



ORIGINAL RESEARCH – QUANTITATIVE

The structure and organisation of home-based postnatal care in public hospitals in Victoria, Australia: A cross-sectional survey



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ABSTRACT

Background: There is limited evidence regarding the provision of home-based postnatal care, resulting in a weak evidence-base for policy formulation and the further development of home-based postnatal care services.

Aim: To explore the structure and organisation of public hospital home-based postnatal care in Victoria, Australia.

Methods: An online survey including mostly closed-ended questions was sent to representatives of all public maternity providers in July 2011.

Findings: The response rate of 87% (67/77) included rural (70%; $n = 47$), regional (15%; $n = 10$) and metropolitan (15%; $n = 10$) services. The majority (96%, 64/67) provided home-based postnatal care. The median number of visits for primiparous women was two and for multiparous women, one. The main reason for no visit was the woman declining. Two-thirds of services attempted to provide some continuity of carer for home-based postnatal care. Routine maternal and infant observations were broadly consistent across the services, and various systems were in place to protect the safety of staff members during home visits. Few services had a dedicated home-based postnatal care coordinator.

Discussion and conclusion: This study demonstrates that the majority of women receive at least one home-based postnatal visit, and that service provision on the whole is similar across the state. Further work should explore the optimum number and timing of visits, what components of care are most valued by women, and what model best ensures the timely detection and prevention of postpartum complications, be they psychological or physiological.

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1. Introduction

The days following childbirth are important ones when new parents learn about caring for their infant and adjust to changes in the family structure. Effective postnatal care facilitates the detection and prevention of postpartum complications, be they psychological or physiological.¹ High quality postnatal care is therefore an essential public health service, yet many studies have raised concerns about the quality of postnatal care in Australia^{2–4} and elsewhere.⁵ Much of the literature refers to hospital-based

postnatal care, with little reported about postnatal care provided at home, the focus of this paper.

1.1. Length of hospital postnatal stay and model of postnatal care

In Australia^{6,7} and elsewhere⁵ it has been suggested that there is a need for hospitals to offer greater flexibility in the provision of postnatal care, including alternative models of service delivery, and choice and flexibility about the length of stay in hospital. Individualising care is increasingly considered an important component of postnatal care, and has been suggested by authors in various countries.^{8–10} New forms of postnatal care making greater use of technology have also been explored.¹¹ Accordingly,

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Summary of Relevance:

Issue

The content of care provided at home in the early postpartum period by maternity service providers is largely unknown.

What is Already Known

Various guidelines exist to guide early postpartum care, but the extent to which these are followed is not clear, nor is it known how decisions are made regarding what women receive visits at home.

What this Paper Adds

The majority of women choosing public maternity care in Victoria, Australia, receive at least one home-based postnatal visit, and service provision is similar across the state on the whole. Further work should explore the optimum number and timing of visits, what components of care are most valued by women, and what model best ensures the timely detection and prevention of postpartum complications.

some Australian health services have attempted to make changes to improve the ability of their postnatal service to meet women's needs, by promoting continuity of carer in the postnatal period,¹² implementing 'one-to-one time' with a midwife each day as a way of improving midwives' ability to listen to women's needs and concerns,¹³ and focusing on an individualised approach to care.¹⁴ However, established routines and hospital priorities may be difficult to change.¹⁵

Much of the work on how best to provide postnatal care has been predicated on the increasingly short length of hospital postnatal stay. In Australia the length of stay in hospital after childbirth has markedly declined over the last two decades.¹⁶ In 2011 in Victoria, Australia, 42% of all new mothers stayed in hospital two days or less, compared with 4% in 1985.¹⁷ This phenomenon is not specific to Australia – early postnatal hospital discharge is occurring internationally, and this has led to recognition that there needs to be adequate systems of home-based postnatal care in place when discharging women from hospital.^{7,18–20} A Cochrane review of early postnatal discharge found no differences in infant or maternal readmissions, and no differences in breastfeeding rates for women discharged earlier than 'standard', but suggested more research is needed to establish effects on infant and maternal morbidity.²¹

Women in Australia rate the care they receive in the postnatal period less favourably than any other aspect of maternity care,^{22–26} as do women in Sweden^{8,27–30} and the United Kingdom.^{31–33} However care provided at home (as opposed to in hospital) appears to be associated with higher satisfaction, despite women's reservations about early discharge,^{34,35} as in shown in studies in Australia^{36–38} and the United States.^{1,39,40} A Western Australian study showed higher satisfaction with all but one aspect of home-based postnatal care when compared to hospital-based postnatal care.³⁷ Participants rated 'information about breastfeeding', 'supported decisions' and 'recognition of ability as a parent' and 'giving confidence in parenting skills' particularly highly.³⁷ Despite many women feeling hospital is a 'safer' place to be in the early days,^{34,35} it may be that care in hospital during the postpartum stay fails to meet women's needs^{2,3,41} or is affected by factors such as the stress of the hospital environment,⁴² insufficient time with

midwives^{37,43,44} inconsistent advice^{2,37} or a lack of opportunity to rest.^{42,45} A Cochrane review that assessed the effect of different home-visiting schedules concluded that home visits may promote infant health and maternal satisfaction, but that the timing, number, duration and intensity of visits should be individualised.⁴⁶ However, the 12 trials included in the review were from quite disparate settings, and those conducted in low resource countries were likely to have had no home visits as 'standard' care.

There has been a focus on the structure and organisation of hospital-based postnatal care in recent years.^{41–44,47,48} Home-based postnatal care has had less attention; there are limited data available on exactly what care is provided, and little known about the impact of the care on women's and infants' outcomes. A study of a home-based care program in the United States that included quite intensive assessment of maternal and infant health and wellbeing, and provision of supports and referral as needed, found the major factors associated with satisfaction were friendliness of the nurse, the nurse's perceived technical skills, and the care being individualised.³⁹ A study of midwives' views of hospital and home-based postnatal care in the United Kingdom found that midwives had concerns about their ability to provide the required care, partially attributable to time spent on administrative duties and lack of staff.⁴⁹ Another study from the United Kingdom evaluated a program redesigned to identify and focus on women's individual needs, and able to be provided up to three months postpartum, and found that midwife-led individualised flexible care improved women's mental health outcomes.⁵⁰ A Canadian study compared two routine home visits focused on thorough assessment of infant and maternal health with a telephone screening aimed at ascertaining the same information, and found no difference in maternal confidence, infant health or breastfeeding.⁵¹ In the Australian context, little is known about what care actually takes place in the postnatal home-based care setting, who provides it, and what providers think. There is a lack of evidence to guide the planning of future development and optimisation of home-based postnatal care.³⁶

1.2. Context of the study

In Victoria, Australia, two-thirds of women receive maternity care through the public health system.¹⁷ The recently released Postnatal Care Program Guidelines for Victorian Health Services state that "as a minimum requirement, following discharge, public health services should offer women at least one postnatal visit in her home", and that "additional home visits [be] provided on the basis of individual clinical and psychosocial needs".^{7(p21)} There is no prescribed number of days postpartum that public hospitals are required to provide postnatal care; however it is expected that for many women the first visit will be required within 24 h of discharge, and that multiple home visits be provided for women with identified needs.⁷ Currently, the women most likely to need home-based postnatal care, such as younger women, women on a lower income, those who have a health care concession card or those with less education, may be the least likely to receive a visit.³⁶

Postnatal care in the public health system in Victoria is funded by the state government but provided by hospitals. Women giving birth in the private health sector do not have access to state-funded home-based postnatal care. A few private hospitals do, however, offer some home-based postnatal care, mostly to women with identified needs, and some offer hotel care as a transition between hospital and home, thus effectively having 'early discharge' from hospital.⁵²

In this study, we aimed to explore the organisation and structure of the home-based postnatal care in the Victorian public maternity care system.

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