



ORIGINAL ARTICLE

Changes in homecare for preterm and low-birth-weight infants from 2002 to 2014[☆]



Josep Figueras Aloy*, M.Teresa Esqué Ruiz, Lourdes Arroyo Gili, Julia Bella Rodriguez, Roser Álvarez Miró, Xavier Carbonell Estrany

Servicio de Neonatología, Institut Clínic de Ginecologia, Obstetrícia y Neonatologia (ICGON), Hospital Clínic sede Maternitat, Barcelona Center of Maternofetal medicine and Neonatology (BCNatal), Facultat de Medicina, Barcelona, Spain

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Domiciliary nursing care;
Early discharge;
Preterm infant;
Low birth weight newborn

Abstract

Introduction: Homecare (HC) is a service offering home medical and nursing care to the patient at home in equal quantity and quality as in the hospital. The aim of the article is to describe the changes in the HC of preterm and full-term low-birth-weight infants in our department from 2002 to 2014.

Material and methods: The HC database is revised. The characteristics of the newborns and the social characteristics of the family in three consecutive time periods are analysed. A satisfaction survey of parents is also presented.

Results: The main changes in HC include a decrease in the weight at discharge (from 1880 g in the 2002–2006 period to 1850 g in the 2011–2014 period; $P = .006$) and at the end of HC (from 2187 g to 2163 g; $P = .001$), an increase in the duration of HC (from 10 to 11 days; $P = .007$) and a lower incidence of new hospitalisation (from 3.4% to 1.3%; $P = .019$). The social characteristics of the family show a higher maternal age with more previous alive children, a family context better suited with a more appropriate housing, and an increase in exclusive breastfeeding at hospital discharge (from 25.5% to 49.0%; $P < .001$). The overall assessment of the programme is $\geq 7/10$ in 98.8% of responses.

Conclusions: The results of the HC of preterm and low-birth-weight infants have improved over time, saving approximately 10–11 days of hospitalisation, and without compromising the quality of care or reducing family satisfaction.

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* Corresponding author.

E-mail address: jfiguer@clinic.ub.es (J. Figueras Aloy).

PALABRAS CLAVE

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Recién nacido prematuro;
Recién nacido de bajo peso

Evolución de la atención a domicilio para niños prematuros y de bajo peso de nacimiento desde 2002 hasta 2014

Resumen

Introducción: La atención domiciliaria (AD) se caracteriza por ofrecer al paciente en su domicilio atención médica y enfermera en igual cantidad y calidad que en el hospital. El objetivo es describir los cambios en la evolución de la AD del neonato en nuestro servicio, desde 2002 hasta 2014.

Material y métodos: Se revisa la base de datos de AD analizando las características propias de la AD y las características sociales de la familia en 3 periodos consecutivos. También se presenta una encuesta de satisfacción de los padres.

Resultados: En la evolución de la AD en los 3 periodos cabe destacar una disminución del peso al alta hospitalaria (de 1.880g en el periodo 2002-2006 a 1.850g en el periodo 2011-2014; $p=0,006$) y al alta definitiva (de 2.187g a 2.163g; $p=0,001$), un aumento de la duración de la AD (de 10 a 11 días; $p=0,007$) y una menor incidencia de rehospitalizaciones (del 3,4 al 1,3%; $p=0,019$). Las características sociales de la familia muestran una mayor edad materna con más hijos vivos previos, un contexto familiar mejor adaptado en una vivienda más correcta y un aumento de la lactancia materna exclusiva al alta hospitalaria (del 25,5 al 49,0%; $p < 0,001$). La valoración global del programa es $\geq 7/10$ en el 98,8% de respuestas.

Conclusiones: Los resultados de la AD del prematuro y recién nacido de bajo peso han ido mejorando a lo largo del tiempo, permitiendo ahorrar aproximadamente 10-11 días de ingreso hospitalario, sin menoscabar la calidad asistencial ni disminuir la satisfacción familiar.

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Introduction

Preterm birth and low birth weight for gestational age are associated with increased morbidity and length of stay in newborns, compared to those born to term with adequate weights. These circumstances lead to separation from the parents, hindering bonding.¹ One of the goals of neonatal care is to put infants in the care of their parents as early as possible.

Family-centred care is a model of health care delivery that focuses on the acknowledgement of the family as a protective and vital factor in patient care.² It is based on the participation and cooperation of family members in an atmosphere of dignity and respect, working collaboratively to improve neonatal outcomes during hospitalisation. The key elements of this model are communication, information and support. Family-centred care has progressively been integrated in neonatal intensive care settings, and home care (HC) programmes for preterm or low-birth-weight infants are an important means to achieve the earliest possible integration of the infant in the family.

Home care consists in offering the patient medical and nursing services at home in equal quantity and quality as those offered in the hospital, with the latter retaining clinical, logistic (medication, etc.), financial and legal responsibility over care. Home care is one of the emerging trends in neonatal care in developed countries³⁻⁵ such as the United States,⁶ countries in northern Europe^{7,8} and France.⁹ The first references to HC published in Spain, are from 1993 and 1997 and involve the Hospital 12 de Octubre de Madrid,^{10,11} which launched its programme in 1986. The

pioneering hospital in Catalonia was the Hospital Clínic (Maternity Unit), which introduced HC in 2002.^{12,13}

The HC programme improves the relationship with parents and their satisfaction, as it restores normalcy in the family,¹⁴ facilitates breastfeeding (BF),¹⁵ is associated with greater weight gain in the newborn (NB).¹⁶ It improves developmental outcomes¹⁷ and carries a lower risk of infection; it also allows a more individualised approach to health education¹⁸ and the reorganisation of health care resources in ways that are more satisfactory to the users.

The aim of this study was to describe any changes that may have taken place in the HC of preterm infants in our neonatal care department from its introduction to present, the social characteristics of the families, and a parental satisfaction survey.

Materials and methods

We included all infants that received HC between 2002 and 2014 that met the following criteria during their hospital stay: postmenstrual age of 33 weeks or more, clinically stable, having overcome acute conditions in the early neonatal period, adequate thermoregulation, being free of apnoea without medication, and ability to feed by suckling. The parents had to be able to care for the NB, reside in the Barcelona metropolitan area and sign the informed consent form. During hospitalisation, parents underwent specific health care education and received an informational brochure about the HC programme. At discharge from hospital, they were given a phone number that they could call

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