Neonatal Intensive Care Unit to Home Transition for Families of Preterm Infants

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Background

- Transition from NICU-to-home is difficult for parents
  - Contribute to adverse outcomes in the early post-discharge
- Concerns expressed in prior research
  - Fear about infant condition
  - Lack of self-confidence
  - Anxiety associated with infant feeding
- Association between PTB and maternal well-being
  - May affect coping, attachment, and parenting.
- NICU discharge programs
  - Mostly focused on physiologic stability and sufficient milk intake
  - No well-researched programs for NICU-to-home transition
- Recommendations include parenting classes, home visits, and on-going communication with hospital staff
  - The desirability, feasibility, or effectiveness of these have not been assessed
Study Aim

• To define elements of a transition-to-home program from the perspectives of parents whose child was recently discharged from a NICU, and from both NICU and primary healthcare providers.
Methods

• **Descriptive qualitative**
  – Audiotaped interviews
  – Thematic coding
    • Two team members; agreement by all

• **Parent Participants**
  – Child born <32 weeks, hospitalized Level II or III NICU, child <6 months old

• **Provider Participants**
  – NICU or primary care providers; experience working with parents of newly discharged PT infant
Sample Description

• **Parent participants** $n = 20$
  – 15 White; mothers; infants 27 weeks at birth; currently ~ 3 months old; home 2-3 weeks

• **Providers** $n = 10$
  – 9 physicians; 6 women; 6 from primary care settings
Parent Themes

• Parents not cognitively ready for discharge
• Need better preparation before discharge
• Need clear instructions about where to get help after discharge
Provider Themes

• Most parents not ready for discharge: need better, on-going preparation for discharge throughout hospitalization

• Need clear instructions on call-back
Agreement/Non-agreement Themes

• Consistent in perceptions of knowledge gaps: basic infant care, infant feeding, symptoms of illness

• Where to get information after discharge
  – Parents want to call the NICU nurse
  – Providers thought the primary care provider should be contacted

• Follow-up in early discharge needed
  – Parents wanted a phone call or home visit
  – Providers thought a clinic visit was best
Discussion

• Transition to home is difficult
• Gaps in knowledge exist
• Development and testing of a transition-to-home program needed
  – Needs to address multiple stakeholder concerns
  – Needs clear metrics to assess effectiveness