

Relationship between maternal distress associated with 1-year-old infant crying

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Relationship between maternal distress associated with 1-year-old infant crying

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Abstract

This study was performed to determine the actual situation of maternal distress regarding 1-year-old infant's cries.

A self-completed questionnaire survey was performed 1 year after birth among 305 mothers who gave birth to term infants at maternity hospitals in the Hokuriku region. The survey content included: state of infant cries (characteristics of the cry and frequency, occurrence of crying at night, and the period when cries at night were observed), mother's sleeping condition and health condition, status of night feeding, support, feelings of mothers, and period when mothers began to understand the reasons for the infant's cries. In this study, the frequency of maternal distress regarding infant's crying was converted to a score, with higher scores indicating higher levels of distress related to crying. The number of valid responses was 251 (rate of valid response, 82.3%). One hundred eighty-five mothers reported night crying (73.7%), and night crying occurred most often around 6 to 8 months. The period when mothers felt they understood the reasons for the infant's cries was at 7 to 8 months in the majority of cases, and 1 year at the latest. At 1 year after birth, only approximately 20% of mothers reported feelings of distress related to crying. The results indicated that maternal distress associated with child crying is related to nuclear family, presence of someone to talk to about childcare, characteristics of infant's cry, mother's health condition, and mother's feelings toward childcare.

Key words

crying, 1-year-old infant, feeling of distress, childcare, mother

Introduction

The birth rate in Japan has been on a decreasing trend since 1969¹⁾. According to the 2009 National Livelihood Survey, the average number of people per household was 2.62, and the number of nuclear families is increasing¹⁾. With the declining birthrate and increasing number of nuclear families, it is becoming difficult for mothers after giving birth to gain advice from close relatives based on their experience. Kawai et al.²⁾ reported that the factors related to mothers' anxiety over childcare are as follows: an infant that cries often, difficulty in soothing their infant, and inability to talk to their mothers about the problems they are facing. They

highlighted the relationship between increasing anxiety over childcare and infant crying. Providing support to mothers so that they can appropriately handle infant crying is important to resolve mothers' anxiety over childcare.

Previously, we reported how mothers react to infant cries. At 1 month old, some mothers feel lost because they do not understand why the infant is crying, while others understand the meaning of the infant's cry and do not experience stress over the cries^{3,4)}. We postulated that determination of the timing when most mothers begin to understand the reasons why infants cry and stop feeling distressed over the infant's cries may lead to

appropriate period-specific support. In addition, cries at night, which become apparent approximately 6 months after birth⁵⁾, is also believed to be one of the factors that cause distress in mothers over childcare. This study was performed to determine the actual circumstances of infant crying and maternal distress associated with infant crying, by studying mothers with 1-year-old infants.

Methods

1. Subjects

The study population consisted of 305 mothers who delivered term infants at 18 maternity hospitals in Hokuriku region. All of the subjects came for one-month checkup, and agreed to participate in the survey 1 year after birth.

2. Data Collection

1) Self-completed questionnaire survey

2) Procedure and method of the survey

The questionnaire was mailed out between June and December 2001 when the infants were turning 1 year old, and completed surveys were collected from 251 mothers (collection rate 82.3%). Valid responses were obtained from 251 mothers (valid

response rate 82.3%). The survey date was 11.8 ± 0.6 (average \pm SD) (range 11–14) months after birth, with a mode value of 12 months (160 mothers, 63.7%), and 247 mothers (98.8%) completed the survey between 11 and 13 months.

3) Survey content

Survey items were set by referring to related reports^{6,7)}, and by adding factors that are related to the responses of mothers hearing their infants crying based on previous studies^{3,4,8)}, as well as items regarding situations where mothers feel stressed because of crying based on the contents of interviews conducted with 7 mothers. The validity of the content of the survey was examined by 6 maternity nursing science researchers with regard to the quantity and expression of the items, and the survey items were carefully selected.

- (1) Basic information included mother’s age, birth experience, infant gender, feeding method, family configuration, home environment, and working status.
- (2) Infant crying and mother’s response: The occurrence of cries at night, the period when the mother was distressed because of the child

Table 1. Factors possibly related to the feeling of distress regarding an infant crying

Factor	Item	Number of items	Score range
Characteristics of infant	Characteristics of crying	4	4–16
	Changes in crying after 4-5 months	3	3–12
	State of falling asleep	1	1–4
	Infant’s rhythm	2	2–8
	Night crying	2	2–8
	Night feeding	2	2–8
	Characteristics of mother	Mother’s health condition	3
Mother’s tendency to anxiety*		1	0–100
Maternal environment	Interruption of sleep	2	2–8
	Satisfaction with sleep	2	2–8
	Support	4	4–16
	Satisfaction with support	5	5–20
	Feeling of being relaxed	1	1–4
	Presence of someone the mother can talk to about childcare	1	1–4
	Interference from surrounding people	1	1–4
Feelings toward infant	Worries about the infant	2	2–8
	Comprehension of child	2	2–8
Feeling toward childcare	Prospect of childcare	2	2–8
	Confidence in childcare	2	2–8
	Feelings toward changes in life	2	2–8
	Sense of fulfillment in childcare	2	2–8
	Feeling of being burdened with childcare	3	3–12

For each factor, a maximum of 4 points is awarded for each item (4-point Likert Scale).

*How each mother rated her own personality tendencies (nervous or optimistic) was measured on a visual analog scale. (The higher the score, the higher the tendency to be nervous)

crying, and the period when the mother understood the reasons for the child crying.

(3) Distress over infant crying: The response to the item “I feel lost when the baby cries” was scored on a 4-point Likert Scale based on the mothers’ response as “never,” “not often,” “sometimes,” and “often.” The score was interpreted such that the higher the score, the greater the maternal distress.

(4) Factors related to maternal distress included crying situation of the infant, state of falling asleep, nighttime nursing, occurrence of cries at night in the past and at present, mother’s health condition, sleeping situation and satisfaction regarding sleep, support, satisfaction with support, and feelings toward the infant and childcare (Table 1).

3. Data analysis

SPSS 16.0J for Windows was used for statistical analysis. The period when mothers experienced cries at night, and the period when the mothers understood the reasons for the child crying were shown using descriptive statistics. The percentage of mothers who felt lost when the infant cried was calculated for each attribute. T-evaluation was used to test the significance of birth history, infant’s gender, mother’s work, family configuration, and housing. Pearson’s product-moment correlation coefficient or Spearman’s rank-correlation coefficient was used for factors related to maternal distress. Response to cries at night was answered in free writing style, and the content of the response was categorized.

4. Ethical consideration

The subjects were given a written explanation that the response to this questionnaire is voluntary, and that participation in the survey will not affect the provision of healthcare services, the participant can decide to stop participation at any time, and the results of this survey will not be used other than for research purposes, all data are anonymous and strictly managed, and when data are disclosed in academic journals, etc., privacy will be considered and data will be disclosed in a way that no individual can be identified. All subjects gave their agreement to participation in the survey.

Results

1. Overview of the subjects

1) Mother’s birth experience and her work

The average age of mothers included in this study was 30.5 ± 4.1 (range 20–41), and there were 124 primipara (49.4%) and 127 multipara (50.6%). A total of 103 mothers currently have a job (41.0%), and 147 mothers (58.6%) were not working or were on maternity leave at the time of the survey.

2) Infant gender and feeding method

The infants consisted of 128 boys (51.0%) and 123 girls (49.0%). The most common feeding method was feeding with baby food 3 times a day (164 mothers, 66.1%). Nine mothers fed their infants baby food twice a day (3.6%), and 75 infants had passed the baby food stage at the time of the survey (30.2%).

3) Family configuration and housing

One hundred sixty-one mothers were in nuclear families (64.1%), and 90 mothers lived with extended family (35.9%). With regard to housing, 159 mothers lived in a house (63.3%), while 91 lived in an apartment or condominium (36.6%).

2. Actual situation of infant cries

1) Occurrence and timing of cries at night

One hundred eight-five mothers (73.7%) reported that their infant cried during the night. The period during which night crying occurred began immediately after birth, but the number was small until approximately 4 months after birth (between 3 and 7 infants). Night crying was most frequently seen at 8 months (37 infants, 20.2%), followed by 6 months (35 infants, 19.1%), then 7 months (33 infants, 18.0%) (mothers were allowed to select more than one answer). The most frequent actions taken by mothers in response to cries at night were “holding the baby” (126 mothers, 68.9%), followed by “nursing” (83 mothers, 45.4%), then “cuddle and talk to the baby” (46 mothers, 25.1%). Other actions included co-sleeping, rehydration, pacifier, going for a walk, singing, waking the infant up (mothers were allowed to give multiple answers). Two mothers reported taking no action and let the baby cry (0.8%). Of 185 mothers who experienced night crying, 128 felt distress when handling cries at night (68.1%).

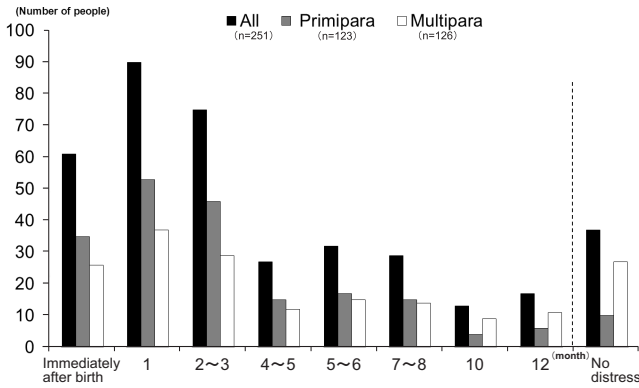


Fig. 1. Period when most distressed due to child crying (Multiple answers)

2) Period when mother was distressed because of the crying child

The period during which the mothers felt the most difficulties while the infant was crying was up to 2 to 3 months from birth for both primipara and multipara, especially around 1 month after birth with 90 mothers (including primipara and multipara) reporting that this was the most difficult period (35.8%), followed by 2 to 3 months (75 mothers, 29.9%) (Figure 1).

3) Period when mothers understood the reason for the child crying

The period when the mothers understood the reason for infant crying was the highest at 7 to 8 months (30 mothers, 24.4%) among primipara, while the most common answer for multipara (29 mothers, 23.0%) was from immediately after birth. One primipara and 2 multipara responded they still do not understand why their infants cry (Figure 2).

3. Maternal distress associated with crying

Of 251 mothers, 1 (0.4%) responded that the frequency of feeling lost when the infant is crying

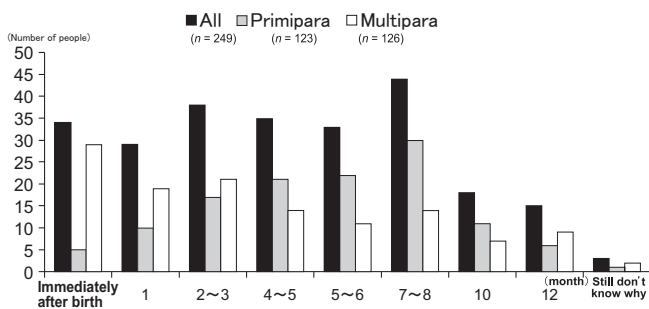


Fig. 2. Period when the reason for crying was understood

was “often,” 48 (19.1%) answered “sometimes,” 135 (55.0%) answered “not often,” and 64 (25.5%) answered “not at all.”

1) Comparison of subject attributes and feelings of distress

Mother’s attributes related to differences in feelings of distress were family configuration and the presence of someone to talk to about childcare. In family configuration, the score of feeling of distress for mothers in nuclear families was 2.0 ± 0.7 points, which was higher than for those with extended family (1.8 ± 0.7 points, $P=0.014$).

With regard to the presence of someone to talk to about childcare, the score for feelings of distress among mothers with nobody to talk to was 2.3 ± 0.5 points, which was higher than that of mothers with someone to talk to (1.9 ± 0.7 points, $P=0.005$).

There were no differences in the feelings of distress related to other attributes, such as birth history, infant’s gender, work, and housing (Table 2).

2) Factors related to feelings of distress because of the child’s crying

Factors of infants that showed correlations with the mother’s feelings of distress were “Characteristic of crying” ($r = 0.275$, $P = 0.000$) and “Changes in crying after 4-5 months” ($r = 0.219$, $P = 0.000$). That is, mothers with infants that cried often or

Table 2. Comparison of Subject Attributes and Feelings of Distress

Attributes		Feelings of distress score			
		n	mean	± 1 SD	
Birth history	Primipara	124	2.0	± 0.7	† n.s.
	Multipara	127	1.9	± 0.7	
Infant gender	Male	127	1.9	± 0.7	† n.s.
	Female	124	2.0	± 0.7	
Work	Working	103	1.9	± 0.7	† n.s.
	No job	147	2.0	± 0.7	
Family	Nuclear family	155	2.0	± 0.7	† $p=0.014$
	Extended family	90	1.8	± 0.7	
Housing	House	159	1.9	± 0.7	† n.s.
	Apartment, condominium	90	2.1	± 0.7	
Someone to talk to about childcare	Yes	231	1.9	± 0.7	† $p=0.005$
	No	19	2.3	± 0.5	

† : t-evaluation
n.s.: not significant

Table 3. Correlation of factors associated with maternal distress regarding an infant crying

Factor	n	Correlation coefficient	P
Factors associated with the infant			
Characteristics of crying	251	0.275	<0.001
Changes in crying after 4-5 months	251	0.219	<0.001
Factors associated with the mother			
Mother's health condition	251	-0.319	<0.001
Comprehension of child	251	-0.272	<0.001
Child stops crying when cuddled and soothed	251	0.271	<0.001
Worries about the infant	251	0.268	<0.001
Mother's tendency to anxiety	250	0.266	<0.001
Difficulty in dealing with nighttime crying	185	0.204	0.005
Prospect of childcare	251	-0.450	<0.001
Feelings toward changes in life	251	0.434	<0.001
Feeling of being burdened with childcare	251	0.384	<0.001
Feeling of being relaxed	251	-0.322	<0.001
Sense of fulfillment in childcare	251	-0.266	<0.001
Confidence in childcare	251	-0.203	0.001

infants that would not stop crying once he/she starts to cry, and mothers who felt that the current crying characteristics of the infant have changed from those 4 to 5 months after birth felt higher levels of distress toward their infant crying.

Mother's feelings of distress were negatively correlated with "Mother's health condition" ($r = -0.319$, $P = 0.000$). That is, mothers with good health condition tended to have lower feelings of distress compared to those with poor health. Mothers with infants who did not stop crying even when the mother tried to soothe him/her felt higher levels of distress ($r = 0.271$, $P = 0.000$), and mothers who felt that they had a nervous personality tended to feel higher levels of distress compared to optimistic mothers ($r = 0.266$, $P = 0.000$). There was also a correlation with feelings toward childcare, such as "Feeling of being burdened with childcare," "Sense of fulfillment in childcare," and "Confidence in childcare" (Table 3).

There was no significant correlation between mother's past experience of night crying and her current distress associated with the child's crying.

Discussion

This study revealed the actual situation regarding feelings of distress of mothers toward their infants crying 1 year after birth. The subject infants were mainly 12 months old, with 98.8% being 11 to 13 months old. Based on infant feeding

method (239 infants were on baby food 3 times a day, or had completed the baby food stage, 96.3%), we assumed this group of infants to have average growth.

1. Actual situation of infant crying by reviewing the past year

More than 70% of the mothers reported experience of night crying. Cries at night were observed from immediately after birth, although this was rare, peaking at 6 to 8 months after birth, and decreasing thereafter. This result is different from previous studies indicating a peak at 8 to 10 months⁵⁾, or that night crying starts at 3 to 4 months⁹⁾ or around 5 months after birth⁵⁾. Actions taken by mothers to handle cries at night were "holding the baby" (~70% of mothers), followed by "nursing." Actions associated with nursing such as "giving a pacifier" and "rehydration" as well as actions to change the infant's mood, such as "soothing or talking to the baby," "singing," "playing with the infant," "going for a walk," and "waking up the infant," and soothing actions such as "co-sleeping" were also seen. On the other hand "let the baby cry it out" was rarely observed, indicating that the mothers mostly take some type of action when the infant cries.

The period when mothers felt most distressed over their infant's crying was up until 2 to 3 months after birth for both primipara and multipara, and most distress was felt around 1

month after birth. These observations correspond to those of Kawai et al.²⁾ who reported that the period when mothers were worried about childcare was up to 1 to 3 months after birth. On the other hand, while the most common response of multipara mothers regarding the period when they started understanding the reason for infant crying was “immediately after birth,” for primipara mothers, the most common response was “7 to 8 months.” This is likely because multipara mothers already know the reasons for crying from previous childcare experience, and the primipara mothers gain this experience by 7 to 8 months and finally begin to understand the reasons for crying. These results were from a cross-sectional survey at 1 year after birth, but the study also included longitudinal factors because it reviewed the past year. Therefore, we believe we can call the results new findings.

2. Actual situation of feelings of distress at 1 year after birth

The percentage of mothers who feel lost when their infant cries was less than 20%, which was the same as the result of a previous survey at 4 to 5 months¹⁰⁾, and more than 80% of the mothers did not feel lost even when the infant cried. These observations indicated that at 1 month, more than 50% of the mothers were feeling lost¹¹⁾ but the mothers become used to the crying, with a concomitant decrease in the feeling of being lost, but this feeling does not change after 4 to 5 months. However, these observations also indicated that even 1 year after birth, approximately 20% of mothers still felt lost regarding their infant crying. It is not clear if these mothers felt lost at 4 to 5 months, and continued to feel lost at 1 year after birth. This study indicated that more than half of the mothers who experienced cries at night had feelings of distress when handling night crying, and the feeling of being lost at 1 year may be a new feeling occurring after experiencing night crying. Further analyses are therefore necessary.

3. Relationships between maternal distress and background factors

Maternal distress associated with child crying at 1 year after birth was not different between

primipara and multipara, in contrast to the observations reported previously at 4 to 5 months^{10,11)}. Up until 1 year after birth, maternal distress regarding the infant’s crying was related to past childcare experience, but the results suggested that night crying is related to maternal distress, despite past childcare experience.

In addition, levels of distress were higher in mothers without than in those with someone to talk to about childcare. There is an abundance of information about childcare, but Kawai *et al.*¹³⁾ noted that mothers prefer information from someone they know over indirect information obtained from magazines, books, TV, and radio. This suggests that having someone to talk to about childcare is important to reduce mothers’ stress.

Although there was no significant difference for the living environment at one year, mothers living in apartments and condominiums tended to be more anxious than mothers living in houses. Similar results were observed for the one-month and 4 to 5 months survey^{10,11)}. Kawai *et al.*¹³⁾ mentioned there was a significant correlation between a high score of distress and consideration for surrounding neighbors and neighbors in the same apartment building. Therefore, the stress of mothers may be related to the sensitivity of mothers to the reaction of neighbors rather than the living environment.

4. Factors related to feelings of distress regarding crying

Factors related to feelings of distress were both from infant side and mother’s side, as observed at 1 month and 4 to 5 months after birth^{10,11)}. Infant factors related to higher levels of maternal distress included high-pitched cry, frequent cry, infant does not stop crying once he/she starts, it takes a long time for the infant to fall asleep, and the infant starts crying when the mother felt the infant was asleep. A previous survey among mothers with 6-month-old infants indicated that many mothers felt distress over “infant with amount of sleep that varies,” “infant that fusses when going to sleep,” and “infant that cries hard”¹²⁾, and these findings were consistent with those of the present study.

In addition, the results indicated a correlation

between maternal distress and “mother’s health condition,” as seen at 1 month and 4 to 5 months after birth. Therefore, continued support to maintain mothers’ health by adjusting the environment around new mothers is necessary. In addition, previous studies indicated that how mother’s health condition is strongly related to feeling of not being accepted^{8,14}, and Kawai *et al.* reported that mother’s feelings of worry and depression were related to infant crying often, infant that is difficult to soothe, and infant that does not sleep a lot^{2,13}, also suggesting the necessity of a support system for new mothers.

In this survey, mothers feeling a large gap between their current lifestyle and that before having a baby, mothers who were not confident with regard to future prospect of childcare and with low sense of fulfillment in childcare, mothers whose confidence in childcare is low, mothers who feel that childcare is a burden, and mothers who lack the emotional capacity to handle childcare tended to show higher levels of distress. Takahashi *et al.*¹⁵ reported that infant’s crying is a stimulus to increase negative feelings in mothers, and that mothers with increased feelings of worry and depression due to hearing their infant crying show stress responses, such as elevated blood pressure. Feeling lost when the infant cries is related to feelings toward childcare, and this may also affect mother’s health condition.

The findings presented above suggest that it is necessary to develop a framework to support mothers by focusing on infant factors, such as crying situation of the infant, including night crying, at 1 year after birth, as well as by focusing on mother’s feelings, such as feelings of distress when handling night crying.

This survey was limited to the Hokuriku region, but because we had a high response collection rate, with infants around 12 months old with normal growth, we believe that the results can be generalized toward mothers with normally growing 1-year-old infants. We would like to share the information obtained from these results with mothers and care providers to contribute to future childcare support for mothers and infants.

5. Limitations of this study and future challenges

Parts of the survey involved the mother’s memory recall looking back on their first year of childcare and thus may have contained false information due to incorrect memory. This was a cross-sectional study at 1 year after birth. In future, a longitudinal study at 1, 4-5 months, and 1 year after birth should be performed to investigate the changes throughout the year, as well as the background and characteristics of mothers who felt lost because of the infant crying to provide better care for the mothers.

Conclusion

By analyzing mothers with 1-year-old infants, we found the following:

1. Approximately 70% of mothers experience night crying, which is most often seen at 6-8 months after birth, and then decreases thereafter.
2. The period during which the mother felt most distressed over the infant crying was mostly from birth up to 2 to 3 months in both primipara and multipara.
3. The period when the mothers begin to understand the reason why the baby is crying was later for primipara than multipara, but the majority of mothers felt that they understood why the infant was crying by 7-8 months or 1 year at the latest.
4. At 1 year after birth, approximately 20% of the mothers felt confounded by their infant crying.
5. Maternal distress associated with the child’s crying was related to characteristics of the infant’s cry, mother’s health condition, and mother’s feelings toward childcare.

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生後1年児の泣きと泣きに対する母親の困難感

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要 旨

1年児の泣きとその母親の泣きに対する困難感の実態を明らかにすることを目的とした。

北陸地方の病産院にて正期産児を出産した母親305名を対象に、出生後1年時に、自己記入式質問紙調査を実施した。調査内容は、児の泣きの状態（泣き方の特徴や頻度、夜泣きの有無と夜泣きの時期等）、母親の睡眠・健康状態、夜間の授乳状況、サポート状況、児が泣いた時の母親の気持ちや泣きの理由がわかるようになった時期などである。本研究においては、児が泣くと戸惑う母親の頻度を得点化し、得点が高いほど、泣きに対する困難感が高いと解釈した。有効回答は251名（有効回答率82.3%）であった。乳児の夜泣きは、185名（73.7%）の母親にみられ、夜泣きの時期は6～8ヶ月頃が最も多かった。母親が児の泣きの理由がわかるようになったと感じる時期は、大部分が7～8ヶ月頃から遅くとも1年までであった。1年時においては、泣きに対して戸惑う母親は2割程度であった。泣きに対する母親の困難感には、核家族、子育て相談者の存在、児の泣きの特性、母親の健康状態、育児に対する母親の気持ちやなどが関連していることが明らかとなった。