Family-Centered Care: Perceptions of Newborn Care During Transition to a Higher Level of Care

JoAnn D. Long, PhD, RN, NEA-BC
Department of Nursing, Lubbock Christian University, Lubbock, TX, USA

Monica T. Foster, BSN, RN
Nursing, Lubbock Christian University, Lubbock, TX, USA

Emelia C. Garcia, MSN, RNC-NIC
NICU, Covenant Childrens Hospital, Lubbock, TX, USA

Purpose:

A number of fetal-maternal conditions predispose infants to transient hypoglycemia including babies born to mothers with diabetes, small or large for gestational age, premature and low birthweight infants. Neonatal hypoglycemia is not defined by an exact cut point that is applicable to every clinical scenario. National and international position statements on postnatal glucose homeostasis lack full consensus on best-practices on screening and management contributing to mixed communication with families, particularly during level of care transition. Interventions to restore euglycemia may require transfer of the newborn to the neonatal intensive care unit. There is little research to date on how caregivers and families should be educated on neonatal hypoglycemia to facilitate patient-centered care. The purpose of this project is to present findings from focus-groups of mothers of newborns with hypoglycemia and implications for family-centered education.

Methods:

This study uses a qualitative-focus group approach. Three focus groups comprised of mothers with infants who experienced hypoglycemia during the first 24 hours after delivery and volunteering to participate will be recruited from a Woman's and Children's hospital in a southwestern state in the spring of 2018. Institutional review board approval will be obtained. Five open-ended questions will be asked to focus groups comprised of approximately six subjects each. To enhance data trustworthiness, member checking will be done within the context of the focus group. A summary of participant perceptions and viewpoints will be developed and presented to focus group participants at the completion of each focus group. Narrative data will be audio recorded and transcribed verbatim from the focus groups. Three members of the research team will independently read and reflect on the data using a qualitative interpretive approach. Similar ideas will be noted, clustered, coded and categorized thematically.

Results:

This study is currently underway and results are pending.

Conclusion:

Existing evidence-based findings informing the education of health care providers and families of newborns with hypoglycemia should be incorporated into healthcare policy and protocol. Multidisciplinary use of protocols and psychologically supportive communication and patient education handouts may help enhance patient-centered care. Further research which includes the patient-family perspective could help to guide the development of patient-centered educational materials.
Title:
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Keywords:
Family-Centered Care, Hypoglycemia and Newborns

References:


Abstract Summary:
There is limited evidence on how best to communicate with parents with newborns with hypoglycemia during transition to a higher level of care. This project presents focus group findings from mothers of newborns with hypoglycemia and reports implications for evidence-based family-centered education.

Content Outline:
I. Introduction & background on care of the mom-baby management of newborns with hypoglycemia

A. Newborns at risk for hypoglycemia
   1. Mothers with diabetes
   2. Small for gestational age
   3. Large for gestational age

B. International guidelines, hypoglycemia parameters and protocol
   1. Inconsistency in hypoglycemic cut points for based on clinical scenario
   2. Lack of international and national consensus on screening and management
II. Intraprofessional communication

A. Variance in physician orders and use of existing guidelines

B. Nurse to nurse communication during transition to a new level of care

C. Gap in the evidence regarding how to educate patients and providers

III. Qualitative Research - Patient focus-groups

A. Focus groups of mothers with newborns with hypoglycemia
   
   1. Open-ended questions

B. Narrative analysis of findings
   
   1. Qualitative interpretive process
   2. Themes
   3. Conclusions and recommendations for provider and family-centered patient education

First Secondary Presenting Author

**Corresponding Secondary Presenting Author**

JoAnn D. Long, PhD, RN, NEA-BC
Lubbock Christian University
Department of Nursing
Professor & Director of Nursing Research and Development
Lubbock TX
USA

**Professional Experience:** Currently serve as Director of Nursing Research & Development at Lubbock Christian University. Experience in teaching evidence-based practice and research and the development of online EBP teaching tools for nurses. Thirty-nine years of experience as a registered nurse working in clinical, academic, and research positions.

**Author Summary:** This author is the Director of Nursing Research & Development at Lubbock Christian University. This individual has experience teaching evidence-based practice and research to nurses at the undergraduate and graduate levels. She is the co-author of an online EBP teaching tool used to assist faculty in teaching online search and critical appraisal skills to nurses.

Second Author

Monica T. Foster, BSN, RN
Lubbock Christian University
Nursing Student
Lubbock TX
USA
**Professional Experience:** (2015-2017)- Neonatal Intensive Care Unit Staff Registered Nurse, Lubbock, Tx (2017-Present)- Postpartum and Newborn Nursery Staff Registered Nurse, Lubbock, Tx  
Responsible for the care of newborn infants born with a variety of problems ranging from prematurity, birth defects, infection, cardiac malformations, and surgical problems. (2015-2017) Responsible for the care of newborns and mothers following vaginal and Cesarean delivery by monitoring patients, providing postpartum guidance, and teach newborn care. (2017-Present)

**Author Summary:** Monica Foster is a student in the Master's in Science and Nursing program at Lubbock Christian University. Her focus in the program is on Leadership, Administration, and Education. She has obtained her Bachelor's degree in Science and Nursing, and works full time at Covenant Children's Hospital in the Postpartum and New Born Nursery units.

Third Primary Presenting Author

**Primary Presenting Author**

Emelia C. Garcia, MSN, RNC-NIC  
Covenant Children's Hospital  
NICU  
Project Coordinator  
Lubbock TX  
USA

**Professional Experience:** (Present)-Covenant Children's Hospital Neonatal Project Coordinator  
Responsible for enrolling subjects and assuring protocol compliance, provides education for staff and patients, and oversees of unit based projects. (Present)

**Author Summary:** Emelia Garcia is a former Lubbock Christian University Master's in Science of Nursing graduate. Emelia is now Covenant Children's Hospital Neonatal Project Coordinator. She has also obtained her RNC-NIC.