

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 related to understanding the maternal and infant factors contributing to poor outcomes
- Reimbursement payments are associated with nurses' communication with patients and families and discharge information

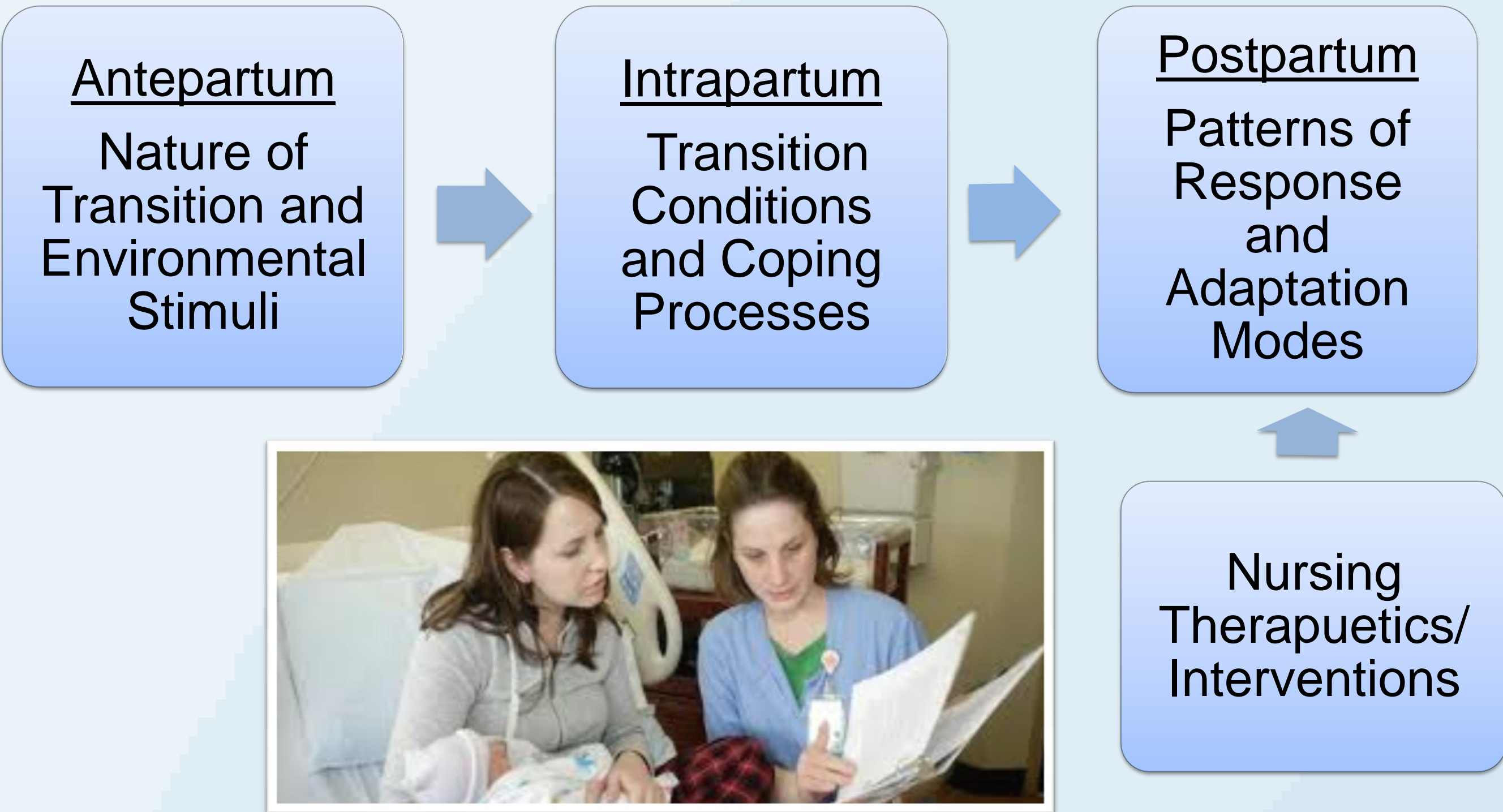
Purpose

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 subsequent outcomes after hospitalization.

Research Questions

- What antepartum, intrapartum, and postpartum factors, including nursing practices, are predictive of postpartum mothers' perceptions of readiness for hospital discharge?
- What are the factors associated with post-discharge coping difficulty and utilization of support and health services?

Adaptation to Transitions Conceptual Framework



Methods

- 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

- The 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
- 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.
Acknowledgements: Drs. Cynthia Connelly, Ruth Bush, Jane Georges; Bob and Betty Beyster, USD School of Nursing and Health Science, and Sharp HealthCare's Center of Nursing Excellence

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 on average was 2.7 days.

		Variable Statistics				
Predictor Variables	Model Statistics	B	SE B	Standardized β	t	P
Postpartum characteristics	F(8,176)=17.5					
(a) Infant LOS	P=<0.001	-0.21	0.1	-0.2	2.05	0.04
Nursing Interventions	R ² =0.44					
(b) Delivery subscale	Adjusted	0.45	0.06	0.51	7.06	<0.001
(c) Content difference subscale	R ² =0.42	0.15	0.04	0.22	3.55	<0.001

- Qualitative Results:
 - Resources, staff, and delivery of specific information

- Q2. Predictors of Coping Difficulty:

		Variable Statistics				
Predictor Variables	Model Statistics	B	SE B	Standardized β	t	P
Antepartum Characteristics	F(6,60)=5.1 P=<0.001 R ² =0.33 Adjusted R ² =0.28	-1.8	0.86	-0.24	-2.1	0.04
(a) Less than High School Education		-0.2	0.09	-0.27	-2.2	0.03
Nursing Interventions						
(b) Content difference subscale						

- Q2. Predictors of Service Utilization:

		Logistic Regression Statistics					
Outcome Variables	Significant Predictor Variables	B	SE B	χ^2	Odds Ratio	95% CI	P
Calls to healthcare providers	PDCDS	0.54	0.22	5.79	1.71	(1.11-2.64)	0.02
Calls to hospital	Content Received	-1.18	0.44	7.19	0.31	(0.13-0.73)	0.01
	Delivery	1.41	0.64	4.78	4.08	(1.16-14.3)	0.03
Office/Clinic visits	Delivery	1.43	0.5	8.22	4.18	(1.57-11.1)	0.004
	PDCDS	0.74	0.34	4.84	2.09	(1.08-4.03)	0.03
	Content Received	-0.65	0.31	4.38	0.52	(0.28-0.96)	0.04

- Qualitative Results:
 - Health, infant, family needs