

Examining Inpatient Postpartum Education

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INTRODUCTION

The U.S. experiences higher maternal and infant mortality rates than most other OECD nations. Rates of pregnancy-related deaths and morbidity disproportionately impact black mothers and infants, who are three and two times as likely to die as white mothers and infants, respectively.

One strategy for reducing postnatal risks for new mothers and their infants is to ensure that new families leave the birthing facility able to distinguish between typical, concerning, and emergency symptoms and know the resources so that they can seek appropriate medical care when needed. A typical postpartum hospital stay lasts 2-4 days and includes in-patient education from RNs, providers, and a printed After Visit Summary (AVS) to take home.

OBJECTIVES

1. Identify essential postpartum health education topics that are recommended for all patients.
2. Determine how patients are provided that essential education at UNC Women's Hospital.
3. Examine areas of content overlap between nurse education, provider education, and the AVS.

METHODS

Policy statements on postpartum and newborn health education were reviewed from the following:

- Council on Patient Safety and Women's Health Care
- American College of Obstetricians and Gynecologists
- American Academy of Pediatrics
- Academy of Breastfeeding Medicine
- Association of Women's Health, Obstetric, and Neonatal Nurses
- Baby-Friendly Hospital Initiative

UNC Women's Hospital educational practices were determined through:

- Electronic health record templates of required teaching.
- UNC RN, CNM, and Pediatrician consultation.
- Review of standard handouts given to families.

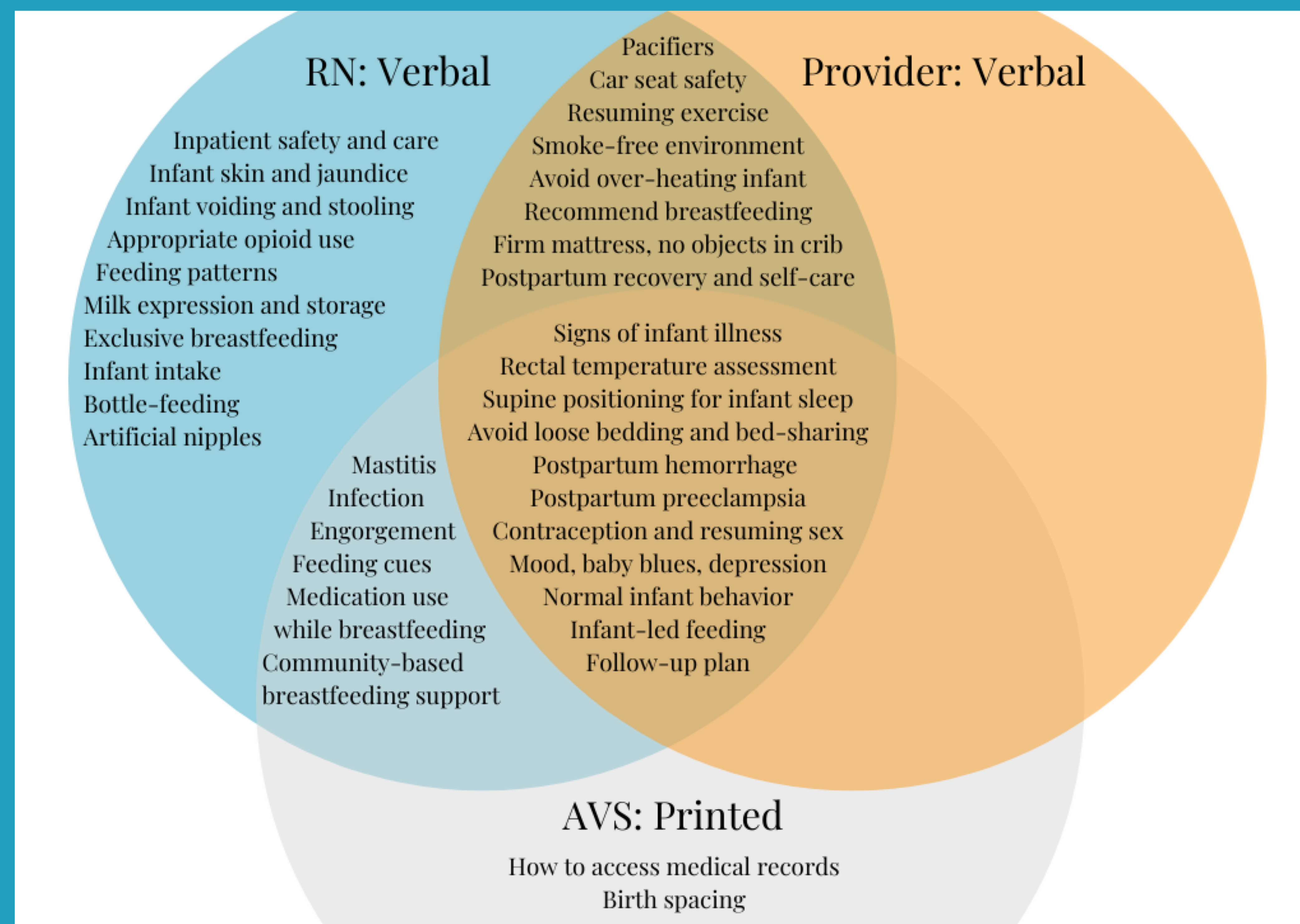


Fig. 1: Recommended teaching points derived from literature review are divided according to the source of that education provision at UNC Women's Hospital: Registered Nurse (RN) verbal instruction, Provider verbal instruction, After Visit Summary (AVS) printed instruction, or some combination as indicated by overlap of spheres.

1. There are dozens of critical inpatient teaching topics to cover during a brief maternity hospital stay.
2. RNs are the primary providers of inpatient postpartum health education.
3. All provider education at UNC is reinforced with RN teaching and/or written instruction.

RESULTS

Professional medical organizations recommend dozens of health teaching points to be covered with new mothers during a brief in-patient period. The guidance rarely specifies the ideal source of this information (e.g. RN vs. Provider), although at times they specify items to be provided in a written format.

At NC Women's Hospital, nurses provide the majority of the in-patient postpartum education. Providers also provide extensive patient education, and all of their key teaching points are supplemented with nurse and/or AVS (printed material) reinforcement, as shown in Figure 1. Patients are also provided access to printed educational materials that remain at the hospital and handouts, which are provided on an ad hoc basis by clinicians (not shown in Fig. 1).

DISCUSSION

Our analysis yielded dozens of recommended teaching points for patients. Patients and clinicians can be overwhelmed by the volume of information that is covered during a brief inpatient stay. Additional teaching is provided based on clinical assessment, which increases the scope of education and learning. Future work should explore which methods of patient education are the most effective, such as videos, in-patient classes, and online learning that can supplement the extensive verbal instruction that currently takes place. Additionally, there may be out-patient opportunities for covering some of this information, which would reduce the burden on in-patient clinicians and patients and may be most helpful for families' navigating their health needs.

Importantly, not all RNs and providers provide identical instruction of the same content. Providers at the NC Women's Hospital include OB/GYNs (including MFM), CNMs, NPs, and Family Medicine physicians, and each team of providers vary in their approach to both verbal and written patient instruction. Both breadth and depth of education may vary between and among providers and nurses, and in relation to patient health priorities. Future Postnatal Patient Safety Learning Laboratory work will provide additional data regarding the content and method of patient education delivery, to improve health care services and outcomes. Health education provision and transitions to care will also be explored through simulated interactions with standardized patients.

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