

Low-Income, Urban Minority Women's Perceptions of Self- and Infant Care during the Postpartum Period

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ABSTRACT

Objective: To describe low-income, urban, first-time mothers' perceptions about self-care and infant care during the first 6-months postpartum.

Design: Naturalistic approach.

Setting: Recruitment from community centers and churches.

Participants: Thirteen Hispanic and African American women who delivered their first infants within the past 6 months.

Methods: Demographic and health information data were collected and analyzed using descriptive statistics. Semistructured interviews were conducted; data were coded and then clustered conceptually into categories.

Results: Postpartum maternal self- and infant care issues included four categories: preparedness for discharge, confidence and satisfaction with mothering, concerns about infant care, and indifference to maternal self-care. Women were confident in caring for themselves and their infants and reported few unmet learning needs or health concerns. External sources of stress included finances, uncertain living arrangements, and relationship issues.

Conclusion: Health care providers who care for low-income postpartum women need to acknowledge the influence of external stressors that contribute to health outcomes in this population. It is vital that nurses collaborate with other health care providers to make certain that community connections are made for women who might need additional services beyond the postpartum check-up visit.

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The postpartum period is a time of physical, developmental, and emotional transition. During this transition, women can revert to previous lifestyle patterns that they might have altered during pregnancy for the health of their infants. The evidence base related to health promotion during the postpartum year is limited. As Cheng, Fowles, and Walker (2006) noted, "postpartum maternal healthcare is a neglected aspect of women's healthcare" (p. 1). Although researchers in the past two decades have informed health care providers about women's postpartum needs in general (Bowman, 2005; Kaitz, 2007), appraisal of more specialized populations, including low-income, urban women, those who are under- or uninsured, and those women from a variety of cultural or ethnic backgrounds is needed.

According to Martin, Hamilton, Ventura, Osterman, and Mathews (2013), for the approximately four

million infants born in the United States in 2011, 52% of the mothers were first-time birth Hispanic or Black women. The incidence of poverty and its related health risks are higher in this population of women, and these risks are associated with higher levels of maternal, neonatal, and infant mortality and morbidity. Although investigators have examined women's postpartum concerns and learning needs in the immediate postpartum period (Bowman, 2005; Bowman & Ruchala, 2006; Declercq, Sakala, Corry, & Applebaum, 2008; Moran, Holt, & Martin, 1997), little is known about such issues in low-income, under- or uninsured, urban-dwelling minority women, whose experiences and needs may differ from those previously studied. According to Sword and Watts (2005), women of low socioeconomic status may have difficulty accessing resources, have restricted social networks, have negative past experiences with health care systems, or may fear being judged. Appreciation of these factors should inform postpartum

Little is known about postpartum concerns and learning needs in low-income, urban-dwelling, minority women.

education practices for all women and include those most at risk for poor outcomes.

Many of the authors who have focused on learning needs in the postpartum period have done so immediately after birth or up to 6 weeks after delivery. This time frame does not allow for a woman's return to her prepregnancy status or for a full transition to the mothering role and responsibilities. Maternal support and education, with emphasis on self- and infant care across the first years of a child's life, can have positive effects on immediate and long-term health of women and their children (American Academy of Pediatrics, 2011). This study's purpose was to describe the experience of low-income, urban, first-time mothers with self-care and infant care during the first 6-months postpartum.

Review of the Literature

Historically, as early as the 1960s, researchers were examining the needs of new mothers in the early postpartum period. In a large cohort study, Moran and colleagues (1997) surveyed postpartum women ($N = 1161$) approximately 7 weeks after discharge from the hospital and described their learning needs. Women in this study represented 54% ($n = 540$) primiparas, 85% (987) White (others were designated "non-White race"), 85% (987) private insurance, and only 14% (164) received Medicaid. Primiparas wanted more information about self-care, specifically exercise, diet and nutrition, fatigue, and resuming normal activities. They also required information about infant care, including recognition of illness, setting an infant's schedule, and calming a crying infant. Multiparas wanted more information on self-care topics than on infant topics. Similar to first-time mothers, they reported wanting information about exercise, diet, nutrition, and fatigue, along with information about how to manage sibling relationships.

Sword and Watt (2005) surveyed 1250 Canadian women who had vaginal births about their concerns at discharge and then 4 weeks later in their cross sectional descriptive study. The sample included primiparas and multiparas, race and ethnicity were not described, and only 17% of the sample was in the low-income category. During the immediate postpartum period, breastfeeding

and signs of illness were identified by all women as major concerns. At 4-weeks postpartum, both groups also identified the same issues: signs of infant illness, infant care and behavior, and maternal physical changes and self-care. The authors noted that those in the lower socioeconomic group were significantly more likely to identify several unmet learning needs as compared to those in higher socioeconomic groups. Sword, Watt, and Krueger (2006) described the needs of an immigrant population, that is, women born outside of Canada but who did not identify themselves as Black or Hispanic, and found that this population of women reported poorer overall health at 4-weeks postdelivery, had higher scores on a survey focusing on postpartum depression, and had significantly more unmet learning needs. In 2009, Weiss, Fawcett, and Aber (2009) used a mixed-methods design and included 233 women who were surveyed 2-weeks postcesarean. These authors found that Black and Hispanic women identified more learning needs than White women and suggested that women could "benefit from early postpartum health teaching" (p. 2946). Women in this study were 66% White, 17% Black, 11% Hispanic, and 6% Asian; had a mean age of 31; 87% had private insurance; and 54% were primiparas.

Bowman (2005) reviewed the postpartum education literature and found that most studies focused on maternal learning needs during specific time frames, from a few hours postpartum to 8-months postdelivery. Findings demonstrated that postpartum learning needs changed over time. Information about stitches, episiotomy, postpartum complications, infant feeding, and infant illness were the major learning needs of mothers during postpartum hospitalization and shortly after discharge. Maternal self-care learning needs changed more often than infant care learning needs. Information about being a good mother, exercise and activity, return of their figures to normal, and meeting the needs of everyone at home dominated women's learning needs after the immediate postpartum period. Infant feeding and illness information continued to be the dominant learning needs throughout the postpartum period. Although the integrated review included studies with primiparas and multiparas, income, race, and ethnicity were not analyzed.

Bowman and Ruchala (2006) described differences between postpartum learning needs identified by adolescent first-time mothers (AMOMs) (60% White, 33% African American, and 6% other) and the needs identified by their mothers

(mothers of adolescent mothers [MAMs]). Fifty mother/daughter pairs ($N = 100$) were surveyed. No significant differences were found between AMOMs and MAMs on infant care learning needs. Although most traditional maternal learning needs were important to both sets of women, significantly more MAMs than AMOMs felt information on emotional changes, resumption of activity, and birth control were important. Many new mothers rely on their own mothers for information and emotional support and to assist with decision making. These authors noted that agreement on infant care between the adolescent and her mother was important because mothers will most likely be involved with the infant's care.

In another descriptive study, Martin (2005) explored the quality and quantity of postpartum teaching women received during the first 2 weeks home following delivery and found that 46% reported an interest in learning more about self-care and 38.5% wanted to learn more about infant care. This sample was small ($N = 27$) but did include White, Hispanic, and Black women; however, income status was not addressed. Weiss and Lokken (2009) used a correlational design with path analysis; the researchers conducted phone interviews with 141 women (53% White, 32% Black, 5% Hispanic, 5% Asian, and 4% other) at 6-weeks postpartum. Ninety-seven percent of the women reported being ready to go home on the day of discharge. These authors found that mothers who were younger and had public payer insurance were more likely to call their pediatricians during the postpartum period. Buchko, Gutshall, and Jordan (2012) measured quality and efficiency of discharge teaching for 100 new mothers (83% White, 12% Black, 3% other, and 6% Hispanic). Most mothers in this study felt they received more information than they needed, but some felt they needed more information about postpartum emotional adjustment and baby care skills. All of these studies were done early in the postpartum period, few addressed income status, and minority women, especially Hispanics, were not well represented.

A few studies have been done later in the postpartum period. In the Pregnancy Risk Assessment Monitoring System (PRAMS) study, 324 women's comments were explored 2- to 9-months postpartum. The sample included 76% White women, 11% Black women, and 14% other, with 7% of women reporting their ethnicity as Hispanic. Six themes were identified based on the comments received during data collection: "need for social

support, breastfeeding issues, lack of education about newborn care after discharge, need for help with postpartum depression, perceived need for extended hospital stay, and need for maternal insurance coverage beyond delivery" (Kanotra et al., 2007, p. 549).

More recently, the Listening to Mothers III New Mothers Speak Out survey (Declercq, Sakala, Corry, Applebaum, & Herrlich, 2013) included more than 1000 postpartum women (55% White, 15% Black, 23% Hispanic, 6% other) who were surveyed until 21-months postdelivery in the United States. At 6-months postpartum, 34% were feeling stressed, 30% had sleep loss issues, and 29% had issues with weight loss. Black women felt that their learning needs were met by the nurses, whereas the majority of White women did not. More specifically, Medicaid recipients who completed the survey reported receiving enough information on a variety of topics, including healthy eating, exercise, and changes in sexual responses, from their health care providers than did privately insured women (Childbirth Connections, 2013a). When racial and ethnic groups were further examined, a higher percentage of Hispanic and Black women reported poor treatment due to race/ethnicity, cultural background, or language, and Hispanic women were reportedly less likely to confidently communicate unsolicited concerns to their providers (Childbirth Connections, 2013b).

Deeper exploration of postpartum learning needs of specific minority populations will help fill a gap in this information. Gaining insight into minority women's perceptions about their self-care and infant care during the postpartum period is warranted because many of the studies have not been recently replicated, nor are they specific to low income, minority women.

Methods

Research Design/Procedures

In this qualitative study we used a naturalistic approach. After approval by the university Institutional Review Board, urban, low-income women who delivered their first infants within the past 6 months were recruited from churches and community centers located in a city in the Northeast United States. Recruitment ended when further interviews of new study participants did not provide any new information (Charmaz, 2006; Grove, Burns, & Gray, 2013). After initial contact was made and informed consent was obtained, semistructured interviews with guided

Table 1: Guided Questionnaire

| | |
|--|---|
| 1. | Tell me what it was like to go home after you delivered your baby. |
| 2. | Tell me about your concerns you had about bringing a new baby into your home environment. |
| 3. | What are your main concerns now? |
| 4. | Tell me what you do to keep your baby healthy at home. |
| 5. | What do you need to help you take better care of your baby? |
| 6. | Tell me what you do to keep yourself healthy at home. |
| 7. | What would you like to do to better care for yourself? |
| 8. | What types of support have you received since you have been home? |
| 9. | Before you were discharged from the hospital, what types of information did you receive from the nursing staff? |
| 10. | What additional information if given before discharge would have been helpful to you? |
| 11. | Tell me how you feel about your weight? |
| 12. | What stresses you the most right now? |
| 13. | What has changed in your life after becoming a mom? |
| Additional questions asked based on participants' responses: | |
| 1. | If you have a question about caring for the baby or yourself, where do you go for information? |
| 2. | Where did you learn how to be a mom? |
| 3. | What was it like for you the day of discharge? |

questionnaires were conducted. The guided questionnaire (Table 1) and the demographic questionnaire were designed by the research team based on the literature and their clinical expertise. A Spanish translator was available, but all participants opted to be interviewed in English. Additional descriptive data about participants, including their demographics and health information, were collected via a structured written questionnaire at the beginning of each interview. All participants received a gift card after the interview.

Analysis

Data were audio-recorded and transcribed. Atlas.ti7 was used to organize and code the data to describe women's perceptions of their postpartum self- and infant care experiences. Data were initially coded with a descriptive, holistic approach as discussed by Saldana (2009), and codes were clustered by category (Miles & Huberman, 1994; Saldana, 2009). In support of trustworthiness, demographic data describing study participants were collected; interview transcripts, codes, and categories were reviewed independently and then together by the researchers; and reflexive discussions and memo taking were included in the analysis process. In addition, feedback from participants related to selected concepts

identified in the data was sought (Lincoln & Guba, 1985). The table of demographic data (Table 2) illustrates the limited variability of the sample and addresses transferability of findings (Grove, Burns, & Gray, 2013; Thomas & Magilvy, 2011)

Results

Thirteen first-time mothers, six of whom identified themselves as African American and seven as Hispanic, were interviewed. These interviews lasted 8 to 25 minutes during which time the woman interacted with her infant. Each participant was interviewed once, and member checks were done on three women to clarify the concept of confidence. The majority of Hispanic participants were of Puerto Rican descent. Although two of the 13 women were born outside the United States, all of the women reported being U.S. citizens. The women's ages ranged from 19 to 32 with an average age of 23, and their newborns were one week to 6 months of age at the time of the interview. All of the women completed high school, and one completed vocational school. Twelve of the 13 women reported having household incomes less than \$20,000 per year. All of the women qualified to receive Women, Infants and Children (WIC) services, a special supplemental food and nutritional program. Eleven of the women had Medicaid insurance, and two had no insurance (see Table 2).

Table 2: Demographics of New Mothers (n = 13)

| | Race/Ethnicity | Age | Education | Insurance | Annual Income | Gestation | Infant Birth Weight |
|----|----------------|-----|-----------|-----------|---------------|-----------|---------------------|
| 1 | Hispanic | 24 | HS | Medicaid | 20–30K | 41 wks | 6lb 15 oz |
| 2 | Hispanic | 19 | Some VT | Medicaid | <20K | 38 wks | 5lb 13oz |
| 3 | Black | 23 | Some HS | Medicaid | <20K | 39.4 wks | 6lb 9oz |
| 4 | Black | 21 | HS | Medicaid | None | 40.2 wks | 6lb 7oz |
| 5 | Hispanic | 22 | HS | Medicaid | <20K | 37.5 wks | 6lb 8oz |
| 6 | Hispanic | 20 | VT | Medicaid | <20K | 39.4 wks | 7lb 3oz |
| 7 | Black | 19 | College | Medicaid | <20K | 29 wks | 3lb 2oz |
| 8 | Hispanic | 27 | HS | Medicaid | <20K | 36.1 wks | 5lb 14oz |
| 9 | Black | 26 | HS | Medicaid | <20K | 39 wks | 8lb 9oz |
| 10 | Black | 19 | HS | None | <20K | 38 wks | 6lb 4oz |
| 11 | Hispanic | 32 | HS | Medicaid | <20K | 35 wks | 4lb 10oz |
| 12 | Hispanic | 22 | HS | Medicaid | <20K | 38.1 wks | 6lb 8oz |
| 13 | Black | 21 | Some HS | None | <20K | 38.3 wks | 5lb 12oz |

Note. HS = high school; VT = vocational school.

Nine of the women delivered vaginally and four delivered by cesarean. At the time they were interviewed, 11 women were bottle feeding their infants and two were bottle feeding during the day and breastfeeding at night. One woman reported using pumped breast milk and formula but stopped pumping after a month. Five women reported pregnancy complications: two reported high blood pressure, one reported diabetes and high blood pressure, one reported diabetes, and one reported preterm labor and bleeding. Only one mother reported depression as a problem in the postpartum period. Nine of the 13 women had been overweight or obese as classified by body mass index (BMI) prior to pregnancy. Ten women reported returning for a postpartum visit. Two women that did not return stated they did not think they needed it. A third woman cited issues with her insurance that prevented her from returning for a postpartum visit.

At the time of hospital discharge, 10 of the women and their newborns lived with family members including their mothers, fathers, sisters or brothers and their children, and the father of the infant. However, three of the women were homeless and needed to live in a shelter upon discharge from the hospital. One of these women, along with the father of the infant, was able to secure housing and was living in an apartment at the time of the interview; a second woman was able to move in with a friend; and the third woman and her infant

Women portrayed a sense of confidence in caring for themselves and their infants.

remained in the shelter. A fourth woman, though living in a shelter during her pregnancy, was able to go to her mother's house after having a cesarean birth. This woman went on to secure housing with her sister and her children but at the time of the interview was living with her brother and his fiancé. This lack of stability with housing arrangements occurred with others. Four of the 13 women reported that they had moved with their infants several times within the first 6 months.

Study participants' postpartum self- and infant care perceptions revolved around four categories: preparedness for discharge, confidence and satisfaction in mothering, concerns about infant care, and indifference to maternal self-care.

Preparedness for Discharge: Wanting to be Home; Having Enough Information

Women all reported feeling "good" about going home from the hospital. They were happy and excited and wanted to be home with their infants and their loved ones. The women reported that they were provided some information prior to discharge. All reported being provided with papers, pamphlets, or booklets, and some were shown instructional videos or encouraged to

look at instructional television channels. Many initially described information that focused on their infants: breastfeeding information, general feeding information, safety in the home, car seat safety, temperature taking, cord care, bathing, and infant sleep patterns. Subsequently, they reported receiving information about postpartum self-care, weight management, general guidelines for postpartum nutrition, incision care, and the need for rest. One woman described her discharge education as, "They was telling me everything . . . they were just bringing workers in there to talk to me about stuff and what to do." Despite all of this instruction by the hospital staff, one woman admitted, "Honestly, I don't remember everything they said!" whereas another confided, "Sometimes I listen, and sometimes I don't."

When asked to describe additional information that would have helped them in self- and infant care, most responded that nothing else was needed. One mother, whose infant had been in the special care nursery for prematurity, reported that she did not receive any infant care discharge preparation: "I mean, I went in one day to see him and they just told me he could go home that day. I didn't even know he was supposed to be going home that day." Another responded that she could have benefited by "a bit more education for the baby, like for me to know what to do." One mother stated, "They did everything right," and another felt "the nurses answered all my questions."

Confidence and Satisfaction with Mothering

Confidence and satisfaction in mothering were clearly identifiable in the data. Although two mothers reported being "scared" as first-time mothers and were initially worried that "I wasn't going to do anything right." Subsequently, the women felt confident in their abilities to manage their infants' care. When faced with unfamiliar situations related to infant care, such as skin rashes or changes in their infants' behaviors, they consulted first with their female relatives, primarily their sisters, and occasionally with their infants' primary care pediatricians. Mothers also reported that they felt a need to solve problems themselves and were quite comfortable with this process: "If they [my family members] are busy, I try to figure it out on my own" and "I feel pretty confident about getting better; you know, trying to take care of me, myself, and him." The women did not specifically describe using their partners/spouses in such problem solving.

Participants attributed their confidence in providing infant care to personal characteristics: "I think it's us. We're built like this. I think it's just natural."

These women reported feeling very satisfied caring for their infants, were very happy to be mothers, and were happy they could contribute to the care of another person: "Instead of always caring about myself, it feels so great to do for somebody else." The women recognized that they were placing their infants' needs first: "My life revolves around her." They viewed this process as a means by which personal-emotional growth took place.

Concerns about Infant Care

Although some infant care or infant health concerns were briefly mentioned by study participants, their descriptions of infant care considerations revolved primarily around breastfeeding problems, infant nutrition, and other infant care issues.

Feeding Issues

A majority of the women discussed the initiation of breastfeeding immediately after birth as an important action taken to promote their infants' health. Most reported having had difficulties in establishing breastfeeding:

I did research on breastfeeding because they talked to me about it at Women's Care [clinic], and they were just like, you know, breastfeeding will be more healthier. . . . So I looked into it and I was like, you know what? This is something I actually want to pursue. So after delivering her I had the hardest time breastfeeding. She wasn't latching properly. My boob was like . . . bleeding. It was swollen, irritated, and I held through for a whole week. You know, with the pain I still tried to get her to latch on.

Nine of the 13 women began breastfeeding, but only two continued to breastfeed by the time they were interviewed. These women reported that they were not exclusively breastfeeding but were bottle feeding during the day and breastfeeding at night. Mothers described patterns of brief breastfeeding, discontinuing active infant suckling, but pumping breast milk for a period of time afterwards to use in bottle feeding. Latching on by their infants was a common concern for these women: "Well, I was trying to breastfeed but he only latched on, like he tried to latch on but now that he's older he tries to latch on more." Difficulty with this

process was one of the reasons some decided to discontinue breastfeeding and to bottle feed: "She didn't latch on. I had to use the little shields. I pumped most of the time. When I did put her to the breast, I used the shields." Some others reported that they did not have enough milk: "My body just didn't want to produce any more, so it stopped producing."

Other Issues

Participants also mentioned having learned about infant vitamin supplements and how to introduce solid foods to their infants. They reported awareness of a few safety-related precautions: sleep position, cleaning of their homes, car seat safety, and pet safety. All of the women took their infants to the pediatrician for well-baby visits and immunizations. Two women took their infants to the emergency room, one because she was concerned about how he was breathing: "He was really congested, like really, really congested" and another because of her son's poorly healing circumcision: "His penis, it was like super red and it was bleeding!" All of the women reported being satisfied with the instructions and care they received for these health concerns.

Indifference to Maternal Self-Care

Women made few remarks about their own health promotion or self-care. When asked what they did to keep themselves healthy, most participants struggled to identify even one strategy: "I don't know right now. I'm ok." Another participant said, "Nothing. Just like what I used to do." Women expressed concerns about their eating habits but took few steps to improve them. A few of the women reported that they did not eat, citing a lack of appetite or just not having enough time. One woman matter-of-factly reported, "I'm eating McDonalds, I'm eating Chinese food . . . the household where I live, we cook all the time . . . I love salad but barely eat it. My eating habits are bad." One woman summarized her perspective about self-care by stating, "I really need to take better care of myself" but did not expand on what she meant.

When asked about their postpartum weight, participants responded by saying: "I feel good," "I'm fine," "I feel good about my weight." Only two reported needing to lose weight. Most reported no plans for weight loss or concerns about returning to prepregnancy weight status. One mother remarked, "It's working its way off slowly but surely. My son gave it to me; so, I'm okay with that." When

asked about weight management, a few spoke about taking a walk, one mother talked about going to a gym with the baby, and another spoke about dancing as a means of weight loss. One mother admitted she was not consistent with her diet and exercise. A few of the women expressed a need for additional sleep, indicating that they tried to rest when their infant was resting.

Women reported few self-care concerns and few sources of stress, but the most common related to living situations and finances. The three women who were initially discharged to a shelter described stressors related to this living arrangement. One woman attributed her infant's pink eye to the fact that the people in the shelter were sick and "everybody touched him." Another woman worried about the spread of illness:

Bathrooms, you're sharing with all types of people and putting him in a bathtub and worrying if he's going to get sick, catch something from somebody in there, or if we were going to catch something from somebody in there and get sick yourself.

Two women described the rules that had to be followed at the shelter and how they had to try and "get everything done." Two women expressed concerns about the fathers of their infants, one not wanting the father to know where she was and the other feeling stressed because she was without a partner.

Women portrayed a sense of confidence in caring for themselves and their infants. Although some unmet needs were identified, they were not something that stressed these women. Their main stressors were identified as financial, uncertain living arrangements, and strained relationships with the infant's father. One woman summed up her postpartum care as follows:

I had older nurses and they were so attached to me because it was like they was like family because my family wasn't really there . . . they taught me everything. I wish my mom would have did that, but the nurse, she was nice.

Discussion

The responses of the new mothers interviewed in this study provide clinicians with information regarding what additional self- and infant care information may be beneficial. Limited studies exist

in the literature that focus specifically on urban, low-income, minority women's postpartum needs. Learning needs, health promotion, infant care information, confidence, social support, and additional required supports have been identified.

The majority of mothers in this study reported that they received all of the information they needed upon discharge from the hospital. A few spoke about postpartum care, weight management and general guidelines for postpartum nutrition, breastfeeding, incision care, and the need for rest. They also identified infant feeding, infant safety, and some infant behaviors as areas they needed more information about to feel comfortable. The majority of these women reported learning what they desired from the individuals who cared for them, that is, the nurses. This contrasts with Bowman's (2005) findings related to a variety of unmet learning needs of postpartum women. In this report, women did identify specific learning needs for themselves and their infants that changed over time.

Consistent with the results from the Listening to Mothers III New Mothers Speak Out survey (Declercq et al., 2013), women in this study felt that their learning needs were met by information they received from their nurses. However, in contrast to what had been reported by Declercq et al. (2013), Medicaid recipients in this study did not report poor treatment due to race/ethnicity, cultural background, or language, nor did Hispanic women verbalize that they were not comfortable asking questions to their providers. In fact, women in this study perceived their care positively and did not report any additional concerns based on their cultural background. Additionally, in this study, women's confidence came across during the interviews. They voiced many times that their confidence was based on previous experience with watching siblings or nieces and nephews but also felt that "they were the mother now" and they had to be confident in their new role.

Two of the six themes from the PRAMS study (Kanotra et al., 2007) were similar to the categories found in this study. Many women described breastfeeding difficulties as the inability to latch, maintaining an adequate supply of milk, and coping with sore nipples. Women expressed concerns about infant breathing patterns, skin conditions, and developmental/behavioral patterns that were consistent with a lack of education about newborn care after discharge as reported in the PRAMS study.

The new mothers in this study were very confident with their abilities to care for themselves and their infants. If they had concerns, most turned to family members, especially their sisters and other women relatives for support. Other authors found that new mothers usually identified their own mothers or their partners as those to whom they turn to for support (Negrón, Martin, Almog, Balbierz, & Howell, 2013). In the Listening to Mothers III study (2013), more Black women reported receiving support from their spouses/partners than their Hispanic and White counterparts.

In this study, women reported financial concerns and living arrangements as major stressors. Bloom, Glass, Perry, Hernandez, and Houck (2013) reported financial concerns, violence exposure, and feelings of isolation and loneliness as stressors in a sample of low-income White women. Health care providers who care for low-income women need to acknowledge the influence of such stressors on health outcomes in this subpopulation of women. Many of the new mothers in this study moved several times postdischarge from the hospital. This lack of stability in living arrangements may require anticipatory guidance to assist these women to obtain stable, safe, and reliable housing.

Only a few women used the Internet (web) to obtain information; most did not have access to this technology. Most reported having received written instructions about postpartum and infant care from the hospital prior to discharge. Walker, Im, and Vaughan (2012), who asked women how they received weight loss information, reported that of the 145 women they studied 5- to 10-months postpartum, the majority had daily technology-based access to information: 78% via the Internet, 75% used e-mail, 97% had a cell phone, and 67% used text messaging. They also found significant differences by ethnicity in how the women preferred to receive health information. Hispanic women had more interest in receiving information via e-mail, compared to White and African American women. Higher income women preferred receiving information via the Internet whereas lower income women preferred receiving it by e-mail.

In this sample, women's approach to health promotion was striking. Although the majority of women were overweight or obese prior to getting pregnant, they were somewhat unconcerned about losing weight or getting back to their prepregnancy weights. The majority of women did not have healthy eating habits or exercise routines,

noting they missed meals or ate fast foods, and did not exercise regularly. In their study of low-income, overweight, and obese women, Chang, Nitzke, Guilford, Adair, and Hazard (2008) found that mothers were aware of the importance of health behaviors to control weight but put their child's needs first. This result is consistent with comments from the women in this study.

Limitations

The participants were recruited from one neighborhood did not reflect maximum variability, which limits transferability of findings. Social desirability may have influenced the ways that the participants responded to interview questions. Personal characteristics, self-reports of behavior, personal psychological states, and attitudes are some areas known to be skewed toward socially acceptable norms. And finally, as with any qualitative research, sample size was reached when saturation occurs. After interviewing 13 women, the researchers felt saturation was reached and no further interviews were conducted. Generalizability to a larger population is not necessarily warranted; however, practitioners should consider the richness of the women's voices and have a deeper understanding for their care needs.

Implications for Practice

With changing demographics in the United States, nurses may need greater insight into the adaptation of urban, low-income, minority women to post-pregnancy self-care and to motherhood. Perinatal nurse experts have suggested that education be tailored to each mother; however, this does not occur in most health care settings (Suplee, Dawley, & Bloch, 2007). These nurse experts noted that, "tailoring care requires understanding a woman's expectations, the values she has placed on her childbirth experience and her adaptation to impending motherhood" (p. 616). A fuller understanding of the experiences and needs of low-income, urban-dwelling minority women can help clinicians tailor care for this vulnerable population and to improve maternal and infant outcomes.

Nurses are in ideal positions to assist mothers with their transitions to postpartum life with a new infant. Women are responding to the message that breastfeeding is the best way to feed a newborn by initiating this method of infant feeding. However, better assistance must be provided to these women to improve breastfeeding outcomes. Reassurance must be offered pointing out that early breastfeeding problems are common but in most

Understanding the needs of low-income, urban-dwelling minority women can help clinicians tailor care for this vulnerable population and potentially improve outcomes.

cases can be managed to promote a positive and sustained breastfeeding experience. Consistent, evidence-based practice instructions and advice should be offered with competent breastfeeding assistance readily available in the postpartum period. Strategies to empower women to have confidence in their ability to provide for their infant must be implemented in the early postpartum period.

Assessing resources new mothers will have after discharge is paramount, because they may not disclose the support they will have or physical environments they will be living in with their infants. All women could benefit from receiving more information on health promotion, stress, depression, exercise, and nutrition during a postpartum visit. It is vital that nurses collaborate with other health care providers to make sure that community connections are made for women who might need additional health and other services. Studies exploring the postpartum needs of women living in shelters were not found in the researchers' literature search. This very vulnerable group of women very likely has needs warranting further study. In addition, more studies focusing on the postpartum time frame in the population of low-income urban minority women would ultimately inform practice.

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