



Parents' experiences of using videoconferencing as a support in early discharge after childbirth

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Abstract

Objective: to describe parents' experiences of using videoconferencing (VC) when discharged early from a maternity unit.

Design: a combination of quantitative and qualitative methods was used to describe parents' experiences. Data were collected via questionnaires and interviews.

Setting: a pilot study involving a maternity department and new parents in their homes was conducted. Through VC, parents discharged early were able to maintain follow-up contact with the midwife via sound and picture at the department.

Participants: nine couples/new parents participated.

Findings: the analysis revealed four categories of responses: 'feeling confident with the technology'; 'feeling confident of having control of their privacy'; 'feeling confident being face-to-face on the VC'; and 'feeling confident when worries and concerns were met and answers were received'.

Key conclusions: using VC as a support in cases of early discharge after childbirth can facilitate a meeting that makes it possible for new parents to be guided by the midwife in their transition into parenthood.

Implications for practice: the findings of this study indicate that VC equipment may be helpful for parents discharged from hospital early after childbirth. The findings can also be used as a foundation for further development of the application of VC within maternal health care and in health care in rural areas.

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Introduction

The general reduction in the length of hospital stay has considerably influenced the time allowed for postpartum care on maternity wards (Brown et al., 2004). The need to cut costs within health-care organisations in Sweden, as well as in other

Western countries, encouraged centralisation involving the closure of small hospitals or reducing specialities along with shortening hospital stays (Molin and Johanson, 2004). These organisational changes have created special conditions for certain people, especially new parents/families living in rural and sparsely populated areas.

To facilitate more family-oriented postnatal care, early discharge after hospital birth was introduced and evaluated in Sweden in the middle of the 1980s (Waldenström, 1987). According to Brown et al. (1998) and Ellberg et al. (2003), the criteria for early discharge vary between clinics and countries, but are most often expressed as discharge after 72 hours of a healthy mother and baby after a normal birth. In the mid-1990s, the USA and the UK considered discharge less than 48 hours after birth as early (Winterburn and Fraser, 2000; Weiss et al., 2004). In Sweden, in 2004, the average length of stay after normal childbirth was 2.5 days (M. Bennis, personal communication).

The organisation of postpartum care varies across Sweden but takes place on traditional maternity wards, wards placed close to the hospital with a homelike environment and support of a midwife, or early discharge home. After early discharge home, in some places as early as 6 hours after birth, the woman and her family, within some county councils, receive follow-up visits at home by midwives from the maternity ward or by midwives working in early discharge teams (National Board of Health and Welfare 2001-123-1, 2001). When the baby is about 1 week old the primary health-care organisation takes over the contact with the new family.

When studying early discharge, the types of care that parents valued most in early parenthood considered their individual families'/parents' experiences and resources in handling their new role as parents (Persson and Dykes, 2002; Fredriksson et al., 2003). Other important issues were continuity of the caregiver (Proctor, 1998; Singh and Newburn, 2001) and practical and emotional support (Bondas-Salonen, 1998). The access to large amounts of information via the Internet (Larkin, 2001), the media and antenatal classes has made the present parent generation in Western countries well informed and able to demand suitable care related to the birth of their baby from the maternity department (Lindberg et al., 2005).

Evolving health-care systems have prompted the introduction of telemedicine to cover the inhabitants' needs for access to specialist competence, increased effectiveness of diagnosis and treatment, reduced transport costs as well as increased access to the health-care organisation (Ministry of Health and Social Affairs Ds, 2002). Telemedicine is not a clearly defined and agreed concept, but can be seen as an umbrella term that encompasses care performed at a distance (Wootton, 2001; Ministry of Health and Social Affairs Ds, 2002). The videoconferencing (VC) application has been studied in different settings with positive outcomes, for example, in the areas of psychiatry (Kuulasmaa

et al., 2004; Grealish et al., 2005), rehabilitation (Smith et al., 2004; Soopramanien et al., 2005) and chronic illness (Dimmick et al., 2000). There are a few studies concerning the area of maternal health care, and some studies have been published about the use of VC to support breast feeding (Lazenbatt et al., 2001) and about antenatal care through telemonitoring (Britton and Still, 1999; Dawson et al., 1999). Telemedicine as a support in early discharge after childbirth could not be found in the literature.

Considering the situation, with the centralisation of health care, shortened hospital stays and the development of telemedicine, the authors decided to study the feasibility of using telemedicine as a complement to early discharge in supporting new parents in their parenthood. Thus, the aim of this study was to describe the parents' experiences of using VC when discharged early from a maternity unit.

Methods

To study parents' experiences of postpartum care using telemedicine, a descriptive perspective using both quantitative and qualitative methods was used. The descriptive approach focused on understanding human experiences, on how human beings make sense of their subjective reality and attach meaning to it (Holloway and Wheeler, 2002). Description can be a major purpose for both quantitative and qualitative researchers to observe, count, describe and classify data (Polit and Beck, 2004).

The intervention

A pilot study took place from March 2003 to February 2004 in the northernmost part of Sweden involving a maternity department and new parents in their homes. Initially, the intervention was planned as a randomised controlled trial but due to the delay of the extension of the broadband network, the study had to be limited to studying feasibility and concentrated on residential areas in one city. The local early discharge system includes discharge within 72 hours after childbirth with follow-up contacts and support by telephone, a home visit to first-time parents and a second paediatric examination at the hospital. Instead of telephone calls, parents were offered support through VC, including sound and pictures, with a midwife at the maternity department, on a round-the-clock basis during the first week after the birth.

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