

## The Role of Childhood Memory Scores in Parenting in Pregnancy and Early Postpartum

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**Abstract:** None available.

**Full Text:** Headnote ABSTRACT: As expectant parents begin the developmental tasks of pregnancy, their own histories begin to resurface, consciously or subconsciously. Ways to explore childhood memories during pregnancy in a non-threatening and nurturing way may enhance the medical care and the parenting experience in this transition. Since pregnancy is a time when people are open to new information and change, this can be an opportunity for exploring relationships with partners, their health care providers, and the unborn child. We devised a set of questions to determine what variables may interfere with the process of pregnancy, labor, birth and the postpartum period. We were interested in strengthening health care and curriculum content in birth classes for parents as they move through pregnancy and the parenting process. THE ROLE OF CHILDHOOD MEMORY SCORES IN PARENTING IN PREGNANCY AND EARLY POSTPARTUM Pregnancy is the initial stage in a lifelong parenting process (Chapman, 1991; O'Leary & Thorwick, 1993; Riesch, et al., 1996; Watson, et al., 1995). People, even before conception, have expectations about the parenting experience, which are conditioned by their childhood relationships and strengthened or weakened by their present relationships (Bowlby, 1969; Findeisen, 1992; Peterson, 1992; Zeanah & Zeanah, 1989). In pregnancy, two uniquely different families come together to form another family. As expectant parents focus on the developmental tasks of pregnancy, their own histories begin to resurface, many times on an unconscious level (Belsky, 1985; O'Leary, 1992; Sameroff, 1994; Zeanah & Zeanah, 1989). Therefore, understanding ways to explore childhood memories during pregnancy in a non-threatening and nurturing way may enhance the medical care and the parenting experience in this transition (Coleman, Nelson, & Sundre, 1999; Onyskiw, Harrison, & Magill-Evans, 1997). In this study we were interested in the relevance of early memories to men's and women's movement into parenthood. Our research goal was to develop a small set of measurement tools concerning past and present interpersonal relationships and positive or negative childhood memories. We wanted to improve ability to identify those expectant parents who might need extra help and support during pregnancy and after childbirth. Since pregnancy is a major life transition all parents can benefit from this process, not just those with more difficult histories. We wanted to know which of the following variables, which previous research suggests may be relevant, were most related to negative or positive childhood memory scores, structure of families of origin (Goldenberg & Goldenberg, 1996; Unterman, Posner, & Williams, 1990; Zuckerman, et al., 1989), depressed or anxious mood (Gjerdingen, Froberg, & Fontaine, 1991; Glazer, 1989; Seguin, et al., 1995; Zaslowsky, et al., 1981), and social support in terms of friendship and kinship networks (Crnic, et al., 1983; Gjerdingen, et al., 1991; Seguin, et al., 1995; Zuckerman, et al., 1989), whether or not the parents were married (Pfof, Stevens, & Lum, 1990), and the strength of their attachments to their communities (Garbarino & Sherman, 1980). In addition, socioeconomic characteristics, being older, and intention to become pregnant were potentially linked to childhood memories (Pfof, Stevens, & Lum, 1990). Those with higher socioeconomic status are more likely to intend to be pregnant (Hellerstedt, et al., 1998). Further, researchers have argued increasingly for a focus on both partners (Chapman, 1991; Cronenwett & Kunst-Wilson, 1981; Ferketich & Mercer, 1995; Jordan, 1990; Nichols, 1993; Riesch, et al., 1996; Watson, et al., 1995). The research questions were: (1) What is the relationship between childhood memory scores to variables measuring connections to others in (a) families of origin and (b) present relationships to partners, social and kin networks, and community? (2) What is the relationship, if any, between childhood memory scores and (a) anxious mood scores and (b) depressed mood scores? (3) Are childhood memory scores related to demographic variables such as age and education, as well

as to intention to become pregnant? (4) Do expectant fathers and mothers differ in our measure of childhood memories? **METHOD** The participants were men and women enrolled in eight-week-long childbirth classes during the third trimester of pregnancy. Participation was voluntary. The classes were taught in a large metropolitan hospital where the babies would be born. Questionnaires were administered at four times: before classes began (n = 117), the end of classes (n = 89), babies' birth (n = 115), and one-week postpartum (n = 73). The first author distributed questionnaires in class at Times 1 and 2, and in the hospital at Time 3. Time 4 questionnaires were provided in the hospital for return by mail after one week postpartum. Results are given for those participants who completed the Time 1 and Time 4 questionnaires and who had no observations missing on relevant variables (n = 67). Findings from the second and third waves concerned other variables, which are not relevant here, except for Time 2 mood scores and fear of childbirth or labor. Some of these other results are described elsewhere (reference omitted because it would identify authors). Because the participants were self-selected, conclusions are not generalizable and apply only to the sample reported here; however, this sample was characteristic of the first-time parents in the childbirth education classes served by the hospital.

**DEMOGRAPHIC AND RELATIONSHIP VARIABLES** Demographic questions included marital status, educational level, and age, among other variables. Relationships with other people were assessed by questions on number of friends and kin to whom participants felt close (based on reference omitted here so as not to identify authors), strength of ties to their communities, with whom participants lived while growing up, and whether or not their mother or primary caregiver had worked outside the home (see Appendix for wording). Participants were asked if they had been trying to get pregnant and to describe the pregnancy on a 4-point scale where "1" meant "very unpleasant" and "4" meant "very pleasant." All these variables were measured at Time 1.

**CHILDHOOD MEMORY SCORES** A six-item Likert-type scale at Time 1 measured parents' memories of their own parenting experience while growing up (see Appendix). Items were recoded to scale in the same direction with highest scores denoting the most negative memories, and they were summed to create childhood memory scores (adapted by the first author from other scales: Scott-Heyes, 1984; other reference omitted). The reliability of the memory scores was .93 (Cronbach's alpha). **MOOD SCORES** Mood scores were measured at three points, before classes began (Time 1), when they ended (Time 2), and one week postpartum (Time 4).

Participants chose among 61 adjectives describing moods and feelings to indicate their feelings during the past few weeks, based on an adapted version of the Multiple Affect Adjective Check List, or MAACL (Zuckerman & Lubin, 1965). Next, each item in the anxiety series counted as "1," as did the depression words within their series. Separate scores for anxiety and depression were created by summing the appropriate items in their respective series. The MAACL contains a version of Lubin's Depression Adjective Checklist (as well as an anxiety adjective checklist), which was intended "to measure 'transient depressive mood, feeling, or emotion' (as opposed to chronic, enduring depression)" (Shaver & Brennan, 1991, p. 215). These scales do not rely on clinical diagnoses and have the advantage of being short and easily understood. They are a tool with which a wide variety of professionals can work without clinical training as psychologists or psychiatrists. Reliabilities (Cronbach's alpha) were high and comparable to others reported in the literature (Shaver & Brennan, 1991; Zuckerman & Lubin, 1965), .79 for anxiety scores and .83-.85 for depression. (Although having a cesarean birth might affect mothers' or fathers' psychological states, birth outcomes were not related to mood scores on depression or anxiety at one week postpartum.)

**ANTICIPATION AND EVALUATION OF CHILDBIRTH AND LABOR** Affective anticipation of childbirth was measured by a six-item scale including fearfulness, being afraid, nervous, worried, calm, confident, and excited. Two other six-item scales measured anticipated evaluation of labor and of birth using the same semantic differentials as the childhood memory score. These scales were based on Scott-Heyes (1984) and are given in the Appendix also. **Statistical Tests.** Preliminary analyses included Pearson and Spearman correlation analyses, cross-tabulations, t-tests, and an analysis of variance. The variables with the greatest magnitudes of relationship with memory scores then were entered as independent variables in a multiple regression on childhood memory scores as the dependent variable.

RESULTS Research participants did not differ significantly by gender on demographics, family of origin, or intention to conceive (Table 1). According to t-tests (data not shown), gender made little or no difference in number of relatives or friends to whom participants felt close, strength of community ties, most of the mood scores, and perceived pleasantness of pregnancy. Women tended to have slightly higher Time 1 anxiety mood scores and Time 4 depression mood scores than did men. While gender made significant differences in five of nine evaluations and anticipation of childbirth and labor, these measures had little or no correlation with childhood memory scores in general (discussed further below). Since gender had little association with the main variables of interest, the participants were combined into one group for analysis. (Participants also had been analyzed as dyads, measuring difference in scores and other variables with no significant differences found.) About 6 women in 10 were less than 30 years old, and the men were slightly older, overall (Table 1). Participants were well educated, compared to the general metropolitan population, and the women tended to be a little more educated than the men. About 8 in 10 expectant parents were married and living together. Compared to participants at Time 1, those participants who dropped out of the study by Time 4 were disproportionately more likely to be older, married, less educated, and to have intended the pregnancy (data not shown). One-third of research participants anticipated moving away from their present community within the next ten years; the rest had no plans to move. Most participants had grown up primarily in homes with both parents present. Overall, they divided roughly into one-third whose mothers or primary caregivers had never worked for pay, one-third whose mothers had worked part time while participants were growing up, and one-third whose mothers had been employed full time. The women's mothers were more likely to have worked full time than were the men's mothers (n.s.).

**Table 1**  
**Expectant Parents' Demographic and Relationship Characteristics**

<i>Independent Variable</i>	<i>Women (n = 35) (%)</i>	<i>Men (n=32) (%)</i>	<i>Total (n=67) (%)</i>
<b>Age</b>			
Younger than 30 years old	59 <sup>a</sup>	53	56
30 years of age or older	41	47	44
<b>Education</b>			
High school graduate or less	9 <sup>a</sup>	19	14
Attended college/not graduate	18	15	17
College graduate	50	47	49
Graduate work beyond college degree	23	19	21
<b>Marital status</b>			
Married	80	81	81
Not married, separated, live apart	20	19	19
<b>Had been trying to become pregnant</b>			
Yes	57	56	57
No	43	44	43
<b>Length of community residence expected</b>			
Ten years or less time	33	32 <sup>b</sup>	33
More than ten years	67	68	67
<b>With whom participants lived while growing up</b>			
Lived with both parents	86	91	88
Lived with one parent or others	14	9	12
<b>Employment of mother/primary caregiver</b>			
Worked full time	43	28	36
Worked part time	29	34	31
Never worked outside the home	29 <sup>c</sup>	38	33

<sup>a</sup>1 female case missing.

<sup>b</sup>1 male case missing.

<sup>c</sup>Does not sum to 100% because of rounding.

**Table 2**  
**T-tests on Childhood Memory Scores by Independent Variables Measuring Connections to Others**

<i>Independent Variable</i>	<i>Childhood Memory Scores</i>		
	<i>Mean</i>	<i>S.D.</i>	<i>n</i>
<b>Length of expected residence in communities</b>			
Ten years or less time	18.29*	6.82	21
More than ten years	13.95	7.05	42
<b>With whom participants lived while growing up</b>			
Lived with both parents	14.34**	6.73	59
Lived with one parent or others	22.86	6.34	7
<b>Had been trying to become pregnant</b>			
Yes	13.45*	7.29	38
No	17.68	6.28	28

Note: Cases missing values excluded, total n = 67.

\*p < .05, two-tailed test.

\*\*p < .01, two-tailed test.

CHILDHOOD MEMORY SCORES The women had a mean childhood memory score of 14.71 points (s.d. = 6.99), and the men's mean score was slightly more negative (15.84, s.d. = 7.39), a nonsignificant difference (t-value = .64). The remaining analyses on childhood memory scores were based on total group (mean = 15.24, s.d. = 7.15). More negative childhood memory scores were associated significantly with expecting to move from one's community within the next ten years, growing up in one-parent households, and unplanned pregnancies, according to t-tests (Table 2). Full-time employment of respondents' primary caregivers while respondents were growing up was associated with negative childhood memory scores, according to analysis of variance (Table 3). Part-time or non-employment made less difference in memory scores. Participants from homes lacking two parents were more likely to have had a mother or other primary caregiver who worked full time for pay. Having fewer relatives to whom participants felt close, weaker community ties, higher mood scores on depression and anxiety, and more negative perceptions of the pregnancy made significant differences in childhood memory scores (Table 4). Having fewer close friends also made a difference, although nonsignificant. Among the men, fearful anticipation of labor and childbirth was positively correlated with childhood memory scores ( $r = .34$ , 2-tailed  $p = .06$ ,  $n = 31$ ) at Time 1 (before the beginning of the eight-week prenatal class) and at Time 3 (as soon as possible after childbirth) ( $r = .32$ , 2-tailed  $p = .10$ ,  $n = 28$ ). Negative evaluations of what it is like to give birth at Time 3 had the highest correlation with negative childhood memory scores among the men ( $r = .53$ , 2-tailed  $p = .01$ ,  $n = 30$ ). Among the women, fear of childbirth and negative perceptions of childbirth or labor were uncorrelated with negative childhood memories or correlations were nonsignificant.

**Table 3**  
**Analysis of Variance on Childhood Memory Scores by**  
**Primary Caregiver's Employment**

<i>Independent Variable</i>	<i>Childhood Memory Scores</i>		
	<i>Mean</i>	<i>S.D.</i>	<i>n</i>
Employment status of mother or primary caregiver most of the time while participants were growing up			
Worked full time	19.00	7.31	24
Worked part time	12.40	5.37	20
Never employed	13.73	6.86	22
Total	15.24	7.14	66 <sup>a</sup>

Analysis of Variance:

<i>Source of Variation</i>	<i>Sums of Squares</i>	<i>Degrees of Freedom</i>	<i>Mean Square</i>	<i>F</i>	<i>Sig. of F</i>
Between groups	550.96	2	275.48	6.27	.01
Within groups	2767.16	63	43.92		
Total	3318.12	65 <sup>b</sup>			

<sup>a</sup>1 case missing.

<sup>b</sup>2 cases missing.

Anxiety and depression mood scores correlated most highly with negative childhood memory scores at Time 4 (.40 and .26, respectively). Correlations of Time 1 and Time 2 anxiety scores with childhood memory scores were of smaller magnitude those at Time 4 (.27 and .13, respectively). Part correlations were modest, and partial correlations were very low. Time 1 and Time 2 depression mood scores correlated with negative childhood memory scores at .16 and .13, respectively; their part and partial correlations with memory scores were very low (.06 or less).

**Table 4**  
**Pearson Correlations of Childhood Memory Scores With**  
**Variables Measuring Connections to Others**

<i>Scores</i>	<i>Correlation with Childhood Memory n</i>	<i>Independent Variables</i>
Number of relatives to whom participants feel close	-0.30**	59
Number of friends to whom participants feel close	-0.17	59
Strength of community ties	-0.21*	65
Mood scores on depression at one week postpartum (Time 4)	0.26*	59
Mood scores on anxiety at one week postpartum (Time 4)	0.40**	59
Describe pregnancy as pleasant on a scale of "1 to 4" where "1" means "very unpleasant" and "4" means "very pleasant"	-0.33**	63

Note: Cases missing values excluded (total n = 67).

\*p < .05, two-tailed test.

\*\*p < .01, two-tailed test.

The variables which showed the strongest associations with childhood memory scores were entered as independent variables into a stepwise multiple regression analysis on childhood memory scores. The following variables were retained in the regression equation: anxiety scores at Time 4 (one week postpartum), living with only one parent or with other caregivers while growing up (dummy variable coded 1 for both parents and 0 for one parent or other), and having fewer relatives to whom participants felt close (Table 5). The number of participants who had not grown up in two-parent families was small, however.

**Table 5**  
**Stepwise Multiple Regression Results: Independent Variables**  
**and Childhood Memory Scores, as Dependent Variable**

<i>Predictor</i>	<i>B</i>	<i>se</i>	<i>Beta</i>	<i>se</i>	<i>p</i> <
Anxiety scores at one week postpartum	0.63	0.20	0.34	0.11	.01
Family of origin structure (with whom participants lived while growing up) (dummy variable coded 1 = both parents, 0 = 1 parent/ neither)	-6.93	2.46	-0.30	0.11	.01
Number of relatives to whom participants feel close	-0.59	0.27	-0.23	0.11	.05
Constant	21.29	3.02			.001
Multiple R	0.57				
R <sup>2</sup>		0.32			
Adjusted R <sup>2</sup>	0.29				

Note: n = 64, 3 cases missing.

DISCUSSION The first author devised a scale for measuring positive and negative childhood memories, which was compared with direct and indirect indicators of relationships with others. The research aim was to select variables which were the most correlated with negative childhood memories to help guide, not only health educators in strengthening curriculum, but also assist providers in asking questions that might impact health care. While this will help identify parents who may need more support, all parents can benefit from exploring family of origin issues during pregnancy and postpartum as they take on the parenting role. The variables most related to negative childhood memory scores were high anxiety mood scores at one week postpartum, growing up in a household lacking one or both parents, and having few relatives to whom research participants felt close. These three variables explained 30% of the variance in childhood memory scores. Other variables which were significantly related to childhood memory scores included marital status, strength of community attachment, intention to conceive, perceived pleasantness of pregnancy, and depression mood scores. Size of friendship networks made a small, nonsignificant difference. The relationships between childhood memory scores and mood scores on anxiety and depression increased between the beginning of childbirth education classes and postpartum. This might possibly be due to the emotional feelings that surface after the birth of a baby which cannot be anticipated until a parent reaches that point. Gender had little or no impact on childhood memory scores, connections to family and others, and mood scores, underscoring the utility of studying these concepts in both parents. On the other hand, negative childhood memory scores were linked to fearful anticipation of childbirth or labor, as well as to negative evaluations of labor and birth, in the men in this study but not the women with respect to one Time 1 measurement and two Time 3 measurements. These findings are of interest because spouses are the major, often only, source of emotional support for adult men (Cronenwett & Kunst-Wilson, 1981). Pregnancy can precipitate major reworking of men's past and present relationships with

their fathers, mothers, siblings, and wives, as well as their sense of self (Gurwitt, 1976). The results support calls for further work to investigate the needs of expectant and new fathers (Ferketich & Mercer, 1995; Glazer, 1989). Just helping fathers focus on the needs of mothers during labor and birth does not prepare them to assume the fathering role (Chapman, 1991; Jordan, 1990; Nichols, 1993; Watson, et al., 1995).

**LIMITATIONS OF THE STUDY** The expectant parents in our study were self-selected and more educated than the population at large. They were, however, representative of the population which the childbirth education classes serve. Their patterns are not generalizable to other settings and populations. Additional research should be undertaken, especially in larger samples employing randomization. Additional indicators of relationships to family, friends, and community are desirable to improve measurement and concept development. More variables should be studied, as well, to increase prediction and understanding of the relationships involved.

**IMPLICATIONS FOR PRACTITIONERS AND EDUCATORS** Since pregnancy is a time when people are open to new information and change (Nugent & Brazelton, 1989), childbirth classes are an ideal setting for exploring relationships with partners, with their health care providers, and with the unborn child. The same content can be presented in a framework of how it fits for each individual family. Exploring how each partner's family background may be different can help resolve issues that they may not know about each other. Breastfeeding may be a strong value for one partner and something not discussed in another family. Discussing how expectant parents learned to get their needs met when growing up can be part of comfort measures in labor and whether they may want pain medication or not, depending on the value systems of their family of origins. Exploring childhood memories with people leads into what tools they can use now in labor and birth or what resources they may need to seek out for further support. Rather than being upset with a partner who can't give support, some partners may seek out the use of a doula in labor to compliment and strengthen what each person has brought into the pregnancy. Amount of social support during pregnancy and the relationship with a significant other are key variables in most research on adaptation to pregnancy (Crnic, et al., 1983; Gjerdingen, et al., 1991; Seguin, et al., 1995; Zuckerman, et al., 1989). Isolation can be a major cause of depression. Bringing home a new baby without social support can be both isolating and overwhelming. When new parents have had childhoods lacking outside resources for support, or they did not learn how to reach out to others when in need, they may find it very difficult to know how to ask for help. New mothers and fathers provided with a realistic picture of the emotional stages of becoming a parent and that the first three months of life is the phase of attachment readiness (Eagan, 1985), learn that the disequilibrium of postpartum adjustment are normal and predictable. They also can learn what resources are available to aid them in their communities. These results demonstrate the utility of childhood memory scores and indicators of past and present relationships as a tool for professionals assisting people as they move through pregnancy and postpartum, as well as for identifying men and women who might have more difficulty. Some parents may need more follow up than others. In addition, related research has found that negative childhood memories and perceptions of poor treatment by parents are related to more difficult labor and birth experiences and more negative attitudes toward pregnancy (Peterson, 1992). The first author's experience in facilitating postpartum groups through the first four months is that face-to-face interaction with their babies brings back parents' own family of origin experiences. A group setting is a safe place to process past issues because all the new parents are having similar experiences to some degree. All the participants are undergoing the same transition. Those with more negative childhood memories may feel more accepting of further help when they realize much of what they are feeling is normal for all people. They are then more able to identify their own behaviors that are deviant from normal and seek help for themselves. People's perceptions of how to be a parent begin in their own early childhoods when they are formulating their notions of how to have relationships, and the process of transmitting models of relationships recurs from generation to generation (Goldenberg & Goldenberg, 1996; Zeanah & Zeanah, 1989). Many parents need to be aware that they are going to have more trouble with adjustment and need to seek support, especially if they are more isolated from social networks, grew up in families which were not intact, and are at risk for

higher mood scores on depression and anxiety. The birth of a child and the accompanying infant caregiving tasks initiate the need for parents to reorganize their relationships, both past and present.

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Appendix APPENDIX A. The pregnancy: Q1. Had you been trying to get pregnant? a. Yes.....1 b. No.....2

Q2. How would you describe the pregnancy so far? a. Very unpleasant .....1 b. Unpleasant.....2 c. Pleasant.....3 d. Very pleasant .....4

Anticipation of labor and birth: Q3. You probably have some idea what it will be like to give birth. How do you feel now when you think about you [your partner's] labor and giving birth? Please circle the number for each adjective below which comes closest to how you feel. (From Scott-Heyes, 1984)

	Not at all	Slightly	Somewhat	Very much
a. Afraid	1	2	3	4
*b. Calm	1	2	3	4
*c. Confident	1	2	3	4
*d. Excited	1	2	3	4
e. Nervous	1	2	3	4
f. Worried	1	2	3	4

**\*Recode items to scale in the opposite direction, so highest score = more negative anticipation.**

Appendix C. Evaluation of labor and birth: Q4. Now, we'd like to ask what you think your [your partner's] labor will be like. Some words which are opposites are shown below with a scale from "1 to 7," on which "1" and "7" are the most extreme, "4" is in the middle, and the other numbers fall in between. Please circle the number below which is closest to what you think your [your partner's] labor will be like.

	1	2	3	4	5	6	7	
a. Good								<b>Bad</b>
*b. Painful								<b>Painless</b>
c. Happy								<b>Unhappy</b>
*d. Sick								<b>Healthy</b>
e. Pleasant								<b>Unpleasant</b>
*f. Uncomfortable								<b>Comfortable</b>

**\*Recode items to scale in the opposite direction, so highest score = more negative anticipation.**

Appendix Q5. And what do you think the birth will be like? Here, "the birth" refers only to the time from when the top of the baby's head can first be seen until he or she is completely born. (From Scott-Heyes, 1984) [REPEAT THE PREVIOUS SCALE, GOOD-BAD, ETC.] D. Relationships with others: Now, here are some questions

about you and your family: Q6. How many close friends do you have (people that you feel at ease with, can talk to about private matters, and can call on for help)? PLEASE CIRCLE ONE: 0123456789 10 (or more) Q7. How many relatives do you have that you feel close to? PLEASE CIRCLE ONE: 0123456789 10 (or more) Q8. With whom did you live for the majority of the time until you were 18 years old? a. Both mother and father.....1 b. Mother only.....2 c. Father only.....3 d. Other (please specify: ) \_\_\_\_\_ 4 Q9. When you were growing up, did your mother (or female guardian) work outside the home at any time either full time or part time, or did she never work outside the home? a. Full time.....1 b. Part time.....2 c. Never worked outside the home.....3 Q10. Now picture a scale from "1 to 10," where "10" stands for someone who has strong ties to his or her local community and would strongly prefer to continue living there, while "1" stands for someone without any ties to the local community and would not be reluctant to move away. Where would you place yourself on that scale? PLEASE CIRCLE ONE: 0123456789 10 (or more) Q11. How long have you lived in the community in which you reside now? a. 5 years or less .....1 b. Between 6 and 10 years.....2 c. Between 11 and 20 years .....3 d. More than 20 years .....4 Q12. How long do you plan to remain in this community? a. 5 years or less .....1 b. Between 6 and 10 years.....2 c. Between 11 and 20 years.....3 d. More than 20 years .....4 E. Childhood memory score: Q13. So much of how we parent comes from our own background experience. Please describe your own memory of how you were parented. Some words which are opposites are shown below with a scale from "1 to 7," on which "1" and "7" are the most extreme and the other numbers fall in between. Please circle the number below which is closest to how you think you were parented.

a. Good	1	2	3	4	5	6	7	Bad
*b. Painful	1	2	3	4	5	6	7	Painless
c. Happy	1	2	3	4	5	6	7	Unhappy
*d. Sick	1	2	3	4	5	6	7	Healthy
e. Pleasant	1	2	3	4	5	6	7	Unpleasant
*f. Uncomfortable	1	2	3	4	5	6	7	Comfortable

**\*Recode items to scale in the opposite direction, so highest score = more negative memory score.**

Appendix F. Mood scores: Q14. Below are some words which describe different kinds of moods and feelings. Please circle the number of the words below which describe how you have been feeling in the last few weeks. Some of the words may sound alike, but each one is a little different from the others. Please circle all of the numbers corresponding to the words which describe your feelings. Please work quickly. [For list of words, see: Zuckerman & Lubin (contains both anxiety and depression mood scales), 1965, or Shaver & Brennan, 1991 (depressive mood scale only).]

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