

# Listening to Women:

## Focus group discussions of what women want from postnatal care

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*"Working with women requires that we work in partnership with women, and know their hopes, dreams and fears, so that we may best look after their interests"*



**Research Article**

### Abstract

Postpartum care is an essential part of the experience of childbirth and parenthood. This study explores what women want from postnatal care. Three focus groups, using a semi-structured format, were conducted. A total of 12 mothers, up to six weeks postpartum, participated in the study, which was conducted in two clinics in the Western Cape Metropole. Data was transcribed from taped sessions and analysed using Burnard's (1991) model of "thematic content analysis". Seven major categories were identified: Information, Support, Organisation of services, Attitudes of the health team, Contact with other mothers, Practical assistance and Other services. Listening to women is an essential element in the provision of flexible and responsive postnatal care that meets the felt needs of women and families.

### Opsomming

Nageboortesorg is 'n integrale deel van die ervaring van die geboorte van 'n baba en ouerskap. Hierdie studie poog om by 12 vroue te hoor wat hulle graag van 'n nageboortesorgdiens wou hê. Data is versamel deur middel van semi-gestruktureerde fokusgroepe. Die 3 groepe het bestaan uit vroue tot op 6 weke postpartum en het in 2 klinieke in die Kaapstadse Munisipale gebied plaasgevind. Die data is opgeneem, oorgeskryf en analise is deur middel van Burnard (1991) se tematiese inhoudsanalise gedoen. Sewe hoof kategorieë is geïdentifiseer: Inligting, ondersteuning, organisasie van dienste, gesondheidspanhoudings, kontak met ander moeders, praktiese hulp en aanvullende dienste. Aanpasbare nageboortesorg waar gehoor gegee word aan vroue en hul behoeftes, is baie belangrik in sorg wat gelewer word aan vroue en hul families.

### Introduction

"If midwifery is truly to mean working 'with women', it is [self-evident] that it [should] provide care which is responsive to individual needs. Working with women requires that we work in partnership with women, and know their hopes, dreams and fears, so that we may best look after their interests" (Page, 1995, pp.xvi).

It was with this idea of "partnership" that the researchers decided to ask women what they wanted from post natal care. It was perceived that, although women's needs and experiences have been examined in the past, women and health care consumers, in general, are rarely asked what they want from the services they receive.

Focus was placed on the puerperium as it was perceived to be an essential component of women's experience of childbearing. Care in this period was seen to influence the woman's perception of herself as a mother, and her confidence in her ability to cope with the challenges of parenthood (Field & Renfrew, 1991). The

ability of health care professionals to assist women in this crucial parenting stage was perceived to depend upon their understanding of the woman's felt needs, or wants.

According to Field and Renfrew (1991), postnatal care has considerable influence on the developing relationship between mother and child and can facilitate the adjustment to parenthood by meeting not only the physical, but the emotional and practical needs of the mother. Page (1995) describes this as being best achieved through individualised care, based on a relationship between the midwife and the client which allows the mother control over her care and encourages her to verbalise her wants.

Listening to women is vital, as professional perceptions of need can differ significantly from those felt by clients (Pearson, 1991, pp.521), leading to women not receiving the support they want. Preconceived ideas of what women need during the postnatal period

can result in services being inflexible, and unable to meet the felt needs of women.

Focusing on “wants”, as opposed to *needs* or past experiences, gives the opportunity to gain a real understanding of what women feel is important. “Wants” are constrained to a lesser extent by the realities of the framework of current health care services. It would however, be unrealistic to ignore all constraints imposed upon the health care service by finances, political ideologies and staffing dynamics.

The following study looks at what women want from postnatal care, based on their experiences as mothers. In doing so, the primary focus is on women's feelings and opinions, providing insights into postpartum care that are neglected in purely evaluative studies.

## Definition of terms

**Postnatal care:** Care provided in the hospital, clinic and home settings that aims to meet the physical and emotional needs of the mother and child during the six weeks post delivery.

**Needs:** essential requirements for services and treatment.

**Wants:** Felt needs, considered important to the individual; deeply held convictions of need.

## Aims of the study

The aims of the study were:

- 1 To look at what women want from postnatal care.
- 2 To go beyond an evaluation of actual services and to empower women to express their wants during the postnatal period.
- 3 To further support the client-based focus in health care provision.

## Method

### Selection of subjects

Three focus groups were conducted, ranging in size from three to five participants (12 in total) with mothers from two postnatal clinics, one state (one group) and the other private (two groups). Initially the researchers intended to conduct all the groups in the state clinic, however there were not enough women willing to be involved at this clinic). The relevant local authority, as well as the registered nurse in charge, was approached for permission to carry out the research in the state clinic. The private midwife in charge of the latter clinic was also approached.

Multiparous and primiparous mothers who had infants under six weeks of age were candidates for the study. Mothers were contacted telephonically.

### Human subject considerations

Participants were fully informed about the nature of the study before taking part. Care was taken to explain the details of the study once, telephonically, a second time in writing and a third time at the beginning of the group. Participants were told that the group would be tape recorded, they were assured that confidentiality and anonymity would be maintained and they were asked to keep confidential all information shared by other research participants. Written consent was also taken. Care was taken not to pressurise mothers into participating.

The clinics involved were also assured of confidentiality and anonymity.

### Data collection

“Focus groups are a form of group interview that capitalises on communication between research participants in order to generate data” (Kitzinger 1995, p.299). It is the interaction and probing that occurs between the group facilitator and the participants, who encourage each other's contributions, that generates the data. The idea behind using this method as opposed to individual interviews, is to add to the richness and depth of the data.

Focus groups were held in either clinic, depending on where the mothers were receiving care. Criteria for the setting included: that it provided privacy, had minimal noise disturbance and sufficient space to accommodate the mothers and their babies.

Principles from Krueger (1994) were used to guide the conducting of the groups. Krueger (1994) pointed out the importance of facilitators in helping to keep the discussion focused, but warned of the pitfalls involved in prompting group members which would result in bias. Each focus group was tape-recorded and a time limit of 45 minutes was decided upon. Two facilitators were involved in each group. A basic format consisting of: an “ice-breaker”, a focusing question and a key question, was used. Participants were asked to introduce themselves and their families to the group as an ice-breaker. The mothers were then asked to reflect on the past few weeks, and to share a few of the highlights and challenges that they had faced. According to Krueger (1994), the

importance of this focusing question is to raise thoughts and feelings about the topic of discussion. Thus, once the key question is asked, ideas have already begun to arise.

The key question was phrased: “If you could wave a magic wand what is it that you would wish for?” This question was chosen in order to guard against the mothers' ideas being limited by what they thought was reasonable or possible.

### Data analysis

The method of analysis selected by the researchers was based on Burnard's (1991, pp.461-464) model of ‘thematic content analysis’.

Following the stages identified by Burnard (1991, pp.461-464), the researchers listened to the recorded session immediately after the group, and noted emerging topics, body language of the participants, and general impressions of the group discussion. The transcribed tape-recordings were then read and re-read and general themes were jotted down. Each researcher then, individually, compiled a list of categories describing all aspects of the data relevant to the research. Through group discussion a final list of seven categories was compiled. Data was then described under these categories.

### Validity and reliability

Data gathering in focus groups is not without limitations. The validity of the findings relies to a large extent on the researchers' objectivity throughout the process. Group facilitators can jeopardise the validity of the results by taking too directive a role (Kingry, Tiedje & Friedman 1990, pp.125). Dominant group members can also influence validity in this manner (Krueger 1994, p.127). In order to minimise these risks, the researchers practised facilitating techniques and reviewed and criticised their performances in each session in order to prepare for the next one.

During analysis, researchers attempted to avoid making the mistake of interpreting data out of context as mentioned by Krueger (1994, p.13) and to avoid fitting data into preconceived ideas of what women need. In order to guard against bias and subjectivity, researchers worked on analysing the data separately and then met together to compare results. Research supervisors were also consulted in this regard.

A rigor trail was used by the researchers to record thoughts, problems and decisions that occurred during the data

collection and analysis stages, and thus record the way in which the final findings were reached.

## Results

Analysis of the data generated the following categories: Information, Support, Organisation of services, Attitudes of the health team, Practical Assistance, Contact with other mothers and Other Services. (Note: as the aim of this study is purely to generate data, the number of women who expressed each "want" is not identified and "wants" are included regardless of whether one or all participants expressed them).

### Theme 1: Information

Participants wanted information to be available to them and spoke of their frustration when it was not: *"there was no advice as to what is the best and what is available."* (information about baby formula)

*"but nobody tells you these things."* (how to change a nappy)

Some participants wanted the following sources of information to be available:

- "a booklet of problems...where you just get people to pool ideas"
- posters
- television and videos
- baby line on the Internet
- guest speakers

They also wanted someone to be available to answer their questions:

*"I think with my first two I would have loved to have phoned the hospital and said: listen he's a bit colicky or whatever."*

*"I know that aid is close and if I really get stuck, I know I can just phone and ask. And that is a big plus."*

Participants wanted information to be available to them after hours, particularly in a crisis situation:

*"If I could have had someone I could have phoned at that time of night and they could just say just try this or try that"* (baby won't stop screaming)

*"I think one thing that is very nice (Australia has) a 24 hour baby support line If your baby is having a temperature, or a fit, or spots, they talk you through it."*

Confusion as a result of being given a range of contradictory information was a common experience:

*"you've got mothers telling you this and mothers-in-law telling you that and the hospital telling you something else"*

*"I know the books have all the answers but every book is different."*

*"it's just mind-boggling."*

Guidance was wanted in this regard:

*"If she (clinic sister) had been the person from the start who had spoken to me, then obviously I wouldn't have had so many problems"* (with breast feeding).

*"You need to listen to just one person who says: try this or do that"* (which baby products to buy).

The following is a list of things various mothers said they would like to know more about:

- "babies' illnesses and first aid for babies"
- medicines
- home safety - plugs
- toys and how to keep the baby occupied
- what the baby should be doing when: developmental stages
- when you will stop bleeding
- when you can "start really having sex"

### Theme 2: Support: Someone just to be there for me

Participants spoke about the importance of knowing that someone was available to listen and support them whenever they needed it:

*'So she (midwife) says: "If you need me, phone me any time. And just saying that makes you think: oh there is someone, I'm not going to go to the top of Table mountain and leap off."*

*"I used to come here in tears. I would just sit here and sob and she (midwife) remained with me through all that. I think she is very reassuring."* (having a baby with colic)

*"she (midwife) gave me her card. And I remember hanging on to it; thinking: well at least I can phone her and she can come."* (before discharge from hospital with the first baby)

Participants also wanted someone who would spend time with them:

*"She (private midwife) never makes you feel rushed, If you need half an hour, you've got half an hour."*

Some participants expressed feelings of aloneness and confusion after being sent home from hospital:

*"You go from maybe having a wonderful sister and then suddenly you are at home. And you feel completely by yourself."*

Some said that they would like someone to come to their homes to check to see if they are coping.

*"But I think it would have been really nice if for the first time if you could get someone to come. In fact almost every couple of days"*.

*"The clinic is nice, but it would be nice if somebody could pop into my environment and see, am I - 'are you actually OK', you know."*

### Theme 3: Organisation of Services: How I want the service to be run

One mother wanted the clinic environment to facilitate interaction between mothers:

*"I think when mothers, if they come here, were more free to talk. You often find you walk in, you have your baby weighed, and you walk straight out. You don't sit and talk. Perhaps if you have tea or something available, people would feel more comfortable to sit down and just start talking."*

Some participants wanted something to do while they wait. They also wanted a 'nice' environment:

*"Because you find you do have to wait sometimes, and if the baby is quiet. you have to sit and fiddle with your thumbs while you wait. It would be nice to sit and talk to somebody and have toys."*

*"Maybe more of an information centre. You know like when you're sitting there - every week you see the same things on the walls. How about changing it."*

*"Maybe a television!" 'Even if it showed educational videos or something.'*

*"it's got to be in a nice place".*

Some participants said that they would like to be able to go to one place for all their health care needs:

*"I think that is very appealing - to offer the parents a package. Because if you think about the time constraints, you are racing around from pillar to post, it takes up an enormous amount of time. Put a child in a car and take a child out with two others - it's just unbelievable."*

Participants were concerned about the high cost of health care and suggested some cost saving measures that they would like to see in place:

*"To perhaps have a company sponsor a week or something. Just to have those little coupons anything will help you know."*

*"great to have a facility where you can see someone and they'd say: listen, in fact he is sick, go to a GP (general practitioner)" (rather than paying for a GP visit only to find there was nothing wrong)*

## *Theme 4: Attitudes of the Health Team: How I want you to treat me and my family*

More 'care of the mother' was wanted by some:

"And I just feel it would be nice to have something where you put your baby aside and: "Well, let's talk about you as a mother. And how are you feeling? 'because everyone is happy with the baby' But there's nobody that's really that interested in your health."

"And she (clinic sister) also asks about you. A lot of them only want to know about baby"

Participants described some of the attributes that had they appreciated in the professionals that had dealt with them: "... I think she is very reassuring"

"She is very personal"

"...she's just really loving and understanding. She is almost like a mother-figure"

"And she was calm and gentle"

"I mean they just went out of their way to make you feel like you were special"

"And I really like it when I am not treated like a neurotic mother" (talking about professionals dismissing her concerns about the baby as being trivial)

"she doesn't make you feel inadequate"

Some of the mothers also said that they wanted reassurance and encouragement.

"someone to say: listen you are doing an OK job..."

## *Theme 5: Practical Assistance: What I want help with.*

"An extra pair of hands was what some of the mothers asked for, particularly in 'suicide hour, between five and six'"

"...it's just being able to say: here's the baby, hold him please, I've got two others or one other to sort out or having that person standing at the stove, cooking the supper"

"...in the early part of the night it's easy, but it's at three o'clock when you are tired"

"You actually need someone who can do your shopping" Some of the mothers, however, mentioned that being given too much assistance in the hospital, was unhelpful to them as it made it more difficult for them to learn to cope at home: "And I must admit, being in hospital, it's a very unreal environment. Because they

only bring them to you when they need to be fed. So you never see how many times they actually wake up".

"But then you don't know what you're going to be expecting at home."

"That's why I mean I remember after you've fed your baby and you can't wind you just call the nurse and say, 'but I can't wind him'. And they take him and say, no it's not a problem"

It was mentioned that fathers should be "told that they should lend more of a hand"

"changing nappies isn't really helping. There's a lot more to it than that"

## *Theme 6: Contact with other mothers: knowing that I am not alone*

"...it would be nice if we could get all the moms that have had babies that are about a month old, maybe older. Get together and find out what's happening." "...And it would also be nice to be able to get on the end of a telephone before that." (The mothers wanted this kind of contact in the first two weeks "...when you don't have a clue what you're doing")

Other mothers were seen as a source of advice, information and support:

"I mean we were on the phone all the time: Is he doing this? Is it normal?"

Participants said that they found it helpful to know that they were not the only ones experiencing problems:

"...it makes you feel normal to know that everybody else is going through the same problems."

"And you realise: Hey most children scream between 10 and 12 at night."

"And you hear some of the other problems. Your problems don't seem so bad, sometimes..."

"...you tend to feel in isolation. And you think you are the only one not producing enough milk or whatever"

Meeting other mothers was also described as an important source of friendship:

"...it's nice to get some adult conversation."

For some of the mothers, having a new baby was experienced as putting strain on old friendships. The mothers felt that they were 'worlds apart' from friends without babies. And thus they wanted to meet people who would also be interested in teething and nappies etc.

## *Theme 7: Other services: what I want from the community*

There was some discussion about wanting better and more community services such as changing and feeding facilities in shopping centres as well as having lifts available instead of just escalators.

"there was not one single chair in that change room."

"but you have got to walk there" "it's just miles"

"I had to take the pram down the escalator which is unbelievably dangerous"

Wanting better maternity benefits as well as community support for mothers, was also discussed

## **Discussion**

Categories emerging from the data give an indication of what women want, but due to the descriptive nature of this study, these need to be further considered prior to formulating implications for practice. The importance of individualised, women-based care is highlighted. Data from the study supports the belief that each woman's felt needs are different and are often founded on her previous experiences and values.

The researchers defined wants as deeply felt needs or convictions held by the mother, and these were explored in relation to postnatal care. It was emphasised that the focus was on the ideal, and not an evaluation of services to which the mother had previously been exposed. Many wants, however, were derived from previous care experiences, both positive and negative.

By separating data into categories the researchers were aware of the artificial distinctions that were being created, by separating wants that were essentially interconnected. The purpose of categorisation was to highlight certain wants that emerged and to portray these in an accessible manner.

All three groups were in agreement in wanting appropriate information that is easily accessible, and available at the right time. Information appeared to have two purposes: to direct care by indicating 'How To' and to provide reassurance that the mothers actions were right: "someone to say: listen you are doing an OK job". Many participants indicated that they considered the advice of health-care professionals such as their Midwife

or General Practitioner to be crucial, although many turned to other mothers as a source of information at times

Women in the study relied greatly on external sources of information: books, professional carers and the media. Although a great deal of educational materials were available at both clinics, many of them did not consider this to meet their needs. The findings are consistent with those of Omar and Schiffman (1995, pp.140), who further found that what women wanted was someone to spend time with them, in order to give them an adequate explanation. (This aspect was also brought up in this study).

It was difficult to differentiate the supportive function of information from data in the category 'Support' because the two were closely linked, particularly in times of crisis, when the mothers were anxious about their new-born. "Know Your Midwife" project in England noted that because the midwives were able to form relationships with the women they were seeing throughout their pregnancy, the women in turn found it easier to communicate their fears and concerns and to obtain the information they wanted (Flint, 1988, pp.30).

Participants expressed confusion at conflicting information, particularly with regard to breast feeding. Stamp and Crowther (1994, pp.149) found that mothers, particularly in the first few weeks postpartum, seek information and reassurance, and that contradictory information can erode their confidence in caring for their new-borns. It can also erode their confidence in the competence of the health care provider, as emerged in the data.

Vehvilainen-Julkunen (1992, pp.899) found that information sharing was an integral part of the nurse-client interaction, and functioned to nourish self-confidence in the mother, particularly in the first few weeks. Women, in this study, also expressed that they wanted clarity in the information they received, and issues of effective communication were raised. Confidence emerged as a theme from the data, and linked several categories in the study.

Support 'assists coping, adjustment, adaptation and problem solving during life transitions' (Brown, 1986, cited in Nolte, 1992a, pp.24). The postpartum is a time of immense change for the woman and her family, and she has to face many new challenges which require the support of her family and community, as well as that of the midwife. Support is a vital constituent of care, and in-

volves enhancing other social support systems, such as family and friends, to promote successful adaptation to parenthood and the development of coping skills (Nolte, 1992a, pp.24). Support emerged as a strong theme, and is inter-linked with many of the categories in the study.

The mothers in the study made several references to needing support, particularly in the first few days after returning home. Some mothers said they required practical support: having someone to be with them, whilst others wanted to know that someone would be available if they needed them.

Robson and Moss (1970, cited by Hall, 1980, pp.318) found that mothers in the first three to four weeks were most concerned with the infants fragility, the amount and frequency of feeding, and their inability to control the infant's fussing and crying behaviour. Feeding issues emerged often, in all three groups, and appeared to cause much concern, particularly once the mother had been discharged from the hospital and no longer had the support of the nursery staff.

The change in the amount of support was highlighted when some women described feeling alone and unsure after discharge from hospital. The transition to caring for the newborn at home, without the support of professionals, was reflected by the need to have someone "*pop in to my environment and see: am I actually OK*". A study by Vehvilainen-Julkunen (1994, pp.677) showed that home-visits are perceived as being important, and function to support and encourage the parents in their child-care activities, and can also instil a sense of security.

Attitude of health care professionals emerged as a frequent and important variable in the data: "*she was calm and gentle... she never made us feel stupid... [or] like a neurotic mother*". They were very positive about the support they had received in the clinics. Nolte (1992, pp.21) describes attitude as a vital element in creating an environment which is supportive of the woman, her baby and family. Participants in the study expressed great appreciation for carers who had listened to them, spent time with and showed concern for them in other ways.

Another important finding from the research was that women wanted to be seen as individuals, and not only 'mothers' and 'wives'. Care of the woman was a concern, with some feeling that their concerns were secondary to those of the baby, who received most of the attention

in the first few weeks. A study by Benn, Kotze and Nolte (1992, pp.4) showed that the six week postnatal assessment focused over 70% of the time available on the physical condition of the mother and child. Just over 10% of the total time was used by the health professional to ask about the mother. They concluded that the greatest area of neglect was the emotional and social adaptation of the mother, father and siblings to the new baby in the family.

Contact with other mothers provided a great deal of practical and emotional support for the women in the study, and it was raised as something that they would like the health care services to encourage. In the first month after discharge, Hall (1980, pp.321) found that there was a prominent need for mothers to know that what they were experiencing was normal, in comparison to other family experiences. This was supported by the women in our study, who expressed that they often felt alone and were relieved to find that other mothers were experiencing similar difficulties.

## Strengths and Limitations

The following were perceived by the researchers to be strengths of the study:

- Unlike other studies, women's *wants* rather than *needs* or *experiences* were examined
- Women in the study were given the opportunity to express their wants and they appeared to find this a positive experience:  
"*Well, it's nice to feel special for a change!*"  
"*I've had a say!*"
- Having both primiparous and multiparous women in the study, resulted in a richness of data being gathered
- The participants appeared to thoroughly enjoy the groups and gave the researchers a practical demonstration of how much they appreciated contact and information sharing with other mothers

The following limitations were identified:

- Premature closure as a result of having insufficient time to analyse the data more carefully
- The researchers did not have sufficient time to go back to the participants with the results in order to confirm their validity
- Inexperience on the part of the researchers may have led to bias as a result of prompting during the focus groups
- The richness of the data may have

been limited by the researchers inexperience in probing and exploring issues.

## Conclusion

This study was based on the premise that women have an important role to play in determining the services that will best meet their felt needs, or wants. This is consistent with the focus on participation and empowerment that is an integral part of the Primary Health Care approach, as defined in Alma-Ata in 1978. Postnatal care that is accessible, appropriate and acceptable will depend on women's ability and willingness to participate in the reform of the current services. This can only be achieved by listening to them.

The intention of this study is to help service providers become more aware of what women want and to highlight areas in which caregivers' perceptions of what women want may differ from their clients'. It is intended that this study should provoke further thought and research rather than reach 'conclusions'. Feedback has been given to both clinics involved in this study. It is hoped that they will use some of the suggestions made to improve the care offered by their service and also that they will be encouraged by the positive comments.

## Suggestions for further study

A greater richness of data could be gathered if this study was to be extended to women from other cultures and social backgrounds. Further, other aspects of the experience of childbirth and of parenthood need to be explored, in order to ascertain what is wanted from health care services generally. From there, a quantitative study could be useful in determining results generalisable to the whole population.

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