discussing with new parents, through a guided-interview approach, their postpartum learning needs. The PPSP questionnaire can then be introduced with such a

discussion as the core method of helping parents to examine their learning needs. The development and incorporation of audio-visual aids that also prompt parents to examine their knowledge of child and self care could be an alternate method of assisting parents to identity their learning needs. Such a method would not be restricted to the literate population. The need for such nurse-client interaction was supported by the qualitative results of this study in which mothers verbalized that while nurses answered questions they rarely initiated conversations with new mothers.

With any program it is important to measure effectiveness of the program over time. Results of the present study were therefore compared with those of Basha (1993) which found that the PPSP learning needs self-assessment questionnaire is somewhat less likely to be correctly implemented in the present health care environment than it was following program implementation. In Basha's study (1993) 95% of mothers in the treatment group (those who gave birth immediately after the PPSP was introduced) received the questionnaire. Sixty-three point two percent of those who received the questionnaire were provided with an explanation of its purpose. In the present study 13% of mothers (versus 5% at time of implementation) were not exposed to the questionnaire and only 56.6% were provided with an explanation of its purpose. This slight decrease in correct implementation of the PPSP may be reflective of the tendency for program adherence to be greatest immediately following program implementation. While ongoing PPSP inservice sessions did occur between the fall of 1995 and the winter of 1996, they tended to focus more on content-development training (familiarising staff with the format

of the new questionnaire). More inservice sessions are needed on skills development training (regarding introduction and use of the questionnaire within an adult learning framework). The need for such skills-development inservice sessions was also identified by a Newfoundland Regional process evaluation (Community Health St. John's District Health Unit, 1992). Such findings support the need for ongoing program evaluation.

Results of the current study, while suggesting that changes in the process of introducing the questionnaire are necessary, reflect a higher success rate with introduction of the PPSP than found in Scarborough, Ontario where only 18% of mothers received the PPSP questionnaire (Scarborough Health Department, 1991). Process evaluation of the PPSP in other regions have revealed differing results, with some sites reporting underutilization of the learning needs questionnaire (Community Health Central Region, 1994; Community Health Eastern Region, 1993; Community Health St. John's District Health Unit, 1992; Community Health Western Region Implementation Committee, 1994) while others report satisfaction by both parents and nurses (Brown et al., 1993). These figures indicate that there may be wide variation in the implementation and success of the PPSP across implementation sites.

In addition to problems with the introduction of the learning needs questionnaire, process evaluation results also indicated problems with the consistency of some information from hospital nurses. While the PPSP is, for the most part, providing consistent information to new mothers, information relating to infant feeding, particularly breastfeeding, was often rated as inconsistent by mothers. Information regarding

frequency of feeds and use of supplements often differed from nurse to nurse, causing confusion and frustration among breastfeeding mothers. In contrast to breastfeeding mothers, who found information regarding infant feeding inconsistent, bottlefeeding mothers frequently stated that there was a general lack of information about infant feeding. Information on infant feeding was also frequently rated as "not" helpful, possibly a result of the inconsistency of the information. Information regarding infant feeding was rated as very helpful by 60% of mothers at the time of program implementation but had declined to 52.7% in the present study (Basha, 1993). The finding of inconsistent, non-helpful information about infant feeding in the present study is similar to that of Houston and Field (1988) who also found that the information and practices of registered nurses in Alberta regarding breastfeeding were often not research based. For example, nurses were found to restrict the amount of time at each breast and to offer supplements occasionally. Inconsistent information regarding breastfeeding was also an issue in other evaluations of the PPSP (Scarborough Health Department, 1991; Community Health St. John's District Health Unit, 1992). The findings of frequent inconsistencies in infant feeding information, particularly breastfeeding information, is alarming due to the effect that inconsistent information has on maternal confidence (Moxley & Kennedy, 1994).

In addition to problems with the process of introducing the PPSP, impact evaluation results indicated some problems with the PPSP's ability to deliver helpful, confidence building information to new mothers. In addition to information on infant feeding being rated as not helpful, information areas relating to maternal health were also

rated as less than very helpful by the majority of mothers who received information. Also, mothers indicated a need for information in various areas that were not provided by hospital nurses, supporting the qualitative finding of a general lack of nurse-initiated conversation by hospital nurses with new mothers. As the PPSP is designed to provide information over the home-hospital-home continuum, it is not necessary or even realistic to expect that all information items be covered prior to hospital discharge. Instead, only those information items of importance to mothers during their hospital stay need attention at that time. Remaining information areas can then be covered by community health nurses as they become important to parents. The low rate of satisfaction with hospital information however suggests that information which parents do perceive as important during their hospital stay is not always addressed by nursing staff. Instead, mothers in this study frequently stated that the conversation with nurses was very limited. Answers were provided by nurses to specific questions but information was not forthcoming. Nurses were frequently perceived as being task orientated; providing direct patient care and assessing the physical condition of mother and baby, but functioning to only a limited degree in the role of educator. This finding is important to note as education and information during the early postpartum period is important for the development of confidence and competence in parenting skills and hence for maternal role attainment (Fichardt, van Wyk, & Weich, 1994; Koniak-Griffin, 1993).

There are several possible reasons for the perceived lack of information and education from hospital nurses. The first is related to the present status of the health care

system in Newfoundland and Labrador. Due to economic constraints nurses are having to perform more functions with fewer staff. Nurses, therefore, due to time constraints may of necessity limit the amount of time they spend teaching new mothers.

A second possible reason for the perceived lack of information and education from hospital nurses relates to the timing of data collection for this study. While data collection at 2-4 weeks postpartum was necessary to obtain information pertaining to community health nursing visits, it also meant that mothers had to recall information about their hospital stay 2-4 weeks previously. It is therefore difficult to determine when mothers actually perceived needing various information. While mothers at 2-4 weeks postpartum can, in hindsight, say that various information was needed early in their postpartum period, it cannot be determined whether they actually perceived this need during their hospital stay or whether the need became apparent only after hospital discharge.

A third reason relates to the nature of the PPSP itself. The philosophy of the PPSP is based on principles of adult learning, with adult learning being defined as "a process of self-directed inquiry" (Knowles, 1980, p. 13). New mothers, as adult learners, are expected to direct the information they receive. Instead of being passive recipients to what ever information nurses deem essential, mothers are now expected to determine, and indicate to nurses, the information they perceive as being important to them.

Providing patient education from this philosophical perspective, though in theory very positive, has several drawbacks. First, since the PPSP learning needs self-assessment questionnaire is not always provided to mothers and is even less often explained, a mother

may leave the hospital without having seen, or understood the purpose of its contents. If mothers are not receiving an explanation of their role as adult learners they cannot be expected to determine and indicate to nurses the areas of information they feel are important for them to know. If mothers and nurses are approaching postpartum care from two different theoretical perspectives, confusion and dissatisfaction may therefore result.

A second drawback relates to the interpretation of the meaning of the term adult learner. It appears that nurses may be interpreting "self-directed inquiry" to mean only provide information that parents want to know; information they request. Even when provided with an explanation of the purpose of the PPSP questionnaire however, it may not be fair to assume that mothers will always be able to determine which information areas are important for them to know. First-time mothers do not always have sufficient previous experience to which to relate new experiences. Malcolm Knowles himself, one of the first authors to write about adult learning, states that there are situations in which use of adult learning principles may not be appropriate. Specifically, he states that in learning situations in which adults are dependent, such as when they have no previous experience within the area of inquiry, or when they are focusing on accumulating subject matter, adult learning may not be the most effective type of learning (Knowles, 1975). In addition, Knowles suggests that androgogy (philosophy of helping adults learn) and pedagogy (philosophy of helping children learn) not be viewed as dichotomous but as two ends of a spectrum, with various levels of self-directed learning in between (Knowles, 1980). It may be, therefore, that the term adult learner is being interpreted too rigidly. Instead of only

providing mothers with requested information the interpretation possibly should be extended to include assisting parents to discover which information they need to know. This is in keeping with the 1995 PPSP Program Plan for Newfoundland and Labrador which states that nurses are to assess the learning needs of all parents by reviewing the major headings of questions (Government of Newfoundland and Labrador Department of Health, 1995a).

Overall, mothers were significantly more satisfied with information from community health nurses than with information from hospital nurses. The helpfulness of, and satisfaction with, community health nursing visits is well documented in the literature (Barkausas, 1983; Hall, 1980; Kenny, Cameron, & Shiell, 1993; McKim, 1993). This finding of increased satisfaction with information from community health nurses may reflect the fact that generally, mothers are visited by only one community health nurse. This one-to-one conversation with one nurse (versus short, frequent interactions with several nurses) may result in increased satisfaction with the visit. Also, the increased satisfaction with community health nurse visits may be a result of the timing of the information received. Due to short hospital stays, many mothers are still in a taking-in stage of postpartum adaptation at time of discharge. During their hospital stay they are therefore focused on assimilating their feelings about the birth experience and recovering physically from giving birth. It is not until the feelings associated with giving birth have been dealt with that "taking-hold" and therefore "readiness-to-learn" occur (Rubin, 1984). For many mothers therefore it may not be until their first visit with a community health

nurse that they are able to assimilate much of the postpartum information they receive, therefore they perceive this information as being more satisfactory than the information given them in hospital.

Impact evaluation results also revealed that while, overall, the PPSP is achieving its objective of assisting parents to identify and use support persons and resources during the postpartum period, those women in most need of postpartum breastfeeding support (those who breastfeed with supplementation) were, in this study, least likely to be aware of available sources of support. One can only speculate as to why exclusively breastfeeding mothers were more likely than mothers who breastfed with supplementation to be aware of available sources of breastfeeding support. It is possible that mothers who decided to breastfeed prior to delivery had sought out this information prenatally. It is also possible that due to their commitment to breastfeeding, exclusively breastfeeding mothers were "ready to learn" and therefore internalized the information they received regarding breastfeeding.

The finding of lack of awareness of sources of community support among women who breastfed with supplementation is important to note as study results indicate that most women who while in hospital breastfed with supplementation soon switched to bottlefeeding exclusively. Such women may not be fully committed to breastfeeding or may not be well informed of the problems of supplementation and therefore need much support and encouragement in the first days postpartum to ensure that any misconceptions about breastfeeding are addressed. Checking that their breastfeeding technique is correct is

also very important as the literature supports that much of the discomfort associated with breastfeeding is the result of improper technique which is a factor in early cessation of breastfeeding (Righard & Alade, 1992). Such information and support during the early postpartum period may reduce the number of women who request and are provided with milk supplements and hence decrease the number of women who switch from breastfeeding to bottlefeeding. As hospital policy states that breastfeeding infants are not to be given milk supplements, the relatively high rate of women who breastfed with supplementation (16.4% during their hospital stay) is disturbing.

While support during the early postpartum period is vital to increasing the numbers of women who continue to breastfeed, it is also important to reach women before the postpartum period. Commitment to breastfeeding for undecided women often requires a change in their perception and attitude towards breastfeeding. It is more difficult to change attitudes and perceptions than to increase a person's knowledge (McKenzie & Jurs, 1993). This supports the importance of the proper implementation of the PPSP through all stages of the home-hospital-home continuum.

In this study early discharge did not significantly affect maternal confidence at 2-4 weeks postpartum. However, differences in confidence levels, if present, may have resolved by 2-4 weeks postpartum.

Overall, the PPSP is meeting its objectives of assisting parents in the postpartum period by providing them with consistent, helpful, and confidence building information and by assisting them to identify and use support persons and resources in the community.

Changing the central focus of the PPSP to emphasize the importance of nurse-initiated conversations with new parents regarding their postpartum learning needs, emphasising the ongoing nature of the PPSP and the role of the community health nurse, and further developing nurses' awareness of the theory of adult learning are suggested ways to help ensure that the PPSP assists mothers in identifying their postpartum learning needs and hence achieves its objectives of providing parents with consistent, helpful, and confidence building information. In addition, the recommendations made by Royle and Vivian-Book (1994) regarding the inclusion of an introductory explanatory page and a list of major heading in the learning needs questionnaire need to be incorporated to increase the use and usefulness of the questionnaire among parents. Also, as hospital stays for new mothers are relatively short (hence decreasing the time available to introduce and familiarize parents with the questionnaire), increased marketing of the PPSP needs to occur so that parents are familiar with the program during the antenatal period.

Chapter 6

Limitations and Conclusions

Limitations

Since the Postpartum Parent Support Program had been introduced at all sites across Newfoundland prior to this study, manipulation of the independent variable and randomization of subjects to groups were not possible, therefore necessitating a nonexperimental research design. However, continued program evaluation at the appropriate research-design level is important for monitoring program effectiveness (Polit & Hungler, 1993).

As a convenience sample was utilized the researcher attempted to minimize the threats to external validity by approaching all eligible mothers who delivered at the major maternity unit for the province of Newfoundland during a 30 day time period. Of the 104 primiparous mothers who delivered during this period, 84 met the study eligibility criteria. Although the sample was ultimately self-selected, only 16 women (19%) initially refused to participate. Those who refused to participate had occupied ward (38%) and private and semiprivate accommodations (62%) while in hospital and thus appear to have been from a variety of socioeconomic backgrounds. However, due to limitations imposed by the hospital (access to these mothers' charts was denied) this could not be confirmed. Like the refusal rate, the drop-out rate was also low. Unlike those who refused however, the five women who dropped out were more representative of a lower socioeconomic background than those who completed the study.

Although the researcher attempted to obtain a representative sample by visiting the maternity unit daily and approaching all eligible subjects, a comparison of study demographic data with the 1991 Canada census (the most current census data available) revealed that the study sample was more highly educated than the general Newfoundland population (55.2% of study subjects versus 30% of Newfoundlanders 15 years or older had completed postsecondary education; Statistics Canada, 1994). Two factors may account for this difference however. First, Canada Census results include all Newfoundlanders age 15 or older. As the trend in recent years has been one of increased education, older Newfoundlanders would have, on average, less education than younger Newfoundlanders. As well, the sample for this study was composed primarily of urban women which may also account for the higher than average education level of the sample. Second, as all eligible mothers were approached to participate in the study, and since the initial refusal rate was low, it may be that ineligible mothers and babies (those mothers whose babies were premature or required admission to the ICU unit) were less educated than mothers without such complications. The higher incidence of pregnancy related complications among the socially disadvantaged population has been documented in current literature (Canadian Institute of Child Health, 1993; Yawn, 1990; York & Brooten, 1992). The high education level of the present sample may account for the overall high rate of maternal confidence reported among this group as the literature supports that women from a higher socioeconomic background tend to experience fewer problems (maternal and infant) in the postpartum period than do women from a lower

socioeconomic background (Norr et al., 1989).

A second limitation related to the study design was lack of researcher control over extraneous variables. It is possible, therefore, that sources of information and support, other than the PPSP, may have influenced study results. The researcher did attempt to determine the magnitude of such support by asking subjects the frequency and types of support utilized.

A third limitation related to study design was timing of data collection. Data collection at 2-4 weeks postpartum, although appropriate for collecting information regarding community support, resulted in mothers having to recall the content, consistency, and helpfulness of the information they received from hospital nurses 2-4 weeks prior to completing the questionnaire. This delay in data collection especially limited the information received regarding the helpfulness questionnaire. In terms of the information items listed by mothers as "needed but not received" from hospital nurses, it cannot be determined with certainty whether mothers perceived needing this information while in hospital or whether the need for such information became apparent following hospital discharge.

A possible limitation was use of telephone interviews for data collection. Unlike face-to-face interviews, telephone interviews do not allow for the collection of additional information through observation. Such information can be useful when interpreting responses (Polit & Hungler, 1995).

Lack of reliability and validity testing was also a limitation. The instrument used in

this study, the PPSPAQ, had not been tested for reliability and validity prior to this study Despite the lack of reliability and validity results it was decided that this instrument be used as recommended by Royle and Vivian-Book (1994), who conducted a national study to evaluate and revise the questionnaire component of the PPSP and who recommended that all implementation sites carry out client evaluations based on existing tools. As well, it allowed for a discussion of findings between the present study and that of Basha (1993) The confidence component of the instrument was however tested in the present study and found to have sufficient reliability.

A limitation of the program itself is the lack of program evaluation tools developed during the planning stage of the program. Programs are more likely to be successful if methods of evaluation are developed during the program planning phase of program development. This allows for specific and measurable goals and objectives to be developed that can be evaluated with new or existing tools (Dignan & Carr, 1992).

Implications

Nursing Practice

Results of this study indicate that for the most part nurses in both hospital and community settings, although providing new parents with information that is consistent, helpful, and confidence building, need to be prepared to assess the literacy levels of mothers, initiate conversations related to maternal informational needs, and review their strategies to assist both breast and bottlefeeding mothers (especially regarding supplementation and the importance of rest). Due to the high illiteracy level in

Newfoundland, it is important that nurses assess all parents for literacy level prior to providing them with the PPSP questionnaire. Also as results support that correct introduction of the PPSP questionnaire enhances maternal confidence at 2-4 weeks postpartum, it is important that nurses introduce the questionnaire through a guided interview approach, in keeping with principles of adult learning. Instead of just presenting the PPSP questionnaire it is therefore important that nurses sit and talk with new mothers about their postpartum needs and explain to them how the questionnaire can be used to meet these needs. It is also important that following this introduction, nurses check frequently with new mothers to determine if new questions or concerns have arisen. Sharing with staff members the knowledge of the important role they play in enhancing maternal confidence by talking with new mothers and explaining to them the purpose of the learning needs questionnaire may increase correct utilization of this tool by nurses and hence increase maternal confidence in self and infant care. To provide such knowledge, results of this study will be disseminated among the nursing staff where data collection occurred.

Several issues were identified by mothers relating to the information and support received from nurses regarding infant feeding, especially breastfeeding. As breastfeeding is a learned process it is believed that support and consistent information enhances successful breastfeeding (Houston, 1988; Jones & West, 1985, cited in Chen, 1993). Nurses therefore need to ensure that the information they provide regarding breastfeeding is current and research-based.

A relatively high percentage of women (16.4%) in this study were found to supplement their infants while breastfeeding despite the existing hospital policy which states that breastfed infants are not to be given formula supplements. The current hospital policy of not supplementing breastfed infants needs to be upheld by nurses due to the detrimental effects of supplementation on successful breastfeeding. To decrease mothers' requests for milk supplements and to prevent problems with breastfeeding from developing, it is important that nurses provide breastfeeding mothers with support and education during their first postpartum days. This is especially true for mothers who are not fully committed to breastfeeding. As commitment to breastfeeding for such women will require a change in their perceptions and attitudes toward breastfeeding, nurses must continue to promote breastfeeding prenatally and to make mothers aware of available sources of breastfeeding support. Such a focus on breastfeeding in the prenatal period may help to develop positive attitudes towards breastfeeding by the postpartum period. Perhaps most importantly, due to the negative effects of inconsistent information on successful breastfeeding, it is essential that existing or revised policies and guidelines regarding breastfeeding be understood and followed by all nurses to ensure that the information mothers receive about breastfeeding is consistent. More consistent use of the PPSP reference manual by nurses will help prevent such inconsistencies.

Nursing Education

Results of this study have implications for both nursing education and patient education as changes in nursing education will directly impact on how patient education is

presented. Results of this evaluation study support the importance of continuing education for nurses, specifically in relation to principles of adult learning. Nurses need to be familiar with the theory of adult learning so as to function effectively as "facilitators of learning" for parents. Knowledge of how to introduce the learning needs questionnaire and how to use it as a tool to help parents identify their own learning needs is essential if one is to facilitate learning among postpartum parents. Inservice education sessions that focus on skills-development, both for correct introduction of the PPSP questionnaire and for assessing parents' literacy levels, are therefore needed.

This study is also important in that it demonstrates the importance of consistent, research-based practice. Information regarding breastfeeding was frequently inconsistent and was not always research-based. This caused confusion and frustration among mothers. Nursing education, both continuing education programs and basic nursing education programs need to ensure that nurses develop the skills to utilize, interpret, and incorporate current research findings into their practice so as to provide research-based nursing care.

Nursing Research

Program evaluation is a form of nursing research. For this study, program evaluation results indicate several areas where further research is warranted.

Programs are most successful if members of the target population and sponsors and staff that will implement them are involved in planning the program. Such involvement creates a feeling of ownership for the program among individuals involved (Dignan & Carr, 1992; McKenzie & Jurs, 1993). As existing process evaluations of the PPSP from

nurses' perspectives were conducted prior to introduction of the revised questionnaire, further research on nurses' perceptions of the effectiveness or appropriateness of the PPSP as a method of providing postpartum support would provide valuable information. Also, as nurse and client perceptions of the effectiveness of a program may differ, a participant observation approach, in which nurse-client interactions were monitored and recorded, would be another method of providing information regarding the effectiveness of the PPSP. Such evaluation information would be helpful in directing future changes within the program.

Reliability of an instrument is the degree of consistency with which the instrument measures the attribute in question (Polit & Hungler, 1993). Knowledge of reliability and validity of an instrument can therefore add strength to study results. As the researcher in the present study was able to determine the reliability of one component of the PPSPAQ, further development and reliability and validity testing of the PPSPAQ is warranted.

Because evaluation tools were not developed during the planning phase of program development some of the objectives for the program are unmeasurable as written. Program objectives need to be rewritten so that all are specific and measurable. Methods of evaluating objectives need to be clearly stated and measurement tools need to be developed and included in the PPSP Implementation Handbook. This will ensure a degree of consistency of evaluation across implementation sites.

Study results revealed a high percentage of mothers (16.4%) who were breastfeeding with supplementation despite the known detrimental effects of

supplementation on breastfeeding success. Research studying maternal and nursing perceptions of breastfeeding and the reasons for such supplementation would be helpful in planning strategies to increase the number of women who exclusively breastfeed their infants.

As the sample for this study was primarily composed of middle class women (who are more likely than women from a lower socioeconomic background to experience a problem-free postpartum period) further research on the helpfulness of the PPSP among young, less-educated women is needed.

Conclusion

The purpose of this study was to determine whether the PPSP is providing mothers with consistent and helpful information that increases maternal confidence in the parenting role. Study results support that postpartum parent support programs (PPSP's) have the potential to provide up-to-date, relevant, and effective information which will assist new mothers in their adaptation to the parenting role. Although overall the PPSP is meeting its objectives of providing mothers with consistent, helpful, and confidence building information, the overall results found that the major problem identified was in the process of introducing the PPSP to parents. Specifically, although 86.9% of mothers were provided with the learning needs self-assessment questionnaire, only 56.6% were given it with an explanation. As with other studies, approximately one-third of mothers found that infant feeding information from hospital nurses was inconsistent and approximately 20% of mothers found it unhelpful. Some mothers also reported infrequent one-on-one

conversations with nurses, with limited information given in response to specific questions Mothers who received the learning needs questionnaire with explanation were significantly more confident at 2-4 weeks postpartum than mothers who did not receive an explanation Overall, mothers were more satisfied with information from community health nurses than with information from hospital nurses. Therefore, this study has shown, and prior PPSP evaluations support, that:

Ongoing support for mothers is very necessary throughout the home-hospital-home continuum, starting during the prenatal period.

Ongoing assessment with the mother of her postpartum learning needs is very important and such assessments should be preceded by an assessment of her literacy level.

Ongoing education for nurses regarding breastfeeding support and adult learning principles is important. Such educational inservice sessions should focus on skills-development in addition to content-development. Also, and perhaps most importantly, the importance of the role of the nurse as patient educator must be stressed.

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Appendix A

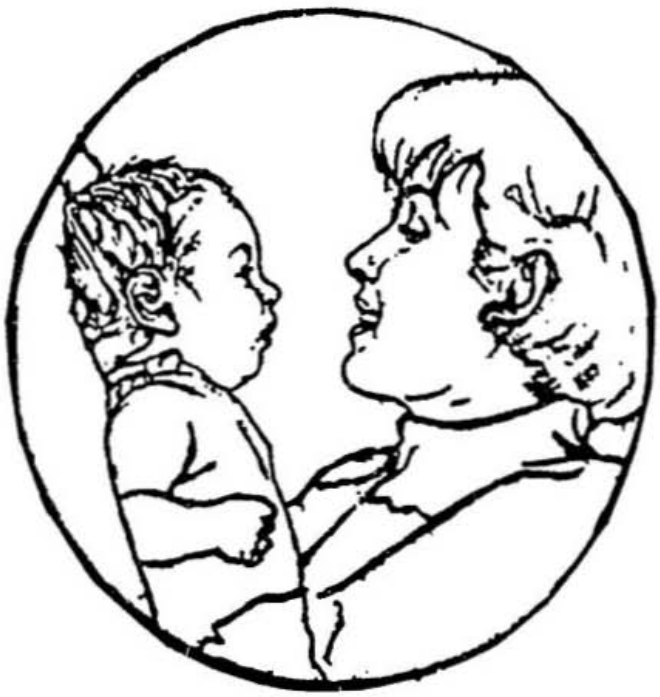
1995 PPSP Program Plan for Newfoundland and Labrador

POSTPARTUM PARENT SUPPORT PROGRAM

PROGRAM PLAN

FOR

NEWFOUNDLAND AND LABRADOR



REVISED: SEPTEMBER 1995

THE POSTPARTUM SUPPORT PROGRAM

PROGRAM PLAN

Overview

The Postpartum Parent Support Program (PPSP) is an innovative and supportive method for meeting the educational needs of parents and families of newborns infants. The PPSP has evolved from the need for clear, well-documented answers to the many questions asked by parents, families, and health professionals during a critical period in life of a family. The program is used by both hospital and community-based health professionals, primarily nurses who utilize principles of adult education, supported with an understanding of the postpartum experience, to provide consistent, well-researched answers to parents' questions throughout their postpartum experience. Use of the PPSP also facilitates the referral process and communication between hospital and community health.

Objectives

The objectives of the PPSP are directed towards two groups - 1) families of newborn infants, and 2) health professionals involved with these families.

The program's objectives are:

1. To assist parents and other immediate family members to:

    - develop feelings of competence and confidence about the postpartum period;
    - set realistic expectations about coping with a baby;
    - develop the skills and knowledge required for new parenting roles;
    - identify and use support persons and resources during the postpartum period;
    - acknowledge and understand the uniqueness of their new child;
    - integrate the "new" baby and "new" mother into a "new" family;

2. To assist health professionals in the hospital and surrounding community to:

    - provide accurate, up-to-date and consistent information about the postpartum period;
    - develop confidence and competence as adult educators working with families in situations;
    - provide assistance to new parents in the development of their parenting skills;
    - build a team that can deliver high-quality information in a consistent manner throughout the home-hospital--home continuum.

Program Resources

Postpartum Parent Support Program materials have been developed for use by health professionals and/or families involved with the program. The resources, available in French and English, include

1. An Implementation Handbook
2. Reference Manual (2nd Edition)
3. You and Your New Baby .... A List of Questions (Booklet for Parents)
4. Information sheets on a wide range of topics
5. Multicultural Language Adaptions
6. "I'm Here" - A coloring book for siblings
7. Training Video: PPSP Sharing the Experience
8. Record of Parent Learning
9. Poster
10. PPSP Teleconference (tape)
11. PPSP Newsletter
12 Evaluation Reports

1. Implementation Handbook

This handbook provides a guide for those involved in implementing the program, particularly the project coordinator. The handbook provides an overview of the PPSP, and the resources required for implementation. It provides information about the postpartum experience, with emphasis on the need for family-centered maternity care The adult education principles upon which the program is delivered are also described The final section of the handbook illustrates models of implementation, providing samples of actions and strategies that may need to be considered for implementation at the hospital/agency level. The handbook has been designed as a workbook, allowing the users to adapt the ideas and suggestions to their unique situations. The handbook is a recommended resource for all staff implementing PPSP.

2. Reference Manual

This spiral bound manual contains well-researched and standardized responses for each question on the list that is given to the parents. It is mainly for the use of the health professionals, who should review the content to ensure the accuracy and consistency of the information they give to parents. The manual also provides a list of educational resources on breastfeeding and the postpartum period.

Parents may also express an interest in having access to the Reference Manual themselves Having a few manuals available for parents to have on a loan basis maybe a suggestion for sites Parents can purchase a copy of the Reference Manual directly from Canada Communications, Ottawa. A order form has been incorporated into the new booklet "You and Your New Baby .... A List of Questions".

3. "You and Your Baby" .... A List of Questions

A list of more than 180 commonly asked questions has been revised and is now presented in a booklet form. The booklet begins with an introductory page to parents describing its use

The questions are presented in an order that reflects the timing of questions asked by most families. The questions are grouped into common themes which are preceded by introductory statements. Each question is followed by a postscript, i.e p. 57, which refers to the Reference Manual page where the answer to that question is found. Generally, the mother is given this booklet upon admission to hospital or following delivery and encouraged to identify the questions they would like answered. Mother's may have received the booklet during prenatal classes or at a prenatal visit. Nursing staff check regularly (i.e. each shift) to determine if there are any questions and respond appropriately. The family takes the booklet home with them so that the process can continue with the public health nurse Space is provided for parents to write their own questions or answers.

4 Information Sheets

Several information sheets have been prepared on a variety of topics which require more detailed information than is presented in the Reference Manual. These sheets can be given to the parents/families as needed to support information provided by the nurse/health professional These sheets are distributed by hospital or public health nurses when required. (See page 14)

5 Multicultural Language Adaptations

Master sets or individual information sheets and questionnaires of PPSP materials is available from CICH in twelve different languages. The twelve language include Arabic, Italian, Korean, Portuguese, Somali, Tamil, Chinese, Japanese, Laotian, Russian, Spanish and Vietnamese Translation into Inuukituk is in progress. Agencies requiring adaptations should contact the Provincial Perinatal Program or Parent and Child Health Division, Department of Health

6 Coloring Book

The coloring book, "I'm Here" is a gift for siblings which emphasizes their importance It incorporates the themes of attachment to the new baby, information about the newborn and ways to interact with the baby (optional) This item must be purchased directly from Canada Communications.

7. Training Video: PPSP Sharing the Experience

The video is recommended for orientation and training staff in the use of the PPSP The 20-minute video describes the program and demonstrates the use of program tools utilizing adult education principles in a variety of postnatal situations. Please note The video developed in 1992 shows the original questionnaire not the booklet format.

8. Record of Parent Learning

The Record of Parent Learning is a duplicate form which is placed on the client's chart for nurses to document the level of information shared with the parent. This form provides a method of communication among hospital nurses and at discharge between hospital and community nurses.
N.B. Use of the Record of Parent Learning is described in further detail on Page 8

9. Poster **"You and Your New Baby: Ask Us"**

The poster depicts a footprint, shaped in a question mark. It is printed in pink and blue on white and is 8 1/2 x 14 inches in size. It can be displayed on bulletin boards, individual patient rooms, doctor's offices and PHN clinics or offices

10 Teleconference Tape

A one-hour audio teleconference on the PPSP and the principles of adult education was conducted by Health Canada December 1994. The presenters used practical examples of questions and concerns from PPSP sites across Canada to review the principles of adult education. Audio tapes and print notes from the session are available through the Regional Committees.

11. Newsletter

A Newsletter is produced twice a year by the national PPSP Advisory Team The newsletter presents updated information regarding the status of the program across the countries Each newsletter will feature a different issue related to postpartum The newsletter will be distributed to all sites spring and fall of each year

12 Evaluation Reports

Copies of site, regional, provincial and national evaluations of the PPSP are available through the Regional Committee. We encourage sites to review these reports

Committee Structure

To integrate the PPSP successfully in any community's health system, many people with different interests and specialized information must work together to achieve the same goals. The implementation of the PPSP is dependent upon the work of a number of organized committees as depicted in the diagram below:

NATIONAL ADVISORY TEAM
|
PROVINCIAL PROGRAM COMMITTEE
|
REGIONAL COMMITTEES
|
AGENCY PROGRAM

National Advisory Team

The National Advisory Team is comprised of representatives from Health Canada, Canadian Institute of Child Health and Provincial, Regional and Agency Program Coordinators. The role of this committee being to advise Health Canada on all aspects of program implementation related to PPSP

Health Canada has provided funding to CICH to continue as the National PPSP Secretariate. Sue Hodges will act as project manager for PPSP. Her role includes maintaining the newsletter, and promotion and distribution of multicultural language adaptations of PPSP resources

Provincial Program Committee

The purpose of this committee is to support the ongoing implementation of the PPSP throughout the province This committee consists of, Parent and Child Health Consultant, Department of Health; Nurse Coordinator; Provincial Perinatal Program; Nursing Consultant, Institutional Services Branch, Department of Health and representatives of each implementing region.

This committee liaises with the National Advisory Team to ensure communication of information to the various implementing sites

The provincial committee facilitates the continued communication of information between the regions, monitoring and evaluation of the program and address other issues related to the program.

Regional Program Committees

Regional Program Committees coordinate the efforts of all agencies/hospitals implementing the PPSP within a community health region. The committee includes representation from Community Health, Public Health Nursing and all hospitals implementing PPSP within the region

The suggested Terms of Reference for this committee are as follows:

- Facilitate the ongoing implementation of the Postpartum Parent Support Program for the Region through joint planning and monitoring.
- Promote joint training of staff when feasible (interagency training).
- Review the content of the Postpartum Parent Support Program and make recommendations for changes.
- Liaise with the Provincial Postpartum Parent Support Program Committee.
- Participate in evaluation and monitoring of the Postpartum Parent Support Program
- Promote interagency communication related to the Postpartum Parent Support Program and other Maternal and Newborn Care programs and issues

Agency Program Coordinators

At each hospital and community health region there needs to be an individual identified to coordinate the ongoing implementation of the PPSP at the local level The agency program coordinator liaises with the Regional Program Committee and may be the agency's representative on the Committee The agency program coordinator originally trained as program facilitator will continue to provide training as changes to the PPSP are implemented within their agency

Staff Orientation and Continuing Education

All staff directly involved with postpartum families should attend orientation sessions regarding the PPSP Staff orientation sessions are planned/provided by the agency facilitators The format and content of the orientation session is dependent upon the needs of the agency/unit and staff Generally, a orientation session should include an overview of the PPSP, its objectives, materials and process for application to postpartum families. Discussion of issues pertinent to adult education, family centered care, change theory, etc would be included as determined by the agencies' needs

Prior to each orientation session, staff would be given an opportunity to examine the materials to familiarize themselves with the content

Orientation sessions may be held jointly by hospitals and community health agencies, or exclusively by each and practiced within a preceptorship program

Ongoing orientation to the PPSP should be anticipated as new staff are employed in maternity care/public health. All new staff should receive an orientation to the PPSP as part of their unit orientation The video will be a good resource for this purpose. Continuing education sessions will need to be planned as changes to the program are made. The organization of the staff orientation should be discussed at the Regional Program Committee, such that consistency is maintained throughout the region.

Adult Education

Health care professionals have always been involved in the process of evaluation and assessment of clients needs, including the need for information and instruction Traditionally, we have practiced a teacher-centered approach to instruction in which the nurse determines what the client needs to know, and then proceeds with appropriate "patient teaching". Adults, however, learn best when new information is viewed as having meaning, and is applicable to their own situation. Adults bring with them their own set of expectations, experiences and learning styles, and these factors need to be recognized and incorporated into the learning process in order to make learning effective.

The PPSP incorporates these and other adult education principles and, consequently, allows the nurse to expand her role of teacher to one of information facilitator. This role can present a challenge to the nurse as it utilizes skills that the nurse may not be totally familiar with. Review and discussion of adult education principles and techniques is well-covered in the training session component of the PPSP, thereby allowing the nurse an opportunity to become more comfortable in his/her role in learner-facilitator interactions.

Documentation

A recording sheet titled "Record of Parent Learning" documents the learning needs identified by the client, areas of concern that have been address, and finally the level of learning that has occurred. The check list format allows for easy identification of learning needs that may require further information reinforcement. The process is continued in the community by the public health nurse. The yellow copy of the "Record of Parent Learning" is forwarded to the public health nurse, so that a consistent level of support and information sharing can span from the hospital to the community setting

How to Use The "Record of Parent Learning" Form

The "Record of Parent Learning" form is placed on the chart of each obstetrical patient, and should be in place when the parents are introduced to the program The record is addressograped in the top right hand corner with the mother's name card.

The nurse who introduced the PPSP to the parent must date and initial the record where indicated This nurse may also complete the history. Special factors which might be identified include sensory deficits, (i.e. hearing, vision), reading level or illiteracy, language barriers, and/or other factors which influence parent learning.

The checklist format allows for easy and consistent identification of learning needs, acknowledgment of teaching and assessment of learning. It is important to remember that it is not necessary to complete all items on the checklist portion of the **"Record of Parent Learning"** as parents may not have learning needs in all areas. During the parent's hospital stay, nurses on each shift review the learning record to continue the process of postpartum education. The nurse initials items which were identified as a learning needs. The nurse initials and dates items for which teaching was required and/or parent learning assessed, as it is completed.

Identification of learning needs, teaching and assessment may or may not be completed by the same nurse at a given time. For example, several learning needs may be identified by Nurse A on Day 1 postpartum, but teaching was not provided until Day 2 by Nurse B.

The KEY column of the learning record is utilized to document the level of learning that has been achieved by the parent. The key has the following symbols:

I - This symbol is used when supportive information is provided to parents/families Information sheets on the following topics re available for distribution
Cesearean Birth
How to Collect and Store Breast Milk
Formula Preparation
Jaundice
Bathing
Cord Care
Circumcision
Making Your Home Safe
Keeping Children Safe in the Car
Postnatal Exercise
Especially for Grandparents

NTR- In a situation where a learning need has been identified, but teaching was not required, the initials NTR (no teaching required) may be used in the teaching column only. For example on Day 1 the parent may identify engorgement as a learning need. However, when the nurse prepared to provide information, it is no longer required. In this situation, assessment should also be completed.

U - Understanding Indicated by Verbal Response This symbol is used when the parent accurately responds to relevant questions, or describes correctly a procedure (i e preparing formula).

T - Task Performed Safely. This symbol is used when the nurse observes the parent completing a task appropriately (i.e baby care - bathing)

R - Repeat, Re-demonstrate, Remind. This symbol is used when the assessment shows that further teaching and learning is required. The item should be addressed again in the OTHER/REPEAT section of the record.

C - Needs Confidence Building. This symbol is used when learning has been assessed as adequate, but the parent requires continued support and reassurance (i.e. in breastfeeding).

P - See Progress Notes/Further Comments. This symbol is used when further explanation is required, i.e., in a situation where there is no opportunity to teach. It may also be used to explain teaching methods used or preferred by the parent, or to explain specific concerns related to the item.

At the end of the checklist Area of Learning, is a section entitled Other/Repeat. This heading provides a place for the nurse to note any additional areas of learning that the parent may have identified, but are not listed. As stated above, any areas of learning which require repeat teaching should also be noted here.

The Further Comments section is used to provide additional information pertaining to parent learning As a copy of the record is forwarded to the community health nurse, it is important that when the Key "P" (see Progress Note) is used, that a note be written in Further Comments, as the public health nurse does not have access to the hospitals' progress notes.

At discharge, the yellow copy of the learning record is forwarded to the community health nurse with the Hospital Nursing Discharge Summary (Section C - Livebirth Notification Form). The community health nurse uses the information on the record as the basis for planning her assessment of parent learning.

If the baby has been transferred to the Janeway Hospital, a copy of the Record of Parent Learning is forwarded to the Janeway following the mother's discharge from hospital. The yellow copy is forwarded to the Public Health Nurse as noted above.

If a second Record of Parent Learning has been initiated on an infant's chart (i.e. if the infant is in NICU), a photocopy of this record is also forwarded to the Janeway if the baby is transferred.

PROCESS FOR IMPLEMENTATION

PRENATAL

1. Introduce the PPSP prenatally, i e. in childbirth education sessions, home or clinic visits

2. Promote use of the PPSP poster in physician offices, patient rooms, clinic rooms, community centers, etc.

3. Advise parents that they will receive their own copy of the booklet in the hospital.

HOSPITAL

1. Introduce the Booklet to parents upon admission to the postpartum unit Although the postpartum unit will be the place most parents will be assessed, the following situations are also appropriate to begin the process:

   (a) Antenatal admission for elective C-Section, etc

   (b) Clients who remain in the case room area due to lack of available beds on the postpartum unit.

2. Introduce the PPSP to every parent before discharge from hospital, regardless of length of postpartum hospital stay.

3. Introduce the PPSP Booklet separately, from other information provided parents.

4. Introduce the booklet through a guided interview approach Do not leave the booklet at the bedside without discussing the process and content of the booklet with the parent

5. Assess the learning needs of all parents. To assist the parent in identifying learning needs, review the major headings or groupings of questions

6. Accept that there may be some parents who have no needs at the time they are assessed. Remain aware that some women will have questions that they are not yet ready to address

7. Focus on one or two areas at a time. This reinforces the concept that learning is a process and there will be more than one opportunity to discuss questions parents may have

8. The nurse introducing the PPSP to the parent is responsible for initiating the Record of Parent Learning form.

9 To promote continuity of parent learning each nurse assigned should review the Record of Parent Learning prior to doing further assessment of learning needs or teaching.

10. Use the answers provided in the Reference Manual as the content for teaching sessions.

11. Acknowledge differences in learning styles and different information needs of parents Choose teaching methods appropriate to the parents education level, culture, learning style, etc. These may include small group, one-to-one demonstration, problem solving, role playing, discussion as well as the use of Audio Visual techniques.

12. Assessment of learning must follow all teaching. Some techniques include questioning, repeat demonstration, and observation.

13 Establish strategies so that difficult subjects can be address, i.e., family violence, emotional adjustment, sexuality.

14. Ensure that parents are aware that they will have further opportunities for asking questions, and that they are aware of alternate resources.

15 Remind parents at the time of discharge to take the "You and Your New Baby" booklet home with them. Explain the public health nurse's role in the PPSP and ensure parents know how to access their local public health nurse.

16 When an infant is admitted to the Janeway, the parents should be reminded that the PPSP continues from the referral hospital.

17 Complete the Record of Parent Learning Form and forward with the Live birth Notification to Public Health. (For babies discharged from the Janeway, the Record of Parent Learning, as well as the Referral to Public Health, is forwarded to the P.H.N.)

COMMUNITY

1 Review the Record of Parent Learning Form and Live birth Referral Form and transfer areas of follow-up, i.e., learning needs identified but not taught, or areas taught that need reinforcement or confidence building.

2 Record newly identified learning needs on the Community Health Nursing Postnatal Follow-Up section of the Live birth Form.

3. Implement the PPSP following the same principles as outlined above for the hospital

4. Provide parents with an additional copy of the Help Us to Help You Questionnaire if they do not have it at home.

5. Use the questionnaire to assess parent learning during telephone or postnatal clinic visits as well as home visits.

PARENT INFORMATION SHEETS

1. Parents information sheets are distributed by the nurse to reinforce teaching as needed They are not to be provided as a series of information sheets for parents.

2. Although copies of all Parent Information Sheets are available in both Hospitals and Community Health Regions, some are more appropriate for distribution in hospitals than others. The table on the following page outlines suggestions for use of the information sheets.

SUGGESTIONS FOR USE OF INFORMATION SHEETS

Information Sheet	Given To	When Distributed
Caesarean Birth	Mothers delivered to Caesarean Section	Day before elective Caesarean, after emergency Caesarean Section birth or as needed.
*How to Collect and Store Breast Milk	Breast-feeding mothers	Not recommended
Formula Preparation	All formula feeding parents	In hospital
Jaundice	Parents of jaundiced babies	Preferably before parents see their baby under lights
Bathing	Parents who request it or seem anxious	After the bath demonstration
Cord Care	All parents	In hospital or at home
Circumcision	Parents who are uncertain about circumcising male infant	As needed
Making Your Home Safe (revised)	All parents	In hospital or at home, as needed
Keeping Children Safe in the Car	All parents	In hospital or at home, as needed
Postnatal Exercise	Mothers	In hospital
Especially for Grandparents	Grandparents and parents	In hospital or at home, as needed

Source Postpartum Parent Support Program Implementation Handbook

*This pamphlet is not recommended However the Breastfeeding Handbook should be used as the primary resource for breastfeeding and includes the collection and storage of breastmilk

Note: Additional information sheets on Emotional Adjustment, Sexuality, Breastfeeding and Gentle Handling of the Newborn (Shaken Baby Syndrome) are currently being developed.

Evaluation

Although a comprehensive national evaluation of the Postpartum Parent Support Program is not being planned, the following components of program evaluation are recommended:

1. Training - Participant questionnaires (it is recommended that all agency staff training include a training evaluation component)
2. Content Evaluation - Ongoing component of the evaluation process
3. Staff Impacts - Six-month post implementation process evaluations
4. Parent Impacts - Parent Impacts were evaluated at four-week postpartum both before and after program implementation. This study was being conducted in the St John's area in 1992-93.
5. Agencies may include aspects of the Postpartum Parent Support Program in their Quality Assurance Program.
6. Evaluation tools, methodology, and results from other implementing jurisdictions are shared through the National Advisory Team.

Ongoing Purchase and Distribution of Materials

1. The following PPSP materials will be purchased by the Department of Health and distributed free of charge to all Hospitals and Community Health Regions:

    a. "You and Your New Baby . ... A list of Questions" Booklet
    b. Information sheets
        1. Circumcision
        2. Formula Preparation
        3. Jaundice
        4. Making Home Safe for Children (revised)
        5. Postnatal Exercises
        6. Caesarean Birth
        7. Bathing
        8. Cord Care
        9. Especially for Grandparents
        10. Keeping Children Safe in Car
    c. Poster
    d. Record of Parenting Learning Form

    The above materials will be distributed through Community Health Regional Health Education Depots

2 Additional copies of the following are available through the Provincial Parent and Child Health Division, Department of Health, P.O. Box 8700, Confederation Building, West Block, St. John's, NF, A.B. 4J6, Telephone - 729-3110; Fax - 729-5824

a Postpartum Parent Support Program, Program Plan for Newfoundland and Labrador.

3 Other materials must be purchased through Canada Communication Group Publishing, Ottawa These include:

a Implementation Handbook
b. Reference Manual (2nd edition)
c Coloring Book "I'm Here"
d Training Video: PPSP Sharing the Experience

A copy of the order form is attached.

Ongoing Communication

Ongoing communication regarding content changes implementation issues and evaluation are essential to ensuring standardizing of information from hospital to community. Ongoing communication will be facilitating through the following

1 Committee structure (local, regional, provincial, and national)
2 PPSP Newsletter (published biannually by the National Advisory Team)

Government of Newfoundland and Labrador
Department of Health

POSTPARTUM PARENT SUPPORT PROGRAM

Record of Parent Learning

(See back of form for guidelines for use)

HISTORY

Questionnaire given and explained Date Initials

Experience with Newborns Yes ☐ No ☐

Ages of other children

Special Factors

KEY

I = Information sheet given
NTR = No teaching required
U = Understanding indicated by verbal response
R = Repeat re-demonstrate, remind
C = Needs confidence building
T = Task performed safely
P = See Progress Notes/Further Comments

AREA OF LEARNING	Identified Learning Needs and Initials	Date of Teaching or NTR and Initials	Date Learning Assessed and Initials	Key
MY BODY - BREASTS				
Engorgement				
Breast Care				
MY BODY - PERINEUM				
Perineal Care				
Episiotomy				
Sitz Bath				
Lochia				
Involution				
Afterpains				
Hemorrhoids				
CESAREAN BIRTH				
Pre-op preparation				
Incisional Care				
MY BODY - GENERAL				
Exercise				
Diet				
Rest				
Menstruation				
Medications				
PARENTHOOD				
Relations - infant				
- partner				
- siblings				
- family and friends				
Family Planning				
Resuming Intercourse				
Postpartum blues				
Return to work				
Support				

AREA OF LEARNING	Identified Learning Needs and Initials	Date of Teaching or NTR and Initials	Date Learning Assessed and Initials	Key
MY BABY - FEEDING				
Breastfeeding				
- demand				
- positioning/latching on				
Expression/storage				
Bottlefeeding				
- frequency/amount				
- preparation/storage				
Burping/Regurgitation				
Weaning				
Solid Foods				
BABY CARE				
Bathing				
Cord Care				
Elimination				
Jaundice				
Cry				
Car Seat/Child Safety				
Neonatal Screening				
Skin (rashes)				
Sick Baby				
Development				
Immunization				
Clothing				
Circumcision				
OTHER REPEAT				

FURTHER COMMENTS

Date:			
INITIALS	SIGNATURE	INITIALS	SIGNATURE

Discharge Date:

White copy - Hospital Yellow copy - Public Health Nurse

GUIDELINES FOR COMPLETION OF THE RECORD OF PARENT LEARNING

The KEY Section of the learning record is utilized to document the level of learning that has been acheived by the parent. The key has the following symbols:

I - This symbol is used when supportive information is provided to parents/families. Information sheets on the following topics are available for distribution:
Cesarean Birth
How to Collect and Store Breast Milk
Formula Preparation
Jaundice
Bathing
Cord Care
Circumcision
Making Your Home Safe
Keeping Children Safe in the Car
Postnatal Exercise
Especially for Grandparents

NTR - In a situation where a learning need has been identified, but teaching was not required, the initials NTR (no teaching required) may be used in the teaching column only. For example on Day 1 the parent may identify engorgement as a learning need. However, when the nurse prepares to provide information, it is no longer required. In this situation, assessment should also be completed.

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Appendix B

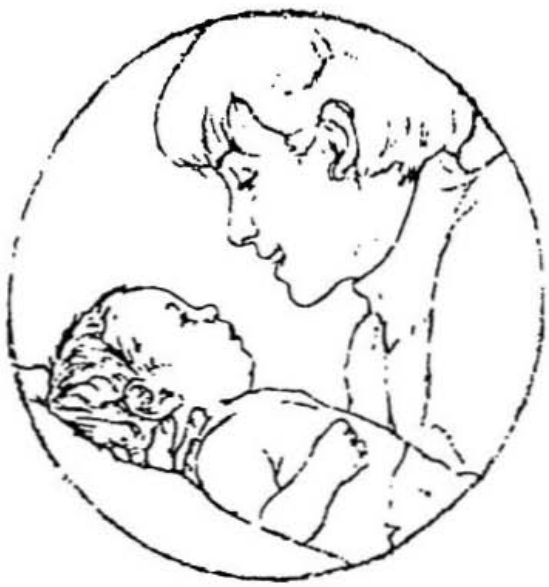
PPSP Learning Needs Self-Assessment Questionnaire

"You and Your New Baby: A List of Questions"

Health Canada Santé Canada

You and Your New Baby

A List of Questions

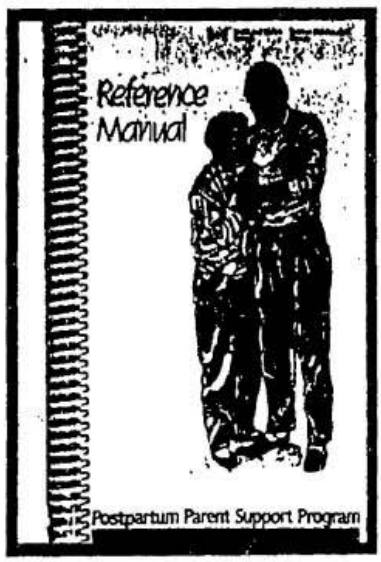


Postpartum Parent Support Program

Canada

Our mission is to help the people of Canada
maintain and improve their health.

Health Canada



To order, please refer to page 19.

Available in Canada through
your local bookseller
or by mail from

Canada Communication Group—Publishing
Ottawa, Canada K1A 0S9

Cat. H39-153/17-1995E
ISBN 0-660-15946-5

2

You and Your New Baby... A List of Questions

Now that I've had my baby, how can I take care of myself?

Having a baby is a major achievement. You've done a great job! The most important thing you can do for yourself and your baby now is to get lots of rest.

Many women have mixed feelings after they have a baby. You may feel great about having a baby. At the same time you may feel confused or disappointed about how the birth went. You may not feel particularly happy about having the baby.

You may not remember many things about your baby's birth. This is especially so if you have had a long labour or a short one.

In other words, you may feel great, or you may feel crummy, or you may feel both at once. You need to talk to someone about your feelings. Talk to your nurse, your partner, your friends. Ask lots of questions.

Being a mother or a father is a combination of hard work and great rewards. The list of questions in this booklet can help you get the answers that you need.

New parents have lots of different questions, like...

How do I care for my baby?
What should I eat if I am breastfeeding?
What happens when I go home with my new baby?

We've put some of these questions into a list inside this booklet. Take a look through the list and check the questions that you'd like to talk about with the nurse.

You may be interested in all of the questions, or some of them, or none! If you've got questions that we've missed, be sure to ask about them.

Remember to take this booklet home with you, because you might have more questions later on. The public health nurse or your family doctor can help you get answers to your questions. You can also purchase the Reference Manual for the answers.

It takes time to develop a relationship with your new baby. Sometimes people do not realize that all of your other relationships will change as well...

- I do not feel like a mother. Is there something wrong with me? p.169
- Will our baby change my relationship with my partner? p.162
- When my baby cries, should I pick him/her up right away or should I wait? p.117
- What does parent and infant bonding mean? What should I do to start bonding? p.166
- When does bonding happen? Can it be too late to bond? p 167

New mothers are always hungry. You need food to help your body heal, to give you energy and to make breast milk. You need to take the time to eat...

- What is a good diet? p.35
- I want to lose weight. When can I start dieting? p.36
- Can I diet when I am breastfeeding? p.38

Your nurse has been feeling your tummy to check your uterus and to see that your bladder empties completely. It's normal for you to go to the bathroom a lot and to pass a lot of urine. As you start to take care of yourself more, you may wonder about some of these questions....

- How long will the bleeding from my vagina last? p.29
- How do I keep my perineal area clean when I return home? p 27
- I have stitches. How do I take care of them when I go home? p 28
- What can I do about my hemorrhoids? p.30

- What can I do to avoid painful bowel movements? p.31
- Why do I have cramps or afterpains? p.62

Whether you are breastfeeding or bottle feeding, you will feel lots of changes in your breasts...

- Why are my breasts tender or engorged? p 18
- How should I care for my breasts? p 20
- What should I do if my breasts feel full and uncomfortable? p 21
- Do I need to wear a bra? p.19
- Will my breasts return to their normal size and shape? p 63
- I don't want to breastfeed. How do I get my breasts to stop making milk? p 26

Feeding

You will spend a lot of time feeding your baby over the next few months. There will be lots to learn. If you are breastfeeding...

- How is my breast milk made? p.70
- What is the let-down reflex? How will I know when it happens? p.71
- Will my breasts leak milk when I don't expect it? p.72
- How do I hold my baby to breastfeed? p.73
- My nipples are flat. What can I do? p.22
- How can I stop my nipples from getting sore? What should I do if this happens? p.23
- How often and how much should I feed my baby? p.75
- Why do I feel my uterus contract when I'm breastfeeding? p.77
- Why and how do I burp my baby? p.78
- What can I do to make sure that my baby is getting enough milk? How will I know if he/she is getting enough milk? p.81
- Should I breastfeed in front of other people? p.88

If you are bottlefeeding...

- Are there any special things I should know about bottlefeeding? p.89
- Is it all right to put a baby down with a bottle? p.90
- How should I hold my baby for feedings? p.91
- What kind of bottles and nipples should I buy? p.92
- How often and how much should I feed my baby? p.93
- Why and how do I burp my baby? p 98

Taking care of your new baby can be fun but scary, especially if this is your first. There are lots of questions you may have...

- How often will my baby have a bowel movement? p 112
- My baby's stools seem to be changing colour. What are they supposed to look like? p.113
- Is it alright to use a pacifier/ soother? p.120
- What is the best way to bathe my baby to prevent cradle cap? p 107
- How do I take care of my baby's cord? p.110
- How do I clean my baby's ears? p.109
- There is a discharge from my baby's eyes, and they are swollen. What should I do? p.108
- I'm worried about the shape of my baby's head. p 126
- Why does my baby sneeze? Why does my baby have hiccups? Why is my baby's breathing so noisy? p.127
- Should I be concerned about why my baby "startles" and about my baby's sucking "reflex"? p.128
- Should I be concerned about my baby boy's swollen scrotum or swollen breasts - or about my baby girl's swollen labia or swollen breasts? p 129
- Why did my baby lose weight? p 130
- How can I prevent my baby from scratching his/her face? p 132
- What is "metabolic screening"? p.135
- Why is my baby having a heel prick test? p 136
- Why does my baby have jaundice? Is it serious? p 106
- I'm undecided about circumcision. I would like more information. p 111
- Should I let other people pick up my baby? p 133

When you prepare to take your baby home from the hospital...

- Why do I have to keep my baby in a car seat? p 229
- When should I start to use a car seat for my baby? p.124
- How can I keep my baby and children safe in the car? p 228
- Where can I buy or rent a car seat? p 230
- What if I have more questions when I get home? p 134
- How do I make sure my home is safe for my baby? p 125

Once you are home

As the days and weeks go by, you will start to feel more comfortable being a mother. You will now have different questions about your feelings and your body changes. You will also have questions about your relationship with your family and with this new baby. Maybe these are some of your questions...

- I sometimes wonder if I'll have enough love and energy to go around. How do I deal with this? p.207
- My friends and family have offered to help. How can I use their help? p 172
- What can I do about a mother or a mother-in-law who is too involved? p 171
- I would like to go out with my partner, but I feel guilty about leaving my baby. What should I do? p 168
- I've heard that some partners feel confused about their reaction to breastfeeding. If my partner reacts this way, how can we deal with it? p 163
- What can I do if my partner resents the time that I spend with the baby? p 164
- What can I do if I resent the time that my partner spends with the baby? p 165
- If I become frustrated with my baby, how do I deal with these feelings? p 170
- I hear that postpartum depression or baby blues are common. How do I know if I have them? What can I do to feel better? p 188
- When can I go back to work? p.66
- What arrangements should I make to go back to work? p 189

You may have found that your sexual relationship changed during your pregnancy...

- Should I expect our interests or responses to change again? p 174
- What other kinds of physical contact can my partner and I have right after the birth of our baby? p 173
- I've heard that some women feel aroused while breastfeeding and that some even have orgasms. Is this true? p.83

- How soon can I have sex again? p.32
- How often should I expect to have intercourse and orgasm? p.175
- How soon could I get pregnant again? p.64
- How long should I wait before I get pregnant? p.65
- Is it possible to become pregnant before my period starts again? p.176

Thinking about birth control...

- How can I choose the best method of birth control for me? p.177
- What methods of birth control are available and safe? p.178
- I am breast-feeding. Is it all right to take birth control pills? p.186
- Why should I quit smoking if I take the pill? p.187

It takes at least six weeks for your body to heal completely after birth...

- When will I start my period again? p.59
- Will my period be normal and regular? p.60
- When can I use tampons again? p.61
- When should I begin exercising? What exercises should I do for my stomach? p.37
- What are Kegel exercises, or pelvic floor exercises? How do I do them? p.34
- When should I have my postpartum checkup? Why is it important? p.33
- After my milk comes in, what should I do if I feel a lump in my breast? p.25
- What should I do if I get a breast infection? p.24

You will have many more questions about feeding your baby. Some of these will depend on whether you are bottle- or breastfeeding.

If you are breastfeeding...

- How long should I breastfeed? p.84
- How do I wean my baby? p.85
- How do I express my breast milk? p.79
- I would like to breastfeed but I'm going back to work. Can I do both? p.86

When you are breastfeeding, you will have many questions about your diet...

- Will my eating habits affect my breast milk? p.40
- Do I have to drink milk to make milk? p.41
- Are there any foods that I should avoid? p.43
- Should I take vitamins? p.42
- I am a vegetarian. Should I take vitamins while I am breastfeeding? p.39
- Will drugs, alcohol or cigarettes affect my breast milk? p.44

If you are bottle-feeding...

- What type of formula should I use? p.96
- How do I prepare formula? p.95
- How long should I continue to formula-feed my baby? p.97

Other questions about feeding your baby...

- What should I do if my baby develops colic? p.118
- When can I begin to use cow's milk rather than breast milk or formula? p.104
- When should I start my baby on solid foods? p.99
- Does my baby need vitamins? When should I start them? p 105
- What foods are best when my baby is teething? p 103
- Should I make baby foods or buy commercial products? p 100
- What guidelines should I follow to make baby foods? Can I freeze baby foods? p 101

Other baby care questions...

- What do I need to know about putting my baby to bed? p 121
- How should I dress my baby? p.122
- What clothing is safest and most comfortable for a baby? p 123
- How can I make my home safe for my baby? p 227
- Will cigarette smoke bother my baby? p 209
- When should my baby have a checkup? When should my baby start his/her needles (immunizations)? p.131
- Why does my baby have to have needles when he/she isn't sick? p.223
- What kinds of illnesses do needles prevent? p.224
- How often does my child need to get a needle (immunization)? p 226
- How and when should I take my baby's temperature? p 114
- How will I know when my baby's sick? p 115
- What should I do if my baby has a rash? p 116

As your baby grows and changes...

Things to look forward to...

If you have other children at home...

- How can I best introduce the new baby to my other child/children? p.202
- How do I handle jealous behaviour? p.203
- I've heard that children sometimes act like babies when they get a new brother or sister. What can I do if this happens? p.204
- What do I do if my older child tries to hurt the new baby? p.205
- How do I teach my children about sex and sexuality? p.206
- I have a preschooler at home. Will I find feeding time difficult? p.208

If you are a single parent...

- I need to talk to someone about my decision to keep or not to keep my baby. p.198
- My family is having difficulty accepting my decision to have this baby. How can I deal with this? p.194
- Will my baby change my relationships with my friends? p.195
- My baby has only one parent. Will that affect him or her? p.197
- I need more information about financial assistance, work or school. Who can help me? p.199

If you are having a caesarian birth...
Before surgery...

After surgery...

If you have had twins, triplets or quadruplets...

If you have had a premature baby or a sick baby...

There are lots of things to think about and lots of questions to ask. Do not hesitate to ask your hospital nurses and your public health nurses for help and answers. Talk to other people as well - your doctor or midwife, your friends and family. Best wishes and enjoy your baby!

Appendix C

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Consent To Participate In Nursing Research

Title: First time mothers perceptions of the effectiveness of the Postpartum Parent Support Program (PPSP) at the second to fourth postpartum weeks.

Investigator: Ann Marie Carroll

You have been asked to participate in a research study. Participation in this study is entirely voluntary. You may decide not to participate or may withdraw from the study at any time without affecting your normal treatment.

All information concerning participants will be kept confidential by the investigator. The investigator will be available during the study at all times should you have any problems or questions about the study (You may contact the investigator at 754-4595.). Following completion of the study, all identifying information will be destroyed.

The purpose of this study is to examine the Postpartum Parent Support Program (PPSP) to determine whether it is meeting the postpartum needs of first-time mothers by providing consistent, helpful, and confidence building information to women and families during the postpartum period, by both hospital and community nurses.

You will be asked a number of questions about the helpfulness of the information you received by both hospital and community health nurses during your fir t weeks postpartum, whether this information helped you to become confident as a new mother, and whether the same information was provided by both hospital and community nurses.

If you agree to participate, I will administer a short demographic questionnaire during your hospital stay. Then, at a convenient time between your second and fourth postpartum weeks, I will phone you to conduct a telephone interview, which will take approximately forty minutes to complete. If the telephone interview is interrupted, or if you are tired and would prefer to complete the interview at a later time, a return call, to complete the interview, will be made at a time convenient to you before your fourth postpartum week.

There are no physical risks involved in this study. You may choose to leave unanswered any questions that you are uncomfortable answering.

There are no direct benefits to participating in this study. However, if you have any questions or concerns about the postpartum period at the time of the interview, I will assist you in obtaining help if you would like.

Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities.

I, _____, the undersigned, agree to my participation in the research study described. Any questions have been answered and I understand what is involved in the study. I realize that participation is voluntary and that there is no guarantee that I will benefit from my involvement. I acknowledge that a copy of this form has been given to me.

_____ _____

(Signature of Participant) (Date)

To be signed by investigator:

To the best of my ability I have fully explained to the participant the nature of this research study. I have invited questions and provided answers. I believe that the participant fully understands the implications and voluntary nature of the study.

_____ _____

(Signature of Investigator) (Date)

Phone Number _____

Appendix D

Demographic Questionnaire

Code #_____

Please indicate the appropriate response.

1. What is the sex of your baby:
   - ____ (a) Male
   - ____ (b) Female

2. Are you living (with):
   - ____ (a) Alone
   - ____ (b) Partner
   - ____ (c) Husband
   - ____ (d) Relative
   - ____ (e) Other

3. Are you currently employed (include maternity leave):
   - ____ (a) Yes
   - ____ (b) No
   - ____ (c) Attending school

4. In which education category should I place you:
   - ____ (a) Grade nine or below
   - ____ (b) Some high school
   - ____ (c) Completed high school
   - ____ (d) Some post-Secondary education
   - ____ (e) Currently completing post-secondary education
   - ____ (f) Completed Post-Secondary Program

5. What is your citizenship status:
   - ____ (a) Canadian citizen
   - ____ (b) Immigrant awaiting permanent status
   - ____ (c) Visiting from another country

6. Would you describe you place of residence as:
   - ____ (a) Urban
   - ____ (b) Rural

7. Did you read any books about infant/child care before having your baby?
   ____ (a) Yes
   ____ (b) No

8. Have you taken any programs or courses about child care or parenting?
   ____ (a) Yes
   ____ (b) No

9. Did you attend prenatal classes?
   ____ (a) Yes
   ____ (b) No

10. How was your baby delivered?
   ____ (a) Vaginal delivery
   ____ (b) Planned caesarian section
   ____ (c) Emergency caesarian section

11. In which age category should I place you:
   ____ (a) 19 and under
   ____ (b) 20 - 29
   ____ (c) 30 - 39
   ____ (d) 40 and over

12. What is the average income of your household, per month:
   ____ (a) Under $800
   ____ (b) $800 - 1600
   ____ (c) $1601 - 2500
   ____ (d) $2501 - 3300
   ____ (e) $3301 - 4100
   ____ (f) Greater than $4100

Appendix E

Protocol for Inclusion of Minors

In Newfoundland, the legal age of majority is 19 years (A. Rocket, personal communication, November 10, 1995). Parental consent is therefore a necessary condition prior to engaging an adolescent in research (Medical Research Council of Canada, 1987). However, if adolescents are deemed capable of making an informed choice and of understanding what is involved in participating, they can be declared a "mature minor". Parental consent to participate in research is not required for such adolescents (Dr Younghusband, Chairman--Human Investigation Committee, Memorial University of Newfoundland, personal communication, January, 1996).

Therefore, adolescent mothers who meet eligibility criteria will be approached by the intermediary, and if the adolescent agrees, by the researcher. If adolescents choose to participate, and meet the requirements of a "mature minor", they will be included in the study. If criteria for a "mature minor" are not met, but mothers wish to participate in the study, parental consent in addition to subject consent will also be obtained.

Appendix F

Postpartum Information Questionnaire

Code # ____

I would like to ask you some questions about your hospital stay.

1. How many days were you in the hospital following delivery?
   - ____ (a) Less than one full day
   - ____ (b) 1 day
   - ____ (c) 2 days
   - ____ (d) 3 days
   - ____ (e) 4 days
   - ____ (f) 5 days
   - ____ (g) greater than 5 days

2. How do you feel about the length of time you were in the hospital?
   - ____ (a) It was just right
   - ____ (b) It was too long
   - ____ (c) It was too short

3. Sometimes women say that giving birth to their baby was not what they expected. Was this true for you?
   - ____ (a) Yes
   - ____ (b) No

   If yes, please tell me what was different? _____

I would like to ask you some questions about how you are feeding your baby.

4. During your time in hospital how did you feed your baby?
   - ____ (a) Breast only
   - ____ (b) Bottle only
   - ____ (c) Breast and bottle

5. During your first days at home with your baby, how did you feed your baby?
   - ____ (a) Breast only
   - ____ (b) Bottle only
   - ____ (c) Breast and bottle

6. How are you feeding your baby now?
   - ____ (a) Breast only
   - ____ (b) Bottle only
   - ____ (c) Breast and bottle

7. If you are breastfeeding now, how long do you plan to breastfeed?
   - ____ (a) For less than 2 months
   - ____ (b) Until your baby is 3 - 4 months
   - ____ (c) Until your baby is 5 - 6 months
   - ____ (d) Until your baby is 7 - 8 months
   - ____ (e) Until your baby is greater than 8 months

In order to better assist mothers during the postpartum period, the PPSP has recently made changes to the questionnaire given to all mothers. The new questionnaire is called "You and your new baby: A list of questions". Answers to the following questions will help indicate whether the "new questionnaire" is helpful to mothers during the postpartum period.

8. Did you receive the questionnaire "You and Your New Baby: A List of Questions"
   - (a) _____ Yes
   - (b) _____ No

9 When did you receive the questionnaire?
   - (a) _____ Day of delivery
   - (b) _____ Day 1 postpartum
   - (c) _____ Day 2 postpartum
   - (d) _____ Day 3 postpartum
   - (e) _____ Day 4 postpartum
   - (f) _____ Other

10. Did you read it on your own?
    - (a) _____ Yes
    - (b) _____ No

    If no, why not? _____

    _____

11. Did you find the questionnaire easy to read?
    - (a) _____ Yes
    - (b) _____ No

12. Did a nurse review and discuss the questionnaire with you?

(a) _____ Yes
(b) _____ No

If yes, when? (a) _____ day of delivery
(b) _____ day 1 of postpartum
(c) _____ day 2 of postpartum
(d) _____ day 3 of postpartum
(e) _____ day 4 of postpartum
(f) _____ other

If no, would it have been more helpful if the nurse has reviewed the questionnaire with you?

(a) _____ Yes
(b) _____ No
(c) _____ Do not know

13. Did the nurse answer the questions that you had checked?

(a) Hospital nurses:
(i) _____ all of them
(ii) _____ some of them
(iii) _____ none of them

(b) Community Health nurses:
(i) _____ all of them
(ii) _____ some of them
(iii) _____ none of them

14. Did you have any other questions of concerns that were not on the list?

(a) _____ Yes
(b) _____ No

If yes, please explain: _____

_____ _____

15. How well do you think the questionnaire helped you to identify your needs? Please rate:

Not Helpful			Somewhat Helpful			Very Helpful
1	2	3	4	5	6	7

I would like to ask you some questions about sources of help in the community.

16. Since your baby was born, has a Public Health Nurse come to visit you at home?
    ____ (a) Yes
    ____ (b) No

    If yes, how many visits have you received from the Public Health Nurse?

17. Have you received a phone call from the Public health nurse?
    ____ (a) Yes
    ____ (b) No

    If yes, how many phone calls have you received from the Public Health Nurse?

18. Are you aware of the community services available to assist new mothers in your area? (Please indicate which services you were aware of.)
    ____ (a) Breastfeeding support groups
    ____ (b) Well Baby Clinics
    ____ (c) La Leche League
    ____ (d) Lactation consultant

19. Have you taken your baby to one of the public health units or clinics?
    ____ (a) Yes
    ____ (b) No

    If yes, Please indicate the number of times _____ and the reason for your visit(s).
    _____
    _____

20. Have you phoned a Public Health Nurse since coming home from the hospital?
    ____ (a) Yes
    ____ (b) No

    If yes, please indicate the number of times _____ and the reason for your call(s)
    _____
    _____

21. Have you contacted the nurses in the hospital since coming home?
    ____ (a) Yes
    ____ (b) No

If yes, please indicate the number of times _____ and the reason for the call(s).

_____

_____

22. Have you contacted your physician since coming home?

____ (a) Yes

____ (b) No

If yes, please indicate the number of times _____ and the reason why._____

_____

23 Did you call/contact anyone else for information and or support since coming home (ie. friends, relatives, group)?

____ (a) Yes

____ (b) No

If yes, please indicate the number of times _____ and the reason why: _____

_____

24. Do you have any suggestions/comments relating to your hospital stay?

_____

_____

_____

25. Do you have any suggestions/comments relating to the support you received during your first weeks at home with your baby? _____

_____

_____

_____

26. Are there any other comments that you would like to make? _____

_____

_____

_____

27 What is the age of your baby:

____ (a) 2 weeks

____ (b) 3 weeks

____ (c) 4 weeks

____ (d) other

Appendix G

The Postpartum Parent Support Program

Assessment Questionnaire

1. New mothers are seen by both hospital and community health nurses in the first few weeks following the birth of their baby. It is important that these nurses give consistent (the same kind of) information and advice so that mothers are not confused. Please rate the consistency of information given to you by the two groups of nurses by indicating the appropriate number on the following scale:

1 = Almost always consistent
2 = Somewhat consistent
3 = Somewhat inconsistent
4 = Almost always inconsistent

	N/A	NO INFORMATION PROVIDED	CONSISTENCY BETWEEN NURSES WHO CARED FOR YOU ON THE WARD
BREASTFEEDING	8	9	1 2 3 4
BOTTLEFEEDING	8	9	1 2 3 4
SUPPLEMENTARY FEEDING	8	9	1 2 3 4
CORD CARE	8	9	1 2 3 4
CIRCUMCISION CARE	8	9	1 2 3 4
CARE OF BABY'S SKIN	8	9	1 2 3 4
BABY'S SLEEP BEHAVIOUR	8	9	1 2 3 4
BABY'S CRYING BEHAVIOUR	8	9	1 2 3 4
DIET/NUTRITION INFORMATION FOR YOURSELF	8	9	1 2 3 4
BREAST CARE	8	9	1 2 3 4
CARE OF YOUR STITCHES	8	9	1 2 3 4
SOURCES OF HELP IN THE COMMUNITY	8	9	1 2 3 4
EMOTIONAL CONCERNS	8	9	1 2 3 4
FATIGUE	8	9	1 2 3 4
HOME ENVIRONMENT (ADJUSTMENT)	8	9	1 2 3 4

	N/A	NO INFORMATION PROVIDED	CONSISTENCY BETWEEN HOSPITAL NURSES AND COMMUNITY HEALTH NURSES	CONSISTENCY BETWEEN COMMUNITY HEALTH NURSES
BREASTFEEDING	8	9	1 2 3 4	1 2 3 4
BOTTLEFEEDING	8	9	1 2 3 4	1 2 3 4
SUPPLEMENTARY FEEDING	8	9	1 2 3 4	1 2 3 4
CORD CARE	8	9	1 2 3 4	1 2 3 4
CIRCUMCISION CARE	8	9	1 2 3 4	1 2 3 4
CARE OF BABY'S SKIN	8	9	1 2 3 4	1 2 3 4
BABY'S SLEEPING BEHAVIOUR	8	9	1 2 3 4	1 2 3 4
BABY'S CRYING BEHAVIOUR	8	9	1 2 3 4	1 2 3 4
DIET/NUTRITION INFORMATION FOR YOURSELF	8	9	1 2 3 4	1 2 3 4
BREAST CARE	8	9	1 2 3 4	1 2 3 4
CARE OF YOUR STITCHES	8	9	1 2 3 4	1 2 3 4
SOURCES OF HELP IN THE COMMUNITY	8	9	1 2 3 4	1 2 3 4
EMOTIONAL CONCERNS	8	9	1 2 3 4	1 2 3 4
FATIGUE	8	9	1 2 3 4	1 2 3 4
HOME ENVIRONMENT (ADJUSTMENT)	8	9	1 2 3 4	1 2 3 4

2 It is hoped that the information and teaching given to new mothers will increase their confidence in caring for themselves and their child during the postpartum period. Please rate how confident you feel in relation to the following areas:

	N/A	Not Confident			Somewhat Confident		Very Confident	
INFANT FEEDING	9	1	2	3	4	5	6	7
INFANT CRYING	9	1	2	3	4	5	6	7
INFANT CARE(BATHING, RASHES,CLOTHING,ETC.)	9	1	2	3	4	5	6	7
SAFETY	9	1	2	3	4	5	6	7
MINOR ILLNESS(COLDS, DIARRHEA,ETC.)	9	1	2	3	4	5	6	7
PREVENTATIVE HEALTH (CHECK-UPS, IMMUNIZATION)	9	1	2	3	4	5	6	7
FEELINGS TOWARDS MOTHERHOOD	9	1	2	3	4	5	6	7
CHANGES IN RELATIONSHIPS	9	1	2	3	4	5	6	7
CHANGES IN LIFESTYLE	9	1	2	3	4	5	6	7
DECISIONS RE CHILD CARE (BABYSITTER)	9	1	2	3	4	5	6	7
DECISIONS RE CAREER	9	1	2	3	4	5	6	7
SEXUAL RELATIONSHIPS	9	1	2	3	4	5	6	7
PERSONAL HEALTH CONCERNS (REST, NUTRITION, EXERCISE, TIME FOR SELF)	9	1	2	3	4	5	6	7
SOCIAL CONCERNS	9	1	2	3	4	5	6	7

3. The information given to mothers by nurses in the hospital and community settings should be helpful to mothers during their adjustment to the postpartum period. Please rate the helpfulness of the information given to you by both hospital and community nurses by completing the following questions.

	Not Needed	Not Offered	Not Helpful		Somewhat Helpful			Very Helpful	
a) In relation to your body:									
(i) Breasts									
(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7
(ii) Stitches									
(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7
(III) Bowel Movements									
(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7
(iv) Diet									
(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7
(v) Exercise									
(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the Community	9	8	1	2	3	4	5	6	7
(vi) Rest									
(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7
(vii) Vaginal Discharge									
(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7
(viii) Hemorrhoids									
(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7
b) In relation to your baby:									
(i) Feeding									
(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7
(ii) Baby Care (dressing, bathing)									
(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

(iii) Rashes

(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

(iv) Constipation

(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

(v) Colic

(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

(vi) Sleeping Patterns

(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

c) In relation to your adjustment to parenthood

(i) Relationship with your partner (if applicable)

(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

(ii) Relationship with others (friends/relatives)

(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

(iii) Relationship with your infant

(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

(iv) Sexual Relationship

(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

(v) Family Planning (Birth Control)

(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

(vi) Emotional Concerns ("Blues")

(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

(vii) Fatigue

(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

(viii) Work Issues (Return to work, child care)

(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

d) In relation your baby at home

(i) Home Environment (Adjustment)

(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

(ii) Infant Behaviour (Development/Characteristics)

(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

(iii) Immunization

(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

(iv) Safety

(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

(v) Illness

(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

e) For single mothers only. If this section does not apply to you please proceed to the next section. How helpful was the information given in relation to adjustment to single motherhood:

(i) Changes in your Lifestyle

(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

(ii) Family acceptance (parents and relatives)

(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

(iii) Concerns regarding lack of father in the home

(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

f) For mothers who experienced special circumstances (ie. baby had jaundice, circumcision, or other problem). If this section does not apply to you please proceed to the next section.

What was the problem? _____

(i) Information relating to the problem itself

(A) In the hospital	9	8	1	2	3	4	5	6	7
(B) In the community	9	8	1	2	3	4	5	6	7

g) Please rate your overall satisfaction with the information given by the hospital nurses:

Not Satisfied			Somewhat Satisfied			Very Satisfied
1	2	3	4	5	6	7

h) Please rate your overall satisfaction with the information given by the community health nurses:

Not Satisfied			Somewhat Satisfied			Very Satisfied
1	2	3	4	5	6	7

i) What other information would you like to have received in the hospital?

_____

_____

j) What other information would you like to have received in the community?

_____

_____

k) Do you have any comments on the different ways in which the information was given to you:

(A) Printed (pamphlets) _____

(B) Video/Films _____

(C) One-to-one conversation _____

(D) Group Teaching _____

Appendix H

Permission to Use/Adapt the PPSPAQ

January 15, 1996

Ann Marie Carroll
96B Lemarchant Rd.
St. John's, Nf
A1C 2H2

Dear Ann Marie:

You have my permission to use or adapt my tool, the Postpartum Parent Support Program Assessment Questionnaire, for your present research study.

Sincerely;

Mary Basha, M.N., R.N

Appendix I

Letters of Approval to Conduct Research

Memorial
University of Newfoundland

Office of Research and Graduate Studies (Medicine)
Faculty of Medicine, The Health Sciences Centre

December 18, 1995

TO: Ms. Ann Marie Carroll

FROM: Dr. F. Moody-Corbett, Acting Assistant Dean,
Research and Graduate Studies (Medicine)

SUBJECT: Application to the Human Investigation Committee #95.158

The Human Investigation Committee of the Faculty of Medicine has reviewed your proposal for the study entitled **"Primiparous Mothers Perceptions of the Helpfulness of the Postpartum Parent Support Program (PPSP) During the Second to Fourth Postpartum Weeks".**

Full approval has been granted for one year, from point of view of ethics as defined in the terms of reference of this Faculty Committee.

It will be **your responsibility to seek necessary approval from the hospital(s) wherein the investigation will be conducted**.

Notwithstanding the approval of the HIC, the primary responsibility for the ethical conduct of the investigation remains with you.

F. Moody-Corbett, Ph.D.
Acting Assistant Dean

cc Dr. K.M.W. Keough, Vice-President (Research)
Dr. Maureen Dunn, Chairperson, Ethics Committee, Grace Hospital
Ms. Denise Dunn, c/o Medical Director's Office, Grace Hospital

THE SALVATION ARMY
GRACE GENERAL HOSPITAL
241 LeMARCHANT RD., ST. JOHN'S, NEWFOUNDLAND • A1E 1P9 • TEL: 778-6222

WILLIAM AND CATHERINE BOOTH
Founders
PAUL A. RADER
General
DONALD V KERR
Territorial Commander

1996 02 02

Ms. Ann Marie Carroll
96B LeMarchant Road
St. John's, NF
A1C 2H2

Dear Ms. Carroll:

RE: PRIMIPAROUS MOTHERS PERCEPTIONS OF THE HELPFULNESS OF THE POSTPARTUM PARENT SUPPORT PROGRAM (PPSP) DURING THE SECOND TO FOURTH POSTPARTUM WEEKS - #95.158

Following upon the recommendation of the Human Investigation Committee of the Grace General Hospital, the above study has been approved.

This approval is subject to the provisions of the letter from the Human Investigation Committee of the Faculty of Medicine and has been granted from the point of view of ethics as defined in the Terms and Reference of the Faculty Committee.

Notwithstanding the approval of the Human Investigation Committee, the primary responsibility of the ethical content of the investigation remains with you.

Please inform all other participants of this approval.

A copy of your findings and report would be appreciated.

Yours sincerely

Dr. Maureen Dunne
Chairperson

cc: Dr. E. Parsons
Health Care Corporation

/dd

HealthCare
Corporation of St. John's

1996 02 08

TO: *Ms. Ann Marie Carroll*

FROM: *Eric R. Parsons, MD,CCFP,*

SUBJECT: Research Proposal

Your research proposal- **HIC # 95-158 - "Primiparous mothers perceptions of the helpfulness of the postpartum parent support program (PPSP) during the second to fourth postpartum weeks"**has been considered by the Research Proposal Approval Committee (RPAC) of the Health Care Corporation of St. John's at their most recent meeting.

The committee has approved your proposal to be conducted at the Grace General Hospital Site within the Health Care Corporation of St. John's. This approval is contingent on the appropriate funding being provided and continued throughout the project and on the provision of regular progress reports at least annually to the RPAC Committee.

ERIC R. PARSONS, MD,CCFP,
Vice-President,
Medical Services

ERP/sh
c.c. **Linda Purchase,Research Centre**
Site Administrator, General Hospital

Appendix J

Explanation To The Mother

96B LeMarchant Rd.
St. John's, Newfoundland
A1C 2H2
Phone: 754-4595

Re: Participation in a Research Study

Dear Mother:

Congratulations on the birth of your baby!

I am a registered nurse conducting a research study as a partial requirement for the completion of a Masters of Nursing degree, Memorial University of Newfoundland. I would like to visit with you before you return home to discuss the study with you.

The Postpartum Parent Support Program (PPSP), a national program to provide information to help you care for yourself and your new baby, has been introduced in Newfoundland. To determine whether this program is working as intended, I would like to know how helpful the information you were given in hospital, and will be given in the community, was in preparing you to care for yourself and your baby.

A nurse from the maternity unit will ask your permission for me to meet with you during your hospital stay. If you agree, I will visit with you briefly before you are discharged from the hospital to discuss the study with you. If you agree to participate in the study, I will ask you, at this time, a few general questions about yourself. Then, approximately two weeks later, I will telephone you to determine a convenient time to ask you some questions over the phone about how much the information you received has helped you to care for yourself and your baby. The phone interview will take approximately forty minutes to complete. If you prefer to complete the phone interview in two sessions, a second call, to complete the interview, will be made to you at a convenient time. You may choose to not answer any questions that you do not wish to answer, and may stop the

interview at any time. Also, you may change your mind about being in the study at any time.

All information will be kept **strictly confidential**. No names will appear on the questionnaire. Instead, each questionnaire will have a number code, and I as researcher will be the only person to know your name. All information will be kept under lock and key, and once my study is completed, all identifying information will be destroyed. No names or identifying information will appear in my final report

Consent to conduct this study has been obtained from the ethical review committees at both Memorial University and the Community Health Board of St. John's.

Your decision to participate in this study is strictly voluntary and in no way will affect the care you receive in the hospital or in the community. If you consent to participate you will be free to withdraw from the study at any time.

I appreciate you taking the time to consider my request.

Sincerely;

Ann Marie Carroll, BSc.N. R.N.