A graduate project submitted in partial satisfaction of the requirements for the degree of Master of Public Health by Norma Haw Sam

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The graduate project of Norma Haw Sam is approved:

Committee Chairman

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The author wishes to express her appreciation to the people who contributed freely of their time and for their cooperation and efforts in making possible this project.

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To my husband, Frank, and to my son and daughter, Vic and Gwen, goes my appreciation for their patience and continued support.
ABSTRACT

MATERNITY PATIENT EDUCATION PROGRAM

by

Norma Haw Sam

Master of Public Health

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The purpose of this project was to develop and try out an education program in self-care and baby-care for postpartum patients in a selected hospital.

A mother and baby-care health questionnaire and a recorded health talk were given to selected new mothers in a hospital setting.

The new mothers' health knowledge was measured before an educational effort was attempted. Later, the amount of knowledge retained after a four-month period was examined. Results were tabulated using frequency and percentage tables. A correlated t-test was used to detect differences on the paired observations. The t-value was found to be significant at 0.01 significance level.

It was concluded that postpartum patients are receptive to an education program in the hospital; a recorded health talk can be used to provide information to postpartum patients and a gain in knowledge manifested even after four months. A health educator working in a hospital can effectively supplement the educational efforts of the physician and other members of the hospital staff.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGMENTS</td>
<td>iii</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>iv</td>
</tr>
<tr>
<td>LIST OF TABLES AND FIGURES</td>
<td>vii</td>
</tr>
</tbody>
</table>

Chapter

1. INTRODUCTION ................................. 1
   - Statement of the Problem ........................... 2
   - Limitations of the Study ..................... 2
   - Definition of Terms ............................ 3

2. REVIEW OF LITERATURE ..................... 4
   - Search Techniques ............................ 4
   - Preparation for Mothering .................. 4
   - Patient Education in the Hospital .......... 5
   - Infant Care ................................. 8

3. METHODS .................................... 9
   - The Setting ................................ 9
   - Construction of Questionnaire ............ 9
   - Development of Recorded Health Talk .... 11
   - Target Population .......................... 12
   - Method of Administration of the Program .. 13

4. RESULTS, DISCUSSIONS, AND RECOMMENDATIONS | 16
   - Descriptive Data ............................ 15
   - Analytical Data ............................. 19
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion of the Results</td>
<td>20</td>
</tr>
<tr>
<td>Recommendations</td>
<td>20</td>
</tr>
<tr>
<td>5. SUMMARY</td>
<td>22</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>24</td>
</tr>
<tr>
<td>APPENDIXES</td>
<td>26</td>
</tr>
<tr>
<td>A. &quot;Most Asked Questions by New Mothers&quot;</td>
<td>27</td>
</tr>
<tr>
<td>B. &quot;Mother and Baby Care&quot; Outline</td>
<td>31</td>
</tr>
<tr>
<td>C. Questionnaire #1 and #2</td>
<td>34</td>
</tr>
<tr>
<td>D. Flow Chart of Tryouts</td>
<td>57</td>
</tr>
<tr>
<td>E. Script of Health Talk</td>
<td>59</td>
</tr>
<tr>
<td>F. Verbal Instructions Given to Patients Being Tested</td>
<td>65</td>
</tr>
<tr>
<td>G. Follow-up Questionnaire</td>
<td>67</td>
</tr>
<tr>
<td>H. Verbal Reminders</td>
<td>78</td>
</tr>
<tr>
<td>I. Telephone Instructions</td>
<td>80</td>
</tr>
<tr>
<td>J. Formulas</td>
<td>82</td>
</tr>
</tbody>
</table>
# LIST OF TABLES AND FIGURES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Participant Dropout as a Function of Age</td>
<td>17</td>
</tr>
<tr>
<td>2. Participant Dropout as a Function of Education Level</td>
<td>18</td>
</tr>
<tr>
<td>3. Comparison of Primipara and Multipara Groups at Beginning and Completion of Program</td>
<td>18</td>
</tr>
<tr>
<td>4. Differences in Pairs of Scores Pretest (Q#1) and Posttest (RQ)</td>
<td>19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Figure</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Data Collection Flow Chart</td>
<td>14</td>
</tr>
</tbody>
</table>
Chapter 1

INTRODUCTION

"When do I take the baby to the doctor?"
"How do I care for or treat the cord and navel?"
"When can the baby be given a tub bath?"
"What do I do if my milk comes in?"
Questions such as these are asked by new mothers in maternity (obstetrical) departments in most hospitals.

Suddenly, the expectant parent becomes the mother of a tiny baby. The months of reading books about babies have gone by. The magazine and newspaper suggestions on the care and feeding of infants are all in the past. The new mother is now faced with providing the necessary care.

Postpartum patients, who are taking their babies home from the hospital are very often concerned about their knowledge to "mother." The need for information combined with a shorter hospital stay after delivery causes the mother to seek assistance from her doctor and the hospital staff (1:9-14).

Primiparas, mothers who are pregnant for the first time and have had their first baby, are anxious to begin caring for their babies. Mothers who have borne more than one child, multiparas, feel more confident than the first-time mother. In the "care taking" role of mothers who delivered their first baby, Adams found that their chief concern was satisfying the physical needs of the baby,
such as feeding and crying (in the first month of life) (1:74).

Similar concern had been expressed to this investigator by the medical, nursing, and health education staff of a small hospital.

Further investigation revealed that numerous community programs were available to prospective parents. Prenatal classes providing information on basic infant care were available through voluntary agencies, natural childbirth classes, and a few high school and college classes. However the new mother who is caring and feeding her baby for the first days of his life needs reinforcement information to reassure her after the baby is born. Thus, there seemed to be a need for a health education program for mothers while in-patients in the hospital.

This project was developed to provide reinforcement information to new mothers in a selected hospital.

Statement of the Problem

The first objective of this program was to determine the existing level of health knowledge of mothers regarding self care and baby care. The second objective was to develop and test a maternity patient education program designed to increase knowledge of self care and baby care in postpartum patients.

Limitations of the Study

The education program was limited to postpartum patients in a hospital. The conditions for selecting the patients were that the mother delivered a live, healthy baby and that she planned to take the baby home. The program was available to married as well as
unmarried mothers. The mothers composing the sample utilized the maternity (obstetrical) services but were not representative of the entire population served by the hospital. The education program was not intended to provide sole and complete instruction on postpartum and new baby care, but rather to supplement instruction given to the patients by their private physician and by the hospital staff.

Definition of Terms

Postpartum--period of time from delivery to first six weeks after delivery.

Primipara--a woman who was pregnant for the first time and had her first baby.

Multipara--a woman who has had more than one child.

In-patient--a person who occupies a hospital bed for the purposes of receiving treatment.

Cesarean section--the surgical operation in which the baby is delivered through incision in the abdominal wall.

Discharge--any drainage from the vagina or birth canal.

"Burp" or "bubble"--refers to the procedure of assistance given to a baby to release gas through the esophagus and mouth.
Chapter 2

REVIEW OF LITERATURE

The review of literature was limited to the following areas:
(1) search techniques, (2) preparation for mothering, (3) patient education in the hospital, and (4) infant care.

Search Techniques

A comprehensive literature search for similar education programs was conducted through Medlars/Medline Search, at the University of California at Los Angeles. Medlars/Medline is a computerized medical bibliographic search sponsored by the National Library of Medicine in Washington, D. C.

When only a few sources were found, another search was conducted under Compfile, a complement of the Medline data base which covers journals in the Medlars system which is not Medline. Citations covered journals are indexed for dental, medical, and nursing literature.

The authors of the citations from the Medlars/Medline Search and Compfile were further searched in Science Citation Index (12). Science Citation Indices contain listings of other periodical sources that have cited authors.

Preparation for Mothering

Since World War II, maternal and infant death rates have declined because of better and more prenatal medical care. Hoffman
et al stated that the main reasons for greater life expectancy of the mother and baby included progress in medicine, more and better hospital facilities, . . . and education of the public about prenatal care, maternal and child care programs (6:533).

Even though innumerable kinds of literature are prepared that specialize on baby care and prenatal instruction, many a new mother continues to leave the delivery room unfamiliar with what to expect from a real, live baby (9:v). She undergoes the experience of labor and delivery and suddenly finds herself the parent of a tiny baby. The "physically uncomfortable and emotionally exhausted" new mother begins to feed her baby about eight to twelve hours after his birth. In the hospital setting, the new mother starts to take on the responsibility of her role in the care of the physical health and comfort of her baby (18).

Patient Education in the Hospital

Approximately twenty years ago, organized health education in hospitals was virtually non-existent. Doctors and nurses gave individual or small group talks to the patients at the bedside. Johnson and Johnson at that time reported that hospitals offered one of the best opportunities for learning about health but the opportunities were usually neglected (7).

About ten years ago, de la Vega pointed out the emerging focus on hospitals as health education centers (5). However, advances in medical care have not automatically included organized health education. The patient receives instruction on an individual or segmented basis. Special programs, on specific diseases, such as diabetes,
have been developed, but even these are rare (5).

Generally a coordinated health education program for patients should include the following concepts:

1. Hospitals should provide health education as part of the therapy.

2. Hospitals should make every effort to prepare the patient for return to the home and community.

3. Effective health education is planned along sound educational principles.

4. Effective health education goes along with education for the personnel of the hospital.

5. The physician is considered head of the educational team and the health educator works in harmony with the head of the team.

6. Basic health instruction is for the patient with specifications for each case.

7. Evaluation is on-going to meet the needs of the patient and the objectives of the program.

8. One person is designated as coordinator of the health education program (5:79).

While an excellent educational program could be developed around these concepts, there is really no correct approach. According to Nickerson, any well developed program can be worthwhile and valuable (10). For example, through interviews of 450 patients on their discharge day, 2,453 questions and comments were solicited. It was indicated in 65 percent of the replies that no specific education was given and 64 percent stated there was no time for education in the hospital. The study supported the patients' viewpoint
that instruction and answers to questions were lacking. Patients often go home with questions unanswered. One way of developing an educational program is to determine what the unanswered questions are; then plan educational programs to answer questions for future patients.

One way of providing patient education programs has been through the traditional "nurse educator." This approach utilized the professional nurse as an instructor of patients in a classroom setting. The groups of patients varied greatly in size (16, 17).

A second approach to patient education has been through group conferences. For example, Smith, together with a social worker, led group conferences with new mothers. One-hour sessions were held in the treatment room of the maternity (obstetrical) department. Ghetto residents of a large urban area were led in discussions on personal hygiene, "postpartal" examinations, and contraceptives. The positive result was an increase in patient return to "postpartal" clinics. The return rate increased from three to five patients a week to ten to twelve patients a week. At the end of seventeen months the increase was up to forty-three patients a week (14).

A third approach to patient education programs has been through demonstrations for new mothers. M. A. Slater started hospital classes with demonstrations on formula-making and baby bath demonstrations (13).

Still another way of providing patient education has been through the distribution of books and pamphlets on baby care. Crow et al wrote stories in a romance magazine style. The stories were then placed on the postpartum wards where patients could read them.
at leisure. The stories dealt with health matters in situational presentations (3).

**Infant Care**

The recent trend after a normal delivery has been to send the mother and baby home on the second to fourth postpartum day. Numerous baby booklets are given to the mother prior to her discharge home. This is done in an attempt to prepare the mother for new baby care.

A commonly used book, *Your Baby Book*, helped to comfort the mother with the following reassurance:

> It is only natural to be a little nervous at first about caring for your newborn, but keep in mind that he is not as fragile as he looks (17:16).

In *Caring For Your Baby*, the statement is made that the book is a gift to be used as a supplement of the private physician’s instructions and to help answer some of the numerous questions that mothers may have regarding baby care (2).

It is thought that all of these methods have helped to increase knowledge of patients. However, little has been done to actually measure the change in knowledge of patients following an education program within a hospital setting.
Chapter 3

METHODS

The first objective of this program was to determine the existing level of health knowledge of mothers regarding self-care and baby-care. The second objective was to develop and test a maternity patient education program designed to increase knowledge of self-care and baby-care in postpartum patients.

The Setting

The education program was limited to postpartum patients in a non-profit 198-bed health care complex. Under sponsorship and operation of a religious group, the hospital is approved by the Joint Commission on Accreditation of Hospitals, the Department of Health, Education, and Welfare, and a member of numerous hospital associations such as The American Hospital Association. Located in a suburban community of 55,600 population, the health care facility is used by local residents and residents of surrounding suburbs of Los Angeles, California.

Construction of Questionnaire

In an attempt to determine the existing knowledge of new mothers, a questionnaire was developed. The construction of the questionnaire centered around a list of "Most Asked Questions by New Mothers." (See Appendix A.) The health educator had requested the assistance of the nursing staff of the maternity (obstetrical)
department to list each question asked by postpartum patients during an earlier four-month period. A total of thirty questions were asked by new mothers before their discharge home and up to two weeks following their discharge home. Those questions asked before their discharge home were by direct patient to nurse contact. Those questions asked after discharge home were by telephone conference initiated by the former patient to the professional nursing staff.

Each question was reviewed to determine if it should be made part of the knowledge questionnaire. Questions that pertained to knowledge were retained. Questions that required a demonstration, a skill, a private physician instruction, or referred to another department of the hospital were discarded (Appendix A).

Fourteen questions remained covering segments of eight larger topic areas. These questions seemed to represent what mothers most wanted to know about postpartum and new baby care. Some of these questions, together with material taken from several other sources (2, 5, 6, 21) were the subject matter of the recorded health talk which later served as the major method of education. Both the questionnaire and the health talk followed the general outline, "Mother and Baby Care (Appendix B)." The topic areas were developed by the investigator with some input from the hospital health educator.

A knowledge questionnaire was then constructed to cover twenty-four items (Appendix C). Two identical questionnaires were used for pretest and posttest. The questionnaire (known as Q#1) was first used to collect baseline data. Later, the identical questionnaire
was used to measure retention, the effect of the program. Each questionnaire consisted of twenty-four multiple choice items.

An additional questionnaire (Q#2) similar to the pretest was developed to reinforce learning after the recorded health talk. Since this questionnaire was similar and not identical, the scores were of inconsequence to the total program, and considered irrelevant.

During the developmental phase of the questionnaire the Individual Tryout Process was utilized, in order to determine if the material could communicate with two learners in succession before administering the questionnaire to the entire sample of mothers (8). Each individual in the tryout gave item-by-item explanation of needed clarification. Before proceeding to the next individual, corrections were made. The individual participating was observed for verbal responses as well as subtle clues of overt behavior.

The total program was used consecutively with one primipara and one multipara as a part of the tryout process before administration was begun on the entire sample. A Flow Chart of Tryouts (Appendix D) illustrates the application of tryout process to the health questionnaire.

Development of Recorded Health Talk

The script for the health talk was written from the "Mother and Baby Care" outline (Appendix B). Some of the "Most Asked Questions by New Mothers" (Appendix A), together with material taken from several other sources (2, 5, 6, 21) were the subject matter of the health talk which served as the major method of education. With use of a cassette recorder and high frequency cartridge tape,
this investigator recorded the talk in narrative form (Appendix E). Music for transitions was used at the Introduction, between the end of part III and the beginning of part IV, and at the Conclusion of the outline. Length of time for the entire health talk was sixteen minutes.

The recorded health talk and the instructions for operation of Hitachi Cassette Player, Model TPQ-200 was tried out on two primiparas and one multipara along with the second draft of the questionnaire.

The health education department of the hospital provided the cassette player.

After the verbal instructions were given to the patients being tested (Appendix E), each mother was asked to demonstrate the use of the tape player before proceeding with the program. Replay of the health talk was permitted as often as needed by the mother. On a few occasions the health talk was heard simultaneously by patients in the same hospital room. When this occurred, the mother completing the pretest (Q#1) was asked to wait for the second mother to complete the same material before they both listened to the recorded health talk.

**Target Population**

The target group was drawn from sixty in-patients of the Maternity (Obstetrical) Department of a selected hospital. The conditions of patient selection were that the mother delivered a live healthy baby and that she planned to take the baby home. Married and unmarried mothers were participants.
Methods of Administration of the Program

The sequence of the maternity patient education program was: pretest (Appendix C), recorded health talk (Appendix E), one-month follow-up (Appendix G), and posttest of retention after four months (Appendix C, Q#1). This sequence is illustrated in Figure 1, Data Collection Flow Chart.

The new mother was approached on her first or second day postpartum or her third or fourth day after a Cesarean section. The Charge Nurse of the Maternity (Obstetrical) Department was consulted to make sure those patients who had delivered during the past eight hours did not have any after effects of anesthesia.

Verbal instructions (Appendix F) were given to the participating mothers on the program objectives. The mothers were told that they had an opportunity to participate in planning a new program for new mothers. Those mothers who consented to be participants were given additional verbal instructions on operation of a Hitachi Cassette Player, Model TPQ-200. If there were any questions, they were told to turn on their "call light" and ask for the Health Service worker (the investigator).

No time limit was given since much of the program was adaptable to interruptions for the patients to receive nursing care and to feed their babies. The questionnaire was returned to the investigator, and the patient was reminded of a one-month follow-up (Appendix G). It was explained that an evaluation sheet would be sent with the follow-up. Verbal reminders were then given (Appendix H).
Figure 1. Data Collection Flow Chart.
After four months had passed, each program participant was notified by telephone of the posttest (RQ). It was explained that the participant had a choice as to whether she wishes to receive another questionnaire. Instructions were given on the telephone to those mothers who had telephone numbers listed on their hospital chart and who consented to the receipt of another questionnaire (Appendix I). The questionnaires with self-addressed stamped envelopes were delivered to the home of the participant by the investigator. If the questionnaire was not returned after one week from the delivery date, it was assumed that the individual was a non-respondent.
Chapter 4

RESULTS, DISCUSSIONS, AND RECOMMENDATIONS

Descriptive data includes an examination of the age distribution, education level of the participants, and a comparison of primipara and multipara groups. The data is presented in tables using frequency and percentage tabulation.

The analytical data is comprised of differences in responses to twenty-four questions on a pretest and posttest. A correlated t-test was done on pairs of scores. If the resultant t-value was significant, the objective that mother and baby-care knowledge can be increased by an education program, while the mothers are hospital in-patients, is met. The observed t-value of -6.0 is significant at alpha = 0.01.

Descriptive Data

Sixty patients were approached for this education program. Thirty-five responded affirmatively. Sixteen were discharged home before starting the program or before they were able to complete the required activities. Five were eliminated because they could not meet the conditions of patient selection—that the mother delivered a live, healthy baby and that she planned to take the baby home. Four patients declined to participate.

1. At the beginning of the program the modal age group was eighteen to twenty-four years. This age group included 43 percent of
of the mothers. Of the ten mothers who completed the total program, five, or 50 percent were in the same modal age group.

Table 1
Participant Dropout as a Function of Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Beginning of Program (Taking Pretest and Education)</th>
<th>Completion of Program (Taking 4-months Retention Test)</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 to 18</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>18 to 24</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>25 to 30</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>31 to 35</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>36+</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>N = 35</td>
<td>100</td>
<td>N = 10</td>
</tr>
</tbody>
</table>

2. At the beginning of the program, twenty-seven of thirty-five mothers, or 77.1 percent, completed the twelfth grade of higher level of education. Nine of ten mothers or 90 percent of the completion group had completed the same level of education.
Table 2
Participant Dropout as a Function of Education Level

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Beginning of Program</th>
<th>%</th>
<th>Completion of Program</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>8th</td>
<td>1</td>
<td>2.8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9th</td>
<td>1</td>
<td>2.8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10th</td>
<td>5</td>
<td>14.5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11th</td>
<td>1</td>
<td>2.8</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>12th</td>
<td>27</td>
<td>77.1</td>
<td>9</td>
<td>90</td>
</tr>
<tr>
<td>N = 35</td>
<td></td>
<td>100.0</td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>

3. Comparison of primipara and multipara groups showed six out of fifteen and four out of twenty multiparas completed the total program (Table 3).

Table 3
Comparison of Primipara and Multipara Groups at Beginning and Completion of Program

<table>
<thead>
<tr>
<th>Group</th>
<th>Beginning of Program</th>
<th>%</th>
<th>Completion of Program</th>
<th>%</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primipara</td>
<td>15</td>
<td>43.9</td>
<td>6</td>
<td>60</td>
<td>6/15</td>
</tr>
<tr>
<td>Multipara</td>
<td>20</td>
<td>57.1</td>
<td>4</td>
<td>40</td>
<td>4/20</td>
</tr>
<tr>
<td>N = 35</td>
<td></td>
<td>100.0</td>
<td></td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>N = 10</td>
<td></td>
<td>100.0</td>
<td></td>
<td>100</td>
<td></td>
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</tbody>
</table>
Analytical Data

The analysis of data dealt with determining if there was a gain or retention of mother and baby care knowledge. The analysis consisted of identification of an increase in mother and baby care knowledge before and four months after a sixteen-minute health talk.

Correlated t-test was done on pairs of scores, the pretest (Q#1) and posttest (RQ). The resultant t-value was significant at 0.01 level; therefore, the objectives of the program were met.

Table 4
Differences in Pairs of Scores
Pretest (Q#1) and Posttest (RQ)

<table>
<thead>
<tr>
<th>Pretest $X_1$</th>
<th>Posttest $X_2$</th>
<th>Difference $D = X_1 - X_2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>19</td>
<td>-4</td>
</tr>
<tr>
<td>19</td>
<td>24</td>
<td>-5</td>
</tr>
<tr>
<td>22</td>
<td>24</td>
<td>-2</td>
</tr>
<tr>
<td>18</td>
<td>23</td>
<td>-5</td>
</tr>
<tr>
<td>20</td>
<td>24</td>
<td>-4</td>
</tr>
<tr>
<td>19</td>
<td>21</td>
<td>-3</td>
</tr>
<tr>
<td>22</td>
<td>23</td>
<td>-1</td>
</tr>
<tr>
<td>24</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>19</td>
<td>23</td>
<td>-4</td>
</tr>
<tr>
<td>18</td>
<td>22</td>
<td>-4</td>
</tr>
</tbody>
</table>

$t = 6.00$

Significant at 0.01 level
Discussion of the Results

While there have been attempts to educate the new mother in the hospital setting, relatively few attempts have been made to measure the amount of knowledge gained, let alone retained. This study was concerned with gain and retention of knowledge, upon listening to a recorded health talk to which the mothers were exposed at their own convenience. Caution should be exercised in the interpretation of the data because of the small sample size that completed the program.

Findings of this project revealed the following information:

1. Postpartum patients are receptive to an education program in the hospital.

2. A recorded health talk can be used to provide information to postpartum patients and again in knowledge manifested even after four months.

3. A health educator working in a hospital can effectively supplement the educational efforts of the physician and other members of the hospital staff.

Recommendations

On the basis of this graduate project, the following recommendations are made.

1. Maternity patient education programs should be offered to postpartum patients.

2. Additional studies involving evaluation of patient education programs should be made.
3. The hospital staff should make every effort to prepare the maternity patient for self-care and baby-care at home.

4. The education program described in this project should be tested on a larger population.
Chapter 5

SUMMARY

The first objective of this program was to determine the existing level of health knowledge of new mothers regarding self-care and baby-care.

The second objective was to develop and test a maternity patient education program designed to increase knowledge of mother and baby care for postpartum patients in a selected hospital.

Development of the program included:

1. Soliciting a list of "Most Asked Questions" by new mothers.
2. Constructing a questionnaire to identify the level of knowledge of new mothers regarding mother care and baby care.
3. Preparing a script for a recorded health talk.
4. Evaluating the program.

A multiple choice instrument and a health talk was devised. A pretest consisting of twenty-four items was given to thirty-five new mothers. The test took a minimum of fifteen minutes and the health talk took a minimum of sixteen minutes to complete. A posttest was administered after four months. The posttest was delivered by the investigator to the participant with a self-addressed, stamped envelope which was to be returned to the hospital by mail. Data obtained was analyzed using the correlated t-test for paired observations.
To determine if there was a gain or retention in knowledge of mother and baby care, the results were analyzed and found to be significant at .01 level.

The findings of this project revealed the following information:

1. Postpartum patients are receptive to an education program in the hospital.

2. A recorded health talk can be used to provide information to postpartum patients and a gain in knowledge manifested even after four months.

3. A health educator working in the hospital can effectively supplement the educational efforts of the physician and other members of the hospital staff.
BIBLIOGRAPHY


APPENDIXES
APPENDIX A

MOST ASKED QUESTIONS BY

NEW MOTHERS
<table>
<thead>
<tr>
<th>Question Number</th>
<th>Question</th>
<th>Retained</th>
<th>Reason for Discard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>When should I visit the doctor?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>When should the baby visit the doctor?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Does perineal care and care of stitches continue at home?</td>
<td></td>
<td>Requires specific private physician instructions</td>
</tr>
<tr>
<td>4</td>
<td>If you see a stitch on your pad or toilet tissue, is this normal?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>When can I take a tub bath?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>When can the baby be given a tub bath?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>What do I do if my milk &quot;comes in&quot; and I am not nursing the baby?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>How do I obtain baby pictures and the birth certificate?</td>
<td></td>
<td>Referred to Volunteer Guild and Medical Records Department</td>
</tr>
<tr>
<td>9</td>
<td>How do I prepare the formula?</td>
<td></td>
<td>Requires demonstration</td>
</tr>
<tr>
<td>10</td>
<td>Should I take a douche?</td>
<td></td>
<td>Requires private physician instruction</td>
</tr>
<tr>
<td>Question Number</td>
<td>Question</td>
<td>Retained</td>
<td>Reason for Discard</td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------------------------------------------------------------------</td>
<td>----------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>11</td>
<td>How do I take care of a baby after circumcision?</td>
<td></td>
<td>Nursery nurse responsibility</td>
</tr>
<tr>
<td>12</td>
<td>How do I care for or treat the cord and navel?</td>
<td>X</td>
<td>Requires private physician advice</td>
</tr>
<tr>
<td>13</td>
<td>How do I &quot;burp&quot; or &quot;bubble&quot; the baby?</td>
<td>X</td>
<td>An individual evaluation and convenience</td>
</tr>
<tr>
<td>14</td>
<td>When may I take the baby visiting?</td>
<td></td>
<td>Requires private physician advice</td>
</tr>
<tr>
<td>15</td>
<td>Which is best, disposable or cloth diapers?</td>
<td></td>
<td>An individual evaluation and convenience</td>
</tr>
<tr>
<td>16</td>
<td>When should I resume marital relations?</td>
<td>X</td>
<td>Requires private physician advice</td>
</tr>
<tr>
<td>17</td>
<td>Should I wash the baby's head?</td>
<td></td>
<td>Nursery nurse responsibility</td>
</tr>
<tr>
<td>18</td>
<td>What does it feel like when the pubic hair grows back?</td>
<td>X</td>
<td>Maternity (obstetrical) nurse responsibility</td>
</tr>
<tr>
<td>19</td>
<td>How do I care for the stitches at home?</td>
<td></td>
<td>Requires specific private physician instructions</td>
</tr>
<tr>
<td>20</td>
<td>When do I give the baby solid food?</td>
<td></td>
<td>Requires specific private physician instructions</td>
</tr>
<tr>
<td>Question Number</td>
<td>Question</td>
<td>Retained</td>
<td>Reason for Discard</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------------------------------</td>
<td>----------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>21</td>
<td>When do I feed the baby water?</td>
<td></td>
<td>Requires specific private physician instruction</td>
</tr>
<tr>
<td>22</td>
<td>How do I fold the diaper?</td>
<td></td>
<td>Requires demonstration</td>
</tr>
<tr>
<td>23</td>
<td>How do I trim the baby's fingernails?</td>
<td></td>
<td>Nursery nurse responsibility</td>
</tr>
<tr>
<td>24</td>
<td>What can I do about diaper rash?</td>
<td></td>
<td>Requires private physician advice</td>
</tr>
<tr>
<td>25</td>
<td>What do I do about cracked or dry baby skin?</td>
<td></td>
<td>Requires private physician advice</td>
</tr>
<tr>
<td>26</td>
<td>How do I know if the baby is warm enough?</td>
<td></td>
<td>Nursery nurse responsibility</td>
</tr>
<tr>
<td>27</td>
<td>What do I do with left over formula that the baby did not take?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>How do I know if the baby is satisfied with his feeding?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>How do I hold the baby and the baby bottle when I am feeding him?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>How do I nurse the baby?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>


APPENDIX B

"MOTHER AND BABY CARE" OUTLINE
"MOTHER AND BABY CARE" OUTLINE

I. Introduction
   A. Congratulatory Remarks
   B. Responsibility of Care

II. Plans for at Home
   A. Rest
   B. Activities
      1. Suggestion for home duties
      2. Body Changes to Normal
   C. Meals
      1. Well Balanced Meals
      2. Water for drinking
   D. Cleanliness
      1. Bathing
      2. Breast Care
         (When milk "comes in")
   E. Bowel Regularity
      1. Well balanced meals and water
      2. Advisement about laxatives

III. Personal Hygiene
   A. Discharge
      1. Color
      2. Origin
      3. Abnormal color
B. Pubic Hair Regrowth
C. Stitches
D. Menstruation
   1. Non-nursing mothers
   2. Nursing mothers
   3. Differences from pre-pregnancy
E. Marital relations

IV. Protection of Baby
   A. Position for Sleeping
   B. Handwashing

V. Food or Feedings
   A. Time Schedule
   B. Feeding Position
   C. "Burping" technique
   D. Satisfaction of the Baby
   E. Left over Formula

VI. Food in Breast Feeding

VII. Care of Baby Bottles

VIII. Warmth and Comfort
   A. Diaper Changes
   B. Navel and Cord Care

IX. A Happy Healthy Baby
   A. Monthly Doctor Visits
   B. Conclusion
APPENDIX C

QUESTIONNAIRE #1 AND #2
Dear Mother,

This program is about the health of you and your baby. Much of the information is to help you to prepare for the next six weeks of care. Only twenty to thirty minutes may help to insure good progress of you and your baby.

Just follow the four steps, completing one step at a time.

I. Select the best answer to each of the multiple choice questions in Questionnaire #1.

II. Listen to the health talk recorded on tape.

III. In Questionnaire #2, select the best answer to each of the multiple choice questions.

IV. Check yourself and make corrections against the enclosed answer sheets.

Return completed questionnaires, tape, and tape player to Health Service worker or Maternity Charge Nurse before your discharge home.

Your cooperation with this voluntary education program is appreciated.

The Health Services Dept.

7/73:ns
<table>
<thead>
<tr>
<th>Information Sheet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please do not write your name.</td>
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<tr>
<td>Please place a check mark (✓) in the correct space.</td>
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<tr>
<td>1. Age:</td>
</tr>
<tr>
<td>17 or under ___ 25 to 30 ___ 36 or over ___</td>
</tr>
<tr>
<td>18 to 24 ___ 31 to 35 ___</td>
</tr>
<tr>
<td>2. Race:</td>
</tr>
<tr>
<td>Caucasian ___ Mexican-American ___ Oriental ___</td>
</tr>
<tr>
<td>Negro ___ Other ___</td>
</tr>
<tr>
<td>3. Grade level last completed:</td>
</tr>
<tr>
<td>8th or lower ___ 10th ___ 12th ___</td>
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<tr>
<td>9th ___ 11th ___</td>
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<tr>
<td>4. College Level last completed:</td>
</tr>
<tr>
<td>None ___ Sophomore ___ Senior ___</td>
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<tr>
<td>Freshman ___ Junior ___</td>
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<tr>
<td>5. Years Married:</td>
</tr>
<tr>
<td>None ___ 1 to 5 ___ Over 10 ___</td>
</tr>
<tr>
<td>Less than 1 ___ 6 to 19 ___</td>
</tr>
<tr>
<td>6. Sex of baby:</td>
</tr>
<tr>
<td>Male ___ Female ___ Multiple birth ___</td>
</tr>
<tr>
<td>7. Number children previously born:</td>
</tr>
<tr>
<td>None ___ two ___ Four or more ___</td>
</tr>
<tr>
<td>One ___ Three ___</td>
</tr>
</tbody>
</table>
8. Age of youngest child, previously born:
   Under 1 _____  6 to 10 _____  16 and over _____
   1 to 5 _____  11 to 15 _____

9. Age of oldest child, previously born:
   Under 1 _____  6 to 10 _____  16 and over _____
   1 to 5 _____  11 to 15 _____

10. I have read "After My Baby-What?" booklet:
    Yes _____  No _____

11. I have read "Caring For Your Baby" booklet:
    Yes _____  No _____

12. I have read "Your Baby Book" booklet:
    Yes _____  No _____

13. I attended a class in Mother and Child Care:
    Yes _____  No _____

14. For future planning of Hospital program, I could benefit from watching a demonstration of Baby bath and How to Diaper the Baby.
    Yes _____  No _____

    Fill in Blank

15. Husband's Occupation______________________________

16. Your occupation______________________________

17. Today's date is______________________________
<table>
<thead>
<tr>
<th>18. Record of My Score:</th>
<th>1 - 12</th>
<th>13 - 24</th>
</tr>
</thead>
<tbody>
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<td></td>
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<td>Baby Part</td>
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<tr>
<td>Questionnaire #1,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number correct</td>
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<td></td>
</tr>
<tr>
<td>Number incorrect</td>
<td></td>
<td></td>
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<tr>
<td>Questionnaire #2,</td>
<td></td>
<td></td>
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<tr>
<td>Number correct</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number incorrect</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Questionnaire #1, Mother

Please circle the letter indicating the best answer.

1. Your womb (uterus) usually returns to normal size about the end of
   a. 3 weeks
   b. 6 weeks
   c. 12 weeks

2. The discharge color on your sanitary pad usually fades from
   a. red to pink to yellow
   b. red to yellow to black
   c. red to yellow to pink

3. Be sure and let your doctor know if the vaginal discharge becomes
   a. light yellow
   b. bright yellow
   c. bright red

4. If you breast feed your baby, your period (menstruation) may be delayed or may not occur
   a. during the months you are breast feeding
   b. until the 4th or 5th month
   c. until the 3rd month

5. A stitch or suture on your sanitary pad may indicate that the
   a. pubic hair is growing
   b. vaginal incision is healing
   c. vaginal incision is not healing
6. To avoid constipation
   a. take several kinds of laxative
   b. eat regular well balanced meals
   c. go for a ride in the car
7. If your breasts leak a large amount of liquid and you are not nursing
   a. notify your doctor
   b. notify the hospital
   c. notify your baby doctor
8. Tub baths may be taken when
   a. requested by the mother
   b. ordered by the doctor
   c. suggested by the nurse
9. Your body needs time and care when you go home so generally do
   a. heavy housework
   b. light housework
   c. no housework
10. If your pubic hair is shaven, the growing back of hair usually
    a. pinches
    b. burns
    c. itches
11. After your baby is born you may have weight loss from your bowels, womb, and breasts becoming
    a. less active
    b. more active
    c. inactive
12. Usually after your one and one-half month doctor visit, your doctor will let you
   a. return to social interchange
   b. resume sexual intercourse
   c. renew routine to your schedule
13. Unless your doctor orders different, feedings for your new baby should be given
   a. not less than 3 hours and not more than 5 hours apart
   b. not less than 1 hour and not more than 2 hours apart
   c. not more than 6 hours and not less than 1 hour apart
14. You should wash your hands
   a. before caring for baby
   b. during caring for baby
   c. before and after caring for baby
15. While bottle feeding your baby, the neck of the bottle is
   a. tilted and full of milk
   b. propped and full of milk
   c. lowered and empty of milk
16. When breast feeding, you may press the breast with your finger to allow baby
   a. flow of milk
   b. plenty of air
   c. space to see
17. After your baby finished a feeding, the remaining formula in the bottle should be
   a. discarded
   b. kept in refrigerator
   c. collected in a jar
18. To "burp" your baby, pat gently on back as you hold baby at
   a. mother's shoulder
   b. mother's elbow
   c. mother's stomach

19. Put your baby to sleep with head turned to side and
   a. on stomach and side
   b. on back
   c. on back and side

20. Sterilizing baby bottles or using plastic nursers with sterile disposable linings help
   a. to limit germ growth
   b. to aid in germ growth
   c. to keep the formula fresh

21. If a small amount of fluid drains from the navel after the cord drops off
   a. cleanse with tissue and water
   b. cleanse with cotton ball and mild antiseptic
   c. cleanse with wash cloth and water

22. Your baby should have sponge baths until
   a. baby sits up alone
   b. fingernails are cut
   c. cord stump drops off

23. At first, monthly doctor appointments or visits are necessary even if your baby is
   a. in good health and well
   b. in good health and not well
   c. in a good mood and not well
24. So that your baby does not develop diaper rash, change soiled diapers and wet diapers

a. when you have time

b. often and without delay

c. without delay every hour
You have completed Questionnaire #1, the first step of the program.

Now you are ready for Step II, listen to the recorded Mother and Baby Care health talk. Push button to "PLAY" position to start tape. Keep volume or loudness low if the other patient in your room has not participated in program.

If you need help to operate tape player, ring for Maternity charge nurse or Health Service worker.

When speaker on tape says END OF TAPE, push button to "STOP" position.

Then, turn to next page and do Questionnaire #2.
Questionnaire #2, Mother

Please circle the letter indicating the best answer.

1. The kind of bathing that must have your doctor's orders is
   a. sponge baths  
   b. showers  
   c. tub baths

2. When you go home, avoid heavy work and lifting to help your
   a. stomach to be flat  
   b. hands to stay soft  
   c. organs to return to normal

3. During the first few days after delivery, you may have normal type pains or cramps which are
   a. "shred pains"  
   b. "stretch pains"  
   c. "after pains"

4. Itchiness at your shaven area means
   a. regrowth of pubic hair  
   b. review of stitches  
   c. reduction of weight

5. Your vaginal discharge will usually last about
   a. 4 weeks  
   b. 4 to 6 weeks  
   c. 8 to 10 weeks

6. A thin milky fluid may come or flow from your breasts about the
   a. 10th day
b. 7th day
c. 3rd day

7. If the discharge on your sanitary pad becomes bright red after you go home, you should
   a. notify your baby doctor
   b. not worry
   c. notify your doctor

8. Mothers who are not nursing usually begin their menstrual period within
   a. 5 to 6 weeks
   b. 5 to 6 days
   c. 15 to 20 weeks

9. If you find a stitch on your sanitary pad and you have an incision, it probably means
   a. there is nothing to worry about
   b. your incision is coming apart
   c. it will have to be put in again

10. Drink several glasses of water daily to
    a. avoid constipation
    b. go to the bathroom or restroom
    c. help the time pass faster

11. To aid in elimination and regularity, you should
    a. take several glasses of milk
    b. eat regular well balanced meals
    c. go for a day with loose clothing
12. You should avoid marital relations until after
   a. the 4th month
   b. the baby sleeps all night
   c. your 6 weeks doctor's check-up
13. Newborn babies are usually fed
   a. every 2 hours
   b. every 3 to 5 hours
   c. every 6 to 8 hours
14. The neck of the bottle should be full of milk while
   a. preparing the formula
   b. bottle feeding
   c. washing the bottle
15. Any warmed formula that the baby did not take should be
   a. saved in bottle
   b. added to the next feeding
   c. poured out
16. Sleeping on it's stomach with it's head turned to the side helps the baby
   a. to wake up
   b. to get air
   c. to get warm
17. Generally, your baby may be given a tub bath in a small tub or bathinet after
   a. the navel (umbilical) cord drops off
   b. the hair starts growing
   c. the muscle movements decrease
18. After the cord drops off and the navel site drains, cleanse with
   a. mild antiseptic
   b. soap and water
   c. water and antiseptic

19. Diapers must be changed often and without delay
   a. to prevent constipation
   b. to provide skin problems
   c. to prevent skin problems

20. Washing your hands before and after caring for your baby may
   a. prevent spread of illnesses
   b. keeps nails clean
   c. prevents baby clothes from soiling

21. To help your baby get plenty of air when breast feeding, press your finger
   a. on baby's hair away from your arm
   b. on your arm away from baby's head
   c. on your breast away from baby's nose

22. To relieve your baby of gas or air discomfort "burp"
   a. only during feeding
   b. during and after feeding
   c. before feeding

23. So that germs will not grow in formula
   a. sterilize baby bottles
   b. rinse with cold water
   c. use only one baby bottle
24. Regular visits to your baby doctor, for your baby, should be at least

a. monthly
b. weekly
c. yearly
Good work! You have completed Questionnaire #2. One more step to go!

Please turn to page 11 and 12. Check yourself and make corrections on both questionnaires. (Sources are booklets in your "going home packet".

Then, record scores on bottom of page 11.
Questionnaire #1, Answers and Sources

1. b. 6 weeks, "After My Baby-What?", page 5
2. a. red to pink to yellow, "After My Baby-What?", page 17
3. c. bright red
4. a. during the months you are breast feeding, "Your Baby Book", page 17
5. b. vaginal incision is healing
6. b. eat regular well balanced meals
7. a. notify your doctor
8. b. ordered by the doctor
9. b. light housework
10. c. itches
11. b. more active
12. b. resume sexual intercourse
13. a. not less than 3 hours and not more than 5 hours apart
14. c. before and after caring for baby
15. a. tilted and full of milk
16. b. plenty of air
17. a. discarded, "Your Baby Book", page 33
18. a. mother's shoulder, "Your Baby Book", page 32
19. a. on stomach and side, "Your Baby Book", page 19
20. a. to limit germ growth
21. b. cleanse with cotton ball and mild antiseptic, "Caring For Your Baby", page 18
22. c. cord stump drops off
23. a. in good health and well
24. b. often and without delay
1. c. tub baths
2. c. organs return to normal
3. c. "after pains", "After My Baby-What?", page 9
4. a. regrowth of pubic hair
5. b. 4 to 6 weeks, "After My Baby-What?", page 7
6. c. 3rd day
7. c. notify your doctor
8. a. 5 to 6 weeks, "Your Baby Book", page 16
9. a. there is nothing to worry about
10. a. avoid constipation
11. b. eat regular well balanced meals
12. c. your 6 weeks doctor's check-up
13. b. every 3 to 5 hours, "Your Baby Book", page 31
14. b. bottle feeding
15. c. poured out
16. b. to get air
17. a. the navel (umbilical) cord drops off, "Caring For Your Baby", page 9
18. a. mild antiseptic
19. c. to prevent skin problems, "Your Baby Book", page 24
20. a. prevent spread of illnesses
21. c. on your breast away from baby's nose
22. b. during and after feeding, "Your Baby Book", page 32
23. a. sterilize baby bottles
24. a. monthly
A Word or Two

In this questionnaire, an effort is to cover some of the questions you may have about the first six weeks after delivery. Every new mother and her baby is different so you must follow your doctor's instructions carefully.

Some suggestions on items you may wish to discuss with your doctor are:

1. When to visit the doctor
2. When to take a tub bath
3. When to take a douche
4. When to resume marital relations
5. What to do if your milk "comes in" and you are not nursing
6. When to take the baby to the doctor
7. When to start baby on solid foods

Your doctor or the nursery nurse may be able to assist you on:

1. Care of the cord (navel)
2. Care after a circumcision

Your doctor or the maternity nurse can assist you about:

1. Perineal care
2. Stitches care
3. Going home packet of booklets which contain "After My Baby-What?", "Caring For Your Baby", and "Your Baby Book".
In a Month

A follow-up questionnaire will be mailed to you on your baby's first month birthdate. At that time, kindly complete and return to Hospital by U. S. Mail.

Your follow through action will help to evaluate this program.

Thank You.
APPENDIX D

FLOW CHART OF TRYOUTS
FLOW CHART OF TRYOUTS

Start here

Most Asked Questions

Q

1st Draft
4 Nurses
and Health Educator
Subject Specialists

Modified Q

1st Draft
5 Mothers
(3 Primiparas,
2 Multiparas)
Tryout

Modified
Q Health Talk

2nd Draft
3 Mothers
(2 Primiparas,
1 Multipara)
Tryout

Actual
Program for Sample
APPENDIX E

SCRIPT OF HEALTH TALK
"Mother and Baby Care"

Script of Health Talk

(Music - The Most Beautiful Girl in the World)

Congratulations! The weeks of waiting and expecting are over! Now that your baby is here some of your thoughts need to be about the health of you and your baby. You are in charge of two people, under the direction of your doctor.

(Music - The Most Beautiful Girl in the World)

Plans for at home are to be made. Plans are for your rest, your activity, your meals, your cleanliness, and your regularity of bowels.

Rest - Plan for the average of eight hours of sleep and more when you can take short naps.

Activity - Do housework such as dishwashing, cooking easy type meals, and putting clothes in a washing machine. Your womb and other organs need time to get back to normal.

Meals - Get in the habit of planning and eating well balanced meals at a regular time. Your foods need to include three kinds: a meat fish, eggs, cheese, or meat substitute; a vegetable or fruit, and a bread or potato or starch. And, drink several glasses of water during the day.

Cleanliness - You may wish to bathe often. Check with your doctor about tub baths. Usually showers or sponge baths, such as, washing with a wash cloth at a basic, are easier on the new mother. A yellowish, thin, milky fluid may flow from your breasts the first
few days after your delivery. Use gauze pads to absorb the fluid and by all means, let your doctor know about the flow.

**Regularity of bowels** - Taking well balanced meals and drinking water helps to keep your bowel movements regular. If you feel you need a laxative or stool softener, ask your doctor first.

Now, on to more personal talk about the body changes in the next six weeks (about your body changes) is onto subjects of your discharge, your periods or menstruation, and marital relations.

**What is discharge?** Discharge usually occurs after normal birth. A reddish color discharge comes from the birth canal, the vagina, on to your sanitary pad. The color changes from red to pink to brown. After four to six weeks, the color changes to yellow or white. There may be a slight odor. When you go home from the hospital, if any bright red discharge flows let your doctor know immediately.

If you were shaven, an itchy feeling or sensation may go with your regrowth of pubic hair.

If you had an incision, a stitch may be on your sanitary pad. The skin absorbs the stitches that were used, so don't be alarmed.

**When can you expect to have your period or menstruate?** If you are not nursing your baby, usually in about six weeks, you will menstruate. If you are a nursing mother, you may not menstruate the months you are nursing or it may be four to five months after delivery when you menstruate. Your first few periods may be different from the ones you had before you were pregnant, different in the days of the flow and the amount of the flow.
When to resume marital relations? Refrain from sexual intercourse until after the six weeks check-up with your doctor. Your doctor wants to make sure that you are progressing well. Each mother is different and your doctor knows your case best.

(Music - The Most Beautiful Girl in the World)

You are the most beautiful girl in the world, because you are the mother of a beautiful new baby!

You want the baby to have your protection, food, warmth, comfort, and love.

(Music - Rock A Bye Baby)

Rock a bye baby to sleep, to sleep in his crib, his cradle, his bassinet, on the stomach or the side with his head turned to the side to get the most air.

Protect your baby! This position helps to drain any left over milk or liquid out of the mouth.

Protect your baby, again, from illness. Wash your hands before and after caring for him.

Food or Feedings - Most babies are fed every three to five hours. Make sure you are in a comfortable position and hold your baby in your arms close. In bottle feeding, the formula fills the neck of the bottle so your baby will not get too much air.

"Burp" the baby during and after feeding. You can do this by holding the baby against your shoulder and patting gently on the back.

After your baby is full, he will let you know by stop sucking on the nipple. Then, you discard the unused formula. Some mothers
save the left over formula and add it to the next bottle. However, the feeling is that mixing left over with new formula together may cause the baby to become ill.

**The Food in Breast Feeding** - Be comfortable and relax!

When your baby is in your arms nursing, make sure there is plenty of air. Put your finger on your breast away from the baby's nose. Sometimes breast fed babies need "burping" after feeding.

**The Care of Baby Bottles** - Use sterilized bottles, sterile disposable linings in plastic nurser's, or purchase formula in baby bottles. Above all, keep the formula and bottles as free from germs as possible!

**Warmth and Comfort**

**Diapers** - New babies wet and soil about twelve to eighteen diapers a day. The bowel movements looks something like soft paste. Change diapers as soon as possible, without delay, after wetting or soiling. This quickness on the mother's part will help to prevent skin rash on buttocks.

**Bathing** - You may wish to sponge bathe your baby every day. Usually sponge baths, or washing with a soft wash cloth, are given the first ten days. After the umbilical cord or the navel cord drops off, and the navel site is healed, baths in a small tub or bathinet may be given. If the navel site drains, clean it with a mild antiseptic on cotton ball.

Keep your baby healthy and happy. Take your baby to the doctor regularly, every month at first. Each baby has individual needs and your doctor advises you.
Above all, enjoy your new baby!

(Music - Rock A Bye Baby)

End of tape.
APPENDIX F

VERBAL INSTRUCTIONS GIVEN TO
PATIENTS BEING TESTED
VERBAL INSTRUCTIONS

The following verbal instructions were given to all the patients tested:

"I would like to interest you in a new education program for mothers. The Hospital wants to help mothers to prepare for their own care and the care of their new baby. This will be your program, composed of your ideas. There are several pages of questions. Stop on page 5 to listen to the health talk on Cassette tape. Then, proceed with the next pages of questions. After you have completed, the answers are included for your checking.

Do you know how to operate this Cassette player: Just push the large PLAY button away from you by sliding the button away from you. (Show patient how to push PLAY button.)

Now show me how to start the tape.

(Wait for patient to demonstrate.)

If you have any questions, turn on your call light and ask for the Health Service worker."
APPENDIX G

FOLLOW-UP QUESTIONNAIRE
Dear Mother,

Several weeks have passed by since you were a patient in our Maternity (Obstetrical) Ward. Our hope is that both you and your new baby are getting along well.

Because we want other new mothers, new babies, and their families to enjoy good health and have more understanding of mother and baby care, we are sending you a Follow-up Questionnaire and an Evaluation Sheet. This will help us to improve our program.

Kindly complete the questions as you did when you were in the hospital. Then, mark the evaluation sheet and make any suggestions for a better program.

Please use the enclosed self-addressed stamped envelope. We will greatly appreciate your mailing the forms to us within one week.

We are sincerely grateful for your prompt reply and voluntary participation.

With best wishes.

The Health Services Department
Follow-up Questionnaire, Mother

Please circle the letter indicating the best answer.

1. "After pains" usually occur as the
   a. womb (uterus) returns to normal size
   b. womb (uterus) becomes larger in size
   c. stomach muscles become stronger

2. The discharge on your sanitary pad comes from the
   a. rectum
   b. urethra
   c. vagina

3. If you are nursing your baby, in the first few days after delivery the breast flow was probably
   a. milky and colorless thick liquid
   b. milky and yellow thin liquid
   c. watery and white thick cream

4. If you are not nursing your baby, your menstrual period most likely occurred about
   a. 1 week after delivery
   b. 4 weeks after delivery
   c. 5 days before delivery

5. If you had an incision at the birth canal, the stitches are
   a. absorbed by the skin and muscle
   b. absorbed by the discharge
6. As your hair grows in your shaven pubic area, the feeling or sensation generally is
   a. pinching
   b. itching
   c. burning

7. Eating well balanced meals is eating
   a. a meat or meat substitute, gravy, and potato
   b. a meat or meat substitute, vegetable, and fruit
   c. a meat or meat substitute, starch, and vegetable

8. The parts of your body which are more active after your baby is born usually are
   a. stomach, breasts, and bowels
   b. bowels, breasts, and womb (uterus)
   c. breasts, kidneys, and heart

9. One of the reasons for keeping your 6 weeks appointment with your doctor is to
   a. be sure your organs are returned to normal
   b. insure your baby is getting along well
   c. give you a chance to get out for awhile

10. To help your organs to return to normal, you should generally
    a. avoid any work or lifting
    b. do light housework
    c. do heavy housework and exercises
11. The discharge on your sanitary pad usually lasts about
   a. 2 to 3 weeks
   b. 4 to 6 weeks
   c. 10 to 12 weeks

12. You should avoid marital relations until after
   a. the 4th month
   b. the baby sleeps all night
   c. your 6 weeks doctor's check-up

Follow-Up Questionnaire, Baby

13. Before and after caring for your baby, always be sure to
   a. soak your hands
   b. wash your hands
   c. scrub your fingernails

14. While bottle feeding your baby, a full neck of the bottle
    and nipple of formula helps to
   a. keep baby from getting hiccoughs
   b. prevent baby from swallowing air
   c. help baby to keep formula down

15. Left over formula that your baby did not take in the
    bottle should be
   a. saved for the next feeding
   b. poured into another baby bottle
   c. discarded
16. Put your baby up on your shoulder to
   a. "burp"
   b. get air
   c. get rid of gas

17. Putting your baby to sleep on its stomach or side needs to be followed by
   a. turning baby's face to the side
   b. turning baby's chin up
   c. pushing baby's hair away from the face

18. To help keep your baby from getting sick the first few months
   a. Wash bottles with cold water
   b. Scrub bottles with salt water
   c. Sterilize bottles

19. Cleanse the navel or umbilical site with cotton ball and mild antiseptic if
   a. a sponge bath is given
   b. the cord drops off
   c. navel site drains

20. At first, every month take your baby to
   a. the doctor
   b. out of doors
   c. the beach
21. To help get more air for the baby while breast feeding
   a. hold fingers on baby's nose
   b. press finger on breast at baby's nose
   c. put thumb on baby's cheek

22. The usual time schedule for feeding or nursing your new baby is
   a. every 4 to 8 hours
   b. not less than 2 hours and not more than 6 hours apart
   c. every 3 to 5 hours

23. Change your baby's wet and soiled diapers
   a. infrequently
   b. often and without delay
   c. regular and with delay

24. You will know when your baby is full at feeding because he will
   a. close his eyes
   b. open his fist
   c. stop sucking
Answers to Check Yourself

Mother

1. a. womb (uterus) returns to normal size
2. c. vagina
3. b. milky and yellow thin liquid
4. b. 4 weeks after delivery
5. a. absorbed by the skin and muscle
6. b. itching
7. c. a meat or meat substitute, a starch, and vegetable
8. b. bowels, breasts, and womb (uterus)
9. a. be sure your organs are returned to normal
10. b. do light housework
11. b. 4 to 6 weeks
12. c. your 6 weeks doctor's check-up

Baby

13. b. wash your hands
14. b. prevent baby from swallowing air
15. c. discarded
16. a. "burp"
17. a. turning baby's face to side
18. c. sterilize bottles
19. c. navel site drains
20. a. the doctor
21. b. press finger on breast at baby's nose
22. c. every 3 to 5 hours
23. b. often and without delay
24. c. stop sucking
# Evaluation Sheet and My Suggestions

Please place a check mark (✓) to the right of each subject.

<table>
<thead>
<tr>
<th>Subject: Mother</th>
<th>Needs More</th>
<th>Needs Less</th>
<th>Has Enough</th>
<th>Don't Know</th>
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</thead>
<tbody>
<tr>
<td>a. Discharge</td>
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<tr>
<td>b. &quot;After pains&quot;</td>
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<tr>
<td>c. Breast changes</td>
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<tr>
<td>d. Incision and Stitches</td>
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<td>e. Pubic hair</td>
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<td>f. Well balanced meals</td>
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<td>g. Six weeks doctor's check-up</td>
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<tr>
<td>h. Housework and Exercises</td>
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<tr>
<td>j. Bowel regularity</td>
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</table>

My suggestions are:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

The booklets in the "going home packet" that helped me most on Mother Care are: __________________________________________________________
Evaluation Sheet and My Suggestions

Please place a check mark (√) to the right of each subject

<table>
<thead>
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<th>Subject: Baby</th>
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<th>Needs Less</th>
<th>Has Enough</th>
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<td>l. Bottle feeding</td>
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<td>m. How to prepare a formula</td>
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<td>n. &quot;Burping&quot;</td>
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<td>o. Bathing the baby in a tub</td>
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<td>p. How to put diapers on</td>
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<td>q. Monthly doctor visits</td>
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<td>r. Putting baby to sleep</td>
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<td>s. Navel or umbilical care</td>
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<tr>
<td>t. Sponge bathing the baby</td>
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</table>

My suggestions are: ___________________________________________________________

_____________________________________________________

_____________________________________________________

On Baby Care, the booklets in the "going home packet" that helped me most are: __________________________________________________________
APPENDIX H

VERBAL REMINDERS
VERBAL REMINDERS

The following verbal reminders were given to all patients after completion of Questionnaire #1 and #2.

"Your chance to evaluate the program will be in the Follow-up Questionnaire. It will be mailed to you on your baby one month birthdate.

At that time, complete another set of questions.
On the last two pages will be check columns.
Place a check to the right of the subject area where you think the program needs more questions, needs less questions, has enough, or you just don't know.
Any ideas you have on improving the program or any comments, write under suggestions. Enclosed will be a self-addressed stamped envelope. The Hospital appreciates your voluntary participation and I am sure the mothers do also."
APPENDIX I

TELEPHONE INSTRUCTIONS
TELEPHONE INSTRUCTIONS

The following verbal instructions were given in telephone conference to all patients that had telephone numbers listed on their hospital chart.

"I am telephoning to thank you for your participation in the education program for new mothers.

Your baby must be about four months old now. Would you be so kind to answer one last questionnaire, like the one answered while in the hospital?

(Wait for answer.)

(If answer is no.) I understand your wishes and appreciate your answer.

(If answer is yes.) I will deliver the questionnaire and a self-addressed stamped envelope to your address. Kindly complete it and mail to the Hospital as soon as you can.

We appreciate your participation."
Correlated t-test

\[ D = \frac{\sum X_1 - X_2}{n} \]

\[ S_D = \sqrt{\frac{\sum (D_i - \overline{D})^2}{n-1}} \]

\[ S_D = \frac{S_D}{\sqrt{n}} \]

\[ t = \frac{\overline{D}}{S_D} \]