

A Survey of Maternal Perceptions of Early Postpartum Care With a Focus on a Breastfeeding Friendly Environment

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Abstract. A primary activity for the mother-infant dyad in the first hours and days after birth is learning to breastfeed. Unfortunately, many unidentified barriers interfere with the learning process. The purpose of this study was to investigate maternal perceptions of the early postpartum care environment and the factors impacting breastfeeding as an initial step to establishing a breastfeeding friendly environment. Before discharge from the hospital mothers completed the COMFORTS scale, sharing their perceptions of the physical environment and the care they had received. Data were analyzed using frequencies, measures of central tendencies, and descriptive statistics. Independent sample T-tests were run for comparisons between first time breastfeeding mothers and mothers who had previous breastfeeding experience. Maternal perceptions of the postpartum environment and care were very positive.

1. Introduction

Early postpartum care is an essential building block in mothers' transitions into motherhood [1]. Satisfaction with care is a compilation of multiple distinct dimensions of the healthcare experience after birth [2]. Janssen, et al. developed the *Care in Obstetrics: Measure for Testing Satisfaction* (COMFORTS) scale to assess maternal perceptions of these dimensions and their impact on breastfeeding initiation [3]. There are six dimensions of postpartum care delineated in the COMFORTS scale: 1) provision of choice, 2) physical environment, 3) labor and delivery nursing care, 4) respect for privacy, 5) postpartum nursing care, and 6) confidence in newborn care. The majority of research regarding these dimensions primarily includes qualitative assessments of support measures provided for breastfeeding. In contrast, Morrison, et al. evaluated the impact of the physical environment of the postpartum units [1]. Between 8 a.m. and 8 p.m., a stream of people enter the postpartum room: nurses, doctors, housekeeping, dietary, family and other visitors. Mothers had minimal time alone with their newborns and were reluctant to breastfeed due to the lack of privacy. One mother stated, "I felt like someone was constantly interrupting; when I was able to breastfeed, I felt rushed and worried someone would come in soon" [1]. Morrison's research demonstrated how the physical environment and flow

of caregivers and visitors could impact breastfeeding initiation and bonding. Another dimension of the early postpartum period is the development of maternal confidence with newborn care and feeding. Quality time with her newborn, support, and timely breastfeeding education allows the mother to get to know her infant and to acquire initial mothering skills [4]. Dennis, et al. described the phenomena of breastfeeding self-efficacy or confidence. To develop breastfeeding self-efficacy, four factors need to be considered: past breastfeeding experience, observing others breastfeed, verbal persuasion and encouragement, and physiological responses [5]. The COMFORTS scale dimension of "confidence with newborn care" examines maternal perceptions of the support and education provided early postpartum to help develop self-efficacy [1].

Purpose

This secondary analysis investigated maternal perceptions of the early postpartum environment and the factors impacting breastfeeding initiation as an initial step to establishing a breastfeeding friendly environment.

2. Methods, Results, Discussion, and Significance

Survey participants were mothers who gave birth at a large, level III, high-risk perinatal birth center. Mothers were included regardless of delivery method, choice of feeding method, or number of previous births and if 18 years of age or older, and able to speak and read English.

COMFORTS Scale

The COMFORTS scale is a 48 question survey using a 5-point Likert scale ranging from strongly agree to strongly disagree. Four of the six dimensions were analyzed:

Provision of Choice: Questions in this dimension address the number of caregivers, degree of caregiver support, and comfort measures given for pain after delivery.

Physical Environment: Questions in this dimension address satisfaction with the spaciousness, comfort level, noise level, and respect for privacy by housekeeping staff.

Privacy: Questions in this dimension address satisfaction with privacy from caregivers, physicians, nursing staff, and other hospital staff during the postpartum period.

Confidence in Newborn Care: Questions in this dimension address mothers' confidence in caring for their babies' needs pertaining to feeding and positioning.

Data Analysis and IRB Approval

Data were analyzed using frequencies, measures of central tendencies, and descriptive statistics. Independent sample T-tests were run for comparisons between first-time and experienced breastfeeding mothers. The study was approved by the Fairview Hospital and Cleveland Clinic IRB. Survey completion served as informed consent.

Results

Response rate was 42% (42/100); seven were incomplete. The remaining 35 surveys were analyzed. The majority of respondents were Caucasian, had some college education, and a mean age of 32 years. The mean response to all questions was > 4.0, indicating a high level of satisfaction in both groups. Rates of maternal satisfaction (those marking agree or strongly agree) for individual questions, ranged from 66% to 97% satisfied. Only two questions yielded a statistically significant difference between first-time (n=13) and experienced (n=22) breastfeeding mothers. In the Provision of Choice dimension, first-time mothers were more satisfied with the assistance given by caregivers to the mother's support person as compared to the experienced mothers (mean = 4.77 vs. 4.41, $p = .048$). In the Privacy dimension, first-time mothers were more satisfied with the number of nurses who looked after them as compared to experienced mothers (mean = 4.46 vs. 3.82, $p = .033$).

Discussion and Significance

Based upon previous research, we did not expect to find such a high rate of satisfaction overall, specifically among first-time breastfeeding mothers. It is possible that maternal perceptions were positively influenced by a higher quality of care. Healthcare providers may have received additional training and education regarding postpartum care. This may have caused them to be more conscientious of postpartum mother's needs therefore, increasing

satisfaction. Although the response rate was adequate, the small sample size, lack of data variation, and homogeneity of survey respondents may have limited the ability to detect differences in perceptions between the two groups and may also hinder the generalizability of the results. Furthermore, at the time of survey completion mothers may have been experiencing postpartum elation, partially explaining the high satisfaction rate. Although a statistically higher rate of satisfaction was found with first-time mothers with regards to two survey questions, the differences were small and not easily explained by a lack of previous breastfeeding experience. Therefore, these differences are unlikely to be clinically relevant.

While this study obtained maternal perceptions at one urban hospital setting, distribution to a larger population size throughout several hospitals around the country would allow for a more thorough evaluation. Future research assessing maternal perceptions should attempt to obtain a larger, less homogenous sample, possibly from multiple institutions. The COMFORT scale is proven to be a sensitive tool in detecting differences in maternal perceptions, but our sample size and population limited the scale's ability to do so in our study. As hospitals implement practice changes to achieve the Baby-Friendly designation, continued evaluation of maternal perceptions is necessary. Receiving this designation ensures the hospital has met requirements for optimal maternal care and breastfeeding education and counseling. This is important to establish a healthy breastfeeding foundation to allow the mother/infant dyad to benefit from its positive health outcomes.

3. Conclusions

This secondary analysis revealed a high rate of maternal satisfaction with the early postpartum environment with regards to provision of choice, physical environment, privacy, and confidence in breastfeeding and newborn care with no significant differences detected between first-time and experienced breastfeeding mothers.

4. Acknowledgements

This study was based on survey data previously collected by B. Morrison.

5. References

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