POSTNATAL EXPERIENCES OF NORTH SHORE WOMEN
A NORTH SHORE HEALTH RESEARCH PROJECT

by

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ABSTRACT

This study explores and identifies the needs of North Shore women during their postpartum period (0-3 months). In order to compare the perspective of the service users and the professional care givers, data were collected from three groups: new mothers, community health nurses and hospital maternity nurses.

Discussions resulting from eight focus group interviews were the primary source of information for this exploratory study. Six groups of mothers, one group of community health nurses and one group of hospital nurses participated in the focus group discussions. The total number of participants were thirty-three mothers, eight community health nurses and six hospital nurses.

Content analysis of the qualitative data identified three themes: 1) lack of knowledge, 2) role confusion and/or role redefinition, and 3) lifestyle adjustments. Each theme was examined within the context of three developmental time periods: the first week, 1 week to 6 weeks, and 6 weeks to three months. The data indicated that women were concerned with six tasks during their postnatal period: breast-feeding, infant care, maternal care, maintaining their spousal relationship, sibling care and household care. The relationship of each task to each theme was considered in each time period.

In addition to the themes and tasks identified, the focus groups revealed that assistance and emotional support from spouses, other family members and friends is one of the most
important components in the maternal recovery and adjustment process.

The overall findings of the study indicate that during their postnatal period the mothers needed information, support and validation to assist them in adapting to their role as parents.

The results of this study have implications for health care service providers, agencies and organizations providing services and resources to women and their families, and for the family and friends of new mothers.
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CHAPTER 1 - INTRODUCTION

Chapter one introduces the purpose of the study and provides an overview of the remaining chapters. It provides background information about the community in which the study took place and indicates the significance of this study to social work.

In the spring of 1991 North Shore Health and Lions Gate Hospital formed a partnership to conduct a research project on the postnatal experiences of North Shore women. The study grew out of the community health nurses' desire to increase their understanding of women's needs during the postpartum period and to provide improved service and community support to new mothers. The purpose of this study was to determine the needs of women during the immediate (0-3 months) postnatal period.

Throughout August and September 1991, a series of eight group discussions were held to explore and compare the postnatal experience from three perspectives: postpartum mothers, community health nurses, and hospital nurses. These eight focus group interviews were the primary source of data for this study.

In addition to identifying the needs of North Shore women during their postnatal period, a significant component of this study was the emphasis placed on developing a research model which included participatory planning. A fundamental concept in promoting healthy communities is to include the community in determining its needs, making decisions, and planning and implementing strategies to promote health (diagram 1 illustrates the research project process).
Diagram 1
Research Project Process

Representatives from Community Organizations develop plans for action in response to identified needs.

Community Health Nurses seek to increase their understanding of postnatal experiences and needs.

Design and conduct of needs assessment.

Project development and funding through North Shore Health Community Health Promotion and Prevention Program.

Development of Research Advisory Group.
In keeping with a health promotion approach, this project has been a collaborative effort. Health professionals, new mothers and social service professionals who work with women and families have participated in the project. Representatives from these groups formed a research advisory group. The research advisory group worked together to design, carry out the research and develop a final report. In addition, representatives from community organizations who provide service to the target population formed a committee. This committee provided feedback on the research design and are key stakeholders in the dissemination process.

THE COMMUNITY CONTEXT OF THE STUDY

The North Shore Community

This study was conducted on the North Shore - which is a suburban community across the inlet from downtown Vancouver. The North Shore is composed of three municipalities: the districts of West Vancouver, and North Vancouver, and the city of North Vancouver. With the exception of North Vancouver City, housing consists largely of single family dwellings, and the private automobile is the primary means of transportation. The mountainous environment tends to make shopping and running errands on foot difficult.

West Vancouver is the municipality with the highest income per capita in Canada - only 28.6% of residents are low income earners (Eyres, 1990). By contrast, 34.8% of residents of North Vancouver City are low income earners (Eyres, 1990). In North
Vancouver District 30.4% of residents are low income earners (Eyres, 1990). Poverty is a reality of some of the North Shore communities.

The North Shore is a culturally diverse community. The majority of the population is of European descent, and speaks English in the home. The North Shore has a substantial First Nations population with two Native Indian bands and three reserves on the North Shore (Eyres, 1990).

Living and Working on the North Shore

In the North Shore Health Promotion Survey (1990) it was reported that 77% of men and 59% of women who live on the North Shore work outside the home. Findings of this survey indicated that almost half the households have two or more persons in the labour market; and the majority of men work outside of the North Shore community, while the majority of women work in the North Shore community (Goldberg, 1990).

Health Care on the North Shore

Health care on the North Shore is delivered by Lions Gate Hospital, North Shore Health, and community physicians.

The number of babies born in 1990 approximated 2100 (North Shore Health, 1990). The number of births have been slightly increasing over the past five years. Statistics gathered for the North Shore Community Profile (1990) reveal that on the North Shore, about half as many births were to mothers in the 20-24 year age group compared to B.C. In British Columbia, 60-62% of all births that occurred between 1985-1989 were to females aged
25-34; whereas, on the North Shore, this figure ranged from 69-71% (Eyres, 1990). The percentage of births in the 35-39 age group for the North Shore was twice as high compared to the rest of B.C. in each year between 1985-1989 (Eyres, 1990).

Despite the trend towards older parenting, the North Shore has a growing group of teen parents. The Young Parenting Program at North Shore Neighbourhood House serves approximately 70 young parents.

The majority of births on the North Shore take place at Lions Gate Hospital with follow-up postnatal home visits from community health nurses. This pattern is being slightly altered by the Early Discharge Planning Program operated by Lions Gate Hospital. This program provides three home visits by hospital nurses in the first week postpartum for mothers leaving the hospital within 24 hours of delivery.

Community services for mothers during the postnatal period include North Shore Health's Parent and Infant Drop-In program and Child Health Clinics, the Young Parenting Program at North Shore Neighbourhood House, La Leche League, North Shore Family Services Drop-ins for moms and tots, and the Westcoast Perinatal Support Association's new support service for women suffering from postpartum depression. In addition, nurses from North Shore Health and the maternity ward at Lions Gate Hospital provide telephone support to new parents. Available statistics do not clearly indicate how many North Shore women are using postnatal services.
RELEVANCE TO SOCIAL WORK

The primary objective of both social work and health promotion is to ensure the well-being of individuals, groups and/or communities. Information from this study will enable social work practitioners to support and strengthen the development of healthy families through their many roles in hospitals, social service agencies, community organizations and community development. In promoting healthy families and healthy communities, this study demonstrates the importance of incorporating the principle of participatory planning in the research model. A fundamental aspect of building healthy communities is determining the needs of that community from the perspective of the community members. This study explores the postnatal needs of North Shore women utilizing a health promotion research model.

Chapter two examines the relevant literature which informed this study. Literature pertaining to women during their postpartum period and their postnatal care include a definition of the postpartum period; the concerns and needs of new mothers; the types of social support available to women in the postnatal period; and the postnatal care provided by medical professions. This chapter also reviews the literature used in the development of this research project. The three conceptual models used included Kleinman's cross-cultural model, a health promotion approach and focus group interviews.

Chapter three provides an outline of the study design and
its execution. The methods include: a qualitative approach, the sample, the recruitment, participant selection, conduct of the focus groups, data analysis, and the limitations and strengths of the study.

Chapter four presents the findings of the study. The findings include demographic information on the focus group participants; the results of the focus group discussions; and the results of a written exercise, a community portrait which describes the people, services and resources mothers and nurses reported as providing support during the 0-3 month postnatal period.

A discussion of the findings is provided in chapter five. This final chapter also makes recommendations for action; discusses the implications of the study for social work; and suggests questions for future research.
CHAPTER 2 - LITERATURE REVIEW

Chapter two analyzes the relevant literature pertaining to women during their postpartum period and their postnatal care. This section will be divided into the following sub-headings: the postpartum period, concerns and needs of new mothers, social support, medical support.

Chapter two also includes the conceptual framework used to inform this study. This section will review a health promotion approach, a cross-cultural comparative model, and focus group research.

WOMEN, THEIR POSTPARTUM PERIOD AND THEIR POSTNATAL CARE

Postpartum Period

Much of the research conducted about the postpartum period falls into what has traditionally been recognized by the medical field as the puerperium. The puerperium is the period in which the maternal body returns to its prepregnant physiological state (Gruis, 1977; Newton, 1983). The period during which these physiological changes occur is generally between six to eight weeks following the birth of the infant. Most research tends to fall between the first week following delivery up to six weeks following the birth of the baby (Ball, 1981; Ball, 1987; Bull & Lawrence, 1981; Bull, 1985; Brodish, McBride, Bays, 1987; Gruis, 1977; Sumner and Fritsch, 1977).

The need to extend the postpartum period to three months is well documented by Newton (1983) in her article the "Fourth Trimester". She cites several authors (Donaldson, 1977; Edwards,
1973; Ziegel & Cranely, 1978) who use the term 'fourth trimester' to indicate that the process of childbirth does not end with the delivery of the baby and the return of the uterus to its prepregnant size. Newton believes that the three months following the birth of the infant are as important as each of the three trimesters during pregnancy.

Concerns and Needs of New Mothers

The needs and concerns of postpartum mothers vary according to the timing of the research. Studies conducted during the first week postpartum identify issues such as feeding, knowledge of infant care and maternal care are of concern to new mothers (Brodish et al, 1987; Bull, 1985; Sumner and Fritsch, 1977). It is important to note that these are studies in which neither the mothers nor the infants experienced medical complications following delivery. Also, these studies have included primiparas (first time mothers) and, in most cases, multiparas (mothers who have previously given birth).

A study by Bull and Lawrence (1981) found that after one week at home mothers continued to be concerned about their own care and recovery, as well as the care they were providing to their infants. Seventy-eight new mothers participated in this study by completing a self-administered questionnaire. The sample included forty-nine multiparas and twenty-nine primiparas all of whom had normal, medically uncomplicated pregnancies and deliveries and were discharged home with their infants. The questionnaire was completed in the mothers' home five to twenty-
one days following the birth of the baby.

In the category of self care, Bull and Lawrence's study did note a difference between physical discomfort and the mothers' sense of emotional self. After one week at home, Bull found that there was decrease in the intensity and frequency of concerns related to physical discomfort, and an increase in the intensity and frequency related to the mothers' emotional self. In addition, this study found a decrease in the number of concerns related to the physical care of the infant, whereas, concerns for the infant's behaviour remained a concern after one week at home.

Gruis (1977) believes the needs of all new mothers involve accomplishing four tasks: the mother's physical restoration; the provision of physical care for the infant, such as feeding; developing a relationship with the infant, and the alteration of lifestyle to accommodate the new family member.

In a questionnaire designed to gather information about the concerns of new mothers, Gruis (1977) found the concerns of mothers at four weeks postpartum to be somewhat different than those during the first week postpartum. The questionnaire was sent to mothers one month after delivery. The sample for this study consisted of forty mothers - seventeen primiparas and twenty-three multiparas. The sample was selected from private hospitals in Seattle. Criteria for selection included a normal, medically uncomplicated delivery; both infant and mother being discharged home together within four days of delivery; and the mothers lived with the father of the baby at the time of the
The major concerns reported by the women in this study were: return of their figure to normal, meeting family and household demands, and emotional tension. First time mothers also expressed concern about infant behaviour and infant feeding; whereas, multiparas identified fatigue and finding time for themselves as areas of concern.

**Social Support**

Three functions of social support are identified in the literature as being important needs for women during their postpartum period (Barrett, 1990; Curry, 1983; Hiskins, 1983).

Pender (1982) defines the functions of social support as providing support, advice and/or feedback. Support can be given in a tangible form, for example, the provision of money or active assistance, or in an intangible form such as encouragement, personal warmth, love and/or emotional support. Advice is the act of providing information or guidance on how to achieve a certain goal or accomplish a task. When providing feedback, one is providing information on how well one is performing.

In studies that ask about the type of support women receive during the postnatal period, husbands/spouses are reported to be an important support (Curry, 1983; Evans, 1991; Gruis, 1977; Hiskins, 1983). What remains unclear from these studies is what kind of support spouses are providing.

What seems easier to define, and perhaps to measure, is the support provided by formal social networks - postnatal support
groups. The range of postnatal support groups varies from a group of what is considered to be normal, healthy women during their postpartum period getting together to share their experiences and their friendship to groups for women with specific needs such as breast-feeding or postpartum depression.

Hiskins (1983) conducted a study of postnatal support groups which looked at how members of postnatal groups react to group situations; the support they received from families and friends and the degree of isolation they experienced. Hiskins found that as a result of participating in a postnatal support group, the mothers experienced a decrease in isolation because of the social contact provided by the groups. The groups also served the following purposes: a setting for the children to be with other children; an opportunity for the mothers to meet other mothers and form friendships, and to share problems.

In a review of the kinds of breast-feeding support available, Kyenkaya-Isabiry and Magalheas (1990) perceive mothers' support groups as filling a void in the health care system. The authors point out that there is no systematic documentation for the majority of these groups. Many are informal and exist only as long as one mother makes contact with others. Others, such as Nursing Mothers Association of Australia (NMAA) and La Leche League (LLL) are large organizations which are more formal in their structure.

Kyenkaya-Isabiry and Magalheas point out that one of the major differences between group-based support and health care-
based support is that in a support group, the mother is in control and able to make decisions for herself and her infant as to her course of action. The authors believe that (1990, p. 90),

the energy, enthusiasm, concern, practical skills and extensive knowledge of mothers' support groups are much too valuable for health care systems to overlook in their efforts to reverse the decline of breast-feeding and to provide quality service that meet their clients' needs.

In follow-up evaluations of support groups for women experiencing postpartum depression, Olson, Cutler and Legault (1991) found that participating families received valuable support and education from the groups. A comment from the evaluations illustrates the importance of the support groups. "I think by talking to other mothers and sharing our feelings is the best medicine to solving a problem (1991, 135)."

Nina Barrett, the author of I Wish Someone Had Told Me, made a similar comment with regards to her experience of support during her postpartum period. She states (1990, p. xi),

And only slowly did it occur to me that it was these other new mothers -as hesitant and self-doubting as I- rather than the experts, who were really helping me feel comfortable with motherhood. What I sought, I began to realize, wasn't someone else's answers to the questions I was asking, but confirmation that someone else was asking the same questions."

Medical Support

Medical support during the postpartum period is provided by maternity nurses, midwives and community health nurses.

Using a combination of qualitative data from interviews and quantitative data collected from observational checklists and a self-concept scale, Curry (1983) conducted a descriptive study to
examine variables related to adaptation to motherhood. Twenty new mothers and their infants participated in this study. The women were married, primiparous and had normal pregnancies and psychosocial histories. Data were collected at three intervals over a three month time period: at the time of recruitment, thirty-six hours following delivery and three months after delivery in the mothers' homes.

Twenty-five percent of the sample experienced a very difficult adaptation to motherhood. One of the findings of this study suggests that the perception of support from postpartum nurses was related to the adaptation of the women in this study. Curry (1983) points out that what remains unclear is whether experiencing a difficult adaptation to motherhood coloured the perception of the difficult adapters or whether a poor care experience made adaptation more difficult. Curry (1983) did not find any trends in the analysis to indicate a difference in care between those women who experienced an easy adaptation to those who experienced a difficult adaptation.

Similar findings were reported by Ball (1981) in her study. Data were collected through three sources: the hospital midwife, the community midwife and the mothers. Midwives completed data sheets that gave details of the mothers' history and care throughout pregnancy, labour and the postnatal period. Between six and eight weeks following their infants' deliveries, mothers were asked to complete an attitude survey and a questionnaire. The information from these two instruments provided information
on the mothers' perception of their care and their emotional state. One hundred and seventy-eight mothers participated in this study.

The main finding in this study was that differences in levels of emotional satisfaction experienced by mothers were statistically significant in relation to each woman's perception of postnatal care, the type of prenatal classes attended and the social class of the mother. It is worth noting that Ball's study was conducted in England and the postnatal care was provided by midwives in the hospital and the community. For these reasons, this study is not comparable to a Canadian population. However, the specific areas which were reported as contributors of stress in Ball's (1981) study have also been reported as problems in North American populations. These areas include conflicting advice from midwives, particularly to do with infant feeding, and conflicting advice in the prenatal classes.

In a second study conducted in England by Ball (1987), she found that conflicting advice was once again one of the major sources of dissatisfaction with postnatal care and contributed to mothers' emotional distress. Factor analysis was applied to data collected from hospital and community midwives and mothers. Mothers responded to questionnaires and interviews. The sample for this study was two hundred and seventy-nine new mothers. Thirty-five percent of these women were primiparas and sixty-five percent were multiparas. The majority of the women were married.

Evaluations of a home support program (Evans, 1991) and an
early discharge program (Bradley, Carty, & Hall, 1989) suggest that maternal satisfaction with postnatal care increases when new mothers (and often their spouses) receive information and support in their own homes. Readiness for learning and being in control of the postnatal visit are factors which may contribute to the increase in this satisfaction. The need to develop more individualized and consumer centred postnatal care is well documented (Ball, 1981; Bradley et al, 1989; Evans, 1991).

Overall the literature on women during their postpartum period falls into areas of concerns and needs for new mothers; their adaptation to motherhood; and the types of programs, services and social support available to new mothers. Most of these studies are conducted by nurses, and as such, often the recommendations are to increase service delivery to fill the gap between the time the women leave the hospital until their first postnatal checkup.

There is a lack of recent studies in the area of postnatal needs of women. The majority of the studies are old and do not always reflect the changing trends in maternity and postnatal care. For example, hospital stays are becoming shorter. Many hospitals have early discharge programs which means some women go home twelve to twenty-four hours following their delivery. In addition, the trend towards rooming-in is growing in popularity as it requires less staffing, and therefore, a decrease in hospital cost. There is a need to explore the experiences and perceptions of new mothers postnatal needs.
CONCEPTUAL FRAMEWORK

Three complementary conceptual models were used in the development of this project: a cross-cultural comparative model, a health promotion approach, and focus group research.

Cross-Cultural Model

Kleinman's (1978) comparison of medical systems as cross-cultural systems provided a conceptual framework for the study. This interactive model supports a health promotion approach by examining health care issues in the context of their environment. A fundamental aspect of Kleinman's theory is his belief that, in any health care system, individuals interact with three sectors: the professional, the folk, and the popular. The professional sector is composed of organized health care workers such as doctors and nurses. The folk sector includes healing specialists who are not always recognized as professionals. For the purpose of this study, the folk sector would include midwives and La Leche League counsellor. Although the family is the primary source of the popular sector, social and community networks contribute to this sector as well.

Kleinman's theory suggests that in order to improve health and enhance coping skills, we need to recognize the popular sector's role in managing health care issues and work to enable this sector to be helpful. Exploring the role of the popular sector was one of the primary objectives of this study.
Health Promotion Approach

Health has traditionally been defined as the absence of disease or illness. Following the 1974 publication of Lalonde's "A New Perspective on the Health of Canadians", the definition of health took on a broader meaning. Health was now defined "as a state of complete physical, mental and social well-being" (Health and Welfare Canada, 1986, p. 3). In contrast to the traditional bio-medical approach, which emphasizes the prevention and elimination of disease, health promotion encompasses a notion of health which seeks to understand the interaction between individuals and their social and physical environment (Stachtchenko and Jenick, 1990).

Health promotion is a term that has several definitions and is often confused as a single strategy or intervention method. A health promotion approach is the integration of several health areas - health education, public health and public policy.

In his article, "What is Health Promotion", Tannahill (1985) argues that the term health promotion is a highly fashionable term with many vague definitions. Tannahill (1985) believes health promotion should be defined as "a realm of health enhancing activities which differ in focus from currently dominant 'curative', 'high technology' or 'acute' health services" (p. 167). Tannahill (1985) proposes a model of health promotion which is composed of three overlapping spheres of activity - health education, prevention, and health protection.

Green and Krueter (1991) address the controversy concerning
the scope of health promotion and the need to develop a cohesive
definition. They define health promotion as "the combination of
educational and environmental supports for activities and
conditions of living conducive to health (p. 3)."

A widely acknowledged definition of health promotion is
defined by The World Health Organization (WHO) as "the process of
enabling people to increase control over, and to improve, their
health" (WHO, 1986, p. 1).

Several strategies used to promote health are outlined in
the Ottawa Charter for Health Promotion (1986). They are:
- building healthy public policy;
- creating supportive environments;
- strengthening community action;
- developing personal skills;
- re-orienting health services (WHO, P. 1-2).

The process of public participation is an important
principle to health promotion (Green & Kreuter, 1991; Kelly,
1989; Ministry of Health, 1989; Statchenko & Jenicek, 1990). The
process of public participation involves two elements - including
the consumer's perspective in assessing health care needs and
investing the initiative and control at the local level.
Fostering the participation of the North Shore service providers
and new mothers in both planning and participating in the
research was important for two reasons. First, it is well
documented that for change to be effective, it is desirable to
have the key stakeholders involved in the process (Bracht, 1990;

The health promotion field encourages building partnerships to explore health needs and to develop appropriate responses to these needs.

**Focus Group Research**

A health promotion research model, using group discussions to collect information was the research method selected for this study. Focus groups are planned discussion groups that yield the ideas, thoughts and perceptions of the participants (Krueger, 1988; Morgan, 1988; O'Donnell, 1988). As a form of qualitative research, the focus group is used to obtain information from a group of participants about a given problem, experience, service or such other phenomenon (Basch, 1987). O'Donnell (1988) describes a focus group as "an interactive evaluation method that can provide in-depth answers to complex problems (p. 71)."

Traditionally, a focus group consists of seven to twelve people with a similar background or who share a common interest, such as the use of a similar service or belonging to the same organization (Krueger, 1988; O'Donnell, 1988). However, as both Kreuger (1988) and Morgan (1988) point out, the use of small or moderate sized focus groups - four to eight participants - is becoming more popular. Small to moderate sized focus groups are easier to recruit and host; they are more comfortable for the
participants.

Focus groups can be used in a variety of ways. They can be used to complement quantitative data by adding in-depth information and providing greater understanding to some of the questions researched. Focus groups can also be used as a preliminary step in the research process to define the research questions; to generate a hypothesis for testing; and/or to pretest the concepts and language used in a questionnaire. Focus group discussions can also be used as a primary data collection method. As a primary data collection method, focus group discussions are suitable for sensitive or personal topics, such as sexual behaviour among adolescents; for hard-to-reach target groups such as people who are illiterate; and for research questions designed to explore the topic under investigation. When used as the primary data collection method, it is important to use caution in the interpretation of the results as they are not generalizable to larger populations.

Focus groups discussions are an established and widely used research method in marketing. In the health field, although the utility of focus groups as a research technique is recognized (Basch, 1988; Khan, Anker, Paul, Barge, Sadhwani & Khohle, 1991; Kingry, Tiedje & Friedman, 1990), its use is new and rather limited. A survey of the health literature from 1989 to 1991 resulted in fourteen studies which used focus group discussions. Of the fourteen studies found, five used focus groups in the preliminary research stage to help researchers
design questions for a larger survey. Three studies used focus groups as a follow-up to the surveys conducted in order to explain and expand on the quantitative data. Seven studies used focus group discussions as the primary data collection method. A brief overview of each study will be presented.

In Conjunction with Quantitative Data

Preliminary Step

Klevans and Parrett (1990) used focus group interviews with clinical dieticians to develop a better understanding of continuing professional educational needs from the perspective of the learners; to obtain more information about their educational needs than would be possible from a questionnaire; and to suggest directions for follow-up survey research. Three focus group sessions were held with a total of twenty-two participants. Analysis of the focus group interviews formed the basis for developing two questionnaires. This multi-method needs assessment was used to determine the continuing professional needs of clinical dieticians in Pennsylvania.

Hyland, Finnis and Irvine (1991) developed a scale for assessing the quality of life in adult asthma sufferers. They used six focus group interviews with asthma sufferers to generate items for the questionnaire. Analysis of the focus group discussions resulted in eleven domains which were then used to construct the scale.

In a study conducted in Thailand to investigate the socioeconomic and health program effects upon the behavioral
management of diarrhoea among children under five years of age, the researchers used data from focus group discussions to assist them in the development of questions for a baseline survey. Five focus group discussions were held with mothers of children under five years of age. The purpose of the focus group sessions was to obtain information on maternal knowledge and beliefs on preventive and curative health behaviours regarding infant and child diarrhoea. This information was used to formulate questions on beliefs and behaviours for the survey.

Similarly, researchers in Nigeria used focus groups as a preliminary step to provide input into the preparation of questions for a community survey. The purpose of ten focus group interviews carried out in rural communities in Nigeria was to involve the clients or service consumers in the process of problem identification and solving. The focus groups were used to gain an understanding of community knowledge, attitude and practice as regards puerperal sepsis as a cause of maternal death.

The Department of Food and Nutrition in North Dakota used focus groups as a preliminary research step in developing education programs for rural seniors. Sixty-eight seniors participated in five focus groups. This needs assessment was used to determine beliefs of older rural Americans about nutrition education. The results of the focus groups were used in two ways: to develop an education intervention appropriate to the target group of rural seniors; and to develop questions for
In an American study conducted to understand barriers to family planning services among patients in drug treatment programs, Armstrong, Kenen and Samost (1991) used focus groups as a follow-up to baseline interviews conducted with five hundred and ninety-nine women in drug treatment programs. Six focus groups were conducted with patients from drug treatment programs in an attempt to learn about opinions and attitudes that are barriers to family planning services. Thirty men and thirty-five women, participated in the six focus group discussions.

Researchers in Canada (Taylor et al., 1991) plan to use focus group interviews as one of many qualitative methods to explore in depth the perspectives of local interest groups regarding the psychosocial impacts in populations exposed to solid waste facilities. Following the completion of an epidemiologic survey, the researchers plan to use several qualitative methods to complement the quantitative data. Focus groups composed of members of relevant organizations (local interest groups and individuals representing the interests of the sites, such as, employees, owners, union representatives, executives) are one of the qualitative methods outlined in the study design. This article did not outline the number of focus groups to be included in the study.

Focus groups were used by Trenker and Achterberg (1991) to
evaluate nutrition education materials. In this study, focus
groups were used to augment individual interviews. Six focus
groups were conducted with a total of thirty men and women
participating. The groups provided feedback on the usability of
a variety of nutrition education material.

Primary Data Collection Method

Roche, Guray and Saunders (1991) conducted a study in
Australia to determine what general practitioners considered to
be the main obstacles and disincentives to the effective
management of persons with drug and alcohol problems. Seven
focus groups involving forty-four general practitioners were
conducted. The results of this study generated a hypothesis of
a typology of doctors. This hypothesis was tested in a
subsequent study.

The remaining five studies used focus group interviews to
assess health educational materials or to develop health
education materials and programs.

Cahill and Mathis (1990) used focus groups to pretest a
childbirth booklet. Based on the results of eight focus groups
involving eighty-nine women, the booklet was revised before
distributing to the general target population. In addition,
based on the information received through the focus groups, new
material on prenatal care and birth were developed by the New
York State Department of Health.

Basch, DeCicco and Malfetti (1989) conducted forty focus
group discussions to explore reasons that may support a decision
by young drivers to drink and drive. Three hundred and sixteen young drivers from ten cities in the United States and two cities in Canada participated in this study. The utility of this study lies in understanding the factors involved in influencing young drivers to drink and drive in order to develop effective health education programs.

Focus groups were used by the Office of Disease Prevention and Health Promotion of the Public Health Service to gain a better understanding of how hard-to-reach Americans perceive health and the role of diet, exercise and weight in the control and prevention of certain chronic illnesses. Twenty-four focus groups were held in cities across the United States. Eight focus groups were held for each of three racial-ethnic groups: black, Hispanic and white. The information gathered from these focus groups was used to develop intervention methods to promote healthy lifestyles.

Gold and Kelly (1991) conducted a study using focus groups to examine and identify important cultural issues related to AIDS education programs and materials. Six focus groups were conducted in the United States. Three focus groups of white, black and Hispanic secondary high school teachers and three focus groups of white, black and Hispanic secondary high school students likely to be exposed to AIDS education programs in the schools were included in the study. In total, fifty-one teachers and students participated. Based on the results of the focus group discussions, this study makes several recommendations for
the development of culturally sensitive AIDS education programs and materials.

Researchers in the United States used focus groups in the development of community-based public health education designed to lower the mortality rate from cervical cancer among black women in Forsyth County, North Carolina. A total of thirty-nine women participated in four focus groups. Results from the focus groups were used in the development of educational messages and materials.

Focus groups have been used internationally in the health field to gain a better understanding of issues and/or of target groups' beliefs, opinions and experiences. These studies have used focus groups for a variety of reasons: to develop questions for a survey; to add depth to quantitative data; to identify needs of a particular target group; to assess the usability of and the appropriateness of health education materials; and, to develop health education materials and/or programs.

For several of the reasons outlined above, the research method of focus group interviews fit well with the principles and objectives of the North Shore Research project. Because of the synergistic effect of focus groups, the researchers believed this method would yield more information about postnatal needs than personal interviews. One of the primary aims of this study was to increase our understanding of postnatal needs from the perspective of new mothers. Focus group discussions provided an appropriate method to meet this objective. Focus groups
emphasize understanding the participants perspective (Basch, 1987; Kreuger, 1988; Morgan, 1988). Basch states (1987, p. 436), understanding the target group's perspective is integral to achieve a key goal of health education - empowerment - and focus group interviews are an appropriate method for understanding and developing a sensitivity toward those we serve.

Focus groups also provided a cost-effective way to meet the objective of community-wide participation of new mothers. Finally, the use of focus groups was an appropriate research technique to conduct a needs assessment (Basch, 1987; Krueger, 1988; O'Donnell, 1988).

A priority of health promotion research is to move away from hospital-based medicine towards health policy and health status (Kelly, 1989). Using Kleinman's cross-cultural model places the postnatal experiences and needs of women in a cultural context rather than solely in a medical one.

Through the collaborative efforts of the inter-disciplinary research advisory group and the multi-professional representatives of community organizations, this study is meeting an additional health promotion research priority. Kelly (1989) states that health promotion research should be "inter-sectoral, multi-disciplinary and multi-professional (p. 319).

A community development approach to health promotion was emphasized throughout the development of this research project to facilitate a process of enabling the community in determining its needs regarding postnatal issues and developing strategies to improve services and community supports to new mothers on the
The questions this study asked were to identify and compare the postnatal experiences and perceptions of mothers with health care providers and to explore the role of spouses, family and friends in the postnatal period within a health promotion research model.
The first two sections of this chapter provide an outline of the research design and the sample for the study (diagram 2 illustrates the stages of the research design and execution). The next four sections of the chapter describe the procedures followed in recruiting subjects, selecting subjects, conducting the focus groups and analyzing the data. The final section of the chapter will discuss the strengths and limitations of the study.

A Qualitative Approach

A qualitative approach was selected as the method of research for this study in order to meet the objective of obtaining in depth information about postnatal needs from the target population. Qualitative research involves collecting and interpreting information which emphasizes what is said rather than how often it is said. Methods used to collect qualitative data include participant observations, interviews, and/or written materials.

Discussions resulting from eight focus group interviews were the primary source of information for this needs assessment. The research was designed to explore postnatal needs from a variety of points of view: new mothers, community health nurses and hospital nurses.
Diagram 2
Research Design and Execution

RESEARCH ADVISORY GROUP

STAGES OF RESEARCH

research design
focus group interviews
data analysis
recursive analysis with focus group participants
further data analysis
preliminary report
final report

KEY STAKEHOLDERS IN DISSEMINATION

REPRESENTATIVES OF COMMUNITY ORGANIZATIONS

NEXT STEP IN PROJECT PROCESS
development of plans for action
Sample

The sample for this study consisted of one group of community health nurses, one group of nurses from the maternity ward at Lions Gate Hospital, and six groups of mothers. The groups of mothers included two groups of first time mothers (primiparous), two groups of mothers with two or more children (multiparous), one group of young mothers (16-21 years old), and one group of Native mothers.

Purposive sampling was used to select these groups. Mothers are not a homogeneous group, and it was therefore important to incorporate this diversity into the study deliberately. Four target groups of mothers were included in the study. Two groups each of primiparous and multiparous mothers were chosen to allow for an internal comparison of the groups. A group of mothers from the North Shore Neighbourhood House Young Parent Program was included as a target group because of the high number of teen parents on the North Shore. As the North Shore hosts two Native bands and three reserves, a Native group was chosen to explore the needs of women from aboriginal cultures. In total, fourteen nurses and thirty-three mothers participated in the focus groups.

Recruitment

Focus group participants were recruited from the target population through the distribution of flyers (see appendix A, page 100), a display board in a public market, an advertisement and a write-up in the local newspaper (see appendix B & C, pages 101-102), and verbal presentations made to specific target groups.
which included the community health nurses and young parents. The majority of recruitment for the study occurred during the first two weeks of August 1991. Recruitment for the native group occurred throughout August and the first two weeks of September.

The display board included a 11" x 17" enlargement of the flyer mounted on coloured dryboard, a flow chart of the research process also enlarged to 11" x 17" and mounted on dryboard (see appendix D, page 103, for a sample of the flowchart), and photographs of infants with their mothers and/or additional family members. Flyers were available for people to pick up as they passed the display board. The display board was set up in the Lonsdale Quay, a popular public market in North Vancouver, for one week in early August. The display was unstaffed.

Flyers were also distributed through doctors offices, recreation centres, North Shore Health's Parent and Infant groups and the Child Health Clinics, La Leche League groups, North Shore Neighbourhood House, the Squamish Band, and through the advisory group members which included representatives from North Shore Family Services, Lions Gate Hospital, North Shore Health, and the Westcoast Perinatal Support Association.

The flyer also provided the proof for the advertisement run in the North Shore News on August 9, 1991 (refer to appendix B, page 101). In addition, the North Shore News published a story describing the study on August 11, 1991 (see appendix C, page 102).
Selection

The greatest source of respondents came from the publications in the North Shore News. All of the recruitment tools asked women who were interested in participating to call the project coordinator. When potential focus group participants called, eligibility was established and an overview of the study was provided. If callers were eligible and interested, they selected a date to participate in the focus group best suited to them. In order to maximize focus group accessibility day and evening meetings were scheduled. An information sheet outlining the research project was mailed to women who agreed to participate (see appendix E, pages 104-105). A maximum of eight participants were allotted per group.

Conduct of the Focus Groups

It was important to hold the focus group meetings at a site which was accessible, comfortable, and which had an additional room for child care. Seven of the focus groups were held in the board room at North Shore Health. The hospital nurses met in a conference room at Lions Gate Hospital to enable nurses on duty to participate.

The groups were conducted by two moderators: the role of one being to facilitate the discussion, and the second's to take notes of the discussion. The sessions were also audiotaped to ensure accuracy, and simplicity of analysis. The number of participants in each group varied from three to eight. The interviews were approximately ninety minutes long. However,
mothers requiring child care were asked to arrive thirty minutes early to introduce their children to the child care providers.

The session began with introductions of moderators and participants. In addition to their introductions, the moderators explained what their roles would be during the discussion. The purpose of the study was reviewed and consent forms signed (see appendix F, page 106). Confidentiality was assured for all participants. Participating mothers completed a socio-demographic information form (see appendix G, pages 107-108). This form requested the following information:

- area of residence
- marital status
- employment status
- location of infant's birth
- mother's age
- infant's age
- age of any additional children
- level of mother's education

The same format was followed for each group. To ensure a standard format, all participants received a written agenda (see appendix I, page 110) which outlined the question for discussion as well as the allotted time given to each section of the agenda.

The remainder of the session was divided into two sections - the discussion, and the community portrait exercise.

The discussion was divided into three time periods; the first week; 1 week to 6 weeks; and 6 weeks to 3 months.
The division of the discussion into these time periods was based on the assumption that issues for new mothers change over time. Structuring the discussion in periods of time also facilitated accuracy of data and simplicity of analysis. These time frames were chosen because 1) most women are home within five to seven days of giving birth; 2) six to eight weeks postpartum is generally considered a transition point for mothers and babies by the medical profession; and 3) an objective of this study was to explore the needs of women past the traditional puerperium period (physiologically defined as the period of several weeks between the termination of labour and the return of the reproductive tract to its normal state, Gruis, 1977).

During each of these time periods participants were asked to describe what their postnatal experience was like. The moderator used four tasks outlined by Gruis (1977) to provide a context for the question. For each time period, participants were asked to reflect on what it was like to provide care for the baby - the feeding and changing; what this time period was like for the mothers physically and emotionally; what it was like to establish a relationship with the infant; and what lifestyle adjustments they made or experienced. The participants were then asked to describe what this time was like for them.

Finally participants were asked to complete a written exercise. The community portrait generated specific information on the people, services, and resources these mothers found to be the most helpful to them during the first three months.
The session formally ended with all participants receiving a small gift in acknowledgement for their contribution to the study. Participants were invited to remain for refreshments. The groups of nurses dispersed immediately upon completion of their sessions. In contrast, many of the mothers remained and continued informal and unrecorded discussions.

Three attempts were made to verify information obtained from participants. The first attempt was made during the focus group session. Throughout the discussions, one of the moderators noted common issues on a flipchart. Participants were invited to verify, clarify and add to this list. The second attempt was made two to three days after the focus group sessions. Follow-up telephone calls were made to all participants to ask if they expressed everything they wanted. This telephone call provided an opportunity for participants to add any information which they felt unable to express in the groups and/or that they thought of as a result of participating in the groups. Finally, following the completion of all focus groups, the participants were invited to a meeting to provide feedback on the first phase of analysis.

Data Analysis

Qualitative analysis was used to analyze data. In a line by line analysis, notes from the focus group sessions were coded and categorized. In order for this process to be accurate and feasible, the notes from focus group sessions were photocopied onto 11" x 17" paper (see appendix J, pages 111-118 for an sample
of the coding and categorization method used). This gave the researchers enough room to code and categorize directly beside the raw data, as well as to add comments from the audio tape. The next step in the analysis was to listen to the audio tape of each session. Additional coding and categories were added if necessary. Once all the groups were coded and categorized, common themes were identified. Major differences between groups were also noted.

Both moderators independently coded and categorized the first session. The purpose of having two researchers analyze the first session was to provide an opportunity to assess the reliability of the coding process. Following completion of this process the moderators compared their findings and found they had used similar codes and categories. A single researcher coded and categorized the remaining seven focus groups.

Three themes emerged through the data analysis:
1. lack of knowledge ("...nobody told me...")
2. role confusion and/or role redefinition ("...what is my role here...")
3. lifestyle adjustments.

In addition, six tasks were identified:

a) breast-feeding
b) infant care
c) maternal care
d) spousal relationship
e) sibling care
f) household maintenance.

The next step in the data analysis was to consider each of these six tasks in context of each time period and their relationship to each theme.

The data from the community portrait was analyzed by noting the type and frequency of responses.

Three methods used in this study contribute to the reliability and validity of the findings. The first is the method of triangulation. Triangulation of data sources and investigator triangulation were used to reduce systematic bias in the data (Patton, 1980). Comparing the perspectives of different groups of mothers with that of the community health nurses and the hospital nurses provided multiple sources of data for the study. The use of two moderators provided a check on bias in data collection. In an additional effort to reduce researcher bias, the second moderator conducted spot checks of the data analysis.

The second method which contributes to the validity of the study was the use of recursive analysis. Once the first phase of analysis was completed -the coding and categorization- all focus group participants were invited to a meeting to provide feedback on the results. Five of the total thirty-three participants attended the follow-up meeting which took place in early October 1991, anywhere from four to six weeks after the focus group interviews. Those that attended agreed with the analysis and provided positive feedback on the preliminary results.
The research advisory committee met monthly to provide feedback on the data analysis and to provide suggestions to improve the method.

The final method used to provide internal reliability and validity to the study was the use of systematic procedures throughout the data collection and analysis. During the data collection, the same format was used for each focus group session. A standardized open-ended interview guide was used to minimize interviewer effect and to make data analysis easier and efficient (Patton, 1980). During the analysis, the same procedures were followed for each focus group session resulting in systematic analysis.

Krueger states that focus groups are valid if they are used carefully for a problem that is suitable for focus group inquiry (1988, p. 41). An important consideration in the validity of this research project is the fact that the research design and methods used in the study are appropriate and well suited to the question under investigation.

Limitations and Strengths of the Study

There are several limitations to this study. These include, the research method, a sampling bias, the use of focus groups and the question design. The greatest limitation of this qualitative study is that purposive sampling and a small sample size make it impossible to infer the results to the general population. The results cannot be generalized to understand the needs of all new mothers. Purposive sampling also contributes to sampling bias.
An additional sampling limitation in this study was the process of self selection. Most likely the people who chose to participate in the focus groups were people who felt comfortable sharing and expressing their thoughts in a group setting. Women who do not feel comfortable talking in groups may not have volunteered to participate and perhaps would have had different experiences and possibly different needs. Finally in terms of the sample, the study has limitations because, with the exception of the native group, all participating mothers were caucasian, leaving out the perceptions of postnatal needs from different ethnic and cultural groups.

The use of focus groups also has its limitations. Interpretation of focus group data is a subjective process and more difficult to analyze than quantitative measures such as the means and standard deviations. Therefore, with focus groups there is a greater chance of introducing bias into the interpretation of the data. Another limitation of the use of focus groups is that the interviewer has less control over the interview process. The focus group interview process allows the participants to interact with one another, and therefore, to influence the direction of the discussion. Limitations resulting from this process include the introduction of unrelated issues and getting off track from the question asked. Because the research question used in this study was very broad and open ended there was an increased chance of participants controlling the direction of the discussion and introducing irrelevant
issues. In addition, this study explored only one question.

Although focus group interviews have several limitations, they also have advantages. The synergistic effect of the group interaction has the potential to uncover information which would probably not be apparent in individual interviews. In addition, conducting focus groups was a cost effective method to reach a greater number of new mothers than individual interviews would have permitted. The greatest strength of using focus group discussions for this needs assessment was that it allowed the researchers to identify and compare the postnatal needs from three perspectives: mothers, community health nurses, and hospital nurses.

One of the greatest strengths of this project was the collaborative effort used to design and conduct the study. Health professionals, new mothers and social service professionals who work with women and families have participated in the project (refer to diagram 1, page 2). Representatives from these groups formed a research advisory committee. This committee worked together to design and carry out the research. In addition, representatives from community organizations that work with women and their families formed a committee to provide feedback of the research design and to participate in the dissemination process.

The use of participatory planning in the research design and the use of focus group interviews as the primary data source fit well with the objectives of this research project. The questions
this study asked were to identify and compare the perceptions of the target population with the service providers; to explore the role of spouses, family and friends in the postnatal period, within a health promotion approach. The overall research question of this study was to determine the needs of North Shore women during the immediate (0-3 month) postpartum period.
CHAPTER 4 - RESULTS OF FOCUS GROUPS AND COMMUNITY PORTRAITS

Chapter four reports the findings of this study. The results will be presented in three sections; first, a demographic profile of the mothers and the nurses who participated in the focus groups; second, the findings of the focus groups; and third, the findings from the community portrait exercise, will provide a description of the people, services and resources mothers used during the first three months postpartum.

DEMOGRAPHIC INFORMATION OF FOCUS GROUP PARTICIPANTS

Profile of the Mothers (see Table 1)

Participating mothers live in all three North Shore municipalities. The greatest number of mothers (43%) live in the district of North Vancouver. Thirty percent of the mothers live in the city of North Vancouver. The remaining 27% live in West Vancouver.

The majority of mothers reported being married or living with their spouse (79%).

All participating mothers gave birth in a hospital. The range of hospitals included Lions Gate, Grace, St. Paul's, Royal Columbian, and Burnaby General. The majority of births (76%) took place at Lions Gate hospital.

Fifty-five percent of the women indicated they were not participating in the labour market. Of the remaining forty-five percent, 21% were employed and 24% were on maternity leave.
Table 1
Profile of the Mothers

<table>
<thead>
<tr>
<th></th>
<th>Percent</th>
<th>n (n=33)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RESIDENCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W Vancouver</td>
<td>27%</td>
<td>9</td>
</tr>
<tr>
<td>N Vancouver District</td>
<td>30%</td>
<td>10</td>
</tr>
<tr>
<td>N Vancouver City</td>
<td>43%</td>
<td>14</td>
</tr>
<tr>
<td><strong>LOCATION OF INFANT'S BIRTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lions Gate Hospital</td>
<td>76%</td>
<td>25</td>
</tr>
<tr>
<td>Grace</td>
<td>6%</td>
<td>2</td>
</tr>
<tr>
<td>St. Paul's</td>
<td>6%</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>12%</td>
<td>4</td>
</tr>
<tr>
<td><strong>MARRITAL STATUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>70%</td>
<td>23</td>
</tr>
<tr>
<td>Common-law</td>
<td>9%</td>
<td>3</td>
</tr>
<tr>
<td>Single</td>
<td>21%</td>
<td>7</td>
</tr>
<tr>
<td><strong>EMPLOYMENT STATUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>employed</td>
<td>21%</td>
<td>7</td>
</tr>
<tr>
<td>maternity leave</td>
<td>24%</td>
<td>8</td>
</tr>
<tr>
<td>not in labour market</td>
<td>55%</td>
<td>18</td>
</tr>
<tr>
<td><strong>MOTHERS' EDUCATIONAL LEVEL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-10</td>
<td>15%</td>
<td>5</td>
</tr>
<tr>
<td>11-12</td>
<td>37%</td>
<td>12</td>
</tr>
<tr>
<td>some university degree</td>
<td>27%</td>
<td>9</td>
</tr>
<tr>
<td>post graduate</td>
<td>9%</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>12%</td>
<td>4</td>
</tr>
<tr>
<td><strong>MOTHERS'AGE</strong> *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-19</td>
<td>9%</td>
<td>3</td>
</tr>
<tr>
<td>20-24</td>
<td>15%</td>
<td>5</td>
</tr>
<tr>
<td>25-29</td>
<td>15%</td>
<td>5</td>
</tr>
<tr>
<td>30-34</td>
<td>30%</td>
<td>10</td>
</tr>
<tr>
<td>35-39</td>
<td>27%</td>
<td>9</td>
</tr>
<tr>
<td>40-44</td>
<td>3%</td>
<td>1</td>
</tr>
<tr>
<td><strong>INFANTS' AGE (months)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-3 months</td>
<td>9%</td>
<td>3</td>
</tr>
<tr>
<td>4-8 months</td>
<td>67%</td>
<td>22</td>
</tr>
<tr>
<td>9-12 months</td>
<td>24%</td>
<td>8</td>
</tr>
</tbody>
</table>

* rounding percentages does not total 100%
Ages of mothers ranged from 16-41 years old. The majority of mothers (61%) were thirty years or older. Thirty percent of the women were between 30-34 years of age and 30% were 36 years and older. Ages most frequently reported were thirty and thirty-seven.

Levels of education completed ranged from grade seven to masters degree. Thirty-seven percent of the mothers completed 11-12 years of school. Twenty-seven percent had some post secondary education.

The majority (67%) of participating mothers had babies between four and eight months old.

Of the multiparous mothers, nine had two children and four had three children. No participant reported having more than three children.

Profile of the Nurses (see Table 2)

The majority (86%) of nurses lived on the North Shore. Two of the nurses resided in Vancouver and Langley.

The majority (79%) of nurses were married. Three nurses were single. Twelve (86%) of the nurses reported having children.

Ages of the nurses ranged from 33-60 years of age. Five (36%) of the nurses were between 31 and 45 years of age. The majority (64%) were 45 years and older.

The community health nurses had worked for North Shore Health between three and thirty years. Two had worked for North Shore Health ten years and less; five had worked between
Table 2
Profile of Nurses

<table>
<thead>
<tr>
<th></th>
<th>Percent</th>
<th>n (n=14)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RESIDENCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Shore</td>
<td>86%</td>
<td>12</td>
</tr>
<tr>
<td>Vancouver</td>
<td>0.07%</td>
<td>1</td>
</tr>
<tr>
<td>Langley</td>
<td>0.07%</td>
<td>1</td>
</tr>
<tr>
<td><strong>MARRITAL STATUS</strong></td>
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<td></td>
</tr>
<tr>
<td>Married</td>
<td>79%</td>
<td>11</td>
</tr>
<tr>
<td>Single</td>
<td>21%</td>
<td>3</td>
</tr>
<tr>
<td><strong>DEPENDENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>yes</td>
<td>86%</td>
<td>12</td>
</tr>
<tr>
<td>no</td>
<td>14%</td>
<td>2</td>
</tr>
<tr>
<td><strong>AGE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31-40</td>
<td>28%</td>
<td>4</td>
</tr>
<tr>
<td>41-50</td>
<td>21%</td>
<td>3</td>
</tr>
<tr>
<td>51-60</td>
<td>50%</td>
<td>7</td>
</tr>
<tr>
<td><strong>ACADEMIC/PROFESSIONAL CREDENTIALS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td>57%</td>
<td>8</td>
</tr>
<tr>
<td>Bachelor of Science in Nursing</td>
<td>43%</td>
<td>6</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong># OF YEARS EMPLOYED:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Shore Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-10</td>
<td>25%</td>
<td>2</td>
</tr>
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* rounding percentages does not total 100%
eleven and twenty years; and one had worked for thirty years. The hospital nurses had worked for Lions Gate Hospital between four and fourteen years. Three had worked between four and five years; three had worked between ten and fourteen years.

The total number of years the community health nurses had worked as nurses ranged from twelve to thirty-six years. The majority of their work was in the community health field. The total number of years the hospital nurses had worked as nurses ranged from nine to thirty-three years. Primarily these years in nursing were in hospitals. One nurse reported working as a psychiatric nurse for three years; one nurse reported working in a doctors office; and one other nurse reported working as a prenatal educator and a lactation consultant in addition to nursing.

Six of the community health nurses had their Bachelor of Science in Nursing (BSN) degrees. Two community health nurses had diplomas in community health and public health respectively. All of the hospital nurses had diplomas in General Nursing. One was working towards completing a BSN degree; and two hospital nurses reported having midwifery training. All nurses were Registered Nurses.

RESULTS FROM FOCUS GROUP DISCUSSIONS

Data analysis of the focus group discussions resulted in the emergence of three themes: 1) lack of knowledge, 2) role confusion and role redefinition, and 3) lifestyle adjustments. Each theme was examined within the context of three developmental
time periods: the first week, 1 week to 6 weeks, and 6 weeks to three months following the birth of the baby. Analysis of the data revealed that there were six tasks that women were concerned with in their postpartum period: breast-feeding, infant care, maternal care, maintaining their spousal relationship, sibling care and household care. The relationship of each task to each theme was considered in each time period. The presentation of the findings therefore follows this framework of time periods, major themes, and tasks.

The First Week

1) lack of knowledge ("...nobody told me...")

A common statement from the mothers during their hospital stay was that "no one told me". This theme was prevalent in relationship to breast-feeding, infant care and maternal care.

The main issue focus group participants identified in relation to breast-feeding was the lack of consistent information the new mothers received. With the exception of Focus Group #2 - a multiparous group - all groups of mothers and nurses reported that conflicting information regarding breast-feeding was problematic. The following statement from one mother is typical of comments from the majority of mothers. She said,

"One thing that was frustrating, was I was trying to breast-feed and she wouldn't latch on and every nurse had a different way of doing it. ... I went home four days later not having a clue how to breast-feed."

Both groups of nurses identified conflicting information regarding breast-feeding as the biggest problem new mothers have
to deal with during their hospital stay. The following statement by one of the hospital nurses demonstrates their perception of what new mothers face with respect to breast-feeding. She stated,

"The biggest thing I think is inconsistency or different opinions from all the different people who are their care givers."

The community health nurses had a similar view. As one community health nurse stated regarding the feedback she hears from new mothers,

"I think it's really confusing for them because of the fact that they get such different information from every nurse that comes in, they're still doing this even after all the teaching and coordination ... It's still confusing for them, they just don't get the unity in what we are saying. I think that is the number one issue..."

Four out of the six groups of mothers reported that they were unprepared for and/or not told how to care for their infants. These four groups included both primiparous and multiparous mothers. The following statement by a first time mother is typical of comments many mothers made regarding their perception that no one told them what to do to provide infant care.

"After the baby was born, nobody asked me if this was my first child, nobody told me anything, I was in absolute panic ... They wheeled the baby into me and left it there. I had no idea how to change a diaper. They use cloth diapers there, no one told me, I wouldn't have known anyway we didn't know how to change any sort of diaper. They never told me about this chart thing, that I was supposed to fill it out. They never told me how to feed the baby, I had no idea
how to breast-feed."

The hospital nurses identified lack of infant care knowledge as an issue new mothers deal with in the first week postpartum. Although the hospital nurses saw this as an issue primarily for primiparous mothers, they did note that in their experience, more and more women having a second child with a substantial age difference between their first and second baby were also lacking in infant care knowledge. The nurses defined infant care as feeding, cord care, diapering, bathing and proper positions for holding the baby. From their perspective the nurses believe that,

"... a major concern for the mother is the baby care, especially the feeding of this baby."

While they were in the hospital, first time mothers reported being unprepared for the changes to their bodies and the degree of fatigue they felt. The following statement by one mother illustrates what many mothers expressed.

"I was totally unprepared for what was happening to my own body. I was totally exhausted. I wasn't prepared for the bleeding, I tore quite badly, I had an episiotomy. I was terrified about having a bowel movement, ... the bleeding, the soreness, all that stuff around my own body ... that part of it I had very little information before the birth."

In addition, both primiparous and multiparous groups of mothers reported receiving conflicting and/or unclear information about their own care. Mothers did not know how to perform their perineal care, and were unaware of where to locate perineal care
supplies. Mothers described the following situations,

"... never explained you could get up and help yourselves to the peri care supplies."

"No one told me how to clean myself or what to do with a sitz bath."

The community health nurses had heard similar statements from women on their caseloads. One of the community health nurses described a story she heard.

"As one mother said to me, 'that cart was sitting outside my room, if it hadn't been for the women in the bed next to me, I never would have known what to do with it', I guess there's peri care and everything on this cart, but [the mother] said 'that's where I got my instructions.'"

Although both the community health nurses and the hospital nurses identified maternal care as an issue facing new mothers, it was also their belief that while in the hospital new mothers are overloaded with information. As one hospital nurse said,

"... there is so much information we are handing them - information overload."

A community health nurse expresses a similar opinion.

"... we are barraging the mother .... ."

2) role confusion ("...What is my role here?...")

Five of the six groups of mothers reported that during their hospital stay they experienced role confusion regarding self and infant care. They felt that nurses made decisions and performed tasks which were properly the responsibility of the mother. The following comments from mothers demonstrate the lack of control many of the mothers expressed with regard to directing the care of their infants.
"They tried to supplement her with water"

"They kept taking the baby away from me at night"

"I took the baby in bed with me once, to get some sleep. We were resting peacefully when the nurse came in and just took him right out of bed with me. ... Took him out of my bed and put him back in his bassinet - she didn't ask at all."

The community health nurses also identified lack of control in directing the care of the infant as a contributing factor to the role confusion new mothers experience. A community health nurse states,

"On the part of breast-feeding versus the needs, as seen by the staff, for the babies feeding, it seems to be out of the mother's control, from day one, as to whether the babe needs to have a bottle or not, formula is given - it is right out of her hands. I think that's forfeiting a lot right at the very beginning, and telling the mother the baby isn't really yours. She's not managing and making decisions right off, she's not supported in that."

In addition, the majority of mothers expressed confusion and frustration as to what tasks they were expected to be responsible for while in the hospital. They described several situations in which the nurses expected the mothers to perform tasks without clarifying that it was the mother's role to do so. Unclear role expectations are expressed in the following examples provided by mothers.

"They don't tell you to chart down all this information about the baby."

"I was told if I wanted an ice pack to buzz for it, so two days later I'm buzzing for an ice pack and they told me to get it myself"
and I didn't know there was an ice machine on the floor and where it was."

"My bed linen was pretty badly soiled and I asked if someone could change it and they said there is clean linen just around here ... ."

Both the mothers and the community health nurses identified unclear care expectations as contributing to the problem of role confusion. The mothers perception of the problem was the need for an orientation. One mother summarized the problem as,

"I didn't really get an orientation as to what to expect the next day in the hospital, like when meals would come, what I would be expected to do on my own, what I would be expected to do with the baby, so I was always kind of guessing. ... a nurse said, 'Well, have you changed her?' And I go, 'Change her? No, no one told me I had to change her.' ...It was like trying to guess your way through the day. ...It's hard to figure out what to expect."

Similarly, the community health nurses believed the problem of role confusion in the hospital stems from a lack of clear guidelines as to what new mothers can expect on the maternity wards.

"I think maybe they're a bit confused in the hospital too because of a lack of general guidelines as to how they're supposed to conduct themselves on the maternity ward. A lot of people have told me they felt, they weren't sure if they were supposed to put their baby in the nursery at night time, or what was expected of them, would someone watch their baby while they had a shower, or would the baby just be stuck there all by itself, or was someone going to come and help them with the nursing, or were they just to go ahead and do it on their own. I just think they weren't quite sure how much they should be independent about it and how much they should be waiting for guidelines
and advice."

Although the hospital nurses did not identify role confusion as an issue for new mothers during their hospital stay, through their discussion it became evident that the hospital nurses have different opinions as to what the role of the new mother should be during their hospital stay. Some nurses were of the opinion that the mother's primary concern should be resting and recovering from the birth to enable her to cope once she goes home. This opinion is reflected in the following comment from a hospital nurse.

"I think they [new mothers] are starting to feel guilty about bringing their babies into the nursery so they can have a rest. ... We should allow them to rest."

Whereas, other hospital nurses believe that it is important for the new mother to learn to meet her needs and the needs of her infant during the hospital stay. This view is illustrated in the following comment.

"I think they [new mothers] need to learn to rest with baby, that's what reality is at home ... they need to learn to live a normal life around a child."

3) lifestyle adjustments

During the first week postpartum, neither the mothers or nurses reported issues of lifestyle adjustment. The mothers were occupied with learning the tasks of breast-feeding, infant care and self care.

With respect to the provision of care during the hospital stay, there are three variances in the data that are worth
noting: the care experience of the young group of mothers (16-21 years of age) and the native mothers; different cultural expectations of care as reported by the nurses; greater satisfaction in care from new mothers who participated in an early discharge program.

Compared to the other four groups of mothers, both the young group of mothers and the native group of mothers described their hospital stay as a positive experience. In addition, neither group discussed issues around infant or maternal care during their hospital stay. They made statements like,

"I enjoyed the time in the hospital."
"The staff were wonderful."
"I loved the staff."

In addition, the young mothers focused much more on their reaction to having a baby. They said,

"I thought she was just the best ... she was all mine."
"I loved having my baby."
"I totally fell in love with [baby]."

Unlike the groups of mothers, both groups of nurses identified cultural differences as an issue related to care provision during the hospital stay. The nurses identified that different cultures have different expectations in relation to breast-feeding and infant and maternal care. Common statements from both groups of nurses included:

"Many women from different cultures wait to breast-feed until their milk comes in."
"In a lot of cultures, child bearing is the only time in life where they [mothers] are valued ... they don't have to do any physical care for themselves or any baby care."

"Some cultures assume they [mothers] will be taken care of while in hospital...

Although only two women (one primiparous and one multiparous) reported participating in an early discharge program, both of these women preferred the care provided in this program in comparison to the care they received during their short stay in the hospital. The biggest difference for them was receiving consistent information in an unhurried manner. The following statements from these two mothers illustrate their satisfaction with the early discharge program.

"Nurses from the ward came to visit me at home and there they were totally different. They would be there for about an hour, they would take the time and you could ask them anything ... it was quite nice - any kind of questions we had she would answer and at the same time you could phone them at night."

"I really liked the early discharge program. The same nurse who I dealt with at the hospital came to visit me at home ... somebody I knew and we were able to have a one-to-one."

The Next Five Weeks

1) lack of knowledge ("...nobody told me...")

In the one to six weeks time period, three groups of mothers, and both groups of nurses identified lack of knowledge as an issue in breast-feeding and infant care. Several of the first time mothers experienced problems breast-feeding.

The lack of knowledge regarding breast-feeding is expressed
by one mother in the following comment. She said,

"I thought breast-feeding came naturally. I didn't put her on properly and developed mastitis. I never asked how to properly breast-feed."

Many first time mothers made comments such as,

"I had a lot of problems breast-feeding."

It was the perception of both groups of nurses that new mothers experience difficulties breast-feeding. The hospital nurses anticipated breast-feeding problems for mothers during the first weeks at home based on the problems they were experiencing as they left the hospital. The following statement from one of the hospital nurses illustrates the perceived breast-feeding problem. She said,

"Very often the mother goes home and the baby isn't taking the breast well at all. Her breasts are engorged, the baby can't grasp the nipple - I anticipate that this mom has a great deal of difficulty with breast-feeding when she goes home. I think a fair number of our patients going home are like that - they are having a lot of problems breast-feeding."

From their experiences in visiting and talking to new mothers, the community health nurses believed that,

"If [moms] don't get support for breast-feeding right away, it's game over. If we are not aware they are having difficulties breast-feeding, by the time we call or visit they have had enough problems with it that they have already made the decision to give it up."

Both primiparous and multiparous mothers expressed concern about providing care for their infants. The following comment from a primiparous mother illustrates the lack of infant care
knowledge expressed by several mothers.

"I didn't know how to bath the baby .... .
The baby wasn't feeding properly, I didn't
know how to take care of her .... ."

Multiparous mothers also expressed a need for infant care information. As one mother stated,

"You need to be reminded of infant care information, you forget."

With respect to mothers providing infant care during their first five weeks at home, the hospital nurses also identified the need for information about infant care. They believed new mothers had the following needs.

"They need information."

"They need to be reassured they are caring for baby well."

2) role redefinition ("...what is my role here...")

The most prevalent theme identified by mothers and nurses during this time period was role confusion and/or role redefinition - suggesting that this period places heavy demands on mothers to adapt their roles. Although all six tasks were discussed in relation to this theme the majority of the discussions revolved around the recovery needs of the mother and the kind of support systems they needed during this time.

All groups identified maternal care as a major issue during this time period. Issues such as fatigue, maternal nutrition, lack of time for the new mother to spend alone, and the need for the new mother to receive both physical and emotional support were discussed. Common statements from the mothers included,
"There were times when I was so exhausted I couldn't even eat."

"I just didn't have any time for myself."

"You don't have time to cook - basically caring for yourself in terms of brushing your teeth and having a shower is a major accomplishment for the day ... you're too tired, I found if I had time, I needed to shower, but I also needed to sleep and I would take the sleep first because that helped me emotionally."

The community health nurses emphasized the need for mothers to rest and to eat well during this time period. As one community health nurse stated,

"[moms] need extra rest and nutrition. They'll feel better, heal better and breastfeed better if they can get the proper nutrition they need."

The community health nurses also discussed that unrealistic expectations of this early postpartum period on the part of the mother can contribute to the role confusion she maybe experiencing.

"I think most of them [new mothers]-prenatally-envision what it is going to be like, the baby will eat and sleep and I will do my housekeeping and I will get the meals ready and it will all be lovely when husband or partner comes home. Then when they find it is not this way, their whole image of what they are and their role is goes down the drain."

The hospital nurses identified rest and support as key areas to help new mothers in their recovery. One of the hospital nurses summarized the needs during this time period as,

"First one to six weeks is the need for a great deal of support in that time, a lot of support ... and a great deal of rest ..."
The need for emotional support, validation and physical help around the house was a major focus of the discussions during this time period. Four of the six groups of mothers and the community health nurses identified the spouse as an important support during this time. Mothers made comments such as,

"I found my greatest support was my husband..."

"I don't know where I would be without the help of my husband."

The community health nurses reported the need for the father to take an active role in providing support to his partner during this time period. As one community health nurse stated,

"Dads need to understand the kinds of things that are happening to his wife or partner - support things [he] can do the first while to really help out."

In addition mothers found emotional support through friends, particularly other mothers. Typical comments from mothers included,

"I called my girlfriends, to me they were my strength."

"...I meet weekly with a group of other moms - four of us ... if I didn't have them to meet with every week I probably would not be sane now. And I really notice it in myself if for some reason I can't make a meeting one week. But I think that's been the biggest source of help out of all of the support things, is having somebody else who is going through the same thing, hearing input from all the members ... ."

A similar comment from one of the mothers illustrates the importance for new mothers to have their feelings and experiences
validated. She reported,

"I talked to two people on a regular basis ... comforting to have someone else say yes, this is happening to me."

Whether or not they had a support system, most of the mothers expressed a need to talk to someone during this period. Several mothers made statements such as,

"It would have helped to get out and talk to other parents."

"I think it would be nice to have an experienced volunteer mom to come ... someone to come sit and chat."

During this time period all participants (with the exception of hospital nurses) introduced the service provided by community health nurses as a subject for discussion. Many mothers expressed a desire to talk to a community health nurse. The following statements illustrate the mother's need for educational information and support from the community health nurses.

"Nothing was happening the way I thought it would happen, I needed somebody to come in and help me out."

"I just really found I wanted someone to talk to a lot."

"I think that was one of my greatest disappointments, was with the second baby, the nurse doesn't come around anymore ... she said phone, but sometimes it's really difficult to get on phone ... I wanted someone to come by and talk to me."

In terms of receiving useful information several mothers made comments like,

"The health nurse was really wonderful, she explained everything to me."

"The community health nurse's advice really
helped me."

Although the mothers identified the community health nurse as a provider of information and emotional support, the majority of mothers reported inconsistencies in service from the community health nurses.

"I had one visit from the health nurse, it was a good two weeks before somebody came ... but I needed her a week earlier. And one visit isn't enough ...."

"Health nurse didn't come til 4 weeks postpartum"

"I didn't get a call at all with my second child, she came twice with my first ...."

"I didn't get a visit or a call."

The community health nurses recognized that they are not always available to assist the new mother when she needs it. One community health nurse reported,

"We do so many different things, I have Child Health Clinics and schools - we don't always get in as soon as we should."

3) lifestyle adjustments

Issues of lifestyle adjustment received very little attention during the discussions of the 1 to 6 weeks postpartum period.

During this time period, there were variances in the data. Different issues were identified by the young mothers group, the native mothers and the multiparous mothers.

Three of the five women from the youth group reported that they experienced postpartum depression (only 1 other mother from a multiparous group reported experiencing postpartum depression).
Generally, mothers in the youth group reported that their emotions ran higher than did other groups during this period. The younger mothers made comments such as,

"The only thing that freaked me out was my emotions were so touchy. I like to have control, ... somebody would say something and I'm bawling my eyes out."

"I would wake up crying ... for no reason."

"I'd watch Night Court and cry ... any commercials with babies on them I'm like, ahhh."

The Native mothers discussed what it was like to cope without the infant's father. Unlike other groups in which spouses were most often discussed in time period two in terms of how much or how little support they provided, the two native women who were parenting on their own did not report missing or wishing for spousal support. Rather, they described how the assumptions people make about the father's parenting role added pressure to an already stressful time.

"It got to me ... when I'd go out, shopping, people would come up to me and say where's the daddy, don't know what to say."

"It's hard when dad's not there, and people bound to think you are married or engaged.

Both groups of multiparous mothers described this time period as one in which they were challenged to balance the demands of the newborn and older child(ren).

"For me it was keeping the house organized, getting up and getting two of them dressed, I was lucky if I was dressed by 11 or 12 o'clock."

"It would be nice to have someone take the first one for a couple of hours a week, I
needed time with the second, felt I was letting first one down."

Six Weeks to Three Months

1) lack of knowledge ("...nobody told me...")

The majority of participants did not report issues relating to lack of knowledge during this time period.

2) role redefinition ("...what is my role here...")

The majority of participants did not report issues relating to role confusion or role redefinition during this time.

3) lifestyle adjustments

The most prevalent theme identified by participants during 6 weeks to 3 months postpartum period involved the lifestyle adjustments the mothers experienced. All six tasks were discussed in relation to this theme. Seven of the eight groups identified an additional issue relevant to this time period - returning to the labour market.

Five groups raised adjustment issues in relation to breast-feeding. Mothers reported difficulties finding public facilities to breast-feed infants, particularly when mothers have siblings in their care. As one mother stated,

"I found it really difficult getting out with the baby when you have other children, finding a place to breast-feed is not that easy if you've got other kids, I find it virtually impossible to get anywhere.

Both groups of nurses reported that during this time period mothers are making decisions regarding the length of time they will choose to breast-feed. The groups of nurses comments like,

"How long do I breast-feed for is a big
Three groups of mothers reported that during this time period they enjoyed interacting with their infant and had an increased understanding of their infant's needs. Both primiparous and multiparous mothers expressed the enjoyment they felt in their interaction with their infants. They made statements such as,

"It is fun to watch her [baby]. She's becoming more of a person now. Doing little things, fun to play with her, she's getting a lot more personality now."

All of the focus groups discussed changes in mothers' sense of self. The mothers described problems they had experienced: less time available for themselves; feelings of isolation and loneliness; concern regarding their body image; and changes in their sexuality. Mothers made statements such as:

"I think you get house bound, you think everybody is having a life but you ..."

"I found it really lonely, lonely and a bit bored."

"Frustrating to get back into shape ..."

"I wasn't prepared for sex at six weeks ..."

The nurses also identified issues related to mothers' emotional sense of self during this time period. Both groups of nurses made statements like,

"A lot of mothers feel isolated in this time."

"At this time, women are starting to look at their body image and getting in to losing weight."
Several participants, both mothers and the community health nurses, reported that couples spend time less together during this time period. Several mothers made comments about the frequency of having time together as a couple. For example, one mother states,

"We haven't gone out as a couple, solely, yet. I am hoping to now, it's getting to the point that I want to get back a little of my own life - time to get back a wife-and-husband feel."

The community health nurses also identified six weeks to three months as a time for couples to re-establish their relationship. A community health nurse said,

"This is a period when they [couples] have to look at their relationship with their partner and see where they can rebuild where they let things slide."

One group of mothers and the community health nurses also noted the adjustment process is often different during this time for the mothers and the fathers. They reported that spouses expect to resume or maintain the activities they were doing prior to the birth of the baby while at the same time the mothers are experiencing an adaptation in their lifestyle, and a loss of their former lifestyle. As one mother pointed out,

"This was the hardest time for us because he [baby] wasn't going anywhere - he needed a lot of attention - it's been a lot of adjustments for the two [couple] of us. I've come to the realization that my life has changed and he [baby] is really important and he needs someone to look after him. My husband still thinks we can do what we did when he wasn't here. But it's not that easy anymore ... ."
The community health nurses made a similar comment.

"Moms often feel abandoned by the father. The father resumes his golf games and normal activities and she doesn't get to do any of that - a lot of women express frustration over that."

Sibling care was an issue identified by the multiparous mothers and the community health nurses. The mothers reported a change in the amount and type of interaction they had with the infant's siblings. They also reported that during this time period they experienced a change in the sibling's behaviour. The mothers described their older children as acting out and demanding attention. Both the mothers and the nurses reported that the mothers experienced increased difficulty coping with these problems, felt guilty when they lost their tempers, and remorseful when they overlooked the needs of the older child(ren). Multiparous mothers made comments such as the following.

"You worry so much about the other ones. My kids were both really good in the beginning, but [baby] developed colic and was being carried twelve hours a day. Of course, it wasn't long before my son needed to be carried everywhere, he couldn't do anything for himself anymore - he became really demanding."

"I also felt some guilt because I wasn't able to hold the second baby as much as I could with the first, ... ."

"Mine did little things to annoy me ... little attention grabbers. and of course, when you are tired you don't handle the situations as well."

"I feel like I could wring his little neck - I don't - but it's kind of frightening to
feel that. This is the child that before I had the baby, I was so worried that his feelings would be hurt or he'd feel abandoned and now I just want to get rid of him myself."

"I also felt some guilt because I wasn't able to hold the second baby as much as I could with the first, ... ."

Similarly, the community health nurses recognized the mixed feelings the multiparous mothers experience with respect to their older children. One community health nurse reported what she hears from the mothers she visits.

"...there's some guilt in the multip revolving around 'What have I done to my first born by having a second one?' I have heard that expressed a lot."

Whether or not to return to work, and how to achieve this, was introduced as a topic for discussion by seven of the groups during this time period. Several mothers reported a reduction in their motivation to return to work. Some mothers decided not to return to work following the birth of the baby. Mothers' concern about arranging and securing quality child care was expressed by mothers and nurses.

Typical comments from mothers included:

"I have a lot of going back to work stress. I don't want to go back to work and I was totally career-oriented. I don't want to leave my baby for somebody else to look after."

"I have my own business and wanted to keep working, but somehow, having a second, I'm not that keen about going back."

"I'm at the point of deciding whether or not I want to go back [to work], and I would really like to stay home and look after
[baby] but I think for my sake, the sake of our marriage and all the rest that I will need to work at least part-time."

"I've chosen to stay home and I don't regret it."

"I decided not to go back to work, so it's a big financial adjustment and that's been tremendous."

"I started work and that was hard juggling work and finding a good sitter."

Both groups of nurses identified changes in mothers' desire to work as an adjustment issue for mothers during this time period. They made comments such as,

"A lot mothers are having mixed feelings ... they are wondering if they really want to go back - there is a lot there in terms of their economic situation and their expectations."

The group of young mothers was the only group that did not discuss issues regarding employment.

The only major variance in the data during this time period was reported by the nurses. Unlike any of the mothers, both groups of nurses introduced the issue of birth control in this time period. The following statement illustrates the perception of the nurses. One nurse stated,

"I think along with getting their body image back again, they [mothers] are concerned about birth control ..."

See Table 3 for a summary of the issues reported by focus group participants.
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<th>0-1 Week</th>
<th>1-6 Weeks</th>
<th>6 wks-3 mths</th>
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<td>Lack of accurate and consistent information on breast-feeding</td>
<td>Need for mothers to physically and emotionally recover from the birth</td>
<td>Adjustments in mothers' sense of self - emotionally physically sexually</td>
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<tr>
<td>Lack of preparation and clear information on infant care</td>
<td>Need for educational information, emotional support and physical help with household tasks</td>
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<tr>
<td>Lack of clear and consistent information on maternal care</td>
<td>Several mothers experienced problems breast-feeding</td>
<td>Increased understanding of infants' needs and greater enjoyment of interaction with infant</td>
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<tr>
<td>Unclear role expectations regarding infant and maternal care</td>
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<td>Changes in breast-feeding issues</td>
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<td>Perceived lack of control in directing care of the infant</td>
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<td>Changes in the amount of time spouses spend together as couples</td>
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<td>Changes in amount and type of interaction with infants' siblings</td>
</tr>
</tbody>
</table>
RESULTS OF THE COMMUNITY PORTRAITS

The community portrait exercise provides information about the range of people, services and resources the mothers used during the three months following the birth of their infants. The results also illustrate who and or what support systems were the most useful (see diagram 3 for supports nurses reported as being the most useful and diagram 4 for supports mothers reported as the most useful).

People

The range of people who provided help to the mothers included: spouses, siblings, relatives, friends, neighbors, church members, previous co-workers, and informal support groups. The range of people the nurses identified as helpful to mothers was the same as that reported by the mothers, with the exception of co-workers. For both mothers and nurses, the most frequently reported supporters were spouses, family and friends.

Services

The services mothers reported using included: doctors, lactation consultants, La Leche League, hospital nurses, Child Health Clinics, community health nurses, Parent & Infant Drop-in programs, diaper services, homemaking support services, nannies, housecleaning services, recreation centres, and supermarket delivery services. The services reported by the nurses included those reported by the mothers as well as the following: the Vancouver Breast-feeding Clinic, North Shore
Diagram 3
Most Useful Supports for New Mothers as Reported by Nurses

Diagram 4
Most Useful Supports for New Mothers as Reported by Mothers
Family Services Drop-in, welcome wagon, Chesterfield House, transition houses, food banks, the Ministry of Social Services and Housing, drug and alcohol programs, postpartum support programs, drop-in babysitting, and babysitting co-ops. Although there was a broad range of services reported, the most frequent responses from mothers and nurses were related to the professional medical services.

Resources

Both mothers and nurses reported usage of the same resources. The range included: parks, infant care books, educational videos, and the library story time. The most frequently reported resource used by mothers was infant care books.

Two additional support systems were reported by specific groups. The group of young mothers all reported using the Young Parent Program at North Shore Neighbourhood House. The local band office was reported as a resource by the Native group.

Several participants reported more than one support system to be helpful to them. However, an overwhelming majority (77%) of the mothers reported the most useful support was their spouse.

Only 50% of the nurses perceived spouses to be the most useful of the support systems. In addition, 50% of the nurses reported North Shore postpartum services as being the most useful to new mothers. Only 2 of the twenty-five mothers who used or received these services indicated they were the most useful to them.
It is also worth noting the variances in the data between the mothers and the nurses. Whereas, 18% of those mothers who reported using infant care books found them to be one of their most useful resources, only 1 nurse reported books as one of the most useful resources. In addition, the findings of the community portraits showed that none of the mothers reported using the Vancouver Breast-feeding Clinic, whereas, 43% of the nurses reported the clinic as resource available to mothers. Only 2% of the mothers reported using La Leche League as a resource, whereas, 64% of the nurses noted the availability of this community based support.
CHAPTER 5 - DISCUSSION OF THE FINDINGS

This chapter will discuss the findings from the focus groups within the framework of the three time periods that were explored. Data from the community portraits will also be discussed. The final sections of this chapter will include: recommendations for action; implications of this study for social work; and further questions for research.

Issues raised in the focus groups parallel findings from other studies (Ball, 1981; Ball, 1987; Bradley, 1989; Curry, 1983; Evans, 1990; Gruis, 1977; Sumner and Fritsch, 1977). Although the question and the accompanying probes which generated the data were derived from the literature, participants' responses concurred with and built upon information from other studies. It was assumed that additional issues would be raised because the time frame for this study extends beyond the traditional postpartum period.

IMPLICATIONS OF FOCUS GROUP FINDINGS

The results of the focus groups illustrate an overall tendency for mothers' needs to change as the baby grows and the family and infant learn to adapt to one another. Throughout the three month period there is a process of learning and adjusting. The first weeks are ones of acquiring knowledge to carry out the tasks of caring for the infant and the mother's recovery from birth. Following the acquisition of information, the findings indicated a phase - primarily during the 1 to 6 week period - where the women were clarifying their roles as new mothers,
developing skills as well as meeting their own recovery needs. Finally, the discussion groups demonstrated a progression to a period of adjustment. The mothers talked about the types of lifestyle adjustments they and their families were making. The majority of adjustment issues had to do with siblings, spouses and employment. This process of learning and adjusting was reported by both nurses and mothers.

The First Week

Issues commonly noted during the first week were a discrepancy in care expectations and methods in which information is imparted to new mothers. In terms of discrepant care expectations there are two issues to note: mothers lack clear and consistent information to perform the tasks of breast-feeding, and providing care for their infants and themselves; and mothers need clear guidelines explaining the role of a patient on the maternity ward. In two studies conducted by Ball (1981; 1987) she found one of the major dissatisfactions with postnatal care during hospitalization was the conflicting information mothers received, particularly in the area of breast-feeding.

With respect to the acquisition of information, it was primarily first time mothers who felt that "nobody told them" how to perform tasks to do with the care of their infants and their own care. Whereas, all groups of mothers reported experiencing frustration and problems because they received unclear guidelines and conflicting information from the hospital staff. There is a discrepancy between the perception of the mothers and the
perception of the nurses with respect to the acquisition of information. It was the perception of several of the mothers that they did not receive the necessary information to perform breast-feeding and infant and maternal care tasks. Yet, the nurses reported that information about breast-feeding and infant and maternal care is imparted to women, either prenatally and/or during their hospital stay. This discrepancy in perception raises two questions. Is the information new mothers need to acquire in their first week postpartum being communicated clearly? Does the anticipation and complexity of the birthing process interfere with the ability of new mothers to acquire postnatal information? Evans (1991) presents research that supports difficulty in nurses being able to meet the learning needs of new mothers during their hospital stay. She also argues that new mothers may not be ready to learn about infant and maternal care until they go home.

Mothers' experience of this first week, specifically in terms of the hospital stay, suggest a difference between the expectations of care between the groups in this study. The young parents (16-21 yrs) and the Native mothers did not report the same degree of difficulty in their care experience. Unlike the other groups of mothers, the women from the Native group and most of the women from the youth group enjoyed their hospital stay and found it to be restful. Differences may relate to culture, education or experience - all of which may relate to expectations of role and power. Those groups of women who may more commonly
experience powerlessness seemed to fare better in the hospital. Those women who may more commonly be, or perceive themselves to be, in control of their experience may have had difficulty accepting their role as a patient in a hospital. The lack of clarity regarding that role may have just compounded these difficulties. Health care workers need to be sensitive to the growing trend of maternity patients actively participating in their own care, and that of their infant (Bradley, 1989; Evans, 1990).

Bradley (1989) found that women who participated in an early discharge program were significantly more satisfied with the care provided by visiting nurses than those who received the majority of nursing care during their hospital stay. In addition, this study found those women who went home within twenty-four to forty-eight hours felt that they were able to take more control of their care and were validated by the visiting nurses for the methods of infant care they were using.

Evans (1991) supports the concept of nursing care provided at home. Evans believes that when nursing care is provided in the home environment it is designed to meet the needs of the family rather than to fit the hospital's time table and regulations.

The Next Five Weeks

For most of the mothers this period required a transition from hospital to home. In comparison to the previous time period, where professional support was readily available, this
was a time when the mothers were primarily on their own - coping
with the tasks of infant care, maintaining relationships with
their children and spouses, managing household tasks and their
own recovery.

Although the need for information regarding breast-feeding,
infant and maternal care remained issues during this time period,
there was less anxiety, and loss of control reported during these
first 1-6 weeks at home in comparison to the hospital stay.
Bradley's (1989) study supports the home environment as being
more conducive to permitting control, competence and comfort.

All groups discussed what it was like for new mothers to
manage looking after a new baby, attend to their recovery, and
take care of other family members in addition to the household.
In comparing the experiences of mothers with the perceptions of
nurses, there is fairly consistent congruency. On the whole,
nurses understand the complex problems of adjustment faced by
mothers.

Most mothers expressed a need to talk to someone during this
time period. Although the timing of the visit by the community
health nurse was not always the most beneficial or appropriate,
many mothers expressed a desire or need to talk to a community
health nurse or an experienced mother. The data suggest that
there are different kinds of support needed. One has to do with
the need for educational information. The other has to do with
receiving emotional support. Several studies and program
descriptions (Barrett, 1990; Bull & Lawrence, 1985; Curry, 1983;
Evans, 1991; Gruis, 1977; Hiskins, 1983; Sumner & Fritsch, 1977) document the need for new mothers to talk to other mothers and/or a health professional for emotional support, problem solving techniques and educational information.

Three of the five women from the youth group reported that they experienced postpartum depression (only one other mother from a multiparous group reported experiencing postpartum depression). Generally, mothers in the youth group reported that their emotions ran higher than did other groups during this period. Given these findings, the need for a support program for young parents - like the Young Parent Program operated by the North Shore Neighbourhood House - becomes obvious.

**Six Weeks to Three Months**

During this time period, there was a greater range of topics discussed in comparison to the first six weeks. The common element in all the stories was the experience of adapting to a new lifestyle. Issues relating to all six tasks (breast-feeding, infant care, maternal care, spousal relationship, sibling care, and household maintenance) were raised during this time frame as well as the issue of employment.

Concentration of health care services is intense during the first two weeks following the birth. With relation to the four postpartum tasks which served as a framework for the study, health care workers primarily focus on the care of the infant and mother. Findings from this study indicate that although these are needs mothers have in the early weeks, mothers need more
support around lifestyle and role adjustments in becoming new parents. In keeping with the health promotion framework, this does not mean there needs to be the development of postpartum classes or professionally led workshops on postpartum adjustments. Rather, concentration needs to be on facilitating a process for mutual-aid and developing more integrated community services.

IMPLICATIONS OF THE COMMUNITY PORTRAIT FINDINGS

The results of the community portraits supports the conceptual framework put forth by Kleinman (1980). Kleinman argues that in any health care system individuals interact with three sectors: the professional, the folk, and the popular. The professional sector is composed of organized health care workers. The folk sector includes healing specialists who are often not recognized as professional. In relation to this study, La Leche League counsellors would fall into this category. Although the family is the primary source of the popular sector, social and community networks contribute to this sector as well. Kleinman believes that in any health care system it is the popular sector (individual, family, social and community activities -- informal support systems) that provide the majority of support to an individual requiring health care intervention.

The people, services and resources reported by focus group participants indicate that mothers did interact with all three sectors. From the professional sector, nurses and mothers reported using services provided by doctors, nurses and community
health services. From the folk sector, nurses and mothers reported using resources provided by La Leche League counsellors. For groups of mothers and nurses alike, the most frequently reported person/service/resource to provide support during the postnatal period examined was family (spouses, and relatives) and friends. Fifty percent of the nurses perceived spouses to be the most helpful resource to new mothers. In contrast, the majority of mothers indicated their spouse as the most useful/helpful support.

Similar findings were reported in several studies. Gruis (1977) found the vast majority of mothers in her study sought help from their husbands. Ball (1981) reported that it was the quality of support rather than the quantity of support provided by husbands and family that was important in relation to the mother's emotional needs and well-being. Curry (1983) found the postnatal variables that were related to adaptation to motherhood were help from husbands, postpartum nurses and self-concept. Particularly for mothers coming home from the hospital early, Bradley (1989) reported that family support was essential in order for the mothers to be able to take control of their own and their infants' care. Without emotional, psycho-social and physical support, the women who participated in this early discharge evaluation believed it would be preferable to stay in the hospital.

In terms of North Shore Health services - Parent & Infant Groups, Child Health Clinics and community health nurses - all of
the nurses indicated mothers use one or all of these services. Fifty percent of the nurses perceived North Shore Health postpartum services to be the most useful service/support/resource to new mothers. Whereas, seventy-six percent of the mothers reported using North Shore Health postpartum services, only two of the twenty-five mothers who used or received these services indicated these to be the most useful to them. Moreover, nine out of these twenty-five indicated North Shore Health services to be the least helpful to them. Participating mothers made comments to the effect that the Parent and Infant group sizes were too large or that the home visit from the community health nurse was made at a time when they did not need help. These findings suggest a discordance with regard to the utility of services.

The results also raise the question of appropriateness of health service utilization. For example, 75% of the mothers reported the doctor as a support, yet only 16% of those mothers found the doctors to be the most useful resource. Given that most of this service provision has to do with infant care and feeding issues, it begs the question that perhaps these needs can be met in a less expensive and more accessible fashion. The findings of the community portraits showed that none of the mothers reported using the Vancouver Breast-feeding Clinic, whereas, 43% of the nurses reported the clinic as a resource available to mothers. In addition, only 2% of the mothers reported using La Leche League as a resource, whereas, 64% of the
nurses noted the availability of this community based support. Data from the focus groups indicated that many of the mothers experienced problems breast-feeding. Whereas the information from the community portraits suggests new mothers do not frequently use breast-feeding services that would likely help them. These findings raise three questions. Are new mothers aware of existing breast-feeding resources? If they are aware of breast-feeding resources, are these resources accessible to new mothers? And, if these breast-feeding services are accessible, are mothers satisfied with the services they provide?

RECOMMENDATIONS FOR ACTION

Focus group and community portrait findings indicate that during their postnatal period the mothers needed information, support and validation to assist them in adapting to their role as parents.

Information

There is a growing trend in health care to recognize the principles of adult learning in service delivery. In the maternity field, this trend is being acknowledged through the implementation of the Postpartum Parent Support Program sponsored by the federal Ministry of Health and Welfare. While the Postpartum Parent Support Program is an attempt to incorporate adult learning principles into maternity health care, it is important to recognize that the learning needs of mothers extend beyond the time they are in hospital.

To meet the learning requirements that accompany the birth
of a baby - information about infant care and self-care - on the need basis of the mother, professionals could be available through a telephone consultation service providing information to individuals as the need arose. In keeping with and strengthening community health practice, such a service could be carried out by several North Shore organizations: North Shore Health, Lions Gate Hospital, and North Shore Family Services.

Mothers identified the need to acquire educational information with respect to infant and maternal care. Whether this information is being delivered by another mother or a professional, the emphasis needs to be on experiential learning. The mothers who felt most satisfied with learning to meet their recovery needs and to care for their infants, reported experiences with hospital nurses, community health nurses and/or other mothers who provided demonstrations of what to do. It is important to note that in these learning situations it was the mother who asked for the information and that the information was delivered in an unhurried manner.

Support

Current literature in the Health Promotion field supports enhancing mutual aid and self care (Health and Welfare Canada, 1986). Although new mothers clearly need support, particularly during the first six weeks postpartum, it is important for service providers to recognize that they are not the primary source for the majority of this support. What is needed is a way for mothers to be able to talk to other mothers. For example,
instead of a professional leading an educational program for mothers, professionals could organize and facilitate neighborhood support groups for mothers and their children. Another forum for facilitating mutual aid by mothers could include a self-help network of volunteer mothers who visit and/or provide telephone support to new mothers. Such a self-help network would meet the needs expressed by several mothers in the study who did not have friends with children, or who did not have relatives living near to them. Another strategy, reported by mothers who gave birth at St. Paul's hospital, could be the development of a "buddy system" for new mothers to use once they left the hospital.

If, as the data suggests, family and friends are the primary and most useful support, then more needs to be done by professionals to enable the popular sector. Several mothers and nurses in the focus group discussions suggested that a pamphlet or a seminar for fathers to learn what to expect during the postpartum period and what they can do to be helpful would be useful. It would be appropriate to extend such educational strategies to family and friends as they too were identified as primary support systems in this study. It is curious that in other cultures where the popular sector has an acknowledged responsibility for postpartum care and support, emphasis is on facilitating the development of the relationship between the mother and baby and there are fewer reported difficulties with breast-feeding (Kitzinger, 1990).
Validation

Validating women in their role as new mothers is an important need identified in this study. In a service oriented society such as ours, ways to validate women in their role as new mothers include facilities and services designed to accommodate children. Mothers in this study identified the need for public facilities that are conducive to breast-feeding. A particular need in relation to public facilities for breast-feeding, is that they include a small play area that can accommodate siblings. Several women in the study also raised the need for services, such as programs for their older children and exercise classes for the mothers, to include a child care component for their infants.

Another way for women to feel validated as new mothers is for them to have opportunities to express their needs. The focus groups provided the mothers with the opportunity to express their needs, to raise issues that are important to them, and to find support in other mothers. A community forum to present the results of this study, and possibly other related research, would provide new mothers with another opportunity to discuss their postpartum needs, develop strategies for improved services and support, and in addition, educate the community as to the needs of women during their postnatal period.

On a more personal level, people wanting to provide support to new mothers need to ask how they can be helpful. Many mothers in the study expressed that it was difficult for them to ask for
help or that the help they received was not what was needed at the time. Supporters could offer a variety of suggestions, such as preparing some meals, providing child care for siblings, or taking care of the baby so the mother can rest, enabling mothers to respond to offers of support that are comfortable to them and within the expectations and capabilities of the people offering to provide the help.

Professional and lay people need to develop a new perspective of the postpartum period. Providing a learning atmosphere for new mothers that emphasizes experiential learning and imparting information on the need basis of the mother, facilitating mutual aid by new mothers, supporting the supporters of new mothers, and validating women in their role as new mothers are steps towards developing such a new perspective. In order for this goal to be achieved, the community needs to understand what the postpartum period is like for new mothers and what they can do to be helpful. As one of the nurses aptly stated "people should bring casseroles instead of flowers."

There are many strategies that could be used to educate the community as to new mothers' needs during the postnatal period. These include postpartum educational materials, such as pamphlets, videos, and television and radio programs; a community forum; and a public awareness week.

This study makes recommendations for future action that hopefully the committee of community organization representatives will consider implementing. Above all, this study reminds us
that whatever "next step" is taken, it is important to involve community members in the process.

IMPLICATIONS FOR SOCIAL WORK

Social work practitioners will be interested in the results of this exploratory study because it contributes to literature on the social support needs of women and families during the postnatal period; the importance of self-help and community networks; and health promotion research models.

Also social work practitioners will find the psycho-social needs of postnatal women identified in this study useful in terms of developing intervention strategies, - clinical, preventative and/or community-based. In their practice, social workers will be able to incorporate the knowledge that the postnatal period involves a developmental process in which mothers' needs change over time. It is important for practitioners to recognize that new mothers are not a homogeneous group and, depending on several variables - age, labour and delivery, number of children, and ethnic and cultural background - their needs vary. Information from this study will enable social work practitioners to support and strengthen the development of healthy families through their practice in hospitals, social service agencies, community organizations and community development.

On a policy level, social workers will find this study useful from two perspectives. First, social workers advising on policy, public expenditure and/or developing programs will be interested to learn what kind of support systems are important to
new mothers. Although a great deal of research focuses on the provision of service by health care workers, and therefore discusses methods for improving service, most of the support a woman receives during her postnatal recovery is from informal and community networks. This study demonstrates the important role spouses, relatives and friends have in providing physical and emotional support to new mothers. Social workers have an important role to play in educating and enabling these informal support systems.

From a policy perspective, the second aspect of this study social workers will find useful is the model used in this research project. A fundamental concept of this project was to include the community in all phases of the research. In promoting healthy families and healthy communities, this study demonstrates the importance of including the target population, service providers and other key stakeholders in determining the needs, disseminating the findings, planning and implementing strategies for change.

QUESTIONS FOR FUTURE RESEARCH

Several questions arise from this study which are important for further research. Even though the majority of mothers in this study reported receiving conflicting information about breast-feeding from the health care professionals, the study did not determine the difference between those women who had difficulty breast-feeding and those who did not. An important question for future research is what is the difference between
those women who have problems breast-feeding from those who do not?

An additional area for future research includes investigating the learning readiness of new mothers. This study suggests that there is a discrepancy in perception between mothers and nurses with respect to the acquisition of information. What is not clear from this study is if, in fact, new mothers are receiving the necessary information they need to perform infant and maternal care tasks, or if they have difficulty processing the information they receive. A question for future research is to determine what steps can be taken to ensure the acquisition of infant and maternal care information takes place?

It is important to recognize that women are not a homogenous group and that different groups of women may have different postnatal needs. Two areas that require further exploration of postnatal needs have to do with single mothers and women from different ethnic groups.

Given that the majority of mothers who participated in this study were married, the study did not identify needs specific to single mothers. Moreover, given that the majority of mothers reported that their spouses were the most important support to them, it raises the question, what support systems are available to single mothers?

Both groups of nurses reported that in their nursing experience they found new mothers from different cultures have
different postnatal care expectations. Although this study acknowledges the potential differences in postnatal needs between women from different cultural and/or ethnic background, the study does not identify what those differences are. Given that different care expectations may translate into different needs, a future research question worthwhile asking is what are the postnatal needs of women from different cultural and/or ethnic groups?

The answers to these questions would contribute to a better understanding of the postnatal needs of women and provide recommendations to improve services and community supports available to all new mothers.

Support in the postpartum period is essential to ensure adjustment to parenting. The mothers in this study asked for more information, support and validation in making this transition. It is hoped that the findings and recommendations of this study will be useful to new mothers, practitioners working with new mothers and to the families and friends of new mothers. The challenge is to develop and implement strategies which continue to enable health care professionals and those they serve to create a healthier environment.
REFERENCES


APPENDICES
 Mothers!

What was it like after the birth of your baby?

What/who helped you?

We are inviting you to participate in a discussion group as part of a North Shore Health and Lions Gate Hospital Research Project. We want to know about your postnatal experiences to improve community care for new mothers.

What's involved?

* Attend a two-hour meeting with other mothers
* Child care provided
* A small gift to all participating mothers

Who is Eligible?

* Mothers with a 4 to 12 month-old baby
* Can be first-time mothers or mothers with other children
* North Shore resident

For more information, please call Debbie Erickson, Community Health Promotion North Shore Health 983-6710
We are inviting you to participate in a discussion group as part of a North Shore Health and Lions Gate Hospital Research Project. We want to know about your postnatal experiences to improve community care for new mothers.

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For more information, please call Debbie Erickson, Community Health Promotion North Shore Health 983-6710.
N. Shore Health initiates post-natal research study

NORTH SHORE Health is undertaking a research project to assess the needs of post-natal women living on the North Shore.

Conducted in conjunction with a multi-agency committee, the $10,000 study will focus on women's needs during the initial three-month post-natal period.

According to project coordinator Debbie Erickson, the impetus for the study came from local nurses. "The community health nurses at North Shore Health identified there were needs that women have, but they weren't documented or researched," Erickson said.

Erickson said North Shore Health is recruiting North Shore mothers with babies aged from four months to one year to join group discussions for the study.

The study will be based on eight focus groups that will include first-time mothers, mothers with two or more children, teen mothers, native mothers, community health nurses and hospital nurses.

Erickson stressed that the research project is not a study of post-partum depression, but will instead explore the supports and resources women used during the first three months of the post-natal period.

It will also examine the additional supports and resources women think they need and how the mothers' perceptions compare with those of community health nurses and hospital nurses.

Erickson said some recurring issues for the mothers of newborns may include their physical recovery after giving birth, care for their infant, establishing a relationship with their newborn and altering their lifestyle to accommodate an infant.

Between 60 and 70 mothers are needed to participate in the study. Participants must be North Shore residents who can volunteer two hours for the group discussion. Child care will be provided.

The results of the study will be released at a community forum and will also be used for program planning, services and community education initiatives.

To participate in the study, call Erickson at 983-6710.
POSTNATAL EXPERIENCES
OF NORTH SHORE WOMEN
A North Shore Health Research Project

RESEARCH PROJECT PROCESS

Research Team → Advisory Committee

Research Design → Data Collection & Analysis → Dissemination

Focus Group Interviews

Present Results

Follow-up Group of Participants → Advisory Committee

Community Forum

Final Report
POSTNATAL EXPERIENCES OF NORTH SHORE WOMEN: A NORTH SHORE RESEARCH PROJECT

We are inviting you to participate in a focus group interview as a part of a North Shore Health research project. We are interested in hearing from you about your postnatal experience.

• What was it like for you after the birth of your baby?
• What/who helped you?
• What are some of your postnatal stories?

WHAT WE ARE DOING

The North Shore Health department is conducting a research project to determine the needs of North Shore women during the immediate postnatal period (0-3 months). North Shore community health nurses are interested in exploring and understanding the needs of women during the postpartum period.

Using focus group interviews, this study will explore and compare the postnatal experience from three perspectives:

1. recent mothers
2. community health nurses
3. hospital nurses

The results of this study will provide information which will be used for program planning, implementation of services and community education initiatives.
WHAT'S INVOLVED

The time commitment we are asking you to make is approximately three hours. During the focus group interview, you and other mothers will have the opportunity to let us know about your postnatal experiences. We will be providing childcare for you if it is necessary. Day or evening groups are available.

Following the completion of the focus groups, we will be holding an optional meeting for focus group participants to provide us with feedback on the data analysis. This second meeting will be approximately two hours long.

WHO IS ELIGIBLE

To be eligible for the study you must be a resident of the North Shore and the mother of an infant 4-12 months old. If you are interested in participating please call Debbie Erickson, Project Coordinator, at 983-6710.

You are under no obligation to participate in the study. If you decide to participate, you may withdraw at any time and/or decline from answering any questions without reprisal of any kind.

In addition to providing a needs assessment for North Shore Health, this study will be submitted as a thesis towards partial fulfilment of Debbie Erickson's MSW degree at the University of British Columbia.

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RESEARCH SUPERVISORS

Dr. Nancy Hall                           Dr. Sharon Manson Willms
Director                              Faculty Advisor
Community Health Promotion            School of Social Work
North Shore Health                     UBC
983-6710                              822-3251
APPENDIX F - SAMPLE OF PARTICIPANT CONSENT FORM

THE UNIVERSITY OF BRITISH COLUMBIA

POSTNATAL EXPERIENCES OF NORTH SHORE WOMEN:
A NORTH SHORE HEALTH RESEARCH PROJECT

INTERVIEW CONSENT FORM

Researchers
Debbie Erickson
Lyne Coyle
983-6710

Research Supervisors
Dr. Hall
Project Manager
983-6710

Dr. Hanson Willms
Faculty Advisor
822-3251

I, the undersigned, do hereby consent to participate in a focus group interview for the purpose of research for North Shore Health under the following conditions:

- That the data gathered through this process will only be used for the project stated; the purpose of which is to determine the needs of North Shore women during the immediate postnatal period (0-3 months) and to formulate recommendations for service delivery and community action. In addition, the research project will be submitted as a thesis for Debbie Erickson's HSW degree.

- That the interview will take approximately two hours and will be audiotaped.

- That my identity will be kept strictly confidential; that all identifiable information of individuals included in this study will be removed for reporting purposes; persons having access to the data include Debbie Erickson and Lyne Coyle, Researchers, Nancy Hall, Project Manager, and Sharon Hanson Willms, Faculty Advisor, School of Social Work, UBC.

- That no monetary remuneration will be provided for my participation.

- That I may ask any question of the interviewers at any time and have a right to a debriefing following the interview if I wish.

- That I may refuse to participate; that I may withdraw from the study at any time; that I may refuse to answer any question without penalty of any kind.

signature of focus group participant

date

I hereby acknowledge that I previously received a letter of introduction from the researchers, and I have now received a copy of this consent form.

signature of focus group participant

date
APPENDIX G - SAMPLE OF DEMOGRAPHIC INFORMATION FORM (MOTHERS)

INFORMATION ABOUT YOU FOR OUR STUDY

PLEASE CHECK THE FOLLOWING ONE WHICH APPLIES TO YOU:

1. Where do you live?
   _____ NORTH VANCOUVER DISTRICT
   _____ WEST VANCOUVER
   _____ NORTH VANCOUVER CITY

2. Marital Status
   _____ MARRIED
   _____ LIVING WITH SPOUSAL EQUIVALENT
   _____ SEPARATED
   _____ DIVORCED
   _____ SINGLE

3. Are you presently employed outside your home?
   _____ YES
   _____ NO
   _____ MATERNITY LEAVE

5. Where was your infant born?
   _____ LIONS GATE HOSPITAL
   _____ GRACE HOSPITAL
   _____ HOME
   _____ OTHER

You are under no obligation to answer any question.
PLEASE PROVIDE THE FOLLOWING INFORMATION:

5. Your Age: ________

6. Your Infant's age: ________

7. If you have other children, what are their ages:
   ________; ________; ________; ________; ________.

8. How many years of education have you completed?
   ________

You are under no obligation to answer any question.
APPENDIX H - SAMPLE OF DEMOGRAPHIC INFORMATION FORM (NURSES)

INFORMATION ABOUT YOU FOR OUR STUDY

PLEASE CHECK THE FOLLOWING ONE WHICH APPLIES TO YOU:

1. Where do you live?
   _______ North Shore                  _______ Surrey
   _______ Vancouver                    _______ Langley
   _______ Burnaby                      _______ Delta
   _______ New Westminster              _______ Other

2. Marital Status
   _______ Married                      _______ Divorced
   _______ Living with spousal equivalent  _______ Separated
   _______ Single                        _______ Widowed

3. Do you have any children?
   _______ Yes
   _______ No

PLEASE PROVIDE THE FOLLOWING INFORMATION:

4. Your age: _______

5. The number of years you have worked for Lions Gate Hospital: _______

6. The number of years you have worked as a nurse: _______

7. Your academic credentials: _______

8. Your professional credentials: _______

You are under no obligation to answer any question.
FOCUS GROUP SESSION
SEPTEMBER 5, 1991

<table>
<thead>
<tr>
<th>TIME</th>
<th>AGENDA ITEMS</th>
</tr>
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<tbody>
<tr>
<td>1:30</td>
<td>Begin Focus group session</td>
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<tr>
<td>1:30-1:50</td>
<td>20 mins</td>
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<tr>
<td>1:50</td>
<td>Introductions -- leaders/participants</td>
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<tr>
<td></td>
<td>Overview of study -- purpose</td>
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<tr>
<td></td>
<td>research process (handout)</td>
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<tr>
<td></td>
<td>Housekeeping details</td>
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<tr>
<td></td>
<td>info sheet (handout)</td>
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<tr>
<td></td>
<td>consent form (handout)</td>
</tr>
<tr>
<td></td>
<td>schedule/running of group</td>
</tr>
<tr>
<td></td>
<td>agenda -- demo/cmnty mapping</td>
</tr>
<tr>
<td>1:50-2:15</td>
<td>25 mins</td>
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<tr>
<td>2:15</td>
<td>HOSPITAL STAY (0-1 WEEK)</td>
</tr>
<tr>
<td></td>
<td>visualization of stay in hospital using 4 tasks as prompts</td>
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<tr>
<td></td>
<td>what is this time like for new moms?</td>
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<tr>
<td>2:15-2:30</td>
<td>15 mins</td>
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<tr>
<td>2:30</td>
<td>BREAK</td>
</tr>
<tr>
<td>2:30-2:55</td>
<td>25 mins</td>
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<td>2:55</td>
<td>1-6 WEEKS</td>
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<tr>
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<td>same as above</td>
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<tr>
<td>2:55-3:15</td>
<td>20 mins</td>
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<tr>
<td>3:15</td>
<td>6 WKS - 3 MONTHS</td>
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<td>same as above</td>
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<tr>
<td>3:15-3:30</td>
<td>15 mins</td>
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<tr>
<td>3:30</td>
<td>COMMUNITY MAPPING EXERCISE</td>
</tr>
<tr>
<td></td>
<td>wrap up</td>
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**APPENDIX J - SAMPLE OF CODING AND CATEGORIZATION**

**EXCERPTS TAKEN FROM INTERVIEW NOTES - FOCUS GROUP #1**

<table>
<thead>
<tr>
<th>RAW DATA</th>
<th>CODES</th>
<th>CATEGORIES</th>
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</thead>
<tbody>
<tr>
<td><strong>THE FIRST WEEK</strong></td>
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<td><strong>PARTICIPANT</strong></td>
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<td>It was a nightmare. Born and raised in North Vancouver. In Lions Gate Hospital five or six times. Like food. No qualms. Took prenatal, went in at three a.m. Labour and delivery fantastic people. After baby born, no one asked my first child, no one told me anything. In absolute panic - right out of it. No one read my chart. Didn't know how to change diaper, how to feed baby. Baby bruises, cone head, knew from prenatal. Care so bad - Got hysterical talking to mom on phone. No one read my chart in eight days. Don't want to be rude - you're dependent. If anyone talked to me that way in my job they'd be fired. Hospital nurse a friend of my father so didn't want them to know. Care is terrible. Other moms, other hospitals, care OK.</td>
<td>negative hospital experience</td>
<td>hospital experience</td>
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<td><strong>PARTICIPANT</strong></td>
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<td>Until baby born nurses great. After birth sad saying goodbye. Ward grand central station - don't have time to care for you - different faces. Didn't have time to teach breast-feeding. Posters, demos, cram into station to observe. Wanted to get out. Smooth easy delivery. Nurses at home visit - entirely physical setting facility</td>
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<td>facility</td>
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different - lots of time. Any questions answered and could phone them - had breast-feeding problems and talked to them. On early discharge. Would do again. Day and night delivery vs ward. Felt nurse overloaded.

PARTICIPANT
Delivered at Grace, same thing. Long labour, detected problems with baby and wanted to do procedure with baby. No communication with me. No one said forcep delivery. Upstairs, no baby with me, in special care nursery, other moms had babies. Couldn't go to bathroom on bedpan. Walked me to toilet and told me not to get off until she came and never told no to do this so one nurse said not to waste her time buzzing. Needed an ice pack - told to get yourself. To use a wheelchair and buzz. So would wait for person to get me. Doctor wanting me to stay. By the fourth day buzzed to go down and told to go yourself - wanted more time with baby and no one told me to do this. Told to do more constructive things than t.v and watch demos. Didn't want to because I didn't have baby.

PARTICIPANT
I work at Lions Gate Hospital in radiology. So felt fairly comfortable going to Lions Gate Hospital. Went to physician I wanted. Was induced. Nurse didn't check me in labour and

hospital nursing care
EDP - good Breast-feeding problem - resource available in EDP

difference in L&D and PP ward staffing - nurses not enough time

communication (not told) re procedures (delivery) nobody told me (informed or asked opinion)

conflicting information conflicting information inappropriate communication

nobody told me

communication - unclear communication

hospital care EDP Care problems breast-feeding EDP Care

hospital experience staffing availability

unclear communication expectations of care

conflicting information expectations of care

inappropriate communication perception of care

communication - unclear communication
delivery how far dilated I was. Everything got rolling and baby born nieces etc, handled baby ok. Like you, when I went to ward felt totally abandoned except for one nurse that tried to help me. Baby had high bilirubin. Had to have blood tests. Used to that, but different with own baby. Thought she might have something else - so urine collection. Felt nurses didn't handle well. Desperately wanted private got two bed. Had two different persons. One caesarean section - got all the attention. Other kept curtains drawn - so no sun - depressing. Rooming in a mistake. Felt sorry for nurses. Only two breast-feeding had babies at night - all in nursery. Staffing difficult to get nurses. Didn't have an episiotomy, knew where things were, felt they liked me because they didn't have to worry about me. Read my chart - but kept checking me for stitches which I didn't have. Three days after baby was born, had the blues - intensified because bilirubin going up and other thing but it was ok. Next time I'll take early discharge.

1 - 6 WEEKS

PARTICIPANT

When I left hospital one of nurses sympathetic. Said twenty-four hour rest and bottle feed and give nipple rest. Milk in

felt abandoned on PP ward

nursing - didn't handle procedure well

rooming in a mistake

staffing issue

lack of awareness re patient condition 3 day blues EDP next time

nursing - sympathetic misinformation

hospital care

nursing care

breast-feeding misinformation

perception of care

perception of infant care

staffing availability

staffing availability

perception of care

3 day blues

hospital care
couldn't stand it. So short time nursing. Only 2 bottles. Husband sterilizing. Did feed at night. I physically, once I got home, could not sleep in one position more than one hour at time. Ribs felt like a knife going through them. Woke up in agony, fifteen minutes to get out of bed. Ended up sleeping with lots of pillows - to get any sleep. A wreck physically. Would phone hospital to get help with breast-feeding. Whoever I could think of. Went to La Leche League. Said doing it all wrong. Spent one and a half hours. Baby frantic, I was in tears. Home and pumped all night. Rented electric pump. Went to hospital and put on double machine. Pumped 4 days and gave it a go but didn't like sensation and tried three to four times. Wanted to be a good mom. Anyway I quit and world lifted off my shoulders. One visit from health nurse. Husband said could someone come right away. Guess on holiday, didn't come right away - two weeks. Needed her earlier, one visit not enough. Needed someone to talk to and needed support. Have no family here. Difference to talk to someone. Wasn't fun. Didn't like at all.

PARTICIPANT
When I got home - loved it. Husband off two weeks. Got to sleep and he looked after. Health nurse came in few days.
Visit not as informative
spent more time talking
about her kids. Sister had
two older children - support - phoned her.
Better at home and more relaxed.

PARTICIPANT
The breast-feeding thought
it came naturally and when
first latched on - nurse
said she was a natural.
Home one and a half weeks -
not on properly developed
mastitis. To emergency and
antibiotics. Doctor said
have to let baby empty
breasts or would have to
put little hose in and
and drain it out. Two weeks -
painful. Lots of times
thought this is it. Baby
really enjoyed breast-
feeding just recently on
bottle. Never asked how to
properly breast-feed.
Heard about football hold -
what kind of football?
Would have liked someone to
talk to. La Leache League
helpful and supportive -
spent one hour.

PARTICIPANT
I had a wonderful time at
home. As soon as feathers
ruffled at hospital got
help breastfeeding. After
someone took time. Nobody
came to show how to put on
pamper. Everything at
home went as with a duck to
water. Lucky good baby. I
sympathize with moms
getting up. Odd in
hospital - nurses said
opposite things. One said
baby in nursery - other
should keep baby. don't
seem they have a standard
Makes you feel like your doing something wrong.

PARTICIPANT
Depends on circumstances.
By time I saw him all hair off. I didn't know anything. Nurses called up to see if my milk came in - gave formula - didn't ask opinion. Came home he was in the hospital. Day health nurse came - didn't need her - Lots of questions re bathtub, simple things. Could have used her in a few weeks. We muddled our way through.

6 WEEKS - THREE MONTHS

PARTICIPANT
I found it really lonely. A bit bored - feeding and changing. A lot of ways baby more settled, more fun - real little person. A period of time when I was quite bitchy. Minor things and I'd be gone. Making dinner by then - a bit of a strain. Husband had done reading and knew what to expect.

PARTICIPANT
Had an idea of what mom should be I don't think I thought I'd be super mom. Registered in photography course and got me out and was wonderful. Went through trauma with cloth diapers - thought I wanted to be super mom. Went to store in labour to get diapers. Wasn't prepared for mixture in diapers - grew out of size of diaper and no one mentioned to me - got a bit much. Phoned husband

6 WEEKS - THREE MONTHS

PARTICIPANT
lonely, feeling bored settled baby irratable

experience of 6 wks - 3 mths experience of 6 wks - 3 mths maternal emotions

need support at dinnertime husband aware of what to expect expectations re role of mother

maternal role expectations

out of house without infant diapers info needed lack of knowledge

time for self lack of infant care knowledge
- call diaper service. Went to pampers and got easier. Phoned diaper service - should use pampers first and diapers later - Can talk on both sides. She would be covered everywhere. Used to call my girlfriend - I'm having a Kalhua and milk and I'm not supposed to - breast-feeding. Went through a lot of guilt and didn't have another - but think everyone is having a life but me. A little devil came out - great.

friend for support

feeling shut in, isolated

no life, housebound

PARTICIPANT
Before baby could go out - harder after. Went out first time baby was ten months - no family - breast-feeding hard to leave her. Father came for a visit and first time we went out - strange. Didn't have much trouble adjusting - used to do lots at home - I'm quite occupied.

hard to get out going out

no family - lack of extended family support

breast-feeding and going out - coordinating outings and breast-feeding

doctor said supplement breast-feeding and it's nice. Supportive family members so nice to get out without him - sometimes nice to get away by self. Get in car and turn up music, so don't stay home if I don't want to. Haven't gone out as a couple yet. Would like to get my old life back now. Like to get back with husband deal. Sometimes need nap.

breast-feeding supplementing

supportive extended family

getting out by self and enjoy time alone

no couple time alone

adjustment - resuming old life as husband and wife

nap in day - fatigue

maternal role experience

extended family support

coordinating outings and breast-feeding

time for self

spousal relationship

spousal relationship

fatigue level
during the day - one day a week. Go constantly. Don't get a chance to totally accomplish one thing. Lucky to get one thing done. I've read some books on development - fun to play with her, more personality.

PARTICIPANT
Much similar - lucky I know that very good baby. Take him all over place. Go out every day. My husband and I mak a point of going out every two weeks. Awkward - try not to talk about baby. I'd love to talk about something more stimulating. He looks at me like I'm simple. I'm at the point of deciding to go back to work. For the sake of the marriage, need to go back.

Inability to complete tasks
task accomplishment
enjoying infant
experience of 6 wks - 3 mths
couple time
alone
spousal relationship
desiring conversation
other than re baby
decision re work
employment issues
APPENDIX K - ETHICAL REVIEW FORMS

The University of British Columbia
Office of Research Services

BEHAVIOURAL SCIENCES SCREENING COMMITTEE FOR RESEARCH
AND OTHER STUDIES INVOLVING HUMAN SUBJECTS

CERTIFICATE OF APPROVAL

INVESTIGATOR: Manson Willms, S.
UBC DEPT: Social Work
INSTITUTION: North Shore Health Lions Gate Hospital
TITLE: Postnatal experiences of north shore women: a north shore health research project
NUMBER: B91-268
CO-INVEST: Erickson, D.
APPROVED: SEP 5 1991

The protocol describing the above-named project has been reviewed by the Committee and the experimental procedures were found to be acceptable on ethical grounds for research involving human subjects.

Dr. R.D. Spratley
Director, Research Services
and Acting Chairman

THIS CERTIFICATE OF APPROVAL IS VALID FOR THREE YEARS FROM THE ABOVE APPROVAL DATE PROVIDED THERE IS NO CHANGE IN THE EXPERIMENTAL PROCEDURES.
LIONS GATE HOSPITAL RESEARCH COMMITTEE

CERTIFICATE OF APPROVAL

1. TITLE OF STUDY: Postnatal Experiences of North Shore Women: A North Shore Health Research Project
2. INVESTIGATOR: Nancy Hall, Ph.D.
   Name and Title North Shore Health
3. LGH DEPT/AFFILIATION: North Shore Health
4. DATE OF APPROVAL: July 10/91

The Lions Gate Hospital Research Committee has examined the protocol describing the above-named project and consider the experimental procedures outlined by the principal investigator to be acceptable on ethical grounds for research involving human subjects.

Chairman, Lions Gate Research Committee
1. TITLE OF STUDY
"POSTNATAL EXPERIENCES OF NORTH SHORE WOMEN: A NORTH SHORE RESEARCH PROJECT"

2. INVESTIGATOR:
Name and Title
Nancy Hall, Director

3. DEPARTMENT/AFFILIATION:
Community Health Promotion

4. DATE OF APPROVAL: July 17/91

NORTH SHORE HEALTH RESEARCH COMMITTEE has examined the protocol describing the above-named project and consider the experimental procedures outlined by the principal investigator to be acceptable on ethical grounds for research involving human subjects.