Los Angeles County Parents:

In Their Own Words

Findings from focus groups of new parents sharing their experiences with pregnancy, birth, and bringing their baby home.

November 2009

There is something really powerful about human contact. I would really love someone coming in to answer the questions I have — someone there to reassure you.

— LA County mother on home visitation

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Executive Summary

LA Best Babies Network was commissioned by First 5 LA to assist in the design of a universal home visitation program, as a component of the Best Start LA initiative. Best Start LA is a community-based program whose goals are to reinforce a family’s ability to understand and nurture their child’s health, growth, needs, and uniqueness, and to strengthen the community resources that improve children’s lives and the neighborhoods in which they live. A universal home visitation program would provide an avenue for all new and expecting parents to learn about available programs and services before their baby is born, and to receive education and support as they raise their child.

LA County is so vast, about 10,000 square miles, and comprises so diverse and heterogeneous a population that regional statistics alone cannot tell the full story. In designing and implementing this new venture, it was important to seek the input of new parents in LA County today, to listen to their experiences and the challenges they face, before, during, and after the birth of their babies, and through the first year of life. Eight focus groups, representing diverse communities, were conducted to assess the participants’ preparedness for pregnancy and the birthing process.

The focus groups surveyed the participants’ knowledge and confidence levels in seven key areas related to their newborns:

- Parent education
- Breastfeeding
- The stages of child development
- Managing stress
- Vaccination schedules
- Getting the baby to sleep at night
- Caring for the baby when it is first brought home from the hospital

Experts recognize that prenatal-to-three-years-of-age is a crucial period in child development. The literature on early childhood is rife with studies demonstrating that new parents want more information, resources, and support to help them provide an environment in which their children can thrive during these critically important years. However, recognized best practices do not always filter down to the services provided to new and expecting parents.

As new parents are engrossed in the day-to-day challenges of looking after a newborn, they may not have the opportunity to reflect on their experiences, and to say what could have been done differently. In this report, a diverse group of new and repeat LA County parents share their experiences, providing invaluable insight into what it means to be a new parent in LA County.

Los Angeles County Perinatal Landscape: LA County Statistics Tell Only Part of the Story

Approximately 150,000 babies are born each year in LA County. This amounts to 1 in every 27 live births in the U.S., and 1 out of every 4 in California. LA County mothers are a diverse socio-economic, racial, and ethnic population. Sixty-three percent of LA County live births occur to Latino mothers, 17.7% to non-Hispanic white mothers, 10.5% to Asian, and 7.6% to African American mothers¹. According to birth certificate data, in 2005, approximately 60% of the live births in LA County were to women who already had children (multigravidas), and approximately 40% to women having their first child (primigravidas). Births to single mothers accounted for 34.4%².

In LA County, 99% of women receive at least some prenatal care³, however, there is wide variation in the support and educational services available to young families. As a consequence, many are not

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3 County of Los Angeles Department of Public Health Maternal, Child & Adolescent Programs. 2005.
as prepared as they could be to optimize their child’s health and development in the first year of life, nor were they always aware of all the resources and support available in their communities.

In spite of the well-established benefits of breastfeeding for both mother and infant, LA County has some of the lowest breastfeeding rates in California. In 2006, California’s rate for exclusive breastfeeding at hospital discharge was 42.8%, while the rate for LA County was only 24.4%.

According to the Los Angeles County Mommy and Baby (LAMB) survey, perinatal depression (major and minor depression occurring during pregnancy and up to one year following birth) is pervasive, with 35% of LA County mothers reporting that they were “a little depressed” following the birth of their baby, 12% “moderately depressed,” and 4.6% “very depressed”5. Maternal depression often goes undiagnosed, because many providers do not screen for it, and pregnant women and new mothers may not feel comfortable discussing their symptoms.

Bringing a newborn home from the hospital can be the best of times, and the most stressful of times. Many new parents find themselves unprepared to meet the demands of caring for a newborn, as they deal with fatigue from the physical and emotional stresses of childbirth. Hospital discharge less than 48 hours after delivery is common practice, and hardly long enough for parents to become comfortable with meeting their newborn’s needs. Families are left to their own devices in coping with the stress, and can end up feeling isolated and overwhelmed.

### Purpose of the Focus groups

The focus group sought to determine:

- the type of educational support expecting parents in LA County felt they needed,
- the best ways for parents to access this information,
- additional resources or information which would be useful to new parents, and
- their confidence levels and general attitudes and feelings in the seven key areas.

### Topics of discussion included:

- Preparation for pregnancy and childbirth
- Experiences of bringing the baby home
- Attitudes to and experiences with breastfeeding
- Access to educational and informational resources
- Resources, stresses, and needs of new parents
- Interest in the concept of home visits by childcare specialists
- Knowledge of child developmental milestones
- Support systems

### Methodology

An advisory group of perinatal and early childhood experts met to develop a set of questions for the focus groups, and to define the group compositions. Members of the advisory team were selected based on their experience working in diverse communities in Southern California, and their expertise in the following areas: home visitation, perinatal health care, early childhood development, and community development. The Network commissioned Hershey Cause Communications to coordinate and conduct the focus groups. Garcia Research Associates was contracted to provide expert facilitation in multiple languages: English, Spanish, Mandarin, and Korean. The advisory group framed guiding questions for the focus groups, in coordination with Hershey Cause Communications and Garcia Research Group. The questions were to cover the chosen topics without being too limited in scope. (See Appendix 1 for the guiding questions).

A short survey was also conducted that rated the

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participants’ confidence levels, on a five-point scale, in the seven key areas:

- Parent education
- Breastfeeding
- The stages of child development
- Managing stress
- Vaccination schedules
- Getting the baby to sleep at night
- Caring for the baby when it is first brought home from the hospital

During the period of February 18 to 22, 2008, 50 women and 10 men, from four areas of LA County: LAX, Mid Wilshire, Long Beach, and Pasadena, participated in 8 group discussions. Respondents were selected based upon the following criteria: each had at least one baby born within a year of the study (some were first-time parents, while others had one or more older children). Between 50% and 75% of each group were from households with an annual income of $40,000 or less. Excluded were individuals who worked in advertising, public relations or marketing research, and those who had participated in a focus group within the previous six months. Collectively, the participants were representative of the diverse cultural, socio-economic, and ethnic demographics of LA County. They included parents from the following ethnic backgrounds: African American, white, Latino, Chinese, and Korean. The group compositions were as follows:

- LAX area: African American mothers with one or more children
- LAX area: mixed-race group, new mothers with one or more children
- Long Beach: Latino, first generation mothers with one or more children
- Long Beach: mixed-race group, mothers with more than one child
- Los Angeles: Korean mothers with one or more children
- Los Angeles: Latino, immigrant mothers with one or more children
- Pasadena: Chinese mothers with one or more children
- Pasadena: mixed-race group, fathers with one or more children

The mixed-race group sessions were conducted in English. The sessions with the two groups of Mexican and Central American participants were conducted in Spanish, the Korean group in Korean, and the Chinese group in Mandarin.

All of the sessions were held in traditional focus group facilities, with one-way mirrors. Simultaneous interpretation was available in the viewing room and transcripts were translated. Each participant was given $100 to compensate them for childcare, transportation and time.

Each focus group discussion was transcribed. Hershey Cause provided a summary of the findings. LA Best Babies Network reviewed the transcripts and selected direct statements from the focus group participants for inclusion in this report. This report combines excerpts from the summary findings and the transcripts.

The focus group was an excellent forum for the free-flowing exchange of thoughts and feelings. The limitations of these findings stem from the non-random recruiting and the group dynamic factor.
Parents Speak

Preparation for Pregnancy and Birth

Participants agreed that each pregnancy and birthing experience is unique. Some women carried their baby without any difficulties, while others were uncomfortable throughout pregnancy; some had a relatively short labor, whereas, for others, it was prolonged.

Participants had varied reactions to finding out that they were pregnant. Some pregnancies were planned, and the parents felt prepared and looked forward to the arrival of the baby. Women who were not in a secure relationship with the father of their baby often did not look forward to the birth. For some of the women who already had grown children, pregnancy came as an unwelcome surprise.

Some parents had emotional and financial concerns surrounding the new baby.

Some participants reported that they did not have pertinent and timely information on birthing interventions and procedures, such as epidural pain blockers, episiotomies, and cesarean sections. The information they did receive came too late for them to be able to make informed decisions as to whether to request or refuse particular procedures. This meant that everything about pregnancy and the birth of the child felt like a surprise.

Los Angeles County parents in their own words...

The first time I found out I was pregnant, [I felt] just different emotions all at once. I was scared because I didn’t know what to expect. I didn’t know what was going to happen. I was excited at the same time, because I was bringing a new life into the world. I wanted to find out anything and everything I could about having a baby and the whole labor and delivery—how it progresses—it was pretty scary, not knowing.

I just cried for about two weeks. I found out I was carrying twins. I only wanted one child. That was a nightmare for me. I didn’t know how I was going to juggle, feed this, do this, do that. I was distraught. Just the thought of having two.

For me, I was actually excited because we were working for it. We knew it was coming. My primary concern was health, eating right. I was very concerned that my diet was what it needed to be.

I asked for [the epidural] too late and then I couldn’t get it.

I did have a nurse. My husband was there next to me, but he was fainting in the whole thing. The nurse is the one who helps you more. During the delivery you need someone, and your husband, if he is strong, he should help you. My husband was there but he was fainting.

From a second-time parent:

The whole thing for me was very easy for both [pregnancies]...the first time I gained 70 pounds. A nutritionist put me on a diet, but she was obese herself. We had snacks in her office. It was great.

The first time I went [to the hospital] because I felt moisture, and okay, you’re going to dilate. And I went in and they said no. The third time, they made me stay because I was already a few days past my due date. So, I lay there for hours. They started inducing the labor, and the next thing I knew, all these people started coming in and out, with my mom’s voice—you’re going to have a c-section. I started crying.
Bringing Baby Home

Even though bringing their baby home is something the new parents had been anticipating for almost nine months, many nonetheless felt unprepared to meet the demands of taking care of a newborn. Some noted the fatigue and the physical and emotional recovery from childbirth. The hospital stay following delivery was too brief to allow them to learn important skills related to infant and maternal care. Women with new babies, whose own mothers and extended families did not live locally, and whose husbands were not attentive or considerate, were likely to feel extremely isolated at this juncture.

New parents with large, close-knit families that lived locally felt the most relaxed, the least isolated, and the most supported.

The participants indicated that they would have appreciated more information, resources and services, both in the hospital and once they arrived home. Most important to them, however, was the need, in the immediate post-birth period, for help with housework, such as cooking, cleaning and taking care of the baby, which would allow the mother to rest, bathe, or go shopping.

There was a mandatory one-night [hospital] stay, and I left as soon as I could.

I wasn’t prepared to not be able to sleep through the night. I was exhausted.

I went in, and the next afternoon, I go home.

[Family support is] very important, because my mother and my boyfriend’s mother are like my backbone. I didn’t have to worry about anything by the time [the baby] was here. Everything was already laid out for us. I didn’t have to stress...I was already stressed because I’m pregnant and I’m big and I’m sweating. I was tired. They were, like, don’t worry, just go lay down. Don’t stress yourself.

My mom was there for the whole 40 days. She was in charge of the baby. She just told me to rest, sleep, because I am weak, and I need to get better.

You are up a lot. You don’t get much sleep. In the hospital you are...left with the child and you don’t sleep there either. Then you go home and you’re all tired and you have not slept two or three hours.

I wanted to know how to take care of the baby when I got home. How to feed it and hold it. Because I had to have a c-section and it was hard for me to get up. Just worry about how to take care.
Attitudes to and Experiences with Breastfeeding

Breast milk is the ideal food for infants, for reasons that go beyond simple nutrition. Studies show that breastfed infants have fewer ear and respiratory tract infections, diarrheal illnesses, atopic skin disorders, and lower rates of childhood obesity.

The US Department of Agriculture estimates that at least $3.6 billion could be saved annually in the U.S. if breastfeeding rates rose to those recommended by the Surgeon General. The healthcare costs associated with children who were never breastfed are two-to-three times those of breastfed children. Moreover, to formula-feed a child for the first year of life costs over $1,500, whereas breast milk is free.

The mothers in the focus groups seemed to be aware of the benefits of breastfeeding, although some reported that they had not been encouraged to breastfeed by their healthcare providers. Those who did breastfeed were glad to have done so, while those who did not regretted the lack of information and support.

Some mothers said that they were not able to breastfeed due to complications during birth. In some cases, the baby went home while the mother remained in hospital. Others complained of sore nipples, bleeding, or of having nipples too small for the baby to latch onto. Many of the women were willing to nurse, but said they needed more information on breastfeeding and expressing milk.

Research shows that mothers who receive breastfeeding information in the prenatal period have significantly higher breastfeeding rates than those who first receive the information in the hospital, after giving birth.

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[My nipples were] cracked. That was unexpected because I thought my milk would come right away. No one told me my nipples would bleed. I bled because the baby was tugging trying to get the milk, but there wasn’t any.

At WIC [The California Department of Public Health’s Women, Infants, and Children Program], when you go in, they give you a card and they give you a sign that you can breastfeed in public.

I wish someone had told me that [breastfeeding] was so easy. But a nurse kept coming by and telling me, like, let me show you, let me show you. When I got this [from the nurse, I thought], I’ll figure it out when I go home. I got stage fright or something. When I got home, I don’t know how to deal with this. I should have asked them. Because I thought it was normal, it was just going to come.

A lot of my friends who didn’t breastfeed, their kids got sicker easier. My son didn’t get sick until recently, catching a cold. I really did believe like this, it would make my baby healthier... the different things you get from breast milk that you can’t get from formula.

I thought my baby was eating too much. I wish I’d found out it wasn’t too much. I literally would be breastfeeding all day long. He did not let go, and if I moved he would scream. I was, like, this is going to be a problem. He wouldn’t let me sleep. If I tried to slide off the bed, he would go “ahhhh.” Back to bed.

Over at the clinic we were told that [breast milk] was the best for the baby in the first three days. Yes, the first three days. That is best for the baby. That is what helps the child’s brain develop. My daughter doesn’t drink any bottle. I just breastfed her until she was two-years-old.
Maternal Depression

Maternal depression (also known as perinatal depression) is a significant public health concern, affecting many women, infants, and their families in the United States, as well as LA County. Depression during pregnancy and in the postpartum period can lead to poor health status, lower quality of life, and substance abuse. Women with untreated depression are less likely to seek prenatal care and have an increased risk of premature delivery and low birthweight babies. Mothers with untreated depression tend to breastfeed for a shorter period, and it can lead to a disruption in the bond between mother and child, resulting in impaired attachment.

The rates of perinatal depression in the U.S range from 5% to 25%, depending on risk factors such as ethnicity, income, education, and access to care; however in LA County the self-reported rate was 34%. Although perinatal depression affects women regardless of socio-economic status, studies have shown that it is more prevalent among women in lower socio-economic groups. Findings from a 2005 LA County Mother and Baby survey (LAMB)\(^7\), found that 40% to 60% of low-income, pregnant and postpartum women in LA County reported depressive symptoms.

With LA County’s birth rate in excess of 151,000 per year, and the limited resources available to both privately and publicly insured women suffering from perinatal depression, there is strong cause for concern.

Given that over half of LA County new mothers depend on publicly funded insurance, and given the high prevalence of maternal depression within this group, it is clear that there is a need to strengthen social safety net services, including perinatal mental health services. Improving maternal mental health both during and after pregnancy will lead to more healthy infants and mothers.

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\(^7\) 2005. Los Angeles Mommy and Baby Project. L.A. County Department of Public Health, Maternal, Child, and Adolescent Health Programs.

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Parents Speak

When I had my second child, I felt more alone than when I had the first one.

I need emotional support—to spoil you because you feel depressed if they don’t pay attention to you. They pay more attention to the child and sometimes you also do need...to feel you are loved.

I went to a psychologist. Not because I needed the help...but before it gets worse.

I didn’t feel like changing [my clothes].

I could just sit and watch the news, and, like, a cat or something died, and I was, like, boo-hoo. Just for stupid stuff. There’s this commercial about animal shelters. And I can’t watch that one alone.

I did not know about the ups and downs. Sometimes you get the feeling of being overwhelmed. That’s normal, but...

The whole mood swing thing. One minute you’re happy, the next minute you’re crying over petty stuff.

I was mad at my husband throughout my whole pregnancy.

When I would feel like that at home, some days went by and I felt like that, and I talked to my husband about it, and he helped me a little bit more, [by taking] the child for a little bit.

In my case, I didn’t feel like going out. After some weeks, I felt the baby was a little bit older and my mom was helping, so I started going out. I started to feel better. I went here and there, I started to see relatives and little by little.

Sometimes I feel depressed, like crying...that’s very common, but you don’t know it.

In here the magazines tell you that depression is called postpartum syndrome. I did read about it but I didn’t think it would happen to me.

You know [postpartum depression] can last many months and you can have it very strong.

You feel like not doing anything and not being with the baby.
Access to Educational and Informational Resources

The types of information, resources and educational support that the focus group participants reported accessing varied according to educational and economic background. In all eight focus groups, the more educated parents were able to access information, education and services from a variety of sources and media. The less educated parents said that they relied primarily on their own instincts, or on the advice and knowledge of family members.

Participants who had withdrawn from their families or spouse, either emotionally and/or physically, found that they were more reliant on outside information and seemed to experience the most stress.

Regardless of race, the more educated parents reported drawing information from the following sources: Web sites; text messages; traditional broadcast media; public service announcements; cable television programming; doctors’ offices; private clinics; community clinics; hospitals; insurance companies; Medi-Cal, WIC (The California Department of Public Health’s Women, Infants, and Children Program), and other government agencies; churches; ethnic newspapers; community-based organizations; DVDs; and telephone call centers. They noted that libraries and bookstores devoted special shelves or sections to information about pregnancy, birthing, and raising a baby, and that Web sites specifically targeted at mothers have been multiplying. They suggested that more women could be directed to these sites, and taught Web literacy, if needed. Women with private insurance had access to telephone hotlines. WIC was an important source of information for many women.

We need a 24-hour hotline because sometimes you’re alone and you need answers. Baby temperature, the baby won’t stop crying, what to do?

I had a lot of books with my first pregnancy. I did consult the Internet a lot. I had a book of What to Expect When You’re Expecting. It lets you know how the baby is growing and the changes in your body.

When I needed information, I went to the library.

When you go to WIC, the people help you. You feel confident. You feel that trust in them.

I knew to call my momma with any questions.

We trust our moms more because they already had that experience. They have already had us. Some unknown nurse comes up to you and tells you this is fantastic and it is not going to hurt you. Your mom tells you it is going to hurt. [Moms] give you more clear advice. I think the advice from your mom is best.

Asking my mom little things helped because you never know. My son had cradle cap. How do you get rid of that? I couldn’t understand why it just won’t go away. It’s flaking his hair. Things like that were weird to me. Little things were the things I had trouble with.

I used the Chinese Web site known as “Health 78” to get information. We also call our mothers in China to get information.

The best place to access information would be at the doctor’s office.

I think the best time to get information is soon from the time you find that you are pregnant.

My mom is a big influence. But when it comes to my child’s health, I need the reassurance from the pediatrician, someone that’s licensed, someone that’s a doctor. That’s assurance. You can’t sue your mom.

I think the best time [to get information] is when you get discharged. They can set up an appointment for the first in-home visit with your discharge instructions.

I didn’t know about WIC, and at the hospital they told me about it. Then I went in and they have classes, like pregnancy classes, and they have how to breastfeed. They do offer help.
Knowledge of Developmental Milestones

Most participants seemed to be comfortable on the subject of developmental milestones. Their chief concern was being able to tell if their child was on schedule, or might need special assistance. Most participants reported getting information about developmental milestones from friends and relatives with children. They considered this family knowledge-base their primary, trusted source of information on raising children in general.

My mom is one of the biggest forces in my life as far as advice on my kids.

I go to the Web sites. I logged in and put when my baby was born. Whenever I log in, it tells me what stage my baby should be in at three months, four months. Things like that. For me it was the Web site.

I cried a lot. I did. Sometimes I thought, why am I crying? I don't know. I cried a lot and spoke to my mom a lot and argued with my husband. I just wanted to know everything. Why is [the baby] crying? Why is he doing this? Why is this happening? I don't know... it's overwhelming.

I look out to see if [my babies] are interactive with me and other people. I think it is very important because it can lead to later problems if they are not interacting. I watch their eye movements to see if they recognize and hear sounds when you make different sounds.

When they make the first sound, eye contact, it's not wowing me. But when my daughter started scooting, it was what I was waiting for the whole time. When she was able to get on her belly and move around a little bit, that was the best.

The WIC place is a very important place. They have pregnancy classes and classes on breastfeeding. They also show videos. They give you information on the different stages and what you can expect.

With my second child everything was new, because it had been so long. My doctor gave me a book about child-rearing and it had a list of different things and what newborns are expecting, so I would always look it up. My husband always looks on the Internet and searches for a lot of answers. You can't always rely on the Internet because babies are different. If the baby is hungry, you can't say, oh, it's not three o'clock yet...you can't do that, so I learned that we have to sort of do it our way...to raise our own child.
Support Systems

There were disparities in the participants’ ability to draw on the support of a spouse, parents, or extended family. Participants with intact, local families reported feeling the most supported and confident. The focus group discussions made clear that family is the most vital of all the support systems. Perhaps most important to new mothers was the support of their partner, but this was not always forthcoming. The baby’s father may play an important supportive role, women reported, but due to the demands of work, men were often unavailable.

Some new mothers looked instead for support from familiar female sources: sisters, best friends, their own mothers, female nurses, and even other mothers they encountered on the internet.

The discussions made evident the importance of strong, traditional family and community support systems for new families. For example, some of the Latino participants described how, immediately following childbirth, their families observed a traditional 40-day cuarentena, a healing period during which the extended family helps out, allowing the mother to rest and regain her strength. Some Koreans stated that they observe a similar 30-day period, and the Chinese focus group stated that they observe a 21-day period. The group sessions gave the participants an opportunity to network with each other, and the parents seemed to appreciate gaining perspective on how others were navigating the experience of having a baby. They were able to share stories, ideas, experiences, techniques, and even recipes. The parents discussed a wide range of topics, including sensitive issues such as recovering from an episiotomy and renewing intimate relations with their partners.

Mothers without close ties to their extended families, or whose families were far away, relied on friends and neighbors for support. Others reported engaging in spontaneous networking, meeting in parks or at grocery stores, or through the Internet. This was reassuring, they said, and helped relieve feelings of stress, isolation and anxiety. Sometimes these mother-to-mother connections became regular, and occasionally they grew into solid friendships and reliable support systems. Some participants stated that they would also be open to connecting with promotoras, or knowledgeable women from their neighborhoods with similar backgrounds.

The clinics offer a lot of help. They give you counseling help. They give you transportation. If you don’t have a car, they send you prenatal vitamins in the mail. We do not reject that help. But for other things, you have your mom.

During the 40 days, you are not to do anything. You are not to go down the stairs. You are not to carry heavy things. My mom made a lot of oatmeal so more milk would come out, and broths, chicken soup. No sex for 40 days. No chili, meat or beans. No fresh produce. I couldn’t eat anything but chicken. No coffee, no sodas. I could only drink water. It was a very bland diet, so that the baby would not have colic. It is not only for you, but for your milk, if you are breastfeeding. This is called la cuarentena, and it is common in [the] Latino community. When you leave the hospital you cover your ears so you don’t get cold air since your body is hot. Your bones are exposed. You are weak and delicate and you must protect your body.

The kind of support that answers questions about the baby. To be there to pat me on the back to say, it’s going to be okay, you are looking good. Someone to cook dinner. Things like that.

What would be nice, if in the hospital or even from the doctor’s office, if the doctor would arrange for the patients who have due dates near each other to have an opportunity to exchange numbers, so they can create a group. If all of us were pregnant and we had dates within two months time, the other one could come and cook for me and then I would go over to her house to cook for her.
Parents Speak

Educational Support Needed by Expectant Parents in Los Angeles County

The focus group participants acknowledged that experiences with pregnancy and birth differ substantially from woman to woman, and that they would like information on any possible procedures that might be performed on them, such as epidurals or cesarean sections, which would allow them to make informed decisions about their own care. All participants, regardless of race, cultural background, or socio-economic status, expressed a need for information and educational support beginning during pregnancy. In particular, they wanted information on breastfeeding, newborn care, and getting the baby to sleep through the night.

I would like for them to teach me how to fit all they are telling me to do in the 24 hours. They say play with your baby, read to your baby, massage your baby, one-on-one, eat healthy, and on and on. The amount of things you’re supposed to do, it does not fit in a 24 hour day, plus keep a clean home, dinner with your babies every night. How do you do it all? I need someone to show me a practical way to get through it all.

I want the information after the baby comes. I will have some assurance to know that someone is going to come to my home in a week or so to check on me and my baby. That’s a lot of assurance.

I was afraid of a lot of stuff. What to do? How do I keep this baby entertained? Just a lot of stuff. How to hold her right.

A parenting class to teach me to be patient. When I fight with my boyfriend, I take it out on the children. I remember my grandmother visited me and said that if I would take care of my baby’s needs first, she would not cry so much and I would not get so frazzled.

I wanted to know the way to let the baby sleep in the bed, because I hear so many say never on their back, or on their stomachs, others say on the back, never on the side. I was real scared. You have that SIDS [Sudden Infant Death Syndrome] crib death thing, that scared me really bad.

When I was at the hospital, it was my first time breastfeeding and...because I had a c-section, I had to use a different position to breastfeed. So, my nurse helped me at the hospital, but back at home it was hard. At the hospital they tell you, if that does not work out, call us. You can come and visit and learn how to do that. But it’s hard to just go to the hospital. I just read a book and go to the Internet, or make a phone call. If they could actually come and visit me, that’s the resource I think I would like.

I want the information after the baby comes. I will have some assurance to know that someone is going to come to my home in a week or so to check on me and my baby. That’s a lot of assurance.

I think there should be a mandatory something that husbands have to go to, to be informed as to how things will change. They should get this information from professionals and not only from the mother.

A friend of mine who I grew up with said there seem to be no videos or books that explain the first year of you and your baby. There were times when she just felt alone. Her husband went back to work. I would love a video or something that could go through step-by-step of what it’s like when people go back to work, and family leaves, and you are alone with the baby.

First of all, I want to get information on a doctor to go to. I kind of knew what hospital I wanted to go to, but who to go to? I spoke to my friend who has had a baby and asked where to go.
I wanted information on how to be a good mother. I wanted to know how to take care of my baby. It’s my first baby so I don’t know if I was going to be a good mom.

I wanted information on how to be healthy so I could have a healthy baby.

In Korea, there are experts who help you nurse properly. These people come three times a day or so; they give you a breast massage, so it is so much easier in Korea. A person like me who doesn’t have much knowledge can still learn, so I wish there was some kind of expert who could help you learn how to nurse better.

I remember the lactation specialist came by, and I remember being disturbed. Probably every two hours, someone was coming in for whatever reason. I do remember she came in to ask me about breastfeeding. I do remember a pediatrician came in to see the baby, they came in to take blood from the baby and they would ask me if I had any questions. I was too tired. But I don’t remember them telling me about postpartum.
Parents Speak

I think it would be great to have someone coming in to help you and answer your questions once you bring the baby home. I think in Paris they have someone who comes and helps for two or four hours. I forgot how often, but everyone gets it there. They have so much better things for your child and for mothers. Their healthcare system is so much better.

I guess I like the idea, just as long as they’re not there to judge you if you’re doing something wrong.

You’re just scared. You have all this information and then...they put the baby in the car seat, and there is this tiny little creature. When I got home, okay, I have a baby. Now what am I going to do with it? Because I hadn’t produced milk yet, I was trying to pump and it wasn’t coming, it was even more of a panic. I wish there could have been someone that could have gone home with me for two days to help with nursing, massaging, or whatever.

Maybe my nurse, but not just somebody from some organization. It would have to be someone that you are close to— that you’ve been going to for a while— somebody that I’ve seen before, spoken to before.

Yes, it would be nice to have someone come to check the vitals, check the mommy, if you have any questions, answer the questions.

I wouldn’t want anybody to come and tell me how to do things. I don’t want somebody judging and saying you feed [the baby] too much, bathing them too much...In my house, it is only my grandmother who can tell me what to do, not a stranger that’s not related to us.

I wouldn’t want help. I have enough support from my family and my kid’s father’s family. I wouldn’t need extra help.

I would like the person to help survey the house and show me how to set it up so that it is safe for the baby. Make sure I have all the amenities I need for the home to be safe.

Interest in Universal Home Visitation

The focus groups were asked if they would find it helpful to have someone visit them at home, to answer any questions they may have, within a few days of the birth of their child. Participants who expressed concern about whether their children were reaching their developmental milestones said they would welcome having someone to provide answers to questions on the subject.

Several comments suggested that the concept of “home visitation” needs to be introduced with caution, as it can have negative connotations for some. Parents from various cultural and socio-economic backgrounds were concerned that the purpose of a home visit would be to pass judgment on them, and seemed to perceive it as something akin to an inspection by Child Protective Services. Conversely, other participants had a very positive view of home visitation.

Some of the focus group participants noted that certain health insurers, including Kaiser Permanente, offer a type of home visitation program, with either a lactation specialist or infant care specialist. The differing perceptions of home visitation highlights the need to address the specific social and cultural needs of families and communities.
Reported Confidence Levels

Across all focus groups, participants reported the highest confidence levels in the area of vaccination schedules. It is worth noting that some expressed concern over an alleged connection between vaccines and autism.

Participants appeared to rank their knowledge of child development in inverse proportion to their socio-economic status. The poorest mothers had the greatest confidence in their own knowledge, in spite of having done the least amount of research or preparation for pregnancy and childbirth. Much of their knowledge was gained informally, through family and friends. On the other hand, the more educated, higher-income mothers, who reported greater access to resources, ranked themselves as lacking in confidence in this area.

Culturally-specific Attitudes to Parenting

New mothers reported the lowest confidence levels in managing stress when caring for and handling the new baby. Low-income, first generation Latina mothers with one or more previous children ranked themselves as the most confident about bringing the baby home from hospital and managing stress. These mothers also reported having a strong, extended-family support system, made up of grandmothers, sisters, and aunts, to help with daily tasks such as laundry, cooking, taking care of the other children, and helping with newborn care. However, non-immigrant Latina mothers did not differ substantially from their white and African American counterparts in expressing lower confidence levels in these areas.

In contrast to their reported confidence in bringing the baby home, first-generation Latina mothers reported overall lower than average confidence levels, perhaps because many of their families were not intact. The Latino fathers reported wanting to be more involved in caring for the baby, but did not always know how to accomplish this, as traditional gender roles excluded them from such activities.

Confidence levels varied among Asian participants. Asian women reported using the Web and other media to access information.

Chinese women reported high confidence levels in the area of breastfeeding, and overall, projected the most relaxed and prepared attitude of all the focus group participants. Chinese mothers in the focus group seemed to have a strong resource base, including ties to medical professionals within their own families, and attentive husbands and doctors.

Many noted that in the Chinese community, it is traditional for first-time mothers to receive a great deal of support, provided by an extensive network of caregivers, ranging from healthcare professionals, to grandmothers, sisters, and neighbors.

Korean women reported lower levels of confidence than Chinese women around the stress of bringing the newborn home and breastfeeding. Many of these women’s mothers were still in Korea, so they were not able to draw on them for support. Furthermore, some of the Korean mothers were
of the opinion that Korean doctors and medical professionals could be unkind and unhelpful.

African American participants reported the lowest levels of confidence in their ability to manage the stress of bringing the baby home. Most African American and white mothers had no support systems in place.

Many African American mothers also reported that their partners were not particularly helpful. The African American fathers seemed less prepared than the African American mothers. African American mothers were familiar with the medical system and were generally well-informed. Support of church, siblings, and cousins was crucial to them in coping with the challenges of motherhood.

African American and white mothers said they
often had to create their own support systems to help with newborn care. They did this by drawing on family contacts and informal networks of friends they had met via the Internet, or casually, in parks or stores.

Across all the groups, most of the participants reported high levels of confidence in their knowledge of the developmental stages of childhood. Most of this information was obtained informally, through friends and extended family. Most parents appeared to be confident in their own parenting skills.
Conclusions

Even though many participants felt somewhat prepared and confident in their knowledge and abilities as parents, and supported by friends and family, they were often surprised and overwhelmed by some of the realities of parenting. Most felt a need for a greater level of support and education, but how this might be delivered would probably vary. Based on the focus groups, many of the services of a universal home visitation program would be of great value, and welcomed by parents. Home visitation could better prepare them for the baby’s arrival and the care and nurturing of the baby thereafter.

LA County new mothers come from a wide variety of cultural backgrounds. The diversity of the focus groups is reflected in the diversity of wants and needs in the areas of education and support. It would be impossible to fully address the needs and expectations of each community, but it is vital to make every effort to understand and engage them. It was observed that the least prepared were often the most resistant to accepting help.

Recommendations for the Development of Universal Home Visitation Programs

- Design a focus group or workshop that includes all the key players in each target community to assess the needs specific to that community.
- Gather specific information about each community, to be used in the development of relevant educational materials and handouts.
- Messaging about a universal home visitation model should be tailored to specific communities.
- Design a process that includes feedback from the field, on the experiences of new mothers, which would help shape the program.
- Develop a data bank of referrals and other community resources and assets.
- Breastfeeding education and support, newborn care, education, and screening for depression would significantly contribute to addressing new parents’ concerns.
Focus Group Appendices

Appendix # 1
Guiding Questions

Needs, Challenges and Resources
Moderator’s preamble – Welcome, explanation of format, rules concerning politeness, respect, everyone should participate, with only one person speaking at a time. Also, disclosures must be made about recording and the one-way mirror.

1. When you first learned you were expecting, what were your immediate needs? What challenges did you face, physically? Emotionally? To whom did you turn for advice/information about prenatal care? When did you begin to use those resources?

2. Did you visit a doctor or some type of health professional? At what point in your pregnancy did you have your first doctor visit? Did you receive sufficient information from your doctor about your pregnancy? What about postpartum (what to expect after you had the baby) and about your body? And information about your newborn?

3. What about the hospital or your birthing site? Did they provide any information, instruction or counsel? If so what/who? Was it helpful? Did anything surprise you during the birthing process? Would it have been helpful to know something specific? Or to have some support that wasn’t there?

4. How long was your stay in hospital during childbirth? Did this make a difference in how comfortable you were as a parent leaving with your new baby? Did you feel prepared? Did it or someone make sure you had access to new resources that you needed?

5. Being a parent of young children or infants involves so many new things. What do you find you have most questions about? What issues did you encounter with your newborn that you were not prepared for (surprised you)?


7. What about breastfeeding? How did you learn about it? Did you think breastfeeding was important to the development and health of your child? Who did you turn to with questions? Did you breastfeed your baby? Why? Why not? How did that go?

8. What about after you had the baby? Did you feel depressed or isolated? What did you do? Who did you turn to? What information did you receive?

9. Once you took your new baby home, would it have been helpful to have someone visit you at home and answer any questions you might have? What if they had a booklet on parenting, taking care of your baby, etc.? Would you have liked this? How many times would they visit you? What questions would you ask them? What would they show you how to do?

Child Development

1. As your baby begins to grow, what are some of the developmental stages you should see? Examples: smiling, rolling over, crawling, walking, talking, weaning a baby from the breast/bottle, sleeping through the night, eating solid food, etc. When should your baby be doing these things?

2. How do you know your child is growing and developing correctly, or at the right pace? Who do you turn to for advice about your child’s development? What resources – sources of advice – do you use to make sure that your children are healthy? When do you begin using those resources?

3. What are some of the goals that you have for your baby? What do you want your baby to be? (For example: healthy, happy, alert, smart, plays well with others, etc.) What are some of the most important things that you think you can do to make your child achieve those goals? How do you think these things can help them?

4. Have you ever had any concerns about how your child is learning, growing or doing? If so, how do you go about getting answers or dealing with your concerns?
Appendix # 2
Confidence Level Scores
Now I’m going to ask you to use the piece of paper in front of you. You will see there are areas related to providing care for your new born. This is confidential, but I would like for you to circle on the scale how confident you feel about each of these as a parent. The scale is 1–5, with 1 being a low level of confidence, and 5 being a high level of confidence.

Appendix # 3
Map of the Four Locations
ACKNOWLEDGMENTS

We gratefully acknowledge First 5 LA for funding this report

Financial Intermediary
California Hospital Medical Center
California Hospital Medical Center Foundation

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Suggested Citation: Bunting, N., Johnson, R., Reyes, C., & Yonekura, ML. (2009). Los Angeles County Parents: In their own words. focus group report. Los Angeles: LA Best Babies Network. www.LABestBabies.org