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The association between use of infant parenting books that promote strict routines, and maternal depression, self-efficacy, and parenting confidence

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Abstract

The transition to motherhood can be challenging. The baby book market has taken advantage of this, publishing a range of books that suggest adopting strict routines for infant sleep, feeding and general care. Despite their multi million sales, their impact has not been established. The aim of this study was to explore maternal experience of using these books, and the association with maternal wellbeing. Three hundred and fifty four mothers with an infant aged 0 – 12 months reported use of infant parenting books that promote strict routines, experience of using them, and measures of postnatal depression, maternal self efficacy and parenting stress. Use of the books was associated with increased depressive symptoms and stress, alongside lower self-efficacy, although experience of using the books predicted this. Although those who found the books useful had greater wellbeing, the majority did not find them useful, which was associated with lower wellbeing.

Key words: Motherhood; Responsive parenting; Maternal wellbeing; Postnatal depression; Infant routine; Self efficacy; parenting stress; Baby care books

Background

Negotiating the transition to new motherhood can be challenging (Smyth, 2012). The sudden (and often unexpected) changes in lifestyle, role, and responsibility lead to many new mothers feeling significant stress, anxiety, and loss of control in the early months (Rossiter, 1998). In one study of women who had not yet had children, three quarters had never held a newborn, whilst less than a fifth had cared for a young baby e.g. changing a nappy or feeding. Their first experience with a newborn was their own (Oakley, 1992).

First time mothers must transition from an independent life to one that incorporates being a mother. Generally, the first three months are considered the most challenging, although some feel unsettled for longer, or at times of stress and change (Mercer, 1981). Many feel significant pressure to get it 'right' and to be a 'good mother' (Rallis et al, 2014), especially in a society that can be critical of mother's approach to infant care (Astrom, 2015). Mothers are often held responsible for the health and development of their child, with a belief that these early interactions are often deterministic in affecting the child (Smyth, 2012).

As a woman transitions to motherhood, she will decide how she wishes to mother and who her role models might be e.g. her own mother, peers or perceived parenting experts (Mercer, 1981). However, many new parents are isolated at this time. Whereas once families raised generations of children together, now new parents are often isolated and have lost this source of emotional support, practical care, and knowledge (Westall & Liamputtong, 2011).

This means new mothers often look to more practical sources of advice to support them. One of these sources is the multi-million pound market of the 'infant parenting' books. Rather than focusing on issues such as practical infant care or nutrition, these books typically set out guidelines for how new parents should interact with and care for their infant based around either infant-led or parent-led

approaches. Often written by self-proclaimed parenting 'experts' these books are now a multi-million pound global market (Acocella, 2003).

Generally these books can be categorized into three types: infant-led (that promote responding to infant needs), ambivalent (suggesting the parent is the expert who knows best for their infant), and parent-led (promoting parent-led establishment of routine to shape infant behavior around sleep, feeding, and activity). A significant proportion of these books are dedicated to a parent-led approach, proposing routines and schedules for young infant sleep, care, and parental engagement (Hardyment, 2007).

However, despite their following, the empirical evidence base for these books is weak. Babies have frequent needs to feed due to a small stomach size (Kent et al, 2006) and the importance of frequent feeding for establishing breast milk supply (Dewey & Lonnerdal, 1986), as a result waking at night is normal (Brown & Harries, 2015) and protective (Hoppenbrouwers et al, 1982). Responsive parenting, where the needs of the infant are met in a timely, appropriate fashion, is a critical part of infant development (Landry, Smith & Swank, 2006) linked to better outcomes socially, educationally, and emotionally (Gaertner, Spinrad, & Eisenberg, 2008).

On the other hand, maternal wellbeing is an important consideration. Western cultural ideas want a baby to be settled and sleeping through the night as soon as possible (Blunden, Thompson & Dawson, 2011). Significant anxiety can arise over feeding times, routine, and amount of milk consumed (Brown, Raynor & Lee, 2011). Finally, maternal sleep deprivation is associated with an increased risk of postnatal depression (Hiscock & Wake, 2001) and stress (Meltzer & Mindell, 2007). If these books allow these outcomes to occur they may protect maternal wellbeing.

However, research examining maternal experience of following this advice has not been conducted. The aim of the current study was therefore to explore the association between maternal use and experience of infant parenting books that promote strict routines, and maternal wellbeing.

Methodology

Participants

Mothers with a baby aged 0 – 12 months old completed a questionnaire. Exclusion criteria included multiple birth, premature or low birth weight infant, inability to consent, and significant infant or maternal health issues. All participants were based in the UK and indicated this by providing the first three letters of UK postcode. Full ethical permission was gained from a University Research ethics committee and the research carried out in accordance with the ethical standards of the American Psychological Association.

Participants were recruited through local parenting groups and online sources e.g. parenting forums and social media parenting groups. For the face-to-face groups, contact was made with the group leader who acted as a gatekeeper distributing and collecting questionnaires before returning them to the researchers. Completed questionnaires were sealed in envelopes to increase anonymity. Participants could also directly send the questionnaire back to the researcher. The paper questionnaire also contained details of how to complete the questionnaire online if preferred.

For the online groups, adverts were placed on online parenting forums (e.g. mumsnet, netmums). These websites have dedicated research boards where researchers are permitted to post. Interested members can read the post and decide whether to participate with no pressure from the researcher. Contacts made through social media forums also acted as gatekeepers, sharing the information with others, including in face-to-face groups linked to their online group.

To advertise, a post was placed on each board with information about the background to the study, methodology, and how to take part. If they wished to do so participants could then click on a link that took them to the Survey Monkey questionnaire. There, further detailed information about the study was provided alongside consent questions and details of how to contact the researcher if needed. Participants could also request a paper copy of the questionnaire. Once those had

been completed and agreed, the survey opened. Participants were informed that once they submitted their responses they could not be removed from the data set. Once completed a debrief statement was given, explaining the study, thanking them for participation, and giving them contact details for support organisations if needed.

Similar adverts were placed on Facebook, using specific parenting groups, in particular local mother and baby groups. Permission was gained from the administrator of the group and as above an advert placed as a post. Respondents followed the link to Survey Monkey and the process was as above. This was a useful tool as it allowed contact with local mother and baby groups, of which the group leader was typically the administrator of the Facebook group. Information of the study could then be shared with non-Facebook members. Members of the groups often shared the survey post, acting as gatekeepers and building a snowball sample.

Measures

Participants completed a questionnaire hosted online by Survey Monkey, although participants could ask for a paper copy of the questionnaire. The questionnaire examined demographic background alongside their use of infant parenting books, and maternal wellbeing.

To define 'infant parenting' books, parents were given the following definition and then asked whether they had ever read any of these books and how many, during their most recent pregnancy or after their baby was born:

'Many new parents read 'infant parenting books' that suggest specific ways of caring for your baby in terms of how and when they might sleep, feed or behave. These books give advice on getting your baby to sleep, putting your baby in a routine or talk more widely about approaches to caring for your baby. For example popular types of this book include (but are not limited to) The Contented Little Baby, The Baby Whisperer, Save our Sleep, Contented baby care etc'.

For this study we would like you to think about this type of book that promotes

routines and not books that consider how to practically care for your baby e.g. how to put a nappy on or to bathe them. Neither would we like you to think about books that examine how to breastfeed your baby or introduce solid foods or books that consider why breastfeeding is important or the history of feeding babies.'

If mothers identified as reading these books they were then asked to list what books they had read. If they identified with reading them but then listed books that were not this type then they were excluded from the analysis.

Parents were then asked a series of questions about how the books made them feel. Questions explored positive, negative, and neutral emotions and were responded to via a five point Likert scale [strongly agree to strongly disagree] These items were based on themes emerging in the literature and previous work of author b in this field.

Well-being

To measure wellbeing participants completed a number of validated questionnaires:

- Parenting Stress: Parental Stress Scale (Berry & Jones, 1995). This scale measures the level of stress experienced by parents in regards to their children. It takes into consideration the positive aspects of parenting in addition to the negative. It was found that the Parental Stress Scale has a satisfactory correlation with other available scales measuring for parental stress and has a high level of test-retest reliability (Fine, 2001).
- Postnatal depression: Edinburgh Postnatal Depression scale (Cox et al, 1987). This scale examines the mothers' level of happiness. Questions include topics such as anxiety levels and feelings of adequateness. In a recent update, Cox et al (2014) verify the evidence based behind the scale and its use in measuring postnatal depression, citing the high satisfactory levels of validity and reliability of the scale.

- Parenting self-efficacy: Perceived Maternal Parenting Self-Efficacy Tool (Barnes and Adamson-Macedo, 2007). This scale examines the mother's confidence in her own ability to parent a child. It includes questions on the mother's perceived ability to correctly assess her infant's current needs and mood and to meet them adequately. To support use of the tool Simmons & Lehmann (2013) found evidence of construct validity for the questionnaire.

Data analysis

Data was downloaded from Survey Monkey into SPSS and analysed using SPSS version 20. Books were examined to determine which suggested following a strict routine for infant care. **Examples of the criteria used to determine whether books belong in this category are given in table one.** Where the books were unknown to the researchers, a copy was sought in order to make a judgment. Researcher A initially rated books and agreement sought with Author B. Agreement was found in all cases. Using this data mothers were coded into yes/no for having read this type of book, and the number of books each mother read totaled to give an overall score of exposure per mother.

All wellbeing questionnaires were scored as per instructions to give the suggested factors (infant characteristics questionnaire, infant parenting questionnaire) or linear score (EPDS, Perceived maternal self-efficacy tool, parental stress scale).

Descriptive statistics were used to calculate the frequency of respondents agreeing with items, alongside the mean, standard deviation, and range of responses. Mean response, SD, and range were also computed for the different wellbeing and parenting behaviour scales.

In order to explore the experiences of using early-parenting books further and to give greater validity to the items used, factor analysis and Cronbach's alpha was used to condense the items relating to how useful parents found the books and how the

books made them feel (two separate data reductions). Factor analysis examines the relationship between observed variables (e.g. questionnaire items) and considers whether these can be grouped into a smaller number of unobserved items (e.g. not directly asked). For example a number of questions about different positive emotions were directly asked, but may show a similar response pattern and can be grouped and labeled into the condensed variable of 'positive emotions (Field, 2009). Cronbach's alpha can then be used to examine the internal consistency of the factors produced by exploring the correlation of items in that factor. A higher correlation suggests that they are measuring a similar theme and shows strong reliability that items in the factor are measuring similar things (Field, 2009).

To undertake this, a principal components factor analysis, using varimax rotation was performed using SPSS for each of the two sets of questions. The analysis used a threshold of 0.3 and eigenvalues over 1 to retain variables and factors. Tests on split samples of the data found similar structures. Factor scores were saved as regression scores and used for the data analysis (Tabachnick & Fidell, 2006). Cronbach's alpha was then computed for each item.

T tests, ANCOVA, and Pearson's and partial correlations were then used to explore maternal use of baby-care books and wellbeing, considering the impact of these books as covariates. Maternal age and education were used as covariates.

Results

Three hundred and sixty-one mothers completed the questionnaire. The mean age of participants was 31.30 (SD: 4.99) with a range from 18 to 45. Mean number of years in education was 16.9 (SD: 2.60). Full participant details are shown in table two.

Mothers were asked if they had read this type of infant parenting book. 60.4% (n = 214) had read at least one of these books, with the mean number of books mothers had read was 2.53 (SD: 1.48) with a range from 1 to 5.

Mothers who read baby care books were significantly older than those who did not read them [$t(352) = 3.302, p = .001$]. No other difference in maternal background was seen between those who did or did not read the books. Maternal age was therefore controlled for in future relevant analyses. No difference in infant age or gender was found between those who read the books or not.

Perceived usefulness

Participants were asked a series of questions about how they used and experienced the books using a five point Likert scale from strongly agree (= 1) to strongly disagree (= 5). These questions explored whether participants found the books useful and followed their advice. Table two shows the proportion who strongly agreed or agreed with each item, the mean, SD, and range of responses.

To explore the experience of using these books in more detail, a principal components factor analysis was performed on these items to reduce them. One factor was produced explaining 75.29 % of the variance. This factor was labeled 'useful' and described whether participants found the books beneficial and followed their advice. The loadings on this item are shown below in table three below alongside Cronbach's alpha for the factor. The regression score was saved to use in further analyses.

Impact on emotions

Participants were asked how these books made them feel using a five point Likert scale from strongly agree (= 1) to strongly disagree (= 5). Table four below shows the proportion of respondents who agreed or strongly agreed with each item, the mean score, SD, and range.

A factor analysis was conducted to reduce items into smaller factors (table four). A principal components analysis was performed and produced three factors explaining 73.10 % of the variance. These factors were labeled 'positive', 'negative' and 'informed'. Regression scores were saved and used in the analyses. Cronbach's alpha

was also computed for each factor, ranging from .802 to .882. Only items that loaded over 0.5 are shown for ease.

Exploring the association between impact of the books and maternal and infant factors, mothers who were older found the books significantly more informative (pearson's $r = .227$, $p = .002$). No further significant associations were found. Maternal age was therefore controlled for in further analyses.

Postnatal depression

A MANCOVA (controlling for maternal age) found that mothers who had read any strict infant parenting styles book reported significantly higher EPDS scores compared to those who had not read any books [$F(1, 346) = 14.683$, $p = .000$]. A partial correlation controlling for maternal age also showed a positive association between number of books read and EPDS score. Reading a higher amount of books was associated with a higher EPDS score (partial correlation = .141, $p = .020$).

Amongst those who read the books, perception of the books was related to EPDS score. Perception of perceived usefulness of the books was not significantly related to EPDS score. However, a significant negative correlation was found between positive impact and EPDS score. Mothers who found the books had a positive impact had significantly lower EPDS scores (partial correlation = $-.193$, $p = .009$). Meanwhile, those who perceived them to have a negative impact had significantly higher EPDS scores (partial correlation = .171, $p = .015$). No significant association was found between 'Informed' and EPDS score.

As experience of early parenting books was only collected for those who had read them, a further partial correlation was performed between EPDS score and number of books read, controlling for perception of the books. The number of parenting books read was still significantly related to EPDS score controlling for perception of using these books (partial correlation = .192, $p = .013$).

Parenting stress

Mothers who had read early parenting books reported significantly higher stress scores compared to those who did not read the books [$F(1, 346) = 19.069, p = .000$]. Mothers who read more books had a significantly higher stress score (partial correlation = .177, $p = .005$).

Mothers who perceived the books to be useful had significantly lower stress scores (partial correlation = -.151, $p = .029$). Mothers who perceived the books to have a positive impact had significantly lower parenting stress (partial correlation = -.446, $p = .000$). Perception of the books as informative was also associated with significantly lower parenting stress (partial correlation = -.151, $p = .029$). Mothers who perceived them to have a negative impact reported significantly higher parenting stress (partial correlation = .116, $p = .015$).

When experience of reading the books factors were placed as covariates, number of books read no longer predicted stress score (partial correlation = .090, $p = .149$).

Self-efficacy

Mothers who had read baby books reported significantly lower self-efficacy scores compared to those who did not read the books [$F(1, 346) = 6.198, p = .000$]. No significant association was found between self-efficacy and number of books read.

Mothers who perceived the books to be useful had significantly higher self-efficacy scores (partial correlation = .175, $p = .016$). Mothers who perceived the books to have a positive experience had significantly higher self-efficacy scores (partial correlation = -.159, $p = .025$). Perception of the books as informative was associated with a significantly higher self-efficacy score (partial correlation = .138, $p = .041$). No significant association was found between self-efficacy and negative impact.

When experience of reading the books factors were placed as covariates, number of books read no longer predicted stress score (partial correlation = .088, $p = .155$).

Discussion

The aim of this study was to explore the association between maternal use of early parenting style books that suggest strict sleeping and feeding routines for infants, and maternal wellbeing. Overall the findings showed that reading these books was associated with lower wellbeing including increased postnatal depression symptoms, higher parenting stress, and lower self-efficacy. However, on closer inspection of the findings, maternal experience played a significant role. If mothers read these books and found them a positive and useful tool, wellbeing was higher, whereas those who found them not useful or a negative experience had lower wellbeing. Given the popularity of such books and the lack of empirical evidence underpinning them, the findings have important implications for those supporting new mothers during the perinatal period.

The findings showed that infant parenting books proposing high levels of routine for infant sleep, feeding, and activity were popular amongst the sample. Around two thirds of mothers had read such a book, with many reading more than one. However, less than a quarter of mothers reported that they followed the advice in the books or would use them again with their next baby. Likewise, although mothers experienced a wide range of emotions in terms of their experience of reading and following the advice in them, less than a quarter agreed with items such as the books made them feel 'like a better mother', 'more relaxed', 'happier caring for my baby' or 'like I am doing it right' with only one in seven feeling 'less tired'. The majority of mothers were ambivalent, with around 30 – 40% experiencing negative emotions in relation to reading them. Despite their significant market power, a minority in this sample experienced a positive impact of the advice.

A significant relationship was also found between reading the books and lower maternal wellbeing. Mothers who had read the books reported higher levels of depressive symptoms and parenting stress, and lower feelings of self-efficacy. The more books they read, the stronger these relationships were for depressive symptoms and parenting stress. However this was not the full picture; maternal

experience of following the advice in the books mattered. If mothers found the advice useful and reported it made them feel positive and informed, their wellbeing was higher whereas if they found the books had a negative impact, their wellbeing was lower.

When experience of reading the books was taken into account, the relationship between number of books read and parenting stress and self-efficacy was no longer significant, instead it was the experience that mattered. This finding could be interpreted in two ways. Firstly, potentially, mothers' experience of reading the books is driving her wellbeing. If she feels they have a positive impact, her wellbeing may be uplifted, but equally if she feels they have a negative impact, her wellbeing may be damaged. Conversely, mothers who are experiencing low maternal wellbeing may be drawn to the books.

Examining the possibility that these books may affect maternal wellbeing, and considering negative experiences first, it can be assumed that most mothers who purchase such books have at least some desire to consider how they might get their infant into a feeding and sleeping routine. Expectations are therefore raised. If in reality mothers cannot then follow the advice, or the advice has little impact upon infant behaviour, these expectations may be failed. This might impact upon how confident a mother feels about her abilities to mother (e.g. her self-efficacy), or make her feel hopeless, guilty, or like a failure that her infant will not fit into a routine (e.g. depression symptoms). This reflects previous literature suggesting that parenting advice can undermine maternal confidence and wellbeing (Leah-Warren et al., 2011; Mouton & Roskam, 2015).

The explanation that following the advice in these books may be challenging and therefore damaging to wellbeing is unsurprising given what we know about normal infant behavior, and the mismatch between this and the advice in the books. Frequent irregular feeding is normal, particularly for breastfed babies (Kent et al., 2006) as breastmilk is easily digested (Tomomasa et al., 1987). Responsive feeding e.g. feeding whenever an infant signals hunger rather than to a parent-led routine is

a critical element of establishing milk supply and trying to feed a baby in a parent-led routine can lead to breastfeeding difficulties (Brown, Raynor & Lee, 2011) and early breastfeeding cessation (Brown & Lee, 2013).

Moreover, despite social expectations, it is also normal for infants to continue waking throughout the first year (Brown & Harries, 2015). Infants, due to their vulnerability, are also programmed to want to sleep close to their caregiver. Those who sleep close to their mother are more likely to maintain their temperature (Tuffnell, Peterson & Wailoo, 1996), their heart rate (Richard & Mosko, 2004), and have steadier breathing (Richard, Mosko & McKenna, 1998). Given how strongly infant behavior regarding feeding, sleep, and interactions with their caregiver is rooted in basic physiology and survival instinct, it is unsurprising that trying to train infants to have different needs is challenging – or impossible for many. Setting mothers up to fail may impact upon their wellbeing – or further exacerbate underlying issues.

However, it may also be that her wellbeing determines the experience of using the books. Mothers who feel stressed and anxious in the first place (or conversely more confident and happy) may find that a book cannot improve her situation, and remain (or become more) frustrated. Isolation and lack of support are known risk factors for developing postnatal depression (Cox, 2011). Loneliness and isolation predicts lower parenting self-efficacy (Tuominen, et al., 2016). Mothers in these situations may be both more likely to see out this source of advice in the absence of face-to-face support, and be at greater risk of lower wellbeing.

Notably, experience of reading the books did not decrease the relationship between number of books read and depressive symptoms, suggesting that maternal wellbeing may be associated with choice to read these books in the first place. This fits with previous literature. For example, mothers with postnatal depression are more likely to perceive their baby's behaviour as more challenging (O'Hara, 2009). Another study showed that mothers with postnatal depression are more likely to perceive their infant as crying excessively and find it more difficult to regulate infant

behaviour than those who do not have symptoms (Gonidakis et al., 2008). In both cases this may mean that mothers with depressive symptoms of feeling very stressed may perceive a need to change their infants behaviour and purchase the books.

For some reading the books was associated with a positive experience, which appeared to be protective for wellbeing (or mothers with greater wellbeing perceive the books to be more useful). A routine may help mothers to regain feelings of control, or a semblance of a former life or identity that so many mothers grieve for (Rossiter, 1998). Increased sleep or settled behavior has been shown to reduce likelihood of depressive symptoms (Hiscock & Wake, 2001) and stress (Meltzer & Mindell, 2007). It may ease mothers in making the transition to motherhood more smoothly (Mercer, 1981) and help her to feel like a 'good mother' (Rallis et al., 2014).

Related to this, infant temperament may also play a role. It is possible that mothers with babies who are classified as difficult (Rothbart, 1986) are both more likely to attempt to follow routines, and more likely to experience postnatal depression (McGrath, Records & Rice, 2008). Further research should explore how these factors may interact, and in what situations routines may potentially support or damage maternal mental health.

However this needs to be balanced with the needs of the baby. Responding promptly to an infant's needs is also a critical part of developing a positive attachment relationship (Evans & Porter, 2009) which is predictive of better outcomes socially, educationally, and emotionally (Gaertner, Spinrad, & Eisenberg, 2008). Conversely, allowing an infant to cry for an extended period of time can raise stress hormone levels (Engert et al, 2010), which may impact negatively on the developing brain (Schoore, 2001). Increased and prolonged levels of stress in early infancy programme the nervous system to be over stimulated (Loman & Gunnar, 2010).

Additionally, sleeping in the same room as an infant reduces the risk of Sudden Infant Death Syndrome (SIDS) by around 50% (Blair et al, 1999) and sleeping too deeply is believed to be a risk factor for SIDS (Hoppenbrouwers et al, 1982). Feeding to a routine (Brown & Lee, 2013) or adopting a wider parenting routine (Brown & Arnott, 2014) are also both associated with a shorter breastfeeding duration, with attempting to breastfeed to a routine. A balance must therefore be established between potential benefits for the mother and potential risks for the infant.

The study does have its limitations. Participants were self-selecting and older, more educated with a higher percentage of professional occupations than average (ONS, 2011). Although, a range of demographic groups did participate, care should be taken however in generalising to a wider population. Recruitment also used online methods of data collection. Although this method is now popular in health and social science research (e.g. Arden & Abbott, 2015; Brown, 2016; Porter & Isper, 2013) as it allows cost effective, geographically diverse data collection (O'Connor, Jackson, Goldsmith & Skirton, 2014), it may lead to a bias towards older, more educated, proactive participants (Drentea & Moren-Cross, 2005). However, pregnant and new mothers are a well-known user group of internet forums (Plantin & Danebeck, 2009) and no difference occurs in responses between online and face-to-face respondents (Brown & Lee, 2011).

Limitations aside, these findings have important implications for those working to support new parents. Consideration needs to be taken when discussing issues around sleep and routine with parents and in particular if recommending this style of book. Although some may have a positive experience, many do not and this may increase the risk of maternal depressive symptoms, stress, and low self-efficacy. Instead, supporting new parents with expectations and teaching about normal infant behavior may help guide parents through this difficult time. Ideally, investing in greater support systems for mother, baby, and family may reduce the need for new parents to turn to such guides.

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Table One: Criterion used to categorise parenting books as routine based

1. Advises a parent led routine rather than following infant cues
2. Proposes routines for infant sleep, feeding and activity
3. Suggests specific timings for feeding and sleep
4. Discourages parents from responding immediately to infant cries
5. Emphasises that infant routine is important (for the baby, mother or family)
6. Makes reference to the concept that infants can be manipulative
7. Implies that most babies should be able to follow parent led routines

Table Two: Demographic background of participants

Indicator	Group	N	%
Age	≤ 19	8	2.3
	20 – 24	33	9.3
	25 – 29	78	22.0
	30 – 34	146	41.2
	35 ≥	89	25.1
Education	School	50	14.1
	College	60	16.9
	Higher	141	39.8
	Postgraduate	103	29.1
Marital Status	Married	243	69.2
	Cohabiting	95	27.1
	Partner	7	1.2
	Single	9	2.5
Maternal occupation	Professional / managerial	75	21.2
	Skilled	149	42.1
	Unskilled	86	24.3
	Stay at home mother	44	12.4
Parity	First baby	220	62.7
	Second or more	134	37.3

Table three: Experience of using baby-care books: how useful mothers found them

Item	% Agree or strongly Agreed	Mean (SD)	Factor: Usefulness
I follow the advice in these books	21.2%	3.25 (1.07)	.898
I believe these books suggest the best way to care for a baby	13.5%	3.39 (1.04)	.891
If I had another baby I would follow the advice in these books again	22.5%	3.28 (1.12)	.922
I was able to use the suggestions in the book as much as I wanted	42.3%	2.56 (1.04)	.667
I would recommend these books to other new parents	27.1%	3.04 (1.25)	.932
Cronbach's alpha			.890

Table four: Impact of baby-care books on maternal emotions

Item	% Strongly agree or agree	Mean (SD)	Positive	Negative	Informed
Anxious	53.3%	2.25 (1.25)		.630	
Misled	47.4%	2.60 (1.30)			.546
Informed	28.8%	3.22 (1.13)			.584
Competent	31.5%	3.09 (1.14)	.675		.502
Confident	36.6%	3.01 (1.20)	.661		.518
Like a failure	16.7%	2.94 (1.08)		.825	
Confused	35.5%	3.22 (1.21)		.787	
Calmer	29.1%	3.17 (1.04)	.716		
Annoyed	30.2%	3.32 (1.11)		.662	
Frustrated	36.1%	2.69 (1.15)		.816	
Relieved	24.2%	3.30 (1.04)	.747		
Upset	23.1%	3.17 (1.03)		.836	
In Control	22.3%	3.56 (1.08)	.798		
Like a better mother	19.2%	3.36 (1.08)	.830		
Less Tired	12.1%	3.67 (1.10)	.791		
More Relaxed	22.8%	3.38 (1.13)	.800		
Happier caring for my baby	24.0%	3.11 (1.10)	.799		
Like I am doing it 'right'	24.0%	3.20 (1.12)	.702		
Cronbach's alpha			.802	.882	.814