

ORIGINAL ARTICLE

Communication Between Postdelivery Mothers in the PACU and Newborns in Israel

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Background: *Perioperative, maternity, and newborn nurses discovered a solution using modern technology to facilitate earlier “connection” between postcesarean section mothers and their newborns using televised video conference (VC) or telemedicine. Videoconferencing used as a support in cases of separation after childbirth can facilitate a first “meeting” closer to the time of birth.*

Aim: *The aim of this study was to design and validate the use of video conferencing to facilitate “bonding” between postdelivery cesarean delivery mothers who are separated from their infants.*

Design: *Mixed quantitative and qualitative.*

Method: *Mothers (n = 29) completed questionnaires investigating immediate postpartum needs for communication with their newborns. Questionnaire analysis revealed the primary need is connection and communication. The nursing team developed a VC system between postanesthesia care unit and newborn unit including nurse-mother instruction. Mothers (n = 10) were qualitatively queried regarding their VC experience.*

Results: *When prioritizing, mothers found the most important need is to see the infant. Eight themes were found: revelation, calming effect, closer look at the baby, video better than picture, excitement, short-timing sufficient, provision of strength, and confidence.*

Conclusion: *The nursing team successfully coordinated new technologies to the hospital setting to fulfill mothers’ needs. After evaluation of mothers’ impressions, it was found that this technology is adaptable to hospital setting and postdelivery environment. Most importantly, this method contributes to improved well-being for postpartum mothers.*

Keywords: *innovation, videoconferencing, quality of health care, communication, PACU, mother-baby.*

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TRADITIONALLY IN OUR HOSPITAL, women undergoing cesarean delivery are sent to the post-anesthesia care unit (PACU) for immediate postoperative care, while infants are transported to the newborn nursery. The length of the PACU stay for the postpartum mother depends on her medical condition, ranging from 2 hours to several days. Reasons for a prolonged stay include postpartum hemorrhage, cardiac monitoring, and malignant hypertension among other complications. According to standard procedure with a healthy delivery, the first contact between the new mother and newborn occurs immediately after the baby is delivered until the baby is wrapped, placed in transport incubator, and taken to the newborn nursery or Newborn Intensive Care Unit (NICU). If the cesarean is performed using general anesthesia, the mother has no opportunity to see or touch her newborn.

After surgery, the postpartum mother is transferred to the PACU, where depending on her medical condition, she will stay for 2 hours (standard recovery time) to several days (in cases of a hemorrhage or severe preeclampsia). Reasons for a prolonged stay include postpartum hemorrhage, cardiac monitoring, and malignant hypertension among other complications. During this time, the newborn is cared for in a separate building, physically distant from the mother. In creating a videoconferencing, baby chat intervention, nurses improved the quality of the perioperative experience and connection of postcesarean section mothers with their newborns.

Background

The escalating cesarean delivery trend is particularly concerning—cesarean deliveries have been associated with increased maternal and infant morbidity and mortality,¹ low rates of maternal satisfaction, postnatal depression, and are believed to be disruptive to breastfeeding² and maternal-infant bonding.³

Cesarean delivery disrupts the normal childbirth experience and often results in spatial, visual, and auditory separation of mother and infant because of hospital policies and routines that are inconsistent with family-centered care.⁴ The concept of early maternal-infant separation and its influence on maternal-infant mutual care giving

has not been well documented or challenged in the literature.

Telemedicine is not a clearly defined and agreed concept but can be seen as an umbrella term that encompasses care performed at a distance.⁵ A known method for long-distance communication is the use of televised video conference or telemedicine.⁶ During the past decade, there has been a steady increase in the use of video conferences such as knowledge exchange between patients and physicians, contact between hospitalized patients and their families living long distances from hospital, and long-distance follow-up after discharge in patients living far from medical facilities.⁶ One of the biggest studies using video conference, and on which this present study was based, is the Baby Care Link project “to describe parents’ experiences of using videoconferencing (VC) when discharged early from a maternity unit.”⁷ 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.”⁷ Parsapour⁸ found that videoconferencing provides a solution to some barriers that may limit family presence and participation in care for hospitalized patients and as a patient-centered innovation is likely to enhance patient and family satisfaction. 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.⁹

Aim

The aim of the study was to design a project to validate use of videoconferencing to facilitate connections between immediate postcesarean delivery mothers when separated from their infants.

Design and Method

The first stage of this study was a quantitative pilot study focusing on identification of postpartum cesarean section mothers’ needs in the PACU.

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