

Communication with Postpartum Mothers: Are We Competing with the Television?

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Introduction

Communication with new mothers is an important aspect of pediatrics.¹⁻⁵ It has been our observation, however, that postpartum mothers in an inner-city hospital are frequently watching television when the pediatrician visits. To explore whether our observations were similar to, or at variance with, other physicians from our hospital we distributed a Likert scale questionnaire to a convenience sample of 16 pediatricians. All felt the television interfered "somewhat" (n=3) or "very much" (n=13) with their communication with postpartum mothers; further, all expressed feelings of frustration and distraction with the television being on during their visit. To determine whether these perceptions regarding postpartum mothers' watching television were accurate, we designed a prospective observational study to

evaluate frequency of television watching by postpartum mothers, as well as mothers' responses to the pediatrician's visit. We hypothesized that most postpartum mothers would be watching television, with the television remaining on with no decrease in volume during the pediatrician's visit. Additionally, we hypothesized that the television being on would interfere with pediatrician/mother interaction.

Study Design

During their term nursery rotation 2 pediatric residents and a study volunteer documented their observations during routine visits with postpartum mothers. Observations were made regarding whether the television was on or off; if the television was on, mothers were categorized as attentive to the pediatrician or continuing to watch the television in-

termittently (inattentive). Mothers' actions were documented as follows: turning television off, turning volume down, or neither. Finally, postpartum mothers' interactions with pediatricians were documented by use of 3 Likert scales: eye contact (minimal/almost always), interest in information (not interested/very interested), and questions asked (none/greater than 5), all of which were rated on a scale ranging from 1 (minimal/least) to 5 (almost always/most). Basic maternal and infant demographics were obtained from charts during the mother's and infant's hospital stay. Data were summarized as percents, means or medians, and standard deviations or ranges, as appropriate. Mothers' interactions with pediatrician were compared by use of ANOVA with comparisons post hoc. A p value of <0.05 was considered statistically significant.

Results

During the 1-month study (July 1998) data were collected from 92 visits for 68 postpartum mothers (Table 1). Postpartum mothers were watching television at the time of 59/92 (64%) visits; only 1 mother turned television off, and only 1 mother turned vol-

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Table 1

STUDY POPULATION
(N=68 POSTPARTUM MOTHERS)

Maternal			
Age, yr	24.9 ±5.7* [16–42]		
Race, African-American	49 (72%)		
White	8 (12%)		
Other	11 (16%)		
English 1st language	65 (96%)		
Parity	1.5 ±1.8 [1–11]		
Anesthesia, None	27 (40%)		
Local/epidural	41 (60%)		
Delivery, Vaginal	58 (85%)		
Infant			
Birth weight, kg	3.21 ±0.42		
Apgars	1 minute (median)	9	
	5 minutes	9	
Visits			
Time of 1st study visit, hr postpartum (median)	29 [2–104]		
No. of visits per postpartum mother, ppm	1 visit for	47 ppm	= 47 visits
	2 visits for	18 ppm	= 36 visits
	3 visits for	3 ppm	= 9 visits
Totals		68 ppm	= 92 visits

*Mean ±SD.

ume down. During the 59 visits with television on, 40/59 (68%) postpartum mothers were attentive to pediatrician, whereas during 19/59 (32%) visits mothers continued to watch television intermittently.

Interactions of postpartum mothers with pediatricians are shown in Figure 1. Mean scores for mothers' interaction with pediatrician were as follows: moth-

ers with television off (values shown first), mothers with television on but attentive to pediatrician (values second), and mothers watching television intermittently (values last): eye contact, 4.00 vs 4.02 vs 2.89 ($p<0.0001$); interest in information 3.66 vs 3.97 vs 3.00 ($p<0.0002$); questions asked, 2.06 vs 2.07 vs 1.78 ($p=0.41$). Post hoc testing showed postpartum mothers with television off, and post-

partum mothers with television on but attentive to pediatrician, had significantly higher scores for eye contact and interest in information than postpartum mothers watching television intermittently during pediatrician visit ($p<0.05$). There was no difference among groups for questions asked. Results were not related to maternal age, parity, or whether study visit was initial or subsequent.

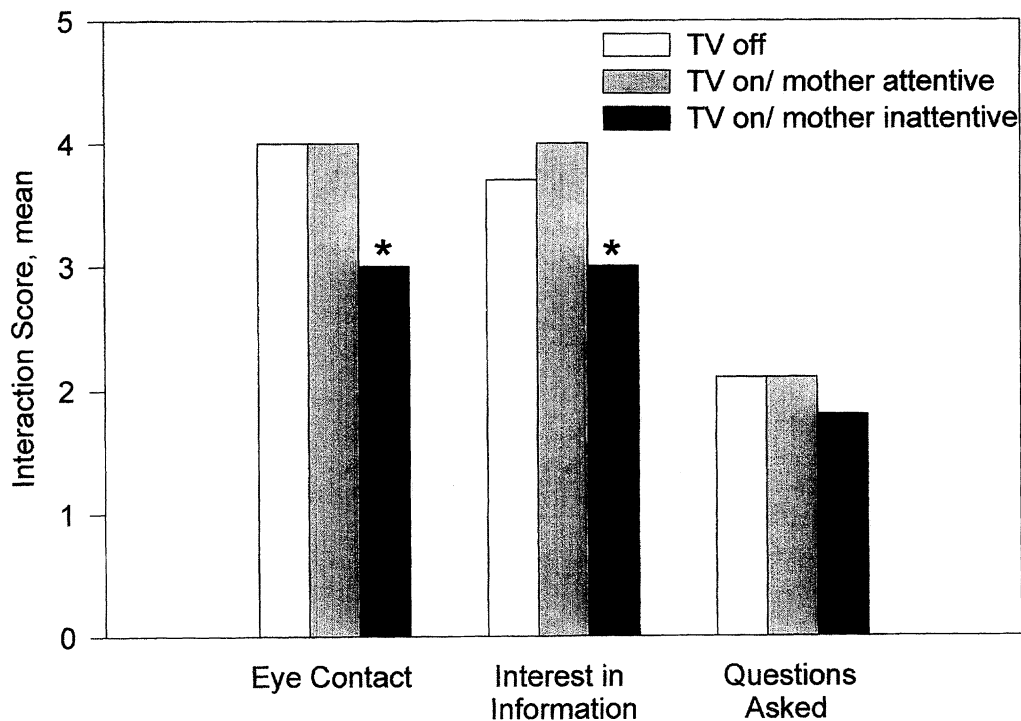


Figure 1. Interaction of mothers with pediatrician during postpartum hospital visit. Comparisons are made among mothers with television off (a), vs mothers with television on but attentive (b), vs mothers with television on but inattentive (c). *a and b > c; $p < 0.05$.

Discussion

In this inner-city sample of postpartum mothers the television was on during the majority of pediatrician visits. Contrary to our perceptions, however, most mothers were attentive to the pediatrician regardless of television being on. In fact, those mothers with television on who were categorized as attentive to the pediatrician had interaction scores similar to those mothers with television off. Both these groups, based on Likert scale scores for eye contact and interest in information, had more favorable interaction with pediatricians than those mothers with television on who continued to watch television intermittently.

Eye contact has been cited as an important dimension of interpersonal communication.^{6,7} Without eye contact many adults feel they cannot fully communicate or determine whether they are understood.⁶ Thus, the decreased eye contact exhibited by mothers continuing to watch television intermittently may be contributing to feelings of frustration expressed by pediatricians in our convenience sample.

We feel results of our study offer several important findings. First, most postpartum mothers do have the television on during the pediatrician's visit. However, in contrast to our perceptions, most of these mothers are attentive to the pediatrician. While we

had felt that the television being on was proxy for inattentiveness, this does not appear so: two thirds of mothers with television on were attentive to the pediatrician, exhibiting similar eye contact and interest in information as mothers with television off.

Second, although physicians are frustrated and distracted when the television is on, these feelings may be relatively unique, because in many American families the television has become a backdrop to everyday life.⁸⁻¹⁰ In fact, in a questionnaire administered to 387 parents, Bernard-Bonnin et al¹⁰ found that all families owned at least 1 television, 57.6% owned 2 or more televisions, and the television was turned on all day in 16% of

cases.¹⁰ In 55% of homes the television was on at mealtimes, and 45% of children watched television for 7–16 hours per week, with the heaviest viewers belonging to families with low levels of maternal education. Thus, improved communication between postpartum mothers and physicians may well depend on physicians adapting to patient culture, or on physicians politely asking patients to turn the television off.

Finally, for the visits with postpartum mothers who appeared inattentive we may, in fact, be competing with the television. Although we did not test for retention of information in these cases, it is possible that effective communication was compromised. For these situations, the pediatrician requesting the mother to turn

television off or volume down should not only enhance overall interaction of postpartum mothers and pediatricians, but also should decrease pediatrician feelings of frustration and distraction.

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