

Information support concerning care of a baby provided for lying-in women during their stay in maternity ward in rooming-in system

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Abstract

The aim of the study was to estimate the need for information support concerned with care of a baby and evaluation of lying-in women expectations referred to sources of support, methods and devices used during presentation.

The research included 200 lying-in women hospitalized in Clinic of Obstetrics and Perinatology, Pomeranian Medical University in Szczecin; there were separated the study group which consisted of primiparas (n=100) and reference group – multiparas (n=100). The applied method was medical history of a patient, and a research tool was author's questionnaire.

The results show that primiparas noticeably more often than multiparas need information support related to care of umbilical stump (p<0.001), bathing (p<0.001), care of skin and mucous membranes (p<0.001), management of regurgitation, management of colic (p<0.001), signs of neonatal transient states, and checking for concern-raising signs (p<0.001).

Lying-in women much more often indicate a nurse/midwife and a doctor working in maternity ward as a source of information support, and considerably more often expect information to be provided in the form of training and chatty lecture with the use of brochures.

Conclusions:

1. Primiparas require greater involvement of health professionals in providing information support and especially giving information on baby care.

2. A nurse/midwife and a doctor are these people in

maternity ward who are particularly expected to provide information support for both primiparas and multiparas.

3. Different methods (training, chatty lecture) may be applied when information support is provided and the choice should correspond with patients' needs, goals and organizational possibilities.

4. Lying-in women expect various devices used for providing information support, but in most cases they are brochures with information on particular topics.

Key words: information support, postnatal care, nursing a baby, rooming-in.

Introduction

After giving birth to a child a family and especially a woman expect protection and support from the close relatives as well as from the health service workers. Helena Sęk [1] defines social support as a kind of interaction which occurs in difficult or problematic situations. Its aim is to cause one or both participants of the interaction to get closer to the possible solution of a problem, to overcome difficulties, reorganize the disturbed relation with environment and provide emotional support. Social support leads to exchange of emotions, information, devices, and properties. Variability of behaviours which take place during interaction made it necessary to separate different categories of support, among them information support. It is related to providing information on possible ways of dealing with concrete situations, giving advice, and teaching new skills. Some of the sources of information support are: health service workers (ex. nurses/midwives, doctors), but also family, friends and support groups. The provided information should include knowledge of baby care, proper development of a baby, necessity of prophylactic vaccinations, the use of screening examinations in the diagnostics of metabolic diseases, and necessity of preparing lying-in women for basic nursing activities [2-4].

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Table 1. The demand for information on baby care declared by the lying-in women from the study and reference groups

No	Issues	Groups				χ^2	p
		Study n=100		Reference n=100			
		Yes	No	Yes	No		
1.	Changing diapers and dressing	28	72	3	97	23.86	<0.001
2.	Bathing	66	34	12	88	61.29	<0.001
3.	Diapers and buttock care	22	78	2	98	18.94	<0.001
4.	Holding and lying the neonate	26	74	1	99	26.76	<0.001
5.	Care of umbilical stump	75	25	33	67	35.51	<0.001
6.	Care of skin and mucous membranes	44	56	9	91	31.45	<0.001
7.	Management of regurgitation	37	63	5	95	30.86	<0.001
8.	Management of colic	54	46	17	83	29.89	<0.001
9.	Feeding during the first year of life	41	59	6	94	34.07	<0.001
10.	Infant safety	12	88	2	98	7.68	<0.01
11.	Touching the child	8	92	2	98	2.63 (Y)	>0.05
12.	Signs of neonatal transient states	63	37	31	69	20.55	<0.001
13.	Observation of concern-raising signs	63	37	22	78	34.39	<0.001
14.	Vaccinations	4	96	2	98	0.17 (Y)	>0.05
15.	Screening tests in the neonate	45	55	18	82	16.89	<0.001

χ^2 – a chi-square independence test

p – significance level

Y – Yates' correction factor

The research aimed at:

1. The assessment of the need for information support related to baby care declared by lying-in women staying in maternity ward in rooming-in system.
2. The evaluation of lying-in women's expectations concerned with the sources of support, methods and devices applied while providing information support.

Material and methods

The research included 200 lying-in women hospitalized in Clinic of Obstetrics and Perinatology, Pomeranian Medical University in Szczecin. All of them were lying-in women with physiological course of the early stage of puerperium. There were separated the study group which comprised 100 primiparas and the reference group which consisted of 100 multiparas. The youngest woman in the study group was at the age of 15, the oldest one – 38 (the median – 24.5 years). In reference group the youngest lying-in woman was 20, and the oldest – 43 (the median – 29 years).

The method applied in the research was patient medical history questionnaire and the author's research tool which consisted of 15 issues connected with information support related to baby care and provided for lying-in women staying in maternity ward in rooming-in system. The lying-in women were to define which methods, devices and information they regard as particularly valuable; they were also to appoint the most important people to convey information. The women were surveyed after they had agreed to take part in the research. The collected material was statistically analyzed with the use of the classic methods.

Results

Analysis of the questionnaire results (Tab. 1) was used to assess the demand for information support connected with baby care declared by lying-in women staying in maternity ward in rooming-in system. The patients from the study group declared interest in all issues more frequently than those from the reference group. Statistically significant differences ($p < 0.001$) were concerned with changing diapers and dressing, bathing, diapers and buttock care, care of umbilical stump, care of skin and mucous membranes, management of regurgitation, management of colic, feeding during the first year of life, signs of neonatal transient states, observation of concern-raising signs, and screening tests in the neonate.

Statistically essential differences ($p < 0.01$) occurred only in one case referred to infant safety. As for other determinants: necessity of touching the child and benefits of vaccinations, some distinctions could be noticed but statistically they were not vital ($p > 0.05$).

Tab. 2 illustrates expectations of the lying-in women from the study and reference groups, referred to the sources of information support on baby care.

The patients from the study group appointed a nurse/midwife in the maternity ward as a source of information support on eight out of fifteen topics: care of umbilical stump ($p < 0.001$), bathing ($p < 0.001$), changing diapers and dressing ($p < 0.01$), care of skin and mucous membranes ($p < 0.001$), management of colic ($p < 0.01$), screening tests in the neonate ($p < 0.01$), holding and lying the neonate ($p < 0.05$), management of regurgitation ($p < 0.05$).

The primiparas chose a nurse/midwife to be the main source of information support for three out fifteen issues only: care of umbilical stump ($p < 0.001$), management of colic ($p < 0.05$) and

Table 3. Expectations of the lying-in women from the study and reference groups as for the methods and devices applied when information support is provided

No	Issues	The expected methods										The expected devices											
		The study group					The reference group					The study group				The reference group							
		The number of patients	Lecture	Training	Demonstration	Chatly lecture	Others	The number of patients	Lecture	Training	Demonstration	Chatly lecture	Others	The number of patients	Film video	Scientific book	Brochure	Materials in the ward	The number of patients	Film video	Scientific book	Brochure	The materials in the ward
1.	Changing diapers and dressing	28		22	1***	2***		3	2	1	1			28	3**	1***	16	1***	3			1	2
2.	Bathing	66		44	4***	1***		12	8*					66	6***		44		12			7*	
3.	Diapers and buttock care	22		16	1***	1***		2	1					22	1**	1**	14	3*	2			1	
4.	Holding and lying the neonate	26		19	3**	1**		1	1					26	1**	1**	12		1			1	
5.	Care of umbilical stump	75		65	3***	1***		33	29	2***				75	2***	1***	52	4***	33			20	2***
6.	Care of skin and mucous membranes	44		28	1***	9**		9	4		4			44	4***	1***	24	1***	9			5	
7.	Management of regurgitation	37		9*	1***	25		5	2	3				37			24	3***	5			3	
8.	Management of colic	54		9***	2***	40		17	2**	1**	14			54		1***	42	2***	17			12	1**
9.	Feeding during the first year of life	41		1***	9**	28	1***	6	2		4			41		1***	31	1***	6			4	
10.	Infant safety	12		1	2	1	7	2	2	2				12			7	1	2			1	1
11.	Touching the child	8		2	1	5		2		2				8	1		3		2			1	
12.	Signs of neonatal transient states	63		1***	2***	58		31	1***	30				63			52	2***	31	1***		23	1***
13.	Observation of concern-raising signs	63		2***	3***	51		22	1***	18				63			49	1***	22			17	1***
14.	Vaccinations	4			1	3		2		2				4			3	1	2			1	
15.	Screening tests in the neonate	45		1***		44		18		18***				45			40	1***	18			15	1***

* p<0.05 ** p<0.01 *** p<0.001

*, ** or *** were put at natural numbers which statistically much different from the biggest number occurring in the area marked with grey colour for a particular question (comparative test of two results) – Armitage P. To make the statement clear the *** were not placed at the greatest values for particular issues if more than one answer was given. In case of issues where only one answer was given, a star was put if the differences were statistically vital.

screening tests in the neonate ($p < 0.05$). The patients from the study and reference groups would like to be informed about signs of neonatal transient states by the doctor in maternity ward ($p < 0.001$).

Tab. 3 depicts expectations of the lying-in women from the study and reference groups as for methods and devices applied to provide information support on baby care. The lying-in women from the study group much more often chose training as a method used for providing information support on six questions: changing diapers and dressing ($p < 0.001$), bathing ($p < 0.001$), diapers and buttock care ($p < 0.001$), holding and lying the neonate ($p < 0.01$), care of umbilical stump ($p < 0.001$), care of skin and mucous membranes ($p < 0.001$). For other six questions a chatty lecture was a method much more often chosen by the patients from the study group: management of regurgitation ($p < 0.01$), management of colic ($p < 0.001$), feeding during the first year of life ($p < 0.001$), signs of neonatal transient states ($p < 0.001$), observation of concern-raising signs ($p < 0.001$), benefits of screening tests in the neonate ($p < 0.001$).

The lying-in women from the reference group considerably more often appointed training as a method applied for providing information support on the following issues: bathing ($p < 0.05$), care of umbilical stump ($p < 0.001$), management of colic ($p < 0.01$), signs of neonatal transient states ($p < 0.001$), observation of concern-raising signs ($p < 0.001$), screening tests in the neonate ($p < 0.001$).

The women in childbirth from the study and reference groups noticeably more often appointed brochures as devices used for providing information support; in the study group it referred to twelve issues, and in the reference group – six.

Discussion and conclusions

Numerous authors emphasize the necessity of preparing lying-in women for care of a baby. Szczawińska [5] claims that staying with a baby in rooming-in system, a mother learns how to care for her baby, she becomes skilled at basic nursing activities like: bathing, and changing diapers; at the beginning she performs these activities under control of a nurse/midwife, and then on her own. According to Stright and Harrison [6] it is absolutely necessary to prepare parents for care of their baby,

to assist and support them, while they are getting parental skills, and developing the relation between the parents and a child.

Święcka's [7] research show that 64% of respondents think that problematics of health-related education ought to include nursing and care of a baby. Kmita and co-authors [8] state that preparation at The Childbirth School has a very positive effect on the process of adaptation to the mother's role. It finds its reflection, among others, in successful dealing with nursing care activities during stay in maternity ward in rooming-in system.

Conclusions

1. During their stay in maternity ward, primiparas require greater involvement of health professionals in providing information support and especially giving information on baby care.

2. A nurse/midwife and a doctor are these people in maternity ward who are particularly expected to provide information support for both primiparas and multiparas.

3. Different methods (training, chatty lecture) may be applied when information support is provided and the choice should correspond with patients' needs, goals and organizational possibilities.

4. Lying-in women expect various devices used for providing information support, but in most cases they are brochures with information on particular topics.

References

1. Sęk H, Cieślak R, editors. Wsparcie społeczne, stres i zdrowie. Warszawa, Wydawnictwo Naukowe PWN; 2004.
2. Chazan B, editors. Położnictwo w praktyce lekarza rodzinnego. Warszawa, Wydawnictwo Lekarskie PZWL; 1997.
3. Chestnut MA. Maternal-newborn home care manual. Philadelphia, Lippincott; 1998.
4. Gadzinowski J, Bręborowicz GH, editors. Program poprawy opieki perinatalnej w Polsce. Poznań, Ośrodek Wydaw Nauk, 1997
5. Szczawińska M. Razem czy osobno? Poród rodzinny. Kraków, Wydawnictwo AZ; 2000.
6. Stright BR, Harrison L. Maternal-newborn nursing. Philadelphia, Lippincott; 1996.
7. Święcka M, Wojda B. Praca edukacyjna realizowana przez położne a oczekiwania pacjentek oddziału położniczo-ginekologicznego. Pielęg Pol, 1997; 7: 171-4.
8. Kmita G [i wsp.]. Obraz dziecka u kobiet przed i po porodzie, a opinie o systemie rooming-in. Rola edukacji przedporodowej. Klin Perinatol Ginek, 1996; supl. 13: p. 265-72.