Purpose:

Discharge teaching, in fact all patient/client education, is a deeply entrenched and valued independent professional nursing function (American Nurses Association, 2015; Bastable, 2008). Teaching about maternal self-care, infant care and feeding is a priority of postpartum nursing care (Ladewig, London, & Davidson, 2014). However, the length of hospital stay after childbirth is brief (Campbell, Cegolon, Macleod, & Benova, 2016), and of necessity focused on postpartum recovery (Mhyre et al., 2014) and establishment of infant feeding (Wood, Woods, Blackburn, & Sanders, 2016). Hospital discharge before the maternal-infant dyad is ready may lead to negative health outcomes during the postpartum year (Bernstein et al., 2013; Kendall & Langer, 2015) as well as other unmet needs for education and support (Tully, Stuebe, & Verbiest, 2017). In addition, a recent study demonstrated that there was no effect on mood in the first six months postpartum for women who had received focused teaching about postpartum depression while in the hospital (McCarter-Spaulding & Shea, 2016), suggesting that the maternity stay may not be the best time to provide such anticipatory guidance. While there are standards and recommendations for the content of postpartum education (World Health Organization, 2014), the voices of postpartum women describing their needs are less often heard (Tully et al., 2017). Women with limited access to health care or who have risk factors for complications (Lu, Highsmith, de la Cruz, & Atrash, 2015) are even more likely to experience negative outcomes and unmet needs. The purpose of these focus groups was to gain a better understanding of the needs of women and families identify for education and support both during the postpartum hospitalization and after discharge. The goal was to use this information to inform the practice of nursing care during the maternity stay, and to gain knowledge of how participants might use a birth and parenting application to extend access to nurses for education and support after discharge.

Methods:

Seven focus groups were conducted with patients (mothers and fathers) who planned to or had recently given birth at a 10-bed LDPR unit at an urban hospital in the Northeast United States from 2015-2017. Respondents were recruited by flyers placed in prenatal practices and pediatric practices, as well as hospital-based childbirth classes and tours. One group was recruited from people who had previous participated in a research study and had agreed to be contacted again for more questions. Approval was granted by the Institutional Review Board of the hospital, and participants provided written informed consent prior to participating in the group discussion. Focus groups lasted approximately 1.5 hours, a meal and $25 US dollars was provided, and a semi-structured interview format was used. Two additional focus groups were conducted with a sample of maternity nurses, and respondents were given a meal and “credit” for participating in a work group which contributed toward a professional recognition award program.

Results:

Several themes emerged from the mothers, fathers and nurses which provided perspective on postpartum care and support. Mothers reported that they felt the desire for more attention to their own physical and emotional needs, rather than just their role in infant care. However, they still identified the importance of having nurses to help them learn to care for their newborn’s physical needs, and to help them establish lactation successfully if that was their intent. Multiparous mothers stated that they did not want nurses to assume they were confident and experienced. Both nurses and mothers/families identified
the need to have discharge education and support to be less standardized and more focused on stated individual needs and learning styles. Additionally, both families and nurses felt that education during the hospital stay was often rushed. Both nurses and patients felt that communication and rapport with each other was very important, although many women reported that prior to childbirth, they didn’t really know what to expect from nurses in the hospital, and were in fact surprised at how often they were left alone.

While mothers desired help with newborn care and feeding in general, nurses were particularly focused on newborn safety, especially safe sleep. Nurses also felt that maternal physical recovery was important, but placed more emphasis on avoiding complications by ensuring that women knew what symptoms required urgent evaluation in the postpartum period. While both nurses and families identified the importance of providing anticipatory guidance and support in learning to be a parent, nurses were more focused on identification and early intervention for postpartum depression. Both nurses and families felt that a continued connection to hospital nurses via a birth and parenting application would be desired and helpful, and provided suggestions for key content areas.

Conclusion:

The focus group data from the patients of one health care institution cannot be generalized to the needs of families world-wide, but results do suggest that priorities for hospital care, particularly patient education, could be reevaluated, and new strategies for providing nursing care which extends after discharge could be contemplated. This may be especially important for families who do not have easy access to health care providers after discharge. Knowledge about the perceived needs of mothers and families contributes to the conversation and research addressing educational strategies to reduce maternal mortality and morbidity, and to supporting mothers’ infant feeding choice. Nurses as patient educators and advocates can use their expertise to meet the needs of postpartum families both in the hospital and after discharge. Ideas for how to use electronic applications to enhance nursing care will be addressed and discussed with session participants.

Title: What Do Women Want? Beyond Discharge and Postpartum

Keywords: discharge education, parenting application and postpartum care

References:
Abstract Summary:
The voices of childbearing women, their partners and nurses are heard in the results of this focus group research. Themes identifying mother’s needs are compared to needs identified by nurses and contribute to knowledge about providing appropriate and focused education during and after the maternity hospitalization.

Content Outline:
I. Introduction
   A. Nurses are expected to provide postpartum discharge education
   B. Barriers and challenges exist to providing education
   C. Needs/expectations of mothers and nurses may differ.

II. Focus groups conducted
   A. Participants in depression study
   B. Postpartum mothers
   C. Prenatal mothers and fathers
   D. Maternal-child health nurses

III. Mother’s identified needs
   A. Physical recovery, comfort and emotional care for themselves
   B. Caring for infant and establishing intended infant feeding choice
   C. Parenting transition, regardless of parity
   D. Being heard and understood as an individual by the nurse, without assumptions

IV. Nurses identification of priority areas for care and education
   A. Ensuring knowledge of safety
      1. Safe sleep
2. Successful infant feeding

3. Postpartum risks and complications

4. Identification of postpartum depression symptoms

B. Anticipatory guidance about transition to parenting for both mother and father

C. Need/desire to individualize care based on assessment of patient/family’s needs, learning style, and readiness, rather than standardized checklist

V. Conclusions: Strategies to meet needs during and after maternity stay

A. Improving support for parenting and breastfeeding

B. Decreasing risk of postpartum complications

C. Potential use of a birth and parenting application to enhance discharge education

First Primary Presenting Author

Primary Presenting Author
Deborah E. McCarter, PhD, RN
Saint Anselm College
Department of Nursing
Professor
Manchester NH
USA

Professional Experience: 2007-present: Professor of Nursing at Saint Anselm College, Manchester, NH USA 2000-2007: Adjunct faculty at Boston College, Chestnut Hill, MA 2009-present: Per diem staff nurse on Labor/Delivery/Recovery Postpartum unit at Catholic Medical Center in Manchester, NH Since 1979 have worked as a staff nurse in acute care facilities, and have specialized in maternal-child and women's health since 1985. Current certification as an International Board-Certified Lactation Consultant and as a Women’s Health Nurse Practitioner Completed and published research related to parenting self-efficacy, breastfeeding self-efficacy, and postpartum depression, as well as other clinical papers related to maternal-child nursing. Current research funded by an Institutional Development Award (IDeA) from the National Institute of General Medical Sciences of the National Institutes of Health under grant number P20GM103506. Previously received small research grants from Alpha Chi and Epsilon Tau chapters of Sigma Theta Tau International, and from the International Lactation Consultant Association.

Author Summary: Deborah McCarter is a professor and nurse researcher at Saint Anselm College in Manchester, NH USA. She teaches childbirth nursing and is certified as a women’s health nurse practitioner and a lactation consultant. She is currently conducting a grant-funded randomized controlled trial of a web-based messaging intervention for the first six months postpartum. She maintains a clinical practice as a per diem nurse on a Labor/Delivery/Recovery/Postpartum unit at Catholic Medical Center in Manchester, NH

Second Secondary Presenting Author

Corresponding Secondary Presenting Author
Carrie E. MacLeod, PhD, APRN-BC
Saint Anselm College
Department of Nursing
Assistant Professor
Manchester NH
USA

**Professional Experience:** 2016-present: Assistant Professor, Saint Anselm College, Manchester NH, USA 2004-2008: Clinical Faculty, Research Fellow, William F. Connell School of Nursing Boston College, Chestnut Hill, MA, USA 1993-2016: Acute Care Nurse Practitioner Multiple publications in the area of the influence of nursing on family caregiving and management of the cardiac patient. Authored Understanding the Essential of Critical Care Nursing textbook now in third edition Responsible for data collection and analysis of National Institutes of Health, National Institute of Nursing Research R01research NR07893, Research Fellowship Numerous poster, refereed and invited presentations on pathophysiology of cardiac disease; family caregiving and the influences of theory and nursing philosophy on research and practice within an interdisciplinary environment

**Author Summary:** Carrie E. MacLeod is an assistant professor at Saint Anselm College in Manchester, New Hampshire, USA where she teaches critical care nursing. Her research interests include qualitative exploration of the impact of nursing on family caregiving and the management of the patient with cardiac disease. She is currently conducting research on the impact of simulation experience on interdisciplinary collaboration. Dr. MacLeod continues to work as an acute care nurse practitioner in Cardiac Surgery Intensive Care.