Antepartum, Intrapartum, Postpartum Predictors and Outcomes of Discharge Readiness

Gabriella Malagon-Maldonado, PhD, DNP, APRN, CNS, NEA-BC

Background

Patient Outcomes
- Discharge before a mother is physically and/or psychologically ready, places the mother and infant at a greater risk of detrimental maternal and infant outcomes

Education and Policy
- Newborns’ and Mothers’ Health Protection Act shortened the length of hospital stay
- Physical, psychological, and social well-being needs of mother and infant must be addressed prior to discharge

Transitions of Care and Financial Implications
- Limited improvements in care transitions are predictive of postpartum mothers' perceptions of readiness for hospital discharge and the subsequent outcomes after hospitalization

Purpose

The purpose of this study was to explore the antepartum, intrapartum, and postpartum factors, including nursing practices, associated with readiness for hospital discharge and the outcomes subsequent to hospitalization.

Research Questions

1. What antepartum, intrapartum, and postpartum factors, including nursing practices, are predictive of postpartum mothers’ perceptions of readiness for hospital discharge?

2. What are the factors associated with post-discharge coping difficulty and utilization of support and health services?

Results

- Demographics: Participants’ mean age was 30.8, majority were Caucasian (41.6%), married & living with the father of the infant (74.6%), had a bachelor’s degree (31.4%). Majority planned on returning to work full-time (43.8%), had an average of two children, delivered vaginally (61.6%) with an average length of stay 2.9 days, and were breastfeeding upon discharge (70.8%). Infants’ gestational mean age was 38.9 weeks & length of stay between two children, delivered vaginally (61.6%) with an average of two children, delivered vaginally (61.6%) with an average length of stay 2.9 days, and were breastfeeding upon discharge (70.8%). Infants’ gestational mean age was 38.9 weeks & length of stay between two children, delivered vaginally (61.6%) with an average of two children, delivered vaginally (61.6%) with an average length of stay 2.9 days, and were breastfeeding upon discharge (70.8%). Infants’ gestational mean age was 38.9 weeks & length of stay 2.9 days, and were breastfeeding upon discharge (70.8%).

- Resources, staff, and delivery of specific information

Q2. Predictors of Coping Difficulty:

<table>
<thead>
<tr>
<th>Predictor Variables</th>
<th>Model Statistics</th>
<th>Variable Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antepartum Characteristics</td>
<td>F(8,176)=17.5</td>
<td>B SE B Standardized I P</td>
</tr>
<tr>
<td>(a) Less than High School Education</td>
<td>P&lt;0.001</td>
<td>-1.8 0.86 -0.42 -2.1 0.04</td>
</tr>
<tr>
<td>(b) Content difference subscale</td>
<td>P&lt;0.001</td>
<td>-0.2 0.09 -0.07 -2.2 0.03</td>
</tr>
<tr>
<td>Nursing Interventions</td>
<td>P&lt;0.001</td>
<td>-0.5 0.24 -0.13 -2.64 0.01</td>
</tr>
</tbody>
</table>

- Quality of discharge teaching as a predictor of readiness for hospital discharge, post-discharge coping, and health care utilization, provides evidence of the importance of patient and family education

- Discharge teaching requires attention to adequacy of content and delivery of information influencing a patients’ readiness of hospital discharge

Method

- Research Design: Descriptive correlational, repeated measures design
- Setting: 72-bed postpartum unit with mother-baby couplet care in a non-profit women’s specialty hospital
- Sample: 185 postpartum mothers, 18 years of age, uneventful post-birth experience, mothers with infants who were not transferred to the NICU, sufficient English or Spanish language skills
- Twenty-four hours prior to discharge:
  - Demographic Questionnaire
  - Readiness for Hospital Discharge Scale
  - Quality of Discharge Teaching Scale
- Four weeks post-discharge:
  - Post-Discharge Coping Difficult Scale
  - Quality of Discharge Teaching Scale

Implications

- Conceptualizing and investigating the transition home after hospital is essential to improve organizational structures and processes to facilitate optimal patient outcomes

References/Acknowledgments

References available on handout.
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