What do women want?
Beyond discharge and postpartum

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Background

- Nurses are expected to provide discharge education to patients while hospitalized postpartum (American Nurses Association, 2015; Bastable, 2008*)
- Women identify unmet needs for education (Tully, Stuebe & Verbiest, 2017*)
- Mothers’ needs and expectations may differ or conflict with priorities of nurses and hospital (Bernstein et al., 2013, McCarter-Spaulding & Shea, 2016*)

*Additional references provided at end of presentation
Focus group participants

Patients and families

• Participants in a study of an educational intervention for postpartum depression
• Postpartum mothers presenting for pediatric visits
• Prenatal families presenting for prenatal care or hospital tour

Nurses

• Staff nurses for Labor & Delivery, postpartum and Level II newborn nursery
Focus groups

- Seven different groups with a semi-structured interview format
- Each session 1.5 hours long, meal provided
- Participants paid $25.00 USD each
- Audio-recorded
- Thematic Analysis
Mother’s Identified Needs

Physical recovery, comfort and emotional care

“I feel emotional needs and change .... gets pushed to the side or it’s neglected a little bit ..... the focus is so much like on physiological stuff. I remember I was really blind-sided...”

“I was like--this is insane. .......I was having hallucinations because I wasn’t sleeping.”
“And the next time you get checked out it’s six weeks later...and the baby gets checked out multiple times...you’re kind of forgotten.”

“...and I don’t remember anyone telling me just how long it would take to feel normal again, to feel like, oh, I can get out of bed and not feel like my insides are going to explode.”
Mother’s Identified Needs

Caring for newborn

• “I’m afraid there will be one thing on the list that he’s not doing or that I haven’t noticed him doing ...catastrophic thinking is something I do really well.”

• “I remember the first baby...didn’t even know what I didn’t know. I went home in three days sobbing.”

• “And I guess when I had him, I just assumed that I would remember it all...and I didn’t.”
Mother's Identified Needs

Establishing infant feeding

• “The most challenging thing for me was the breastfeeding...I had no idea how to do it. Even though I took a class, I still had challenges. I didn’t actually realize how time consuming it would be.”

• “Everyone says breastfeeding is the best but no one talks about how difficult it is...I still don’t feel like I know what I’m doing”
Mother’s Identified Needs

Transition to parenting (first time mothers)

- “I’m like this [exhaustion] is not me. I am doing this [caring for newborn] because I have to ... people have an expectation that they’ll be able to get up and about and back to their life. Some women are able to do that... that’s their experience.”

- “We’ve never done this before, so of course we’re a child in that way.”

- “I was a little bit anxious about leaving. I didn’t know what I was doing. I was surprised they were letting me leave with a kid.”
Mother’s Identified Needs

Transition to parenting (experienced mothers)

• “I was a little bit less wrapped up in my brain the second time around.”

• “My second one--I was thinking, ‘Holy Crap, what did I just do? I have two kids now’.”
Mother’s Identified Needs

Being heard, having choice, treated as individual

• “I felt important. I felt cared for, I felt like I was a priority. Valued.”

• “…..different reaction from me if you asked me face to face versus a questionnaire [depression screening]. I felt like if somebody was there and you had to look someone in the eye, it would be a lot more personal.”

• “I need you [nurse] to be an extension of my family….so it’s as easy as it possibly can be.”

• “A little more hand-holding...because I am scared out of my mind and I have no idea what I’m doing.”
Nurse’s Perception of Priorities

Safe sleep
• “There are a lot of products on the market that babies sleep really well in that are really unsafe. It’s what Grandma is telling them, what culture does.”

Maternal self-care
• “…[mothers] feeling responsible for everything except for yourself, taking care of yourself.”
• “We expect them to take care of their own bodies and their own needs and their baby’s.”
Nurse’s Perception of Priorities

Successful breastfeeding

• “I feel like a lot of women unless you’re really committed to breastfeeding and you know how to resist your mother and mother-in-law who are just telling you ‘Just give them a bottle, it will be okay’. That’s harder than anything.”

• How to do...not battle, but counteract years of acculturation and this is what is best for your baby.”

• “…many people are on the verge of neglectful about really knowing how often a baby needs to eat and they can be told over and over again and they’re just not taking it in.”
Nurse’s Perception of Priorities

Anticipatory guidance about transition to parenting (for both mother and father)

• “The really big thing is making sure that they’re aware of their resources and who to call and when to call and why.”

• “You’re thinking about how nervous they are going home and how much they don’t know and they’re becoming aware of what they don’t know.”

• “First babies…I probably wrongly assume to give them a little more attention and probably wrongly assume with 2nd, 3rd, 4th babies... she’s got this.”
Nurse’s Perception of Priorities

Discharge education

• “…..but sometimes we just have to be, okay, it’s time for this to get done.”

• “Patients don’t think you’re really doing anything unless you’ve shown them a checklist and that you’ve done it”

• “I think a big thing is teaching people that they have power over this and to empower them to feel confident to be going home and I think that’s a big part of what our teaching is supposed to be.”

• “….it provides a lot of nurse satisfaction when you’re actually able to have the time to sit down and personalize it and really see where those parents are coming from.”
Nurse’s Perception of Priorities

Barriers

• “I feel like it’s rare that you find a time where you can sit down with them and they don’t have any visitors and they’re receptive to information and they’re able to ask questions. I feel like that is a rare moment.”

• “We bombard them with so much stuff and they can’t take it in and then they’re so scared.”

• “I think they don’t know what they want from us.”
Summary: Patient’s Priorities

• Individualized attention
• Physical and emotional care
• Help with newborn: physical care and parenting
• Assistance with breastfeeding

• **Even if experienced!**
Summary: Nurse’s Priorities

Education related to safety

- Safe sleep
- Signs of inadequate breastfeeding
- Post-discharge resources
Summary: Nurse’s Priorities

Preparing for parenting after hospital discharge

• Managing self-care
• Managing newborn care
• Successful breastfeeding
Conclusions

Addressing the disconnect between nurses’ and patients’ expectations and needs

• Individualizing care
• Timing of education

Post-discharge bridge to individualized care

• Mechanisms for ongoing support, rather than episodic (six-week postpartum visit)
• Timely intervention
Next steps?

Consider an electronic birth and parenting application to facilitate education after discharge

- Education and resources available when patient identifies need
- Mechanisms for access to nurse consultation
- Customizable to individual patient needs
Mobile App: iBirth

“We are a digital world…”

“Evidence-based practice is great but this is about ME!”


