The Pilot Study of the Needs of First Time Mothers with Babies in the Symbiotic Life Period in the Area of the Health Literacy

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ABSTRACT

Background: Health literacy of the primiparas is the literacy in the area of the health care about mothers and their child. According to WHO, it is necessary to emphasize a healthy start of life since it impacts people's health throughout their whole life. This report focuses on the health literacy of mothers with babies undergoing the symbiotic period, since they are the ones who make decisions related to the baby's health.

Aim: The aim is to understand the needs of the primiparas with babies in the symbiotic period and understand what the health literacy of primiparas comprises.

Methodology: The basic research tool is the phenomenological interpretative analysis (IPA); for the data collection the researchers used semi-structured interviews with five primiparas aged from 24 to 31 years.

Results: For the mothers, their own psychological wellbeing and consequentially the wellbeing of their baby is the crucial need. Maintaining or developing social contacts is an essential theme. The most important problems mentioned include the lack of sleep, elimination of the sources of fear and doubts, bleak financial and housing situation. A significant theme is information gathering which satisfies the need "not to underestimate anything", "be prepared", and "know I am not alone in this".

Conclusions: Health literacy does not include only obtaining information about some health problems. It is composed of a wide variety of needs that form the basic feeling of overall wellbeing of the mother. With respect to the education of the mothers it is advised to devote more attention to the care for themselves.

KEY WORDS

motherhood, first time mothers, child care, needs, information, competences, wellbeing, health literacy

INTRODUCTION

In correspondence with the definition of Nutbeam (1), health literacy can be viewed as a set of personal, cognitive, and social skills, which determine the motivation and ability of individuals to gain access, understand, and utilize information to support and maintain one's good health. Based on this definition, it is possible to deduce that for the determinative level of health literacy it is insufficient to simply know the information; understanding and following the information is essential.

According to the WHO Health 2020 program, society's health literacy is one of the decisive factors that enable the right choice of healthy behavior. It also considerably impacts one's skills formed during the childhood (2, 3). The documents titled “Health for Everyone in the 21st Century” (4) and “Health 21 – Long-term Program for the Improvement of Czech Population's Health (2002)” (5) are specifically aimed at the healthy start of life. Both texts emphasize the necessity of supporting the policies for health improvement in early childhood. In accordance with that it is possible to presume that a good start of life means that mothers support their children and that the health consequences of early development and upbringing last for the rest of one's life (6, 7).

Currently, health literacy is an extensively debated and fast developing topic. Foreign literature provides enormous amount of studies focusing on health literacy in various fields. The situation in the Czech Republic is quite similar. Per Holčík, the first important step regarding the research of health literacy needs to be a proper analysis of the current state because, according to him,
while we have lots of data about the content, structure, and function of the health care, we lack information (8). In 2015, a representative study of health literacy was organized in the Czech environment, whose findings were presented at the National Institute of Public Health conference titled “Efficient Strategies of Health Support III” by Zdeněk Kučera (9). The National Network of Health Support (10) also organizes numerous activities. Vencová et al. (11) focused on the health literacy of mothers with premature babies. The specific topic of health literacy of mothers in the Czech environment is the focus of Olecká and Ivanová (12, 13).

In accordance with the gender stereotypes in our cultural it is the mother who is regarded as the main caretaker of a little child (14). Especially in the first months of motherhood, this role is very important. In psychology, the first six months of the baby’s life is called a symbiotic period (15). It is a symbiosis with the mother, who satisfies the needs of the baby and thus saturates her own needs. It is a critical life period when the role of a mother is effectively fulfilled (12).

The tendency to seek information related to pregnancy and delivery is typical for the first-time mothers (the higher the age and education of the primiparas, the more information they search); however, they are less concerned about the after-delivery period (16). Therefore, the mothers must obtain the needed information “on the go”, when they don’t have much time compared to the preparation period before the childbirth. However, the proper preparation and consequently an adequate level of health literacy of the mother is essential for the baby’s health since, as confirmed by numerous studies, appropriate health literacy closely connects with the right health decisions (17, 18, 19, etc.). It is thus evident, that it is necessary to study mothers’ health literacy because most often it is the mother (or another motherly person – in the sense of a caretaker), the legal representative, who makes decisions in case of health or illness of the child, actively seeks (or does not seek) the doctor’s help, follows (or fails to follow) the recommendations, and acts upon them (13). This way she becomes directly responsible for the baby’s health.

What is the ability of the primiparas to manage the childcare based on according to them? What problems may these mothers face in the early stage of motherhood? What sources are essential for these mothers? These are the crucial questions asked in this research.

OBJECTIVE OF THE STUDY

The objective of the study was to understand the needs of primiparas with a baby in the symbiotic stage of life with respect to health literacy, and to find out what the substance of health literacy consists of. The research question of the pilot study was as follows: What do mothers consider important over the first six months of motherhood in relation to health literacy? The specifications of the research question were, due to the focus of the study, directed to the area of competences, i.e. knowledge (including information gathering), skills, habits, attitudes, and motivation regarding one’s care for health. The specification was performed based on the conceptualization of the topic (see below). The qualitative research is of pilot nature and was done under the project IGA: IGA_LF_2016_032 “Health Literacy of Mothers in the First Half-year of Motherhood”. The final goal of the project is to create a set of valid questionnaire items, which will form the foundation for a population research of health literacy of mothers in the first six months of motherhood in the Czech Republic.

METHODOLOGY

The pilot study follows up extensive researches based on which a literature review (12) was published. Its aim was to describe how the health literacy of first-time mothers in the first half-year of motherhood is explored in research articles. The findings revealed that there were mostly quantitatively oriented studies when the researchers largely used standardized tools to study the health literacy (REALM, TOFHLA, WRAT-3, NVS). The key categories of health literacy explored in the given studies mainly concerned the obtaining, understanding, and utilization of health information. Moreover, it was discovered that a specific measurement tool for health literacy of mothers is still nonexistent. The development of all the measuring tools for health literacy of specific populations, which were already created, had been accomplished on the basis of extensive qualitative researches, which had helped conceptualize the content of health literacy. The researchers utilized various techniques ranging from the Delphi method and concept mapping, to different types of qualitative interviews and their analyses across paradigms.

In the same way, for the creation of a measuring tool of the health literacy of primiparas it is necessary in the first step to fill the mothers’ health literacy concept with some specific content as it is not fully clear which phenomena it is comprised of. Therefore, it was decided to use the interpretative phenomenological analysis (hereinafter IPA) as the main research approach (20), which is derived from phenomenology, hermeneutics, and ideography.

On the basis of this research approach, the researchers had the possibility to try to understand the life experience of the study participants and to determine the phenomena forming the content of their utterances.
The goal of IPA is the detailed exploration of one's world; the way the person perceives and explains various events, situations, and experience. To comprehend an individual event or process – phenomenon – IPA explores the specific personal experience, the early experience of motherhood in this case. The data were gathered through semi structured interviews which are regarded as the most suitable for the IPA method (20).

The interview questions were formulated based on the conceptualization of the research question. The conceptualization was performed through a previous research which was published as a literature review (12). It was ascertained to direct the questions mainly in the area of competences, i.e. knowledge (including information gathering), skills, habits, attitudes, and motivation. The structure of the semi structured interviews consisted of seven main questions created with regards to the research question; however, they represented only the basic axis of the whole interview:

a) What did you consider the most important before the delivery?

b) What did you consider the most urgent before the delivery?

c) What did your preparation for the delivery and the coming motherhood look like?

d) What did you lack the most after the delivery? (especially with respect to knowledge, skills, orientation in the system etc.)

e) What do you consider the most important now?

f) What do you consider the most urgent now?

g) What source do you use to obtain the needed information and to learn the necessary skills?

The participants were asked to narrate as freely as possible, to explain, add information, and portray the situation. All interviews were recorded and literally transcribed. The participants were allowed to choose the place of the interview so that they felt as comfortable as possible. None of them opted for home and thus all interviews took place in a coffee house.

The IPA method allows for the combination of a detailed analysis of the person's experience with the researcher's own interpretation (21). Thus, during the data interpretation we continually moved between the emic and etic perspective. Primarily, the whole research was phenomenologically focused – on understanding the individual experience and its meaning. The data interpretation helped more with the exploration than clarification; therefore, it focuses on the process rather than on the result, and on the meaning, rather than on the specific causes and consequences of events (22). The aim of the analysis was to formulate the topics which depict the substance of the phenomena explored. At first all interviews were analyzed separately and then the patterns across various cases were explored. The analysis proceeded in accordance with Pietkiewicz and Smith (21) and Koutná Kostínková, and Čermák (23) as follows:

0) Reflection of the researcher's experience with the study topic – during this stage it was necessary to realize the interpretative role in the research process, own motivation for work with the given theme, and own preconceptions related to the topic. We used this phase for the testing of the research questions and tried to ask the questions one another. This way we examined whether it was possible to answer the questions and clarified our preconceptions.

1) Repeated listening to the records to soak up the atmosphere, repeated reading, writing notes, comments, and descriptions; the principle of openness to the data was observed and nothing was a priori rejected. All entries were considered important in this stage. Specific facts and phrases were highlighted in color. The blank side of the paper was used for comments and notes to the text; these were the first attempts to classify the texts into thematic units.

2) Transformation of the notes into incipient topics – converting the previous notes in accurate themes capturing the participant's experience. Mainly, it was an attempt to find apt labels for the topics. In this stage, the texts were cut in pieces based on thematic units.

3) Exploring the relationships and topic clustering – this phase represented a return to the beginning of the analysis; in the context of the analysis performed it was possible to see the topics in the new light. The cut-out units were thematically grouped in clusters carrying a common idea.

4) Analyzing another case (repeating stages 1 through 3).

5) Exploring patterns across the cases – this step represented the rearrangement of the topics and final attempt to form categories and clusters.

Naturally, qualitative research faces the question of data validity and reliability. An analysis performed by several researchers has an increased credibility of the interpretation (22). In the IPA perspective, the interpretation is regarded as reliable if it is predominantly based on the respondent's expressions and is documented by direct quotations (22). Pringle et al. (24) point out that in IPA we interpret the respondent's conviction and accept her story. This was also the main effort of the researchers during the whole process of interpretation and formulation of the concluding statements of this text.

Description of Research Sample

Due to the nature of the research, for IPA it is recommended to create rather a small homogenous sample, which allows for detailed and time-consuming ana-
lysis of individual cases (21). The researchers followed this suggestion. A total of 5 women were asked to participate; their basic characteristics (age, education and baby’s age at the time of interview with the mother) is provided in Table 1. The sample was created through the snowball method proceeding through two branches. The first person approached was Leela who founded a branch of participants including Viktorie and Maja. The other branch was formed by Marie which provided the contact of Eliška. The end of data collection depended on sufficient saturation of the statements which was achieved during the fifth interview.

Table 1 Research sample

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Education</th>
<th>Baby’s age at the time of interview with the mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eliška</td>
<td>31 years</td>
<td>Uni</td>
<td>5.5 months</td>
</tr>
<tr>
<td>Leela</td>
<td>24 years</td>
<td>HS</td>
<td>3 months</td>
</tr>
<tr>
<td>Marie</td>
<td>32 years</td>
<td>Uni</td>
<td>3 months</td>
</tr>
<tr>
<td>Viktorie</td>
<td>27 years</td>
<td>HS</td>
<td>5 months</td>
</tr>
<tr>
<td>Maja</td>
<td>30 years</td>
<td>Uni, bc</td>
<td>5 months</td>
</tr>
</tbody>
</table>

Legend: Uni – university, HS – high school, bc – bachelor

As shown in the table above, the participants’ age ranged between 24 to 31; two women had high school education, two had the university degree, and one of the participants had the bachelor’s degree. The interviews were performed with the mothers when two of them had 3-month old babies and three participants had 5-month old babies. To preserve the anonymity of the participants, their names were changed and there is no information provided that might identify the women. All of them signed the informed consent form before the interview commenced and thus also approved the recording of the interview.

RESULTS

The interview analysis revealed that mothers in the first half-year of motherhood still have a very vivid memory of the pregnancy and delivery. They recounted these topics quite fervently, often more than the theme of the current child care. Using the method described above, the interview analysis identified the following nine themes:

1. Psychological wellbeing of the mother
2. Baby – the main interest of the mother
3. Lack of sleep
4. Anxiety and fear
5. Social contact
6. Information sources
7. Intuition and own experience
8. Housing and finances
9. In the maternity hospital

Psychological wellbeing of the mother

All the mothers agreed that to cope well both with the pregnancy as well as the childcare, the psychological wellbeing of the mother and her satisfaction with life are essential. Support of the father and the whole family is inseparably related to that.

“...so that I am fine, so that I don’t dramatize it excessively, because the baby can feel it...” (Maja)

“...primarily I was interested in exercising and psyche, I said that psyche was the most important...when you are stressed out the body simply gets blocked during the delivery...therefore I mainly tried to remain calm and look forward to the future...” (Leela)

For the feeling of one’s wellbeing it was fundamental that the mothers felt the support of the relatives. They defined the support as follows: “to have somebody to talk to, be close, have somebody who can babysit a little.”

“...my mother-in-law and my husband were the main supporters for me; when I needed, I could call right away. The chats were essential...when we found out that many people around us had the same thing, it was suddenly fine; my husband was a good listener, it helped me to spill my guts...” (Viktorie)

“...that I had him [the baby] all the time since the delivery, I almost could not go to the restroom...I asked the mother who I shared the room with to help me, to look after him when he was crying...I felt much better at home than in the maternity hospital, it was my place, my family helped when he needed and I did not have to beg the nurses...” (Marie)

Viktorie also emphasized that she needed to feel that she could manage the childcare on her own:

“...so I said that I had to manage it on my own, I wanted to manage it on my own, so I did not want any help, rather I wanted help from the psychological point of view...” (Viktorie)

Baby – the main interest of the mother

This whole category is aptly expressed by Leela’s statement: “...the baby is OK; I am also OK...” The wellbeing of the baby is a condition for the mother’s wellbeing as well.

“...when I know that Emče is all right, she is smiling, I can see that she loves me, I can feel it from her, that she wants to be with me, this is the most important thing for me...” (Viktorie)

“...that the baby is OK, that it has everything, it is full, has a clean nappy, is content, that it has safe envi-
“…around two months before the delivery they frightened me with premature birth that my ectocervix was shortening…I went to my gynecologist and she just scared me all over again that I was like a time bomb…” (Leela)

“…everybody scared me that I was too thin, 49 kilos, that my pelvis was narrow, no hips, that the delivery would be awful…” (Leela)

Anxiety and fear

Viktorie is the only one in our research sample who suffered postnatal depression and related anxieties. Leela also described some fear before the delivery. In her case, however, it was caused by the information provided by health staff and other people around her. “…I was scared that I might harm the baby, that I get crazy somehow and throw her out of the window or something, or I was scared that I would not be able to care for her…” (Viktorie)

Social contact

It is significant for the mothers not to lose their social contacts, to have someone to chat with, share their experiences with other mothers, and to know that other women face the same problems. “…so I started chatting with my mother-in-law and she said that to her friend, who has a daughter who had gone through it, so suddenly I found out that other people experience it too…” (Viktorie)

Information sources

Information sources used by the mothers formed quite an extensive category. All of them utilize the internet as the main and most comfortable source of information; however, each of them approach it in a different way. Maja, Viktorie, and Eliška primarily read discussion forums of mothers. “…internet, yes, but when I want to ask about the experience of other mothers, so not that I need someone’s advice, but rather an exchange of information…” (Maja)
“...usually these discussion forums come up first and they satisfy me, with what I need to know...” (Viktorie)
“...you know what, I often read the discussions, discussions of mothers, because they might have wrong opinions, they might not, but you find out what they did in such a situation, and how they coped with it, sometimes you get lost in it and find out that it is not possible, but at least you know that you are not alone, that everyone had to solve it somehow and you get inspired there according to those problems...” (Eliška)
Both Leela and Marie use the internet mostly to find expert information, especially from erudite authors. While Leela spends most of her time dedicated to information search on the Internet, Marie regards the web only as an additional source.
“...when I was searching for something, mostly it was what the doctors recommended, [the source] was under the auspices of some gynecologist or obstetrician...” (Marie)
“...I read the official source for example the Czech Pediatrician Association...before the birth I had loads of time, when I lied in bed I kept reading, didn't do anything else, it takes lots of time...” (Leela)
Besides the internet, the mothers also use the experience of their friends – mothers, relatives, and doctors.
“...my colleague who was also pregnant, she delivered two days after me so she also knew some things, and then our pediatrician, when I needed to know something, but I asked a lot in the maternity hospital...” (Marie)
All the mothers also talked about the prenatal courses. However, they stated that the information that they could get at the course could be also found elsewhere. Repeatedly there was an opinion that the course is just a way to get money from the mothers, that it might be good only for forming relations with other pregnant women.
“...it is a hit now; they just steal money from future mothers...” (Marie)
“...it is a useless come-on of money from the mothers, but for those who are more stressed out, they calm down and feel better that they did not neglect the preparation...” (Leela)
“...you know what, I must admit, I did not get so excited about it, because you cannot get prepared for it, you just find out everything on the go...” (Eliška)
“...I attended the prenatal course which helped me a lot, I got lots of information that I had not known and then I did, so I was calmer somehow when the delivery started...” (Viktorie)

Intuition and own experience
The question about the decision making in critical moments rose answers of the mothers that they rely on common sense and intuition, or they follow previous experience, which is in this case regarded as a great benefit.
“...I could do anything, I knew everything because when I was younger, I was babysitting a lot for my friend...” (Maja)
“...I was informed a lot, plus I also had almost 15 years younger brother and my parents did not care for him much, so I got the experience when I was only 15, so I knew what was coming...” (Viktorie)
“...I believe that every woman is somehow genetically predisposed, she knows how to care for the baby if she is not stressed out somehow...she carried the baby automatically for nine months in her belly, she is connected with the baby so she knows what it wants...” (Leela)
“...mostly the common sense...” (Eliška)

Housing and finances
At the time of the interview, only Leela had her housing situation solved. However, mostly the partners of the participants were dealing with the problem and the mothers were trying not to get weaker due to the situation.
“...what I am sad about probably the most is that we don't live together with my partner, that the housing is not finished...we need to visit each other...” (Maja)
“...the house is being renovated, currently we live here with my parents until it is finished...luckily my husband deals with it so these troubles don't bother me...” (Eliška)

In the maternity hospital
The last theme was the attitude of the hospital staff. Only two mothers talked about this topic and although both had been in the same maternity hospital they shared completely different impressions. It highly depended on the previous expectations.
“...I was satisfied very much with the attitude of the staff...I did not lack anything...” (Maja)
“...nobody told me anything, did not do anything, only forms forms all the time, it was the most important for them – did you sign it, did you fill in the paper...” (Marie)

DISCUSSION
The analyzed interviews unequivocally reveal that the successful managing of the first half-year of motherhood is according to the women dependent on the psychological wellbeing. This theme appears not only as a separate category, but also runs throughout all the other categories. The transfer to the parenthood is not viewed as fluent and problem-free in the social science discourse; quite the opposite, it is defined as a turning
or critical milestone (25). Therefore, it is not surprising that “to be all right” is not regarded as a common-place for the mothers, but as the ideal state. To feel all right, the mother above all needs to ensure that her baby is “all right”. To achieve the contentment of the baby is a task for “a good mother” and to feel like “a good mother” is thus another condition for the satisfaction of the mothers. The concept of “a good mother” is defined as a classic social construct according to which the center of the mother’s life is the baby and its needs. The mother serves to these needs because she is obliged to sacrifice herself for the baby (26). This sacrifice is perceived by the mothers, in our research as well, as voluntary, desirable, and indisputable. The mothers also emphasize their desire for “natural” pregnancy, delivery, and motherhood.

One of the essential strategies that the mothers use to feel calm is “an effort not to underestimate anything” and to prepare properly for the motherhood, although the mothers state that you cannot ever get ready for the motherhood. The mothers calm down when they obtain information especially from internet sources. A popular information source after the delivery are the internet discussions of other mothers. They not only provide the desired information, but also the contentment that the mother is not alone with the given problem. For the same reason the mothers appreciate the prenatal course, which does not provide unique information that could not be found elsewhere, but it mediates a contact with other mothers.

However, according to Carolan (16) too much of information (obtained in our case from internet discussions) result in a feeling of being overwhelmed by equivocal information. The basic strategy to solve dilemmatic situation arisen from the contradictory information is using “common sense” and possibly use previous experience. When focusing on mothers that have some experience with ill child it is highly recommended to discuss this theme extensively, because for the mothers, both in the research by Carolan (16) and our research, the topic of information gathering seemed important yet problematic.

The key barrier of happy motherhood is, according to the mothers, the lack of sleep. The mothers stated that there is nothing to do about it but accept it as a fact. The inevitability of self-sacrifice and their crucial role with respect to childcare are formulated by the mothers through phrases imbied with absolute appropriation of the baby like e.g. “my husband babysits for me”, “granny will help me”. The mothers do not use the parental plural at all (our baby). When they speak about the child, they say “my child”, and thus unconsciously assent to the psychological concept which says that it is the mother who is fully responsible for the well-being of the baby. Similar discourse is embraced by Vágnerová, for whom the mother is a mediator between the baby and the world while the experience of a reliable relationship with mother is a source of inner certainty and stability (5). During the symbiotic period, the mothers estimate the baby’s needs based on their experience with their own body. However, our findings show that they are not able to think about their own health and their own needs. The well-being of the mother seems the key component when caring for a baby. The question of the content of the primiparas’ health literacy thus should not be directed only at the mothers, but the experts in this field should be asked as well. For instance, when developing the HLQ tool, the authors used the Delphi method (27) to fill the content of the health literacy. To achieve higher validity, the Carolan’s research (16) not only asked the mothers in an interview, but the focus group method was used to ask the nurses and midwives as well. In our case, for the next stage of the research it would also be useful to consider interviews (or other research technique of data collection) with wider range of stakeholders.

LIMITATIONS

Only mothers with no direct experience with ill child were interviewed, which turned out as a shortage of the research design considering the aim of our research. These mothers were not able to speak soundly about the issue of managing the care of an ill child. They tried to solve (and they succeeded) any minor chills and skin problems based on their own experience and “common sense” in a natural way. None of the cases however represented a situation requiring more specific approach. To achieve our research aim it will be appropriate to interview mothers experienced in caring for an ill child, and thus to embrace the approach used for the construction of the health literacy measurement tool HeLMS (28).

The selected analysis method requires deep understanding of the respondents’ situation and therefore does not allow for a large research sample. While the research provides an interesting insight in the topic, the results bear all the limitations of the qualitative research representativeness.

CONCLUSIONS

The research question of this pilot study was as follows: What do mothers consider important over the first six months of motherhood in relation to health literacy? The goal was not to find a simple and exhaustive answer, but to verify whether it is possible to obtain
information from first-time mothers through qualitative interviews, which would help formulate the questionnaire items of a tool measuring the health literacy of the first-time mothers, or whether a new research tool needs to be developed. The research succeeded in outlining the range of reflections of the mothers about their new phase of life. In this stage, however, it is clear that to achieve the specified aim it will be necessary to purposefully ask an extensive group of stakeholders and specially to focus on mothers who already have some experience with an ill child.

When we try to briefly summarize the content of the interviews we find out that for mothers with no experience with ill children their own psychological comfort and related comfort of the baby are crucial. Another important theme is maintaining or creating social contacts (“not to be alone”). The worst problems that the mothers face during the first half-year of motherhood is the sleep deprivation, the elimination of sources of fear and uncertainty, and the dire financial and housing situation. A significant separate topic is, thanks to the novelty of the situation, gathering of information about child care, which meets the need of “not underestimating anything”, “be prepared”, and “know that I am not alone”. The interview analysis clearly showed that the set of skills and abilities regarding health literacy is not related only to the information about some illness but comprises a wide range of needs forming the base of the mother’s feeling of overall well-being. The information provided by the mothers during the interviews represent the foundations of our contemplation of the mothers’ need, but it does not fill the gap in our knowledge about the content of the primiparas’ health literacy.

Therefore, a more extensive research should follow, whose aim will be to reveal the knowledge, skills, habits, attitudes, and motivations that form the foundation of the competence of the first-time mothers during the first half-year of motherhood with respect to health literacy. Thanks to the pilot study, the researchers can now focus on the details of the mothers’ interests and not put the predefined topics in the mothers’ mouths. This time the respondents to be interviewed will include mothers with experience with an ill child, multiparas, doctors (neonatologists, gynecologists, pediatricians), family members of the first-time mothers, and social science experts.

The findings of the research point out the issue of information gathering by mothers. The ideal time for obtaining the necessary information is pregnancy when the mother is still not burdened with the child care. Nevertheless, during this period, as was revealed in our research as well as in a foreign study (16), the future mothers tend to seek information related to the pregnancy and delivery only, rather than information about the childcare after the birth. According to the statements of the mothers, the current prenatal courses are also designed exactly according to this scheme – two thirds devoted to the pregnancy and delivery, one third (the final one) to childcare. However, the mothers sometimes quit the course before it ends. Moreover, when they are pregnant they are not aware of the whole range of necessary information about the care after the delivery. Here we can see a great opportunity for the activity of midwives and child nurses who should become the crucial guides for the mothers during the early stage of motherhood. One of the very significant findings that arose from the interviews with the mothers is that besides the childcare the mothers should be educated more intensively about the care for themselves. This is the area which the mothers tend to underestimate the most. According to the opinion of the mothers, this role should be played more reliably by the nurses caring for the mothers in the maternity hospital.

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REFERENCES

5. Databáze strategií. Zdraví 21 – Dlouhodobý program zlepšování zdravotního stavu obyvatelstva
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