



## Do families after early postnatal discharge need new ways to communicate with the hospital? A feasibility study

Dorthe Boe Danbjørg, RN, MScN (Postgraduate research student)\*, Lis Wagner, RN, Dr. PH (Professor), Jane Clemensen, RN, MScN, PhD (Assistant professor)

Research Unit of Nursing, University of Southern Denmark, Dybbølsøsgade 6, 5800 Nyborg, Denmark

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### ABSTRACT

**Objective:** the length of the postnatal hospital stay in Denmark as well as globally has been radically reduced over the past 10–20 years and this raises the challenge of finding new ways of providing observation and support to families discharged early, that they otherwise would be provided as inpatients.

**Aim:** this study is to identify the nursing support needs of new parents and their infants during the first seven days post partum, by drawing on the experiences of all stakeholders' in early postnatal discharge from hospital, and thereby gaining new knowledge to investigate further whether telemedicine is a viable option in providing the required support.

**Design:** this article describes the first phase of a participatory design process. A qualitative approach guided the research process and the data analysis. Data were collected from participant observation, qualitative interviews with the new parents, focus groups interviews and a workshop attended by the new parents and health-care professionals.

**Participants and setting:** the total number of participants in this study was 37; nineteen parents and 18 health-care professionals from one hospital and three municipalities in Denmark.

**Findings:** the investigation findings highlighted, amongst other aspects, the importance of individualised postnatal follow-up in which families have increased access to the health-care professionals and are provided with timely information tailored to their specific needs.

**Key conclusions and implications for practice:** the present study underscored that the families experiencing early discharge were not provided with seamless individualised follow-up support. They requested more availability from the health-care system to respond to their concerns and questions during the postnatal period. They experienced a barrier in attempting to contact health-care professionals following hospital discharge and they asked for new ways to communicate that would eliminate that barrier and meet their needs for more individualised and timely information and guidance.

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### Introduction

The length of hospital stay postnatal has declined radically over the past 10–20 years (Brown et al., 2002; Johansson et al., 2010) and raises the question of whether new ways should be investigated to provide observation and support for the early discharged mother and newborn, which they otherwise would receive if in the hospital.

In Denmark, the number of women who are discharged within 48 hours post partum has increased from 20% in 1997 to 33% in 2008 (Poulsen and Brot, 2009). Simultaneously, the number of readmissions of newborns with nutrition related problems within

the first 28 days post partum has doubled (National Institute of Public Health, 2011).

The international literature shows concern of whether there is a direct correlation between early discharges and readmissions of newborns. Reviews from 1995 and 2009 (Braveman et al., 1995; Brown et al., 2002) determined that, on the basis of existing research, it could not be concluded that early postnatal discharges lead to feared consequences such as failed breast feeding, readmissions due to nutrition related problems and/or increased infant mortality and morbidity. It is problematic to draw precise conclusions because existing studies are difficult to compare due to substantial variations in antenatal preparation and in the definition of early discharge and the follow-up offer (Braveman et al., 1995). The definition of early discharge differed between local standard practices in the different studies, with early discharge varying from 12 hours to just under 72 hours.

\* Corresponding author.

E-mail address: [dortheboe@gmail.com](mailto:dortheboe@gmail.com) (D.B. Danbjørg).

Some studies show that new parents experience feelings of insecurity during the postnatal period (Persson and Dykes, 2002; Frederiksson et al., 2003; Persson et al., 2011). A Danish questionnaire study ( $N=1507$  women) identified that a proportion of the women who were discharged early postnatal (within 24 hours) experienced lacking follow-up support, i.e. 44.3% did not receive the support needed to care for the newborn; 37.5% did not receive support for postnatal self-care; and 46.1% did not receive support in breast feeding (Unit of patient perceived quality, 2010). These issues are concurrent with international reporting (Kanotra et al., 2007; Johansson et al., 2010). In 2011, the Region of Southern Denmark developed a new policy regarding the postnatal period and in which early postnatal discharge (i.e. from four to six hours; max. 24 hours) would be the general procedure following uncomplicated delivery for first-time and multiparous mothers. Within 24 hours following discharge, families would receive a telephone call at home from a midwife; this would be followed by a visit to the outpatient clinic 48 hours after discharge when the newborn would have a blood sample drawn and a hearing test administered. During the 4–5 days following delivery, families could visit the outpatient clinic for a check-up and if needed, they would have access to telephone consultations around the clock.

The Danish Health and Medicine Authorities emphasises that new families have an ongoing need for a health professional solution that guarantees:

...the observation and support of the mother and newborn that is otherwise provided during [hospital] admission, continues to be ensured after early postnatal discharge (Poulsen and Brot, 2009)

Hence, the challenge remains to find new ways of offering 'observation and support' after early discharge because of the new early discharge policy in the Region of Southern Denmark. Telemedicine can provide an innovative solution to offering health-care services. We define telemedicine as the delivery of health care and exchange of health-care information across distance, which correspond with the WHO definition: 'The delivery of health-care services, where distance is a critical factor, by health-care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health-care providers, all in the interest of advancing the health of individuals and their communities' (World Health Organization).

This information and advice channel is currently being used in other specialities e.g. diabetes and chronic obstructive pulmonary disease with promising perspectives that diminish readmissions, unnecessary transportation and provide patients with a sense of security at home, while meeting their needs for nursing support following hospital discharge (Clemensen et al., 2005; Hjelm, 2005).

Studies from Sweden and Finland on the use of telemedicine in postnatal discharge have been published. In particular, findings by Lindberg and Salonen show that telemedicine has potential for providing appropriate support (Lindberg et al., 2007, 2009; Salonen et al., 2011).

The aim of the present study is to identify the needs of new parents and their infants for nursing support during the first seven days postnatal, based on parents' experiences with early postnatal discharge, thereby gaining new knowledge that would assist in assessing whether telemedicine is a viable option to ensure the required support and guidance.

## Methods

### Design

This study utilised a participatory design process derived from Action Research and framed in critical theory (Carr and Kemmis, 1986; Clemensen et al., 2007). Participatory design (PD) was chosen to gain knowledge about the needs of the new families, who were early discharged. PD can provide knowledge and at the same time create new ideas of new ways of handling the needs of the new families, because working with PD there is strong practitioner–researcher collaboration. The practitioners work together with the researchers to find a solution to the practical problem that the new policy created (Reason and Bradbury, 2001; Wagner, 2006).

A qualitative approach guided the research process and the data analysis. The data were collected through participant observation, qualitative interviews, focus groups and a workshop with new parents and health-care professionals.

This article describes the first phase of the study (see Fig. 1). Phase two in the present study (see Fig. 1) will focus on the development of an actual telemedicine solution, based on the ideas generated at the May 2012 workshop and phase three will focus on testing of the solution in a real life setting.

### Participants and data collection

Firstly, participant observation (37 hours) was carried out by the first author in the postnatal ward in October 2011 (see Fig. 2). The observation in this study is primarily based on passive participant observation and field notes were taken concurrently in accordance with Spradley's (1980) recommendations. The purpose of the observations was to get a grasp of the problem in the local setting. The observations were primarily used to identify themes for the interview guide, why the findings in this article focus solely on the interviews, focus groups and workshop. The first author observed ten families on their visits in the postnatal clinic; five visits with a midwife 48 hours postnatal and five visits with a nurse on day either four or five postnatal and spend the rest of the time together with the health-care professionals talking about the families' needs postnatal.

Secondly, individual interviews ( $n=7$ ) (Table 1) with parents discharged from the postnatal ward were conducted by the first author with either one or both parents at home during the period from October to November 2011. The first author checked with the health-care professionals on a regular basis to see if there were any families who met the inclusion criteria, i.e. families discharged early postnatal max. 24 hours after delivery. Exclusion criteria were complicated birth and parents, who did not speak Danish.

Three informants had stayed at the hospital more than 24 hours postnatal but were regarded as discharged early in relation to the medical condition of the mother or the newborn. Thereafter the health-care professionals gained the written consent of the prospective participants to participate in the interview.

Thirdly, focus group interviews ( $n=3$ ) were conducted. One focus group with the health-care professionals (nurses, health-care visitors, midwives, doctors) ( $n=12$ ), one focus group with primiparous parents ( $n=5$ ) and one focus group with multiparous parents ( $n=4$ ) in March 2013. The inclusion criteria for new families were comparable with those established for the individual interviews.

Inclusion criterion for the health-care professionals was simply an interest in participating in developing postnatal follow-up care. Multidisciplinary health-care professionals worked at the hospital, with the exception of the health visitors who were drawn from three nearby collaborating municipalities.

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