

letters

Adolescent Pregnancy Research

I totally enjoyed Dr. Mercer's two-part article on adolescent pregnancy in the January/February 1980 issue. It made enthralling reading. Too often, studies of adolescent pregnancy are done from a macroscopic point of view. While the statistics from such studies are interesting, they tell you little about the people involved. Conversely, Dr. Mercer's more intimate examination makes adolescent pregnancy (and child care) more personal, and I believe, understandable. Further studies of this nature would be an invaluable complement to broader perspective analyses.

The questions that Dr. Mercer raised at the end of the first part of her article were significant. I am especially interested in her questioning the difference between teenagers' perceptions of motherhood and those of older women. The few studies I am familiar with on this topic indicate that their perceptions of infant development are as erroneous as those reported by Dr. Mercer. If further study supports this finding, then it is strong evidence of the need for routine child/family development education at the junior high school level, if not earlier. In addition to these studies, examination of possible differences between middle and lower class adolescent mothers would also be of value.

Overall, more studies of the quality of Dr. Mercer's would certainly be appreciated.

M. BENNET BRONER, MS
Dept. of Child and Family Studies
The University of Tennessee
Knoxville, Tennessee

The Brazelton Scale

Regarding Riesch's article, "Enhancement of Mother-Infant Social Interaction" (July/August 1979): I too use the Brazelton exam with parents and have been tested for reliability

in the administration of the exam by Brazelton's group in Boston. Ms. Riesch states that "Behavior with the highest score is best." This is not true. In fact, one of the widely held criticisms of the scale is that in some items a low score is "best" while in others a mid-level score or high score is "best". This makes statistical analysis of results difficult.

MARIANNE R. GLASSANOS, RN, MS
Holden Perinatal Unit
University of Michigan Hospitals
Ann Arbor, Michigan

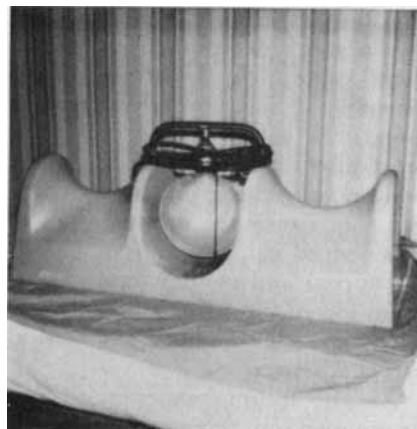
Author's reply: *Thank you for calling my attention to the scoring procedure for the Neonatal Behavior Assessment Scale. You are certainly correct that "best" is not always the highest score on the items. However, for the purposes of this study only those items on which a score of 9 was best were used, with the exception of cuddliness. Cuddliness was measured within the context of the mothers' expectations as well. In addition, the infants' total scores were not submitted to a vigorous statistical analysis, but each item on the scale was compared with mothers' perceptions.*

In other research I am conducting, more attention to the difficulties of statistical analysis will need to be addressed. In the meantime, I hope the results of the published study do, in fact, promote the nurses' teaching of mothers about their infants' social capabilities.

SUSAN RIESCH, RN, MS
School of Nursing
The University of Wisconsin
Milwaukee, Wisconsin

Help Find Lamp

The Obstetrics department of Naples Hospital has one peri-care lamp of molded plastic (pictured). We want to obtain several more of this style, but all identifying marks have been washed off. Our purchasing department has no record of



where it was purchased. We would appreciate any help in locating the manufacturer.

SUZANNE ZENNER
2380 Kingfish Road
Naples, FL 33942

The Post-Op Gyn Patient: Questions and Answers

Nursing assessment requires the nurse to ask certain fundamental questions. Here are six that can assist the nurse in understanding the psychosocial needs of the post-op gynecological patient.

Q: Who is the gynecological patient?

A: She is a woman and all that this entails. She must deal with her own sexuality and at the same time not lose her sense of individuality, of being a unique person with her own goals and aspirations.

To understand the gynecological patient, the nurse must consider her as a bio-psycho-socio-spiritual person with certain basic needs and developmental tasks. The nurse needs to see the patient as she sees herself. This involves looking at the patient's self-concept, which consists of body image, sense of identity, and feelings of worth, as influenced by family, culture, and community.

Q: What gains and losses can a gynecological patient incur?

A: Whether the results of gynecological