



A systematic approach towards the development of quality indicators for postnatal care after discharge in Flanders, Belgium



Kaat Helsloot, RM, MSc lecturer-researcher^{a,*}, Mieke Walraevens, RM, MSc Adjunct Director^b, Saskia Van Besauw, DVM project-coordinator^c, An-Sofie Van Parys, RM, PhD post-doctoral researcher^e, Hanne Devos, RM midwife-coordinator^f, Ann Van Holsbeeck, RM, MSc care manager^g, Kristien Roelens, MD, PhD lecturer Ghent University, head of clinic^d

^a Faculty of Medicine & Health Sciences, Ghent University, Boskant 6, 9790 Elsegem, Belgium

^b Faculty of Medicine & Health Sciences, Ghent University, Verrebeke 8, 9660 Belgium

^c Flemish Centres of Expertise for Perinatal Care, Volkstraat 7, 2000 Antwerp, Belgium

^d Faculty of Medicine & Health Sciences, Department of Obstetrics & Gynaecology, Ghent University Hospital, De Pintelaan 185, 9000 Ghent, Belgium

^e Faculty of Medicine and Health Sciences, Department of Obstetrics and Gynaecology, International Centre for Reproductive Health, Ghent University, De Pintelaan 185, 9000 Ghent, Belgium

^f Centres of Expertise for Perinatal Care, Tramstraat 69, 9052 Zwijnaarde, Belgium

^g Department of Obstetrics & Gynaecology, Faculty of Medicine & Health Sciences, Ghent University Hospital, De Pintelaan 185, 9000 Ghent, Belgium

ARTICLE INFO

Keywords:

Maternity Care
Quality indicators
Postnatal care
Length of stay
Delphi-survey

ABSTRACT

Objective: to develop a set of quality indicators for postnatal care after discharge from the hospital, using a systematic approach.

Design: key elements of qualitative postnatal care were defined by performing a systematic review and the literature was searched for potential indicators (step 1). The potential indicators were evaluated by five criteria (validity, reliability, sensitivity, feasibility and acceptability) and by making use of the 'Appraisal of Guidelines for Research and Evaluation', the AIRE-instrument (step 2). In a modified Delphi-survey, the quality indicators were presented to a panel of experts in the field of postnatal care using an online tool (step 3). The final results led to a Flemish model of postnatal care (step 4).

Setting: Flanders, Belgium

Participants: health care professionals, representatives of health care organisations and policy makers with expertise in the field of postnatal care.

Findings: after analysis 57 research articles, 10 reviews, one book and eight other documents resulted in 150 potential quality indicators in seven critical care domains. Quality assessment of the indicators resulted in 58 concept quality indicators which were presented to an expert-panel of health care professionals. After two Delphi-rounds, 30 quality indicators (six structure, 17 process, and seven outcome indicators) were found appropriate to monitor and improve the quality of postnatal care after discharge from the hospital.

Key conclusions and implications for clinical practice: the quality indicators resulted in a Flemish model of qualitative postnatal care that was implemented by health authorities as a minimum standard in the context of shortened length of stay. Postnatal care should be adjusted to a flexible length of stay and start in pregnancy with an individualised care plan that follows mother and new-born throughout pregnancy, childbirth and postnatal period. Criteria for discharge and local protocols about the organisation and content of care are essential to facilitate continuity of care.

Introduction

Worldwide, there is a trend towards shortened length of stay (LOS) (Brown, et al., 2002). In 2011, The Organization for Economic

Cooperation and Development (OECD) has reported an average hospital stay of three days for an uncomplicated childbirth, with variations from less than two days in Mexico, Turkey, United Kingdom, Canada, New-Zeeland and Iceland and an average stay of

* Corresponding author.

E-mail addresses: kaat.helsloot@telenet.be (K. Helsloot), walraevens@me.com (M. Walraevens), Saskia@kraamvogel.be (S.V. Besauw), Ansofie.vanparys@ugent.be (A.-S. Van Parys), info@kraamkaravaan.be (H. Devos), Ann.vanholsbeeck@uzgent.be (A.V. Holsbeeck), Kristien.roelens@uzgent.be (K. Roelens).

<http://dx.doi.org/10.1016/j.midw.2017.02.008>

Received 4 July 2016; Received in revised form 27 December 2016; Accepted 25 February 2017
0266-6138/ © 2017 Elsevier Ltd. All rights reserved.

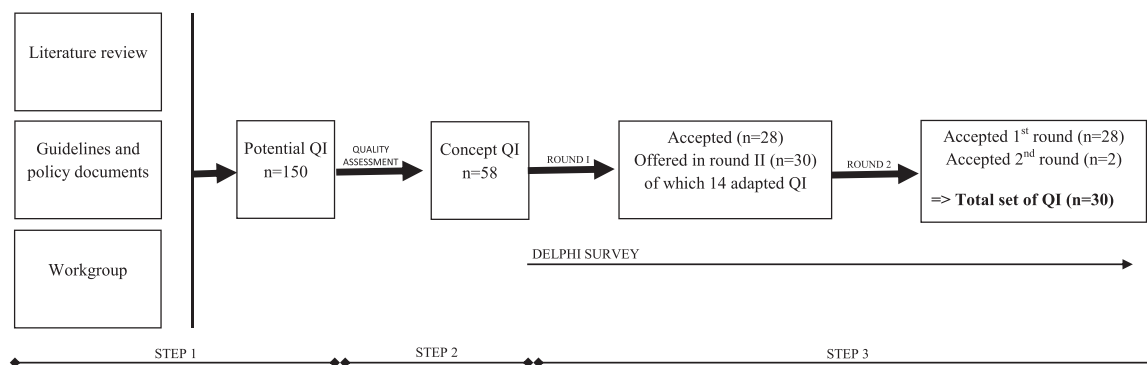


Fig. 1. Flowchart of the method.

more than five days in Hungary and Slovakia (OECD, 2013). In Belgium, the average LOS for an uncomplicated vaginal childbirth has declined from 5,3 days in 2000 (OECD, 2003) to an average of 4,1 days in 2011 (OECD, 2013). On average, mothers and their new-borns leave the hospital around the third day after birth. In Belgium, there is the possibility of follow-up after discharge by midwives, but this is not yet structurally imbedded in postnatal care. As a result, not every woman and her new-born have further postnatal follow-up after discharge from the hospital. A recent report from the Belgian Health Care Knowledge Centre (KCE) showed that health care providers are worried about the lack of care for mothers and babies after discharge from the hospital. They fear that a shortened hospital stay could lead to the misdiagnosis of life threatening medical problems (e.g. hyperbilirubinemia), the revival of eradicated medical problems (e.g. infections) resulting in more new-born readmissions (KCE, 2014). Health care providers fear that the current evolution in LOS might lead to early breastfeeding cessation and will have its negative effect on new-born screening, which is nearly universal now. Especially vulnerable families are at risk of falling through the cracks of Belgium's healthcare system. One of the main recommendations of the KCE-report states that postnatal care should be prepared for antenatally and states there is need for quality criteria for postnatal care based upon clinical guidelines.

Objectives

This article focusses on two research questions: 'What is qualitative postnatal care after discharge from the hospital?' (1) and 'What quality indicators for postnatal care after discharge from the hospital can be identified for Flanders, Belgium, based upon (inter)national scientific literature, guidelines, policy documents and expert- opinion?' (2).

We limited our focus to the postnatal period of a healthy mother and her new-born (born between 37th and 42th week and with a birthweight of minimum 2500 g). The main goal of the development of a set of quality indicators is to determine the minimum standard of care for postnatal care after discharge from the hospital, regardless of the length of stay. Furthermore, the quality indicators can be used to monitor and improve the quality of postnatal care.

To answer the first research question 'what is qualitative postnatal care after discharge', a systematic literature study was performed. Following aspects were included: determining the minimal discharge criteria for mother and new-born (a), studying the influence of LOS on different outcomes (b), determining the optimal organisation of postnatal care after discharge (c), and determining the content of postnatal care. Following outcomes were defined: maternal physical and mental health (a), neonatal physical health (b), maternal satisfaction and perception (c) and breastfeeding (d).

To answer the second research question, 'What quality indicators for postnatal care after discharge from the hospital can be identified',

two sub questions were identified: 'what are the critical care domains in postnatal care that require quality indicators?' (1) and 'which quality indicators are appropriate to be used out of a set of indicators based upon five criteria: validity, reliability, sensitivity, feasibility and acceptability?' (2).

The definite quality indicators resulted in a Flemish model of postnatal care that takes into account the current postnatal care and evolution in shortened LOS.

Fig. 1 (Flowchart of the method) gives an overview of the process.

Methods

Step 1: defining key elements of postnatal care and developing potential quality indicators

The development of quality indicators is based upon a systematic approach.

Data sources

A broad search was performed in PubMed, Web of Science and CINAHL using following search filter: (('quality' OR 'satisfaction' OR 'short hospital stay') AND ('maternity assistant' OR 'maternity assistants' OR 'maternity assistance' OR 'maternity care assistant' OR 'maternity care assistants' OR 'maternity care assistance' OR 'midwifery health care assistant' OR 'midwifery health care assistants' OR 'midwifery health care assistance')) OR (('postnatal' OR 'postpartum') AND ('home') AND ('care')). The search was performed between October 2013 and January 2014. PubMed was checked weekly until December 2014 for new publications. To be able to include Dutch literature, reports and (policy-) documents, grey literature and articles retrieved through snowball were added to the search. In Google Scholar, the database of the Belgian Health Care Knowledge Centre (KCE) and the Flemish Dissertation Database a second search filter was used: ('kraamzorg OR kraamverzorgende) AND (kwaliteit OR beroepsprofiel)'. Seven databases for guidelines were searched: National Guideline Clearinghouse (NGC), the National Institute for Clinical Excellence (NICE), Dutch Institute for Healthcare Improvement (CBO), Agence Nationale d'Accréditation et d'Evaluation en Santé (ANAES), Belgian Health Care Knowledge Centre (KCE), Belgian Centre for Evidence-Based Medicine (Cebam) and The Royal Dutch Organisation of Midwives (KNOV). Following search terms were adopted: 'postnatal', 'postpartum', 'pregnancy' and 'perinatal'.

Seven databases for guidelines were searched: National Guideline Clearinghouse (NGC), the National Institute for Clinical Excellence (NICE), Dutch Institute for Healthcare Improvement (CBO), Agence Nationale d'Accréditation et d'Evaluation en Santé (ANAES), Belgian Health Care Knowledge Centre (KCE), Belgian Centre for Evidence-Based Medicine (Cebam) and The Royal Dutch Organisation of Midwives (KNOV). Following search terms were adopted: 'postnatal', 'postpartum', 'pregnancy' and 'perinatal'.

Study selection

Studies were included if published between January 1994 and December 2014 and located in countries with a high degree of development. The language was limited to English, French and Dutch. Publications were included if the abstract and full-text were

Download English Version:

<https://daneshyari.com/en/article/5122387>

Download Persian Version:

<https://daneshyari.com/article/5122387>

[Daneshyari.com](https://daneshyari.com)