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The support needs of high-risk antenatal patients in prolonged hospitalisation



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ARTICLE INFO

Article history:

Received 9 November 2013

Received in revised form

18 July 2014

Accepted 4 August 2014

Keywords:

Support needs

High-risk antenatal patients

Prolonged hospitalisation

ABSTRACT

Objective: to identify and describe the support needs of high-risk antenatal patients hospitalised for more than five days.

Design: a qualitative, explorative and descriptive design. In-depth interviews were conducted with pregnant women during their stay in hospital until data saturation was reached.

Setting: an antenatal unit in a private hospital in Gauteng Province, South Africa.

Participants: 11 antepartum women who had been hospitalised for five days or more and were of any gestation period.

Findings: three main themes emerged: (a) a need for social support; (b) improvement of the environment; and (c) assistance with emotional adaptation and acceptance of prolonged hospitalisation.

Key conclusion: prolonged hospitalisation of high-risk antenatal patients disrupts the usual adaptation to pregnancy. These patients develop specific needs during hospitalisation. Findings suggest that the length of hospitalisation influences the specific support needs of antenatal patients.

Implications for practice: this study identified a link between social and environmental support, emotional adaptation, acceptance of hospitalisation of high-risk antenatal patients and improvement of their health status. Through reflection on these themes, recommendations can be made and strategies implemented to meet the support needs of high-risk antenatal patients.

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Introduction

Most women anticipate a healthy pregnancy. Complications such as preeclampsia and premature labour may limit a woman from reaching term pregnancy and place her in a 'high-risk' category. Bed rest is a very common obstetrical management to restrict maternal activity even though there is minimal evidence that it decreases the risk of preterm childbirth (Maloni, 2010). In addition Bigelow and Stone (2011) reviewed existing studies and found that there are no complications of pregnancy for which bed rest is consistently shown to be a beneficial intervention. A lack of objective research and randomised controlled trials analysing bed rest for a variety of complications of pregnancy is a major reason why up to 95% of obstetricians prescribe bed rest in their daily

practice (Sciscione, 2010). Women with high-risk pregnancies are usually hospitalised for a prolonged period of time to ensure effective management of their condition and monitoring of the fetal well-being and growth.

After overcoming the initial shock, anxiety and disbelief of facing prolonged bed rest in hospital, the woman is faced with days or sometimes weeks of hospital confinement. Prolonged bed rest in hospital affects the antenatal patient and the family. These effects may include depression, loneliness, and separation from their families, which cause feelings related to a lack of social and emotional support during their pregnancies. The hospital environment has also been shown to lead to depression (Thakur and Blazer, 2008). Many women contribute a substantial portion of the family income and multiple studies have shown that prolonged hospitalisation puts the majority of families under some degree of financial strain (Bigelow and Stone, 2011).

A high-risk pregnancy can be stressful for the hospitalised pregnant woman, as the usual adaptation to her pregnancy is disrupted. She now has to cope with altered developmental tasks

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that have been created by the stress of her high-risk pregnancy (Heaman, 1998). Through the researcher's prolonged engagement with patients who had been hospitalised for a prolonged period, it became evident that all of them had support needs or developed specific support needs during their prolonged hospital stay.

The question arose: 'What are the support needs of high-risk antenatal patients on bed rest during prolonged hospitalisation?' The purpose of this study, therefore, was to explore and describe the specific needs of antenatal patients who had a prolonged hospitalisation as a result of pregnancy complications. Understanding of the specific support needs of these patients will enable the relevant health care professionals of the multidisciplinary team to be aware of the specific support needs of high-risk antenatal patients and support them throughout their journey of prolonged hospitalisation.

Methods

A qualitative, explorative and descriptive design was used to conduct the study in a private hospital in Gauteng, a province in South Africa. Ethical approval was granted by the Ethics Committees of the Faculty of Health Sciences, University of Pretoria and a private hospital (S135/2010).

The qualitative researcher strives for an understanding of the whole, putting together a complex array of data. Qualitative studies produce findings closer to the data. Descriptive qualitative studies present comprehensive summaries of a phenomena or event. The researcher remains responsible to analyse and interpret the data as new insights can help shape application of the evidence generated to improve practice (Polit and Beck, 2012).

The main objective of this study was to explore the support needs of high-risk antenatal patients when hospitalised for a prolonged period of time to describe the specific needs of the patient as little is known about the topic. The patterns that emerged during data collection suggested similarities and divergences in the support needs of high-risk antenatal patients during prolonged hospitalisation. By understanding and interpreting the data, recommendations could be made at each of the themes that emerged to support patients hospitalised for a prolonged period.

Population and sample

Purposive sampling was used for this study. The rationale behind qualitative research is to purposefully select participants from sites that will best help the researcher understand the problem and the research question (Polit and Beck, 2012).

Patients who had been hospitalised because of a high-risk pregnancy for five days or more and were 18 years and older and fluent in either Afrikaans or English were purposively recruited by the researcher. These patients gave valuable inputs about the specific supportive needs of antenatal patients hospitalised for more than five days. Written consent was obtained from the patients. The overseeing obstetricians were informed about the study.

Data collection

The labour unit admitted 348 women in a period of three months. Nineteen of the women (approximately 5%) were hospitalised for more than five days. The women were approached five days after admission and were informed about the research. An information leaflet was given to them to read in their own time. The participants were again approached the following day and their questions were answered. The patients participated voluntarily and were informed of their right to confidentiality and to withdraw from the study at any time. All participants who

denied permission were thanked for their time and were not approached again.

Eleven high-risk antenatal patients on bed rest five days and longer were interviewed. The in-depth interviews lasted between 25 and 40 minutes. Data saturation was reached after six interviews in respect of all the themes that emerged. An additional five interviews were conducted to confirm data saturation.

Consensus was reached between the researcher and the participants on a convenient time to conduct the face-to-face interviews. Face-to-face interviewing was the preferred data collection technique as it provided an opportunity to establish rapport with the interviewee and exchange information that could be difficult through methods such as surveys or questionnaires (Creswell, 2007). An interview guide with open-ended questions was designed to set the agenda and provide structure. Probing questions were used to clarify information when sufficient detail lacked. The interviews were conducted in one of the unoccupied private rooms in the antenatal ward as it provided a quiet and comfortable environment. Comfort of the antenatal patient was a priority to ensure that the hospitalised antenatal patient was at ease.

As illustrated in Table 1, most of the conditions the women were hospitalised for are life threatening to the mother and baby. The patients had all been placed on bed rest for monitoring of the mother and the baby, as well as to manage the condition. Bigelow and Stone (2011) describe a variety of physical and psychological adverse effects such as higher levels of combined anxiety, depression, hostility, profound boredom, depression, sensory disturbances and fatigue that women placed on bed rest have. It is therefore important to not only manage the high-risk antenatal condition but also to determine the specific physical and psychological needs of patients on bed rest for a prolonged period in hospital.

Data analysis

The qualitative data collected during the in-depth interview was analysed utilising thematic content analysis (Braun and Clarke, 2006). The six steps provided by Creswell (2007) were utilised during data analysis. All the interviews were recorded and transcribed verbatim with the permission of the participants, as suggested by Polit and Beck (2012).

The data analysis was conducted independently by the researcher and a co-coder in order that interpreter bias was minimised. The analysis process involved reading and re-reading the transcripts for familiarisation by the researcher and co-coder with the content, for identification of code commonalities and

Table 1
Characteristics of participants.

	Age	Admission diagnosis	Gestational age	Type of pregnancy
1	22	Antepartum haemorrhage	30 weeks	Singleton
2	30	Antepartum haemorrhage	34 weeks	Singleton
3	25	Antepartum haemorrhage	22 weeks	Singleton
4	24	Preeclampsia	20 weeks	Twin
5	26	Preeclampsia	22 weeks	Singleton
6	29	Preeclampsia	24 weeks	Singleton
7	32	Preeclampsia	26 weeks	Singleton
8	35	Preterm premature rupture of membranes	28 weeks	Singleton
9	33	Preterm premature rupture of membranes	25 weeks	Triplets
10	27	Preterm premature rupture of membranes	28 weeks	Singleton
11	38	Twin-to-twin transfusion	31 weeks	Twin

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