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Successful early postpartum support linked to management, informational, and relational continuity



M. Barimani, RN, RM (Paediatric Nurse), MSc (Reproductive and Perinatal Health Care), PhD (Senior Lecturer in Midwifery)^{a,*}, A. Vikström, RN, RM, MSc (Medical Informatics), PhD (Informatician)^b

^a Department of Women's and Children's Health, Division of Reproductive Health, Karolinska Institutet, Retsius väg 13 A, SE:17177 Stockholm, Sweden

^b Department of Neurobiology, Care Sciences and Society, Center for Family and Community Medicine, Karolinska Institutet, Stockholm, Sweden

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ABSTRACT

Objective: to explore ways in which parents experience support from health professionals in the early postpartum period and understand how parenting support is related to management, informational, and relational continuity.

Design: a qualitative study consisting of focus group interviews followed by deductive content analysis. **Setting and participants:** a large city in Sweden; 18 women and 16 men.

Findings: study participants reported that parenting support occurs by providing consistent advice; indicating who to ask when care questions arise; enabling access to the care system when needs surface; providing sufficient information about self-management for mother or baby; involving parents in discharge planning; distributing information that empowers parents; enabling team/clinical care consistency; and appointing persons in the care system who can foster parents' feelings of trust – in short: by enabling management, informational, and relational continuity.

Key conclusions: care continuity experiences lead to perceived parenting support in the early postpartum period. Effective health care organisations within the postpartum care system must embody these types of continuity: management, informational, and relational. There is a need for researchers to design tools for measuring continuity and for policymakers to enable coherence and co-ordination among professionals.

Implications for practice: identify parents' needs so that health professionals can plan for parents' first few weeks at home and ensure that parents get access to appropriate care.

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Introduction

The period just after childbirth is stressful for parents (Forster et al., 2008), and parents reported negative postpartum care experiences (Brown et al., 2005; Rudman and Waldenstrom, 2007; Rudman et al., 2008) due to lack of physical and emotional support (Barimani et al., 2014a, 2014b) and lack of breast-feeding support (Hannula et al., 2008).

One major source of instability in this period (in most western countries) is decreasing hospital stay duration after childbirth and inadequately structured support for women after childbirth (Brown et al., 2002). Inadequate access to care might lead parents to seek alternative care, withdraw from health and medical care systems, or turn to emergency departments—as patients do in

various circumstances for various disorders (Haggerty et al., 2013). Barimani et al. (2014a, report that in the first two weeks after childbirth, 17% of mothers sought emergency unit help, due to problems with infant health, post-delivery complications, or breast feeding.

Another source of instability in this period is fragmented postpartum care, families receive care from multiple professionals and organisations (Brown et al., 2002; Barimani and Hylander, 2008; Psaila et al., 2014). Continuity of care has become a research priority; health care system stability and predictability characterise successful transitions (Haggerty et al., 2013), which suggests that continuity could also help expectant and new parents during transition to parenthood and during visits across organisational boundaries. The present study investigated perceptions of early postpartum care continuity and how the continuity relates to parenting support.

According to Haggerty et al. (2013), 'patients experience continuity directly through receiving information, having confidence

* Corresponding author.

E-mail address: mia.barimani@ki.se (M. Barimani).

and security on the care pathway, and having a relationship with a trusted clinician who anchors continuity.' Haggerty et al. (2003) reviewed literature from various health care domains to synthesise the concept of continuity of care. They explained three types of continuity: management, informational, and relational. Management continuity is 'the extent to which services delivered by different providers are timely and complementary such that care is experienced as connected and coherent' (Haggerty et al., 2011). Informational continuity involves information development and distribution. Information transfer, for example, includes information that health care professionals give to patients; this information, in turn, facilitates self-management (taking an active role in personal health) and planning for discharge and for unexpected events or complications (Haggerty et al., 2003, 2013). Relational continuity is 'a therapeutic relationship (between a patient and one or more providers) that spans various health care events and results in accumulated knowledge of the patient and care consistent with the patient's needs' (Burge et al., 2011).

Maternity care researchers have investigated management, informational, and relational continuity. Several studies describe management continuity as a shared philosophy and framework (Yelland et al., 2009; Schmied et al., 2010) and a common policy on breast feeding (Ekstrom and Nissen, 2006). Informational continuity facilitates better self-confidence among women (Hannula et al., 2008; Salonen et al., 2009). Relational continuity is explained in terms of midwife-led care continuity that occurs as caseload midwifery (care provided by one midwife) or team-driven care continuity, whereby several midwives provide labor and delivery care (Sandall et al., 2013).

Current hospital-stay-duration reductions and inadequate structured support for parents after childbirth indicate that given the circumstances, it is important to investigate parents' needs during the postpartum period. Unfortunately, tools do not exist for measuring parents' views on postpartum-care quality or availability after discharge (Brown et al., 2002). This is somewhat understandable, because defining and measuring continuity is problematic (Saultz and Lochner, 2005). So it is difficult to know what parents mean by continuity and ways in which continuity relates to parenting support that is provided by midwives and child health care nurses (health professionals). Consequently, the purposes of the present study were to explore ways in which parents experience support from health care professionals in the early postpartum period and explore ways in which parenting support is linked to management, informational, and relational continuity.

Method

The present qualitative study used focus group interviews. A qualitative approach was chosen to explore the context of parent's experience of support and continuity in the early postpartum period. Focus group acknowledge the groups shared experience and it is a suitable method when the aims are to find out how a particular group views a phenomenon and to lessen the guiding role of the interviewer (Kreuger and Casey, 2000).

Setting

The study occurred in a large city in Sweden. Participants were recruited from five antenatal clinics in the surrounding suburbs and region; interviews were held in these clinics. Maternity health care in Sweden consists of a care system that reaches all social classes and is free of charge. Participation in the system's programs is nearly 100%. Midwives in hospitals' postpartum wards are responsible for the women and children up to one week after

childbirth. A child health care (CHC) nurse meets the new parents and their child (about one week after the family leaves the ward) and focuses on the child rather than the mother. Antenatal midwives are responsible for postpartum check-ups, and they usually do not meet the women for follow-up until 6–12 weeks childbirth.

Participants

Inclusion criteria were parents with one or more children whose youngest child is under one year and parents who experienced childbirth at different hospitals. To recruit participants, an antenatal team leader introduced the study's design to various antenatal care providers. Some participants were recruited from parent education groups (during pregnancy) and were contacted again after childbirth. Participants could bring their children to the interview sessions.

Seven focus group interviews were held between February and May 2014 ($n=34$; 18 women, 16 men; median age=32; age range=20–46). Two groups consisted entirely of mothers and three groups entirely of fathers. One group consisted of mothers and fathers, and another group, of mothers and their partners. Their children were aged 10 days to seven months. Eight participants had more than one child; the other participants had just had their first child. Parents from countries other than Sweden were represented in the groups. The participants had given birth in five different labor and delivery units.

Data collection and analysis

The authors facilitated the interviews, which took between 1.5 and two hours. During the interview period, the authors and two other researchers took turns assuming the role of non-participant observer to record field notes, to manage group logistics, and to ensure that forms were completed. All discussions were recorded and then transcribed verbatim. The interviews were semi-structured and explored two areas: parents' experiences of support in the early postpartum period and parents' needs for information and support.

Established concepts were used as a basis for categorisation (Hsieh and Shannon, 2005; Elo and Kyngas, 2008; Krippendorff and Bock, 2009). Deductive content analysis was selected because it is an appropriate method when attempting to retest existing categories/concepts in other contexts (Elo and Kyngas, 2008). Each interview transcription was read carefully. Content relating to how parents talk about parenting support after childbirth was then extracted to form a coherent document. Each meaning unit was categorised as per Haggerty's typology of continuity of care: management continuity, informational continuity, and relational continuity (Haggerty et al., 2003). Each category was then sorted into subcategories extracted from three studies (Burge et al., 2011; Haggerty et al., 2011, 2013) for their pertinence to maternity care (see Table 1). To ensure trustworthiness, each stage in the analysis was critically reviewed and discussed until all researchers in the present study reached consensus. A university research ethics board (2013/1841-31) approved this research.

Findings

The analysis revealed that when parents described support from health care professionals in the early postpartum period, they were talking about management, informational, and relational continuity. Consequently, these types of continuity (Haggerty et al., 2003) are used to structure this section.

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