The Improvement of Discharge Education to Increase Patient Satisfaction Scores Amongst Postpartum Women

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ABSTRACT

Evidently, today's healthcare environment is transitioning into a consumer-driven, competitive, and revenue-driven industry. As a result, healthcare establishments must now contend with their competitors to gain new patients and maintain their loyalty. With the presentation of Value-Based Purchasing (VBP), one of a few government guidelines commanded by the Patient Protection and Affordable Care Act, the Center for Medicare and Medicaid Services (CMS) utilizes Medicare supplier installment penalties and rewards to urge mother-baby organization to improve patient results. The purpose of this mother-baby educational discharge module capstone project is to explore the effect of an enhanced standardized discharge education model on patient satisfaction after three months following its implementation on a 24-bed postpartum unit. The discharge education sessions aimed to facilitate a more uniform, consistent approach for delivering discharge instructions to postpartum women 24 hours post-delivery.

Utilizing the Press-Ganey Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) monitoring tool, randomly, the nurses gave the survey to postpartum women. Out of 100 participants who agreed to participate in the study, 50 were randomized to the control group, and another 50 were randomized to treatment groups. The survey results indicated the trialed discharge educational session positively impacted patient satisfaction as evidenced by higher scores in the treatment group ($M = 87.90$, $SD = 4.455$) than control ($M = 75.72$, $SD = 2.703$). These findings suggested discharge education positively influences the satisfaction level of postpartum women and their health outcomes.

ACKNOWLEDGEMENTS

I would like to thank my family for their encouragement, support, and blessing. I would also like to thank the professors at Dominican College for their ongoing support and encouragement during this challenging time of my educational career.

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CHAPTER 1: INTRODUCTION

Statement of the Problem

The experience of giving birth is joyful for many families, yet many women experience increased anxiety and vulnerability due to hormonal changes. Despite this, Duysburgh, Kerstens, Kouanda, Kabore, Yugbare, Gichangi, Masache, Crahay, Sitefane, and Temmerman, in their 2015, study postulated post-pregnancy maternal and infant well-being mortality is high. Together with improving post-pregnancy care as a system to upgrade maternal and newborn child well-being has been neglected. The study concluded utilizing a context-specific and including postpartum is essential to improve postpartum care (Duysburgh et al., 2015). Additionally, The presentation of VBP by CMS joins patient fulfillment and medical services characteristics to legislative repayment. Maternal-child has had a significant move to building a remedial relationship with post-pregnancy moms and improving release guidelines about what to do as they recuperate at home. With mother-child care being perhaps the most widely recognized justification hospitalization, medical services offices need to utilize new systems to improve patient results while drawing in families in another way (Sudhof & Shah, 2019). This capstone project included postpartum women in a New York City hospital who engaged in a group discharge educational session on the day before discharge, which provided skills and knowledge on self and infant care. Discharge follow-up was done by obtaining and utilizing their emails and administering an online questionnaire to each of them to examine their satisfaction with the care provided.

The mother-baby Discharge instruction Heavily focused on ensuring the physical, psychological, and social well-being throughout their care episode. Importantly, this approach creates a toolkit to facilitate a smooth transition from hospital to home, ensuring patient

satisfaction while at the same time boosting self-confidence. The project's focus is to examine the role of a discharge education session on patient satisfaction as a post-discharge follow-up. Most notably, identified mother-baby skills and knowledge deficit gaps lead to stress and anxiety around self-care, and infant care had linkage to decreased patient satisfaction. Therefore, discharge education sessions aim to improve postpartum women's satisfaction and outcome and facilitate their transition from hospital to home.

The sessions' fundamental premise was based on anticipatory guidance to address critical issues known to increase to ensure proactively explored the safety of the patients and their families and anxiety in newly discharged postpartum mothers. Registered nurses facilitated group sessions, which were optional for all postpartum mothers irrespective of vaginal or caesarian birth. The sessions encouraged the attendance of fathers and significant others to help them understand the postpartum process. The discharge class approach fostered a peer-to-peer learning environment where women could discuss common fears and shared experiences about topics presented. The sessions provided space for experienced postpartum women to share and offer advice and mentorship to those less confident or novice to parenthood.

By promoting self-confidence and awareness, would identify measurable improvement in patient satisfaction in the first month of post-discharge. This improvement was measured by deploying the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, where an increase from 86.4% to 90% was evidenced at three months after discharge. The target goal was to increase HCAHPS scores to 96% in six months.

Background of the Problem

The birthing process can be overwhelming for some women as they transition into their new role as mothers. Psychosocially, this postpartum period is a time for women to adjust to

considerable changes and learn ways of adapting. Biophysically, this period is when potential complications can develop, such as postpartum hemorrhage and infection, which contributes to an increased risk of morbidity and mortality. For example, research has shown that over 50% of maternal deaths occur in the postpartum period, ranging from one day up to one year after birth (Klippel et al., 2016). This indicates that during this high-risk time during the postpartum period, women could benefit from an advanced understanding of critical signs of deterioration to achieve early intervention should a complication, such as postpartum bleeding, develops. Consequently, discharge education sessions equip postpartum women with knowledge and skills to identify complications at an early stage and enable them to manage them, leading to improved satisfaction with medical care and outcomes.

When deciding on this project's approach, Havelock’s model for change was used when considering the pathway options for the time of discharge education. This timing prompted consideration of pre-discharge as an appropriate time to deploy the group discharge education session. It was deemed more appropriate to conduct this activity during the episode of care for maximum effectiveness. For example, a woman who has had an emergency cesarean section with a general anesthetic is more likely to experience decreased alertness in the immediate post-operative period, and therefore, unlikely to retain critical discharge information. During a woman’s episode of care, there are many points at which patient education is delivered at an appropriate stage of their clinical pathway and would be at odds with initiating discharge education. Education on admission, for example, focuses primarily on safety, including orientation to the unit and room, the use of call bell, bed remaining in the lowest position, pain management, diet, breast engorgement, and hand hygiene which are vital areas of concern at that time. Infant education, including Sudden Infant Death Syndrome (SIDS) prevention techniques,

feedings cues and times, various normal skin conditions, reflexes, newborn screenings, and elimination are focal points during the first few hours on the postpartum unit. As discharge nears, however, the education takes a different approach, focusing on warning signs and symptoms, standard versus abnormal variations in infant well-being, the importance of follow-up appointments, bathing techniques, and pain management. The analysis of feedbacks from postpartum women shows that the day-of- discharge is not appropriate because it overwhelms them. Hence, this project considered the provision of discharge education the day prior to discharge as the optimal time for delivery.

This group session's initiation was formulated to standardize discharge education across the postpartum group transitioning from hospital to home-delivered in a 24-bed postnatal unit in New York City. The unit was within a tertiary referral acute care hospital of some 300 beds, where this unit supports 2,200 deliveries annually. Maternity care relies on a care model involving the multidisciplinary team of Registered Nurses, Midwives, Nurse Practitioners, and Obstetricians. Midwives primarily attend uncomplicated births with escalation protocols, support, and intervention provided by medical staff. Over a three-month period of the study, 500 women participated in the new group session project. Out of 500 postpartum women, 50 were randomized to the control group (without discharge education), and another 50 were randomized to the intervention group (with discharge education).

The trialed session's implementation aimed to standardize discharge education presented to the postpartum women to ensure consistency and efficacy. The discharge education included knowledge of the infant's routine care, such as bathing techniques, feeding cues, breastfeeding, and routine follow-up appointments. Discharge education also showed critical early warning signs and symptoms, abnormal variations in infant well-being, as well as knowledge of meeting

self-care needs, such as wound care for post-operative women, episiotomy care for vaginal deliveries, rest, exercise, diet, contraception, and sexual intercourse after delivery. Critical early warning signs and symptoms of postpartum complications, including vaginal bleeding, infection, and Mastitis, were also incorporated. Moreover, the discharge education recommended essential products that aid in both self and infant care during the transition from hospital to home. Each session's content was developed with the expectation that each nurse who facilitated session delivery used the same information with the consistency of content and educational aids, including a PowerPoint presentation, handouts, and demonstrations.

Content delivery was developed using a woman-centered approach to address critical issues found to impact patient satisfaction at their one-month post-discharge survey historically. Session content that was maternal related included self-care for both vaginal and caesarian births such as perineal and wound care, breast care, lochia, safe resumption of physical and sexual activities, medication, identifying depression, as well as the process for routine, follow up appointments, early warning signs for maternal complications, how to escalate new symptoms and when to seek unplanned healthcare assessment. Infant-related content included basic care tasks, normal infant behavior, breastfeeding, identifying feeding cues, elimination, bonding, safety, circumcision care, early signs of illness, and infant safety in the home.

Selecting essential resources aimed to boost confidence around the plethora of products available to newly discharged mothers to ensure they met safety and best practice guidelines. Provided these to the mothers in the form of a gift bag, which included sample diapers, diaper changing pad, baby wipes, breastfeeding factsheets, milk storage bags, breast pad samples, support network-based flyers located within the community, first aid checklist, and hand sanitizer.

The staff offered all postpartum mothers the option to attend the class on the day prior to discharge in compliance with the ethical requirement of autonomy and the right to participate. Attendance was confirmed by participants signing in at the class's commencement, which was then documented in their medical records. Delivering the session content was in English, and a hospital-based interpreter provided Spanish translation, as the majority of patients were Hispanics.

Anecdotally, postpartum women articulated their appreciation and satisfaction of the discharge class on the day of attending, citing an increased understanding of how to care for themselves and their newborn coupled with a broad knowledge and understanding of what to expect in the immediate postpartum period following discharge. However, this was formally assessed. All participants were mailed the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey instrument at one month post-discharge—serializing the numbers of women in the control and intervention groups to allow their identification in answering surveys. Trialed discharge educational session has shown a positive impact on patient satisfaction as evidence by an increase of HCAHPS scores from 80% to 86% post-intervention. The target goal was to increase HCAHPS scores to 90%.

Significance of the Problem

Retaining and compliance with mother-baby discharge instructions fail to attract the majority of postpartum mothers due to sleep deprivation, fatigue, pain, the short length of stay, "joy" of successful delivery. To enhance postpartum discharge instructions, currently at this NYC healthcare facility was the primary goa. The instructions were delivered by the primary nurses immediately before discharge. It was during a 48- hour postpartum discharge instructions session. The DNP candidate observed decrease interest by her patient in absorbing the content

and minimum retention of instructions presented. Recognizing the gap, the DNP candidate conducted a gap analysis yielding the following. Patients stated the information was intense and too excessive to comprehend and retain at that time because it was the day of discharge. Upon further exploration, it became clear the contents of the discharge instructions could not be recalled during teach-back by the primary nurse. Additionally, considerable inconsistency was evident amongst clinicians with regards to concepts relayed during discharge teaching. It was also identified that many mothers had significant knowledge gaps persisting well after discharge, which required additional support and reassurance from either healthcare providers in the community or increased family support and, on some occasions, readmission to hospital. This information collated constituted the identification of the problem, namely, the method and content of discharge education for women.

Target Population/Location

The implementation of this discharge education improvement mother-baby capstone project would take place on a 24-bed postnatal unit in New York City within a tertiary referral acute care hospital of some 300 beds where this unit supports 2,200 deliveries annually. The target population of interest was characterized as a group of postpartum women transitioning from hospital to home. Other vital stakeholders included nurses, midwives, medical staff, hospital executives, nursing assistants who were identified, and all were included for consultation and communication.

PICO(T) Question

Q: Does implementing a group discharge education session one day before discharge conducted by a clinician to postpartum women increase patient satisfaction scores?

P: Postpartum women

I: Implementation of an improved discharge education conducted by the clinicians

C: Postpartum women who did not attend the discharge class

O: To increase knowledge and improve patient satisfaction, as evidence by an increase in patient satisfaction scores.

T: The period is three months

Theoretical Framework

To enhance the patient experience for postpartum women, Havelock's Theory of Planned change was utilized as the project's theoretical framework. Havelock created a process for change agents to organize their work and implement innovation in the work environment (White, Brown, and Terhaar, 2019). Havelock's theoretical framework mobilized through six distinct phases: (1) building a relationship; (2) diagnosing the problem; (3) acquiring the resources for change; (4) selecting a pathway for the solution; (5) establishing and accepting the change; and (6) maintenance and separation (White, 2019).

From an expert's perspective, observation of the unit plainly indicated that a change was required as there was a weakening in persistent fulfillment on post-discharge development.

An examination of the input was attempted from the overview instrument utilized, which recognized issues that were influencing the patients' readiness for discharge. The information collected constituted stage two of Havelock's model, were diagnosing the problem identified key barriers for preparedness, including the method and content of discharge education. Stage three of Havelock's model for change mandates acquiring resources for change. Based on the review of current, evidence-based literature, it was clear from the research that postpartum education was often inadequate to provide a positive transition from hospital to home and therefore,

developing a formalized approach to deliver consistent education to this vulnerable group was deemed essential. This was reflected in the unit where a recent deterioration in inpatient satisfaction had been observed where the HCAHPS survey results were historically low at 80%. Many respondents cited discontent regarding their transition from hospital to home, perceiving a lack of knowledge, resulting in low confidence.

Definition of Variables

Control group:

The independent variable of the group of postpartum women who did not receive discharge education.

Treatment group:

The independent variable of the group of postpartum women who received discharge education.

Satisfaction score:

The study's dependent variable indicates the degree of satisfaction on a scale of 1-100%.

CHAPTER 2: LITERATURE REVIEW

Introduction

This chapter examines the search strategies employed in identifying relevant articles from Medline, CINAHL, and PubMed. It also discusses the inclusion and exclusion criteria, evaluation and synthesis of the literature, and outlined national practice guidelines.

Search Strategies

Conducting a literature review was to explore current practice for discharge education for postpartum women, where Appendix A: Table 1 details findings and level of evidence. Databases searched included Medline, CINAHL, and PubMed for English only results on original studies in peer-reviewed journals for postpartum discharge education. Search terms

included postpartum discharge education, postpartum discharge class, and postpartum teaching; The date limitations were from 2015 to 2020 to ensure inclusion of current literature, which resulted in 2,505 articles.

Inclusion and Exclusion Strategies

Inclusion criteria were articles that were original research studies, system reviews, or case studies that considered postpartum discharge education methodologies. Exclusion criteria included discharge planning with the use of oral contraceptive therapies, discharge planning with the expression of breast milk, preterm deliveries, and maternal mental illness as these findings would not be applicable to the general population.

Evaluation and Synthesis of Literature

A total of thirteen pieces of evidence-based literature were reviewed, which revealed a number of key findings. Reshmi, Nayak, and Shiny (2015) proposed the postpartum period is the span between the introduction of the infant and the arrival of the regenerative organs to their non-pregnant state. During this period, the mother needs to adjust to different physiological, mental, social, and passionate prosperity. It is noted that a woman's preparedness for parenthood impacts postpartum adjustment and fulfillment of parenthood duties. Studies on the effect of instruction on labor have uncovered that women had the option to develop insight into their understanding of labor. Reshimi et al. (2015) further state that health education helps women tremendously in adjusting to parenthood during the postnatal period. Their research demonstrated that there was a critical increase in the adjustment of maternal among women ladies utilizing the organized educating program. The mean post-test adjustment scores of subjects were fundamentally higher than their mean pre-test adjustment scores. 't' determined worth =38.113 is more prominent than the 't' table worth (100) = 2, $p<0.05$. In the current

investigation, affiliation was registered by utilizing the Chi-square test and Fisher's accurate test findings of the examination, which uncovered that most women had a great degree of adjustment.

The information training correspondence program helped them to improve maternal job adjustment. Henceforth information instruction correspondence program is fundamental and advantageous to teach postnatal moms. Providing release instruction was found to affect postnatal adaption (2015) positively. Similarly, Henshaw found that approximately six weeks postpartum is crucial for a change, recuperation, and learning for guardians. In this way, equipping families with help and instruction to address their issues is a significant aspect of postpartum care. Important test topics included lack of certainty and knowledge deficit in discovering where to achieve data. Backing and instruction need included breastfeeding, accomplice correspondence, baby blues, physical recuperation, and psychological well-being. Members saw researching as a critical test that frequently added to feeling overpowered and uncertain. Guardians revealed a requirement for the successful conveyance of dependable, steady postpartum data, including accomplice correspondence, enthusiastic parts of breastfeeding, and maternal physical and passionate well-being.

Low child-rearing certainty was firmly connected with data chasing, yet members communicated being overpowered by the assignment of overseeing clashing child-rearing data. These discoveries recommend guardians need and want dependable human services instruction after release that incorporates parent well-being and alteration. Barimani et al. (2015) found that 40% of moms discovered help inadequate in the chain of care from antenatal to postnatal consideration, which signed on their physical and passionate welling. The outcomes show an absence of the executive’s coherence, that is, a superseding the board structure for antenatal care,

postpartum care, and child health care during the primary seven-day stretch of baby blues care. The moms needed detailed data on where to go for various kinds of issues. They needed more help in the wake of getting back home, more straightforward access to help, and more data on where to go. If created entanglements where one exploration study found that 40% of moms discovered help inadequate in the chain of care from antenatal to postnatal consideration, which was effective on their physical and enthusiastic welling (Barimani et al., 2015).

Kurth et al. (2016) directed a gathering conversation with unexperienced parents (n = 24). The examination used a center gathering system with a fun-loving structure component to investigate inexperienced parents' encounters during the underlying postpartum progress at home. This methodology evoked unseasoned parents' calculated perspectives on care models that would best address their issues following early clinic release. Guardians detailed inclination overpowered on occasion by the duties as the essential parental figure for the infant and taking care of her own self-care needs while recovering from birth. This brought about enormous down-to-earth and clinical help needs. Members have condemned the entrance to postnatal consideration administrations and the absence of coordination. They wanted increasingly planned postnatal consideration that was promptly available, including home visits, a 24-hour helpline, and possibly, a local guide. These discoveries may mirror the issue of divided administrations in present-day medicinal services frameworks and highlight the consideration and bolster needs of inexperienced parents and babies during the touchy period following early hospital discharge (Kurth, 2016).

Inadequate education and lack of preparedness can increase anxiety in postpartum women. In a study of (n =75) primigravida women, Floris et al. 2017 inspected the anxiety levels and fulfillment with the desires and encounters of control during childbirth of first-time moms

when labor as indicated by the obstetrical occasions such as conveyance mode, absence of pain, and pain. He asserts this uplifted condition of uneasiness identified with an expanded misery score and a low view of well-being, bringing about an expanded dependence of parental figures and expanded potential for re-hospitalization. The postnatal outcomes affirmed a relationship between a high nervousness level state and discouragement scores and a mother's low view of well-being. Besides, on-edge moms have increasingly encountered negative outcomes during newborn child improvement and progressively visit utilization of guardians and re-hospitalization (Floris 2017). Kirca et al. (2018) suggest that women have issues when they are discharged without adequate postpartum education. As indicated by the aftereffect of the examination, moms' education in the postpartum period is extremely deficient. Because of the inadequacy of instructions, numerous issues happen, and these issues cannot be settled. It is indicated that women who did not receive an adequate education may not know how to problem solve and cope with situations during the postpartum period. Therefore, both the well-being of the mother and the soundness of the child are influenced adversely. It is further stated that failure to adapt and view injury in the postpartum period adversely affected the well-being of both the mother and the newborn child without discharge instruction. Therefore, the case for successful and exhaustive postpartum education is undoubtedly an exceptionally valuable tool for both the mother and newborn child (Kirka, 2018).

In a qualitative study conducted from March 2015-June 2016, the authors provided insight into the low utilization of village clinics' postnatal care. The examination featured discoveries on obstructions identified with the usage of postnatal consideration at town facilities: network's education on postnatal period and care, sociocultural conviction and practices, and well-being administration reactions. Our examination likewise indicated the inadequate nature of

administrations and relational abilities to lead tolerant focused consideration, which demonstrated to be determinant for postnatal consideration usage (Probandari et al., 2017).

Marsha's mixed cross-sectional research, which included community-based newborn care implementation programs in Ethiopia, involved the scaling-up of local area-based maternal and infant well-being. Administrations—also comprising the arrangement of immediate infant care, introductory incitement and revival of the infant, anticipation and hypothermia executives, the board of preterm and low birth weight youngsters, and the board of neonatal sepsis and extremely serious illness. As a result, mothers who had immediate postnatal care and received sufficient knowledge regarding essential newborn care were 3.27 and 7.36 times more likely to practice essential newborn care, respectively (Mersha, 2018). While early warning signals of maternal complications are critical to identifying, most women were oblivious to identifying critical signs during the postpartum period. Bakar's investigation found that ladies knew about danger signs during pregnancy yet not during the post-conveyance period. Information on danger signs during pregnancy, labor, and the postpartum period is fundamental for looking for clinical assistance.

Bringing issues to light, parenthood risks and signs during pregnancy, labor, and during the postpartum period is urgent for safe parenthood. This would improve the early location of difficulties and decrease the postponement in choosing to look for obstetric consideration (Bakar et al., 2019). Baskale's examination indicated that the instruction is given about baby care emphatically influenced the moms' impression of critical thinking and being the mother of another newborn child. Training and directing system provided on newborn childcare improved the critical thinking abilities of moms. Holding instruction meetings on child-rearing, breastfeeding, development and advancement, the baby's character, newborn childcare

increment, parent-kid Association, mother's information on newborn childcare, self-assurance, critical thinking limits in baby care rehearses, and child-rearing fulfillment (Baskale, 2019). Remaining cognizant of special circumstances such as Gestational Diabetes Mellitus by seeking support from significant others is critical in maintaining a healthy lifestyle and should also be included in postpartum discharge education content. Svensson, Nielsen & Maindal (2018) conducted a qualitative research, which explored women's perceptions of the healthcare system and found that women in the postpartum perceived limited interaction and initiative from their healthcare providers to support them engage in a healthy lifestyle.

Furthermore, the women's experience of the health system varied, with some describing positive experiences and others requesting a health system with clearer communication and better adaptation to their situation. In the postpartum period, the women experienced limited engagement, interaction, initiative, and involvement from their healthcare practitioners in supporting them to engage in a healthy lifestyle. While additional monitoring and controls were considered necessary and provided some sense of comfort during pregnancy, there was noticeably less support for women in the postpartum period. Therefore, needed social and emotional support from partners to maintain motivation and support during this critical period. Additional efforts at multiple levels, including the individual, family, and health system, are required to facilitate and support a healthy lifestyle among women with prior gestational diabetes mellitus GDM (Svensson et al., 2018). Malagon, Connelly, and Bush 2017 indicated that readiness for discharge relies heavily on the nurse's facilitation skills delivering education, and an effective transition from hospital to home. This is critical to delivering optional outcomes for the postpartum woman study to explore the antepartum, intrapartum, and postpartum factors

associated with discharge readiness. Particularly the role of discharge teaching to prepare mothers for discharge.

Patients' perceptions of discharge readiness after birth involve a very complex interaction. Additionally, factors between the antepartum, intrapartum, and postpartum periods. Including sociodemographic characteristics, hospitalization factors, role behavior, coping ability, expected support, and knowledge related to their infant's self-care and care. This examination gives basic proof of antepartum, intrapartum, and postpartum attributes that should be viewed while getting patients ready for discharge. The significance of the value of discharge instruction for advancing discharging availability and home progress cannot be exaggerated. Regardless, individualized meanings of status from the patient and family points of view should be considered in upgrading administrations' arrangement affecting discharge preparation alongside techniques to best address these requirements.

Anticipatory interventions could successfully advance a simpler change in each maternal stage and diminishing the capability of unfavorable post-discharge outcomes (Malagon, Connelly & Bush, 2017). An examination directed by Williams indicated at times, the members in the current investigation ended up befuddled while conflicting data was given to them. Additionally, the members were likewise unsure about the suitable activities when they return home, as they felt that the data given to them was not adequate. The women felt that very little was done to set them up to return to their homes. In an investigation done in a teaching emergency clinic in New York City, postpartum ladies concurred that the data they got was inadequate to prepare them for discharge and while they were at home (Williams, 2017).

National Practice Guidelines

William's 2017 study, utilizing a semi-structured questionnaire of 20 postpartum women, states clear guidelines that deal with Post-natal (PN), maternal and newborn care need to be developed to facilitate the care for women and babies in the immediate PN period. Refresher training courses for nurses and midwives on maternal and neonatal healthcare, specifically postnatal care PNC, are recommended (Williams, 2017). Current literature resoundingly suggests postpartum discharge planning provided in hospitals is essential for promoting optimal health outcomes. Several national initiatives focus on reducing maternal morbidity and mortality by promoting postpartum health and wellness for women. The Alliance for Innovation on Maternal Health (AIM) is a national partnership of organizations created to address the US maternity care system's challenges and improve maternal outcomes. Their goal was to prevent 1000 maternal deaths and 100,000 cases of severe maternal morbidity nationally by 2018. At the beginning of 2016, AIM convened an interdisciplinary team to address opportunities for improving maternal health and well-being through better postpartum care.

The American College of Obstetrics and Gynecology (ACOG) has been involved with projects to improve postpartum care. The ACOG recently issued a Committee Opinion on Optimizing Postpartum Care (COOPC). The college recommends obstetric care providers begin planning for postpartum care during pregnancy by developing a postpartum care plan specific to each woman's health concerns and preferences. Planning for postpartum care during pregnancy by creating a postpartum care plan that addresses each woman's health concerns and preferences can be highly beneficial. Another significant point includes. Streamlining care and encouragement for post-pregnancy families will require strategy changes. Changes in the extent of post-pregnancy care should be encouraged by repayment strategies that help post-pregnancy

care as a progressing cycle, instead of disengaged visits (ACOG Committee Opinion no. 736: Optimizing Postpartum Care, 2018).

The Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) is also engaged in several projects designed to reduce postpartum complications. One of the programs includes the Empowering Women to Obtain Needed Care Project launched in 2015. This initiative aimed to examine and improve postpartum discharge education to mitigate maternal morbidity and mortality. With guidance from an expert panel of nurses as well as input from focus groups, AWHONN developed a patient handout with a standard list of warning signs to promote awareness and understanding of critical signs and symptoms of post-birth complications (Association of Women's Health, Obstetric and Neonatal Nurses, n.d.).

CHAPTER 3: METHODOLOGY

Study Design

The study employed a quasi-experimental design to examine the influence of discharge education sessions on patient satisfaction. The study randomized 100 participants to the control group who got routine care and an additional 100 participants to the treatment group who received discharged education. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores were low on the section of discharge education. Before implementing the discharge class, the discharge instructions lack structure, consistency, and organization. Discharge instructions were delivered by the primary nurses immediately before the woman leaving the hospital. During the post-discharge calls, the patients expressed concerns about the discharge processing, stating the information was intense, excessive, and challenging to comprehend and retain at that time because it was given at a critical time- an hour before

discharge. Upon further exploration, it became clear that many patients had similar concerns regarding the discharge process. In fact, critical and essential discharge content could not be recalled during teach-back by the primary nurse. Additionally, identifying that there were considerable inconsistencies in the discharge instructions' content among clinicians.

The project's goal was to initiate an educational session to formulate a standardized curriculum that would provide consistent delivery of educational material to postpartum women. Second, the project lead wanted to ensure all women received adequate instruction to promote self-care and infant care, reduce hospital readmissions, and prevent adverse complications. Finally, there was the desire to increase patient satisfaction scores, particularly in the domain of “discharge instructions.” The hypothesis was to explore the effects on patient satisfaction scores if implementing a discharge class provided information 24- hours prior to discharge in a group setting, sharing concerns and ideas among a group of postpartum women. The class provided information to facilitate a smooth transition from hospital to home.

Clear Objectives

The study's purpose was to implement an improved structured, standardized discharge educational session for postpartum women to explore whether a discharge educational session would improve patient satisfaction scores on an HCAHPS survey.

Project Plan

The DNP candidate sought approval from the Nurse Unit Manager and Director of Nursing to implement the program as a three-month trial within the 24-bed maternity unit. Following the review of the proposed changes to how to deliver the postpartum discharge instruction within the unit. Key stakeholders were consulted within the multidisciplinary team where a change management strategy to ensure peer acceptance was deployed. Key stakeholders

included nurses, midwives, medical staff, hospital executives, and nursing assistants, and they were all included for consultation and communication. First, establishing a communication plan was centered around bi-weekly unit meetings at morning huddles for two months to ensure all nursing stakeholders had the opportunity to understand the rationale for the change and the trial project's deliverables. A formal brief was written to inform the hospital executive and medical staff, detailing the cause for the change, proposed content, project timeline, and the expected outcomes regarding enhanced patient satisfaction as measured by the HCAHPS survey instrument. All nurses were provided with the program content, PowerPoint slides, and learning aids to familiarize themselves with the content before delivering the sessions.

Sample Selection and Location.

The target group was postpartum women, both of whom had vaginal and cesarean deliveries and were due for discharge home within 48 hours. The sessions were conducted on a daily basis at 10 am after breakfast and ended before lunch and lasted about 90 minutes. The sessions promoted a peer-to-peer solid learning environment where everyone was encouraged to share their experience. The participants included a random sample of postpartum women (N= 100) over a period of three months. This project was conducted on a postpartum unit at a community hospital in New York City within an acute tertiary hospital of 300 beds, which supports 2,200 deliveries annually.

Organization /Setting

The hospital is a tertiary acute care community hospital of 300 beds and is one of seven extension sites within the healthcare system that supports 2,200 deliveries annually. An obstetric department is a low-risk unit consisting of 14-bed labor and delivery rooms, a transitional unit, a well-baby unit, and a 24-bed postpartum unit. The unit where the project took place was a 24-

bed postpartum unit where 90% of the women were predominately Hispanic who had a language barrier and required translation. Most of the patients were from the area they are affected by low socio-economic background, reduced income, and decreased level of education. Therefore, the hospital's revenue is from Medicaid and Medicare. The patients were interested in learning how to care for themselves and their infants in order to provide the best care and learn to identify and respond to critical situations. Due to the language barrier, a hospital-designated interpreter was present at all times to provide the translation.

Data Collection

The DNP candidate, utilizing the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), collected and measured the patients' perceptions of their hospital experience. The measures from the HCAHPS survey included in the Patient Experience of Care domain of the Hospital program included communication with nurses, communication with doctors, the responsiveness of hospital staff, pain management, communication about medicines, cleanliness and quietness of the hospital environment, discharge information, and overall rating of the hospital. For this study's purpose, the investigator focused on the discharge information domain, which involves patients' perceptions of the discharge process and their readiness to care for themselves at home. The investigator then compared the HCAHPS patient satisfaction for three months after implementation to look for a change in patient discharge satisfaction scores. The HCAHPS survey was administered to a random sample of 100 postpartum women after three months of discharge. Patients hospitalized in the medical, surgical, and maternity care service lines were eligible for the survey ("HCAHPS Fact Sheet," 2020). The analysis of the Hospital Consumer Assessment of Healthcare Providers and Systems HCAHPS for discharge instructions was 86.4% prior to the implementation of the discharge class.

Key Personnel

Key personnel included postpartum women, registered nurses, nursing attendants, language interpreters, nursing managers, nursing directors, and medical directors.

Institutional Review Board

Based on the review of current evidence-based literature, several salient areas of focus were used to construct a program to test an enhanced patient experience by implementing a group session for postpartum women. It was clear from the research that postpartum education was often inadequate to transition from hospital to home positively. Therefore, developing a formalized approach to delivering consistent education to this vulnerable group was deemed essential. Therefore, the implementation of discharge education sessions for self and infant care was considered a key intervention to resolve patient satisfaction problems. Firstly, a change to the format of delivery for this project was considered. While evidence indicated a mild tendency toward the increased success of individual sessions over group sessions, group sessions were opted for. Despite this, it was reasoned to be more likely to deliver consistency across the unit when multiple nurses delivered education. The group session curriculum could be more easily formalized when adopted by the team providing a group session. More liberty was considered likely where nurses engaged directly with their patients

The vision to transition and improve postpartum education from individualized sessions to group sessions to deliver up-to-date precise and comprehensive discharge instructions aligned with the NYC's hospital Health Promotion and patient educational plan. The DNP candidate discussed the group discharge educational sessions implementation plan with the DNP chair and advisor who confirmed the project was non research. In addition, an internal IRB committee reviewers of the NYC's healthcare organization conducted a question and answer

session with the DNP candidate to determine harm or performance of procedures to the participants. The project revealed minimal risks and no injury to the participants' . Therefore. The IRB reviewers deemed the project an improvement plan, non-research, eliminating their approval.

Analysis of Data

The SPSS version 20.0 was used in the descriptive and inferential analysis of data collected from participants. Descriptive statistics showed the degree to which participants were satisfied with nurses, doctors, hospitals, and the care received. T-test was used to determine if discharge education increases the level of satisfaction among postpartum women.
The participants expressed fatigue, new "infant distraction," pain/discomfort, and the situational response of inability to retain additional information post-delivery as reasons for decrease retention of discharge instructions. The DNP candidate concluded the utilization of an interactive group postpartum educational discharge session improved the participants engagement and improved the facility's HCAHPS scores.

Measurement Tool

The study's measurement tool is The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). This tool is reliable because its coefficient is greater than 0.75, and its validity is significant in the measurement of patients' satisfaction scores.

Risks, Benefits Analysis, and Potential Barriers

Amongst the group of stakeholders, a considerable barrier was identified regarding whether to make the session mandatory or optional, where there were significant discussion and feedback around this issue. Certainly, all postpartum women need discharge education, irrespective of how many prior deliveries may have already been experienced, and there was a

risk that experience postpartum women would be omitted as the vast majority were likely to be involved in the group session. However, it was decided by the nursing director that this project's group session should remain optional, and the patient should be encouraged to attend the class rather than be forced. Other potential barriers were identified during the consultation phase of this project. Workload management and lack of staffing were the most significant barriers. Feedback from the nursing staff identified that while one nurse was conducting the session, the remaining nurses must carry the nurse’s workload in her absence. The question to increase staffing to accommodate the sessions was a topic for discussion, and therefore a business case would be developed for executive approval to increase staffing establishment to support the long-term delivery of the project.

Ethical Implications

The goal of the improved discharge instructions project was focused on how to increase and provide information on mother-baby during the bonding and recovery care at home to increase patient outcome and satisfaction. The evidence-based quality improvement project utilized the latest evidence-based guidelines for the quality improvement interventions. Foremost, there is a close relationship between nursing goals and ethical dilemmas. The underpinning nursing practice is the intention to do good, avoid harm, be committed to protecting the patient, and advance social changes for the greater good. The supporting nursing practice of the improvement project is beneficence - the goal to improve outcomes, non-maleficence- maintaining all efforts to prevent mother-baby injury, confidentiality determining to secure the mother-baby privacy, and justice social to ensure mother-baby optimal health outcomes. The capstone project was deemed an improvement project of an existing policy. It was cleared by the Director of Nursing as it risks no violation of the ethical principles required in

studies that entail the use of improving humans as participants. Moreover, the reporting of findings has limited external validity because it did not comply with the moral testing requirement of human studies.

CHAPTER 4: OUTCOMES / EVALUATION

Introduction

This chapter provides demographic information of participants, the level of satisfaction among various domains of HCAHPS, and inferential statistics satisfaction score between the two groups.

Results

i) Demographic Information

The analysis of education shows that most respondents had a secondary level of education (52%) followed by college/university level (25%) and primary level at 22% (Table 2).

Table 2: Level of Education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Primary Level	22	22.0	22.2	22.2
	Secondary Level	52	52.0	52.5	74.7
	College/University Level	25	25.0	25.3	100.0
	Total	99	99.0	100.0	
Missing	System	1	1.0		
Total		100	100.0		

The frequency distribution of marital status indicated that most participants were married (49%), followed by a single (25%), separated (17%), and divorced (9%) (Table 3).

Table 3: Marital Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	25	25.0	25.0	25.0
	Married	49	49.0	49.0	74.0
	Separated	17	17.0	17.0	91.0
	Divorced	9	9.0	9.0	100.0
	Total	100	100.0	100.0	

Frequency distribution also showed that most participants did not have compilations (87%), and the minority (13%) did not have any complications (Table 4).

Table 4: Complications

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	87	87.0	87.0	87.0
	Yes	13	13.0	13.0	100.0
	Total	100	100.0	100.0	

The participants' age ranges from 23 and 39 (M = 30.47, SD = 4.787) and number of children range from 2 to 3 (M = 2.10, SD = 0.718) (Table 5).

Table 5: Descriptive Statistics of Age and Number of Children

		Age	Number of Children
N	Valid	100	100
	Missing	0	0
Mean		30.47	2.10
Std. Deviation		4.787	.718
Minimum		23	1
Maximum		39	3

i) Satisfaction Levels

The analysis of the domains of HCAHPS indicated that discharge education enhanced the level of satisfaction. The treatment groups have higher levels of satisfaction scores than control

groups in care from nurses, care from doctors, hospital environment, hospital experience, and understanding of care. The overall satisfaction score is higher in treatment group (M = 87.90, SD = 4.455) than the control group (M = 75.72, SD = 2.703) (Table 6).

Table 6: Descriptive Statistics of Satisfaction Scores

	Groups	N	Mean	Std. Deviation	Std. Error Mean
Care from Nurses	Control Group	50	10.80	1.385	.196
	Treatment Group	50	14.24	1.271	.180
Care from Doctors	Control Group	50	7.06	.998	.141
	Treatment Group	50	10.10	1.717	.243
Hospital Environment	Control Group	50	3.40	.881	.125
	Treatment Group	50	7.08	1.192	.169
Hospital Experience	Control Group	50	24.96	2.050	.290
	Treatment Group	50	34.82	2.301	.325
Understanding of Care	Control Group	50	4.86	1.161	.164
	Treatment Group	50	10.66	1.636	.231
Overall Satisfaction Score	Control Group	50	75.72	2.703	.382
	Treatment Group	50	87.90	4.455	.630

T-test indicated that the differences in satisfaction scores of participants in the control and treatment groups are statistically significant. Care from nurses (t = -12.941, p = 0.000), care from doctors (t = -10.822, SD = 0.000), hospital environment (t = -17.553, p = 0.000), hospital experience (t = -22.625, p = 0.000), understanding care (t = -20.442, p = 0.000), and overall satisfaction score (t = 16.528, p = 0.000) confirmed that discharge education has statistically significant improvement in satisfaction score (Table 7).

Table 7: The T-Test for the Equality of Means

		t	df	Sig. (2-tailed)
Care from Nurses	Equal variances assumed	-12.941	98	.000

	Equal variances not assumed	-12.941	97.281	.000
Care from Doctors	Equal variances assumed	-10.822	98	.000
	Equal variances not assumed	-10.822	78.718	.000
Hospital Environment	Equal variances assumed	-17.553	98	.000
	Equal variances not assumed	-17.553	90.193	.000
Hospital Experience	Equal variances assumed	-22.625	98	.000
	Equal variances not assumed	-22.625	96.723	.000
Understanding of Care	Equal variances assumed	-20.442	98	.000
	Equal variances not assumed	-20.442	88.346	.000
Satisfaction Score	Equal variances assumed	-16.528	98	.000
	Equal variances not assumed	-16.528	80.776	.000

Actual Impact

The analyses of results show that discharge education among postpartum women has a statistically significant influence on improving the satisfaction level and health outcomes. These findings imply that hospitals should adopt discharge education as a strategy of improving health outcomes among postpartum women.

Product Plan

The reconstruction of content was brainstormed by doctors and nurses and settled on a session length of 90 minutes focusing on four key areas (Table 8). Based on the key areas of concerns elicited from the literature review, the following five learning outcomes were developed which sought to direct content development:

1. Demonstrates knowledge of meeting the routine care needs of the good infant, including bathing techniques, feeding cues, breastfeeding, and routine follow-up appointments.
2. Recognizes critical early warning signs and symptoms as well as abnormal variations in infant well-being.
3. Demonstrates knowledge of meeting self-care needs, including wound care for post-operative women, episiotomy care for vaginal deliveries, rest, exercise, diet, contraception, and sexual intercourse after delivery.
4. Recognizes critical early warning signs and symptoms of postpartum complications, including vaginal bleeding, infection, and Mastitis.
5. Evaluates essential products through sampling frequently used products that assist in both self and infant care during the transition from hospital to home.

The course outline was developed to formulate learning outcomes pertaining to the key deliverables of the curriculum. A brief overview of the course constituted the learning plan, as per the following:

Table 8: Priority areas, objectives, learning resources, and aids

Priority Area	Objectives	Learning Resources	Learning Aids
Maternal Self-Care	• Wound care (episiotomy, LUSCS) • Lochia • Breastfeeding • Elimination • Rest • Exercise • Diet • Menstruation & Contraception • Sexual intercourse	PowerPoint slide series detailing expectations	Demonstration of breastfeeding with anatomical models with commonly used aids (breastfeeding support pillow as well as demonstrating use of resources provided in Gift Bag, including breast pads)
Maternal Early	• Abnormal bleeding	PowerPoint slide series detailing	Case study for excessive vaginal

Warning Signs	• Postpartum depression signs • Urinary tract infection • Hemorrhoids • Constipation • Signs of Infection • Breast problems & Mastitis • Deep Vein Thrombosis • Safe medications and non-pharmacological analgesia options • When to seek healthcare assessment	key early warning signs and when to seek assessment	bleeding demonstrating appropriate healthcare-seeking behaviors Resources provided in Gift Bag (including community groups)
Infant care	• Bathing • Hygiene • Umbilical care • Feeding options and feeding cues • Sleep expectations • Infant safety measures • Normal newborn behavior • Soothing techniques • Routine follow-up checks • Vaccines, auditory and metabolic screening	PowerPoint slides detailing key skills	Demonstration of bathing technique Demonstrating swaddling techniques A handout detailing follow-up appointments
Infant Early Warning Signs	• Fever • Weight loss • Feeding problems • Sleeping problems • Crying as an early warning sign • Signs and symptoms of Infection • Decreased intake and output	PowerPoint slides	Red flag checklist fridge magnet in Gift Bag First Aid Checklist in Gift Bag Emergency Contact Numbers fridge magnet in Gift Bag Handout for key reference points

CHAPTER 5: SUMMARY (CONCLUSIONS, RECOMMENDATIONS FOR FUTURE ACTION)

Summary

The initiation of the educational sessions was a success. The patients expressed their appreciation and gratitude for a thorough, structured, and organized informational session. Their satisfaction was evident as there was a significant increase in the HCAHPS scores, specifically on the domain of discharge instructions. The scores increased, and the patients' knowledge-based was increased, and their anxiety levels were reduced. The patients received thorough information; therefore, they had little to no questions during the post-discharge calls.

To ensure the safety of the patients and their families, the project, unfortunately, had to come to a halt due to the COVID 19 Pandemic. The discharge class was rescinded until further notice.

Limitations/ Strengths

One limitation of the study is all postpartum women did not attend the class as they were encouraged to participate. As a result, the data may not be as accurate and, therefore, could be skewed. Another limitation was, staffing was not increased, and the sessions were not conducted when there was a shortage of nurses. COVID -19 curtailed in-person group discharge instructional sessions and impacted the project's time frame, ultimately affecting the patients' participation. The strength of the study is management approval, the patients were satisfied, and the patient satisfaction scores were increased.

Conclusion: The evidence reviewed cited gaps and inefficient use of postpartum education. Although viewed as a " joyous" occasion, postpartum mothers often are fatigued, distracted, experiencing pain, and are unable to retain additional instructions. The implementation of an improved educational mother-baby discharge class was met with great

support by the leadership, the end-users, and the postpartum population. The group postpartum educational discharge sessions, although limited in-person discharge educational group sessions impacted by the COVID -19 pandemic, the improvement capstone project resulted in an increase in the HCAHPS scores and was adopted by management**.**

The Utilization of AACN Essential of Doctoral Education for Advanced Practice Nursing

DNP Essentials. The Doctor of Nursing Practice capstone was a prerequisite for the culmination of the DNP degree. Carrying out a postpartum improved discharge planning instruction was a quality improvement that showcased parts of the DNP essential skills as characterized by the American Association of College Nursing.

Essential I. Scientific Underpinning for Practice. This first DNP essential competency requires the DNP to examine, select, and assess evidence-based, up-to-date medical literature supporting and conveying informational, educational material to post-pregnancy mothers. The DNP candidate showed vital abilities through thorough literature to advance postpartum self and newborn care.

Essential II. Authoritative and System Leadership for Quality Improvement and System Tracking. This DNP essentially requires the DNP to carry out viable proof-based instructive material and assess its result in an unpredictable association. The DNP candidate implemented and tracked improvement of the group postpartum informational educational session to increase the selected populations compliance.

Essential III. Thirdly, this important requires the DNP candidate to translate supporting data into practice. The candidate successfully imparted knowledge and implemented informative,

structured, standardized postpartum educational sessions to improve self and infant care facilitating and empowering postpartum mothers from hospital to home.

Essential IV: Information system/Technology and Patient Care Technology for the Improvement and Transformation of Health Care. With trend-setting innovation at the focal point of patient-focused consideration, the DNP applicant exhibited the significance of innovation by creating and utilizing a PowerPoint show introduction to improve mother-child release instructive lessons.

Essential VII: Clinical avoidance is characterized as promoting and reducing the illness for mother and baby during the postpartum group educational discharge sessions. The DNP candidate utilized evidence-based discharge postpartum preventative teaching educational information to enhance and promote mother and child wellbeing

Essential VIII Advanced Nursing Practice. The final DNP critical competency highlights advancing nursing practice in a specialty area. The DNP candidate demonstrated this capability by creating an educational, structured postpartum teaching to promote and improve postpartum women's health outcomes.

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Appendix A: HCAHPS Survey

Section B: Demography Information

What is your age?

What is your level of education?

- Primary Level
- Secondary Level
- College/University

What is your marital status?

- Single
- Married
- Separated
- Divorced

Did you suffer any complications during pregnancy?

- Yes
- No

What is the number of your children?

Section B: Satisfaction Level

Please rate the following statements to indicate your degree of satisfaction with health care.

Rate care from nurses during the hospital stay

Statements	Never (1)	Sometimes (2)	Usually (3)	Always (4)
How often did nurses treat you with courtesy and respect?				
How often did nurses listen carefully to you?				
How often did nurses explain things in a way you could understand?				
After you pressed the call button, how often did you get help as soon as you wanted it?				

Rate care from doctors during the hospital stay

Statements	Never (1)	Sometimes (2)	Usually (3)	Always (4)
How often did doctors treat you with courtesy and respect?				
How often did doctors listen carefully to you?				
How often did doctors explain things in a way you could understand?				

Rate the hospital environment during a hospital stay

Statements	Never (1)	Sometimes (2)	Usually (3)	Always (4)
How often your room and bathroom were kept clean?				
How often was the area around your room quiet at night?				

Rate experiences in the hospital during a hospital stay

Statements	Never (1)	Sometimes (2)	Usually (3)	Always (4)
Did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?				
How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?				
Did you need medicine for pain?				
How often was your pain well controlled?				
How often did the hospital staff do everything they could to help you with your pain?				
How often did the hospital staff do everything they could to help you with your pain?				
Were you given any medicine that you had not taken before?				
How often did hospital staff tell you what the medicine was for?				
How often did hospital staff describe possible side effects in a way you could understand?				

Understanding your care when you left the hospital

Statements	Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)
The staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.				
I had a good understanding of the things I was responsible for in managing my health.				
I clearly understood the purpose of taking each of my medications.				

Level of Evidence

Tabulation of searched articles shows study design, study participants, findings, and the level of findings (Table 1).

Table 1: Level of Evidence of Selected Studies

Author	Title	Study Design& Location	Study Participants	Findings	Level of Evidence
Reshmi, K, Nayak, S., & Shiny, P. (2015)	Effectiveness of Information, Education and Communication (IEC) Programme on Maternal Role Adaptation during Postpartum Period in a Selected Hospital, Mangalore.	Quasi experimental design	100 postnatal mothers	The authors' education intervention proved successful in enhancing maternal role adaption, where post-intervention postpartum women scored significantly higher in their pre-intervention knowledge.	CEBM Level 3

Svensson, L., Nielsen, K. K., & Maindal, H. T. (2018).	What is the postpartum experience of Danish women following gestational diabetes? A qualitative exploration.	Qualitative design Denmark	Six women were diagnosed with Gestational Diabetes Mellitus GDM.	Women with Gestational Diabetes Mellitus were found to have limited healthcare provider intervention to assist with their transition from hospital to home, diminishing their capacity to engage in healthy lifestyle choices such that this study identified key barriers and facilitators to optimal wellness postpartum.	CEBM Level 3

Barimani, M., Oxelmark, L., Johansson, S.E., & Hylander, I. (2015).	Support and continuity during the first two weeks postpartum.	Cross-sectional Sweden	Five hundred forty-six postpartum women	Patient experience within two weeks post-discharge was found to have significant discrepancies between antenatal and postnatal care, often resulting in missing follow-up contact after discharge. 40% of postpartum women were dissatisfaction with the lack of continuity of care and felt the support was insufficient	CEBM Level 3
Henshaw, E. J., Cooper, M. A., Jaramillo, M., Lamp, J. M., Jones, A. L., & Wood, T. L. (2018).	Trying to Figure Out If You're Doing Things Right, and Where to Get the Info: Parents Recall Information and Support Needed During the First six weeks Postpartum.	Qualitative USA	Five focus groups with a sample of 33 mothers and fathers	Low confidence in parenting was found to be evident, as well as conflict with a partner about changing roles after discharge, breastfeeding, maternal mental health, and postpartum recovery, all of which were linked with increased information seeking. This often resulted in overwhelm and confusion around conflicting information. Women reported that discharge information focused on infant care with little support or	CEBM Level 3

				information about self-care, indicating a need for robust maternal needs focuses on discharge education to support adjustment.	
Floris, L., Irion, O., & Courvoisier, D. (2017).	Influence of obstetrical events on satisfaction and anxiety during childbirth: a prospective longitudinal study.	Longitudinal Switzerland	96 Nulliparous women between 37 and 42 weeks of gestation	Authors found a correlation between high anxiety and depression where there the postpartum women perceive a low perception of health with an increased incidence of negative consequences during infant development, increased dependence on caregivers, and re-hospitalization.	CEBM Level 3

Baskale, H. (2019).	Effects of Infant Care Education on Problem Solving and Motherhood Experience: A Mixed-Methods Study.	Mixed-Method Turkey	Experimental group= 37 The control group= 36	Study findings revealed education around infant care enhances the postpartum woman's perception of problem-solving skills and enhanced patient experience.	CEBM Level 1
Malagon, M. G., Connelly, C. D., & Bush, R. A. (2017).	Predictors of Readiness for Hospital Discharge After Birth: Building Evidence for Practice.	Cross-Sectional USA	185 Postpartum	Readiness for hospital discharge was found to be multifactorial, where mothers with three or more children, delivery mode, the bottle-feeding, delivery format of education, and differences in content delivered were shown to account for 42% of the difference in readiness for discharge. The quality of delivery by the nurse also was found to be impactful	CEBM Level 3
Williams, C. S. M., & Brysiewicz, P. (2017)..	Women's Perceptions of Hospital-Based Post-natal Care Following a Normal Vaginal Delivery in Kwazulu-Natal, South Africa.	Qualitative South Africa	20 postpartum women who had given birth vaginally	Data collected revealed patient dissatisfaction with inadequate preparedness for self and infant care due to insufficient discharge education	CEBM Level 3

Kirca, N., & Ozcan, S. (2018).	Problems Experienced by Puerperants in the Postpartum Period and Views of the Puerperants about Solution Recommendations for these Problems: A Qualitative Research.	Qualitative Turkey	24 mothers	Findings revealed current discharge education was insufficient, resulting in post-discharge problems experienced and poor problem-solving resulting in poor coping. These problems experiences were linked with negative impacts on the health of both the mother and infant.	CEBM Level 3
Probandari, A., Arcita, A., Kothijah, K., & Pamungkasari, E. P. (2017)	Barriers to utilization of postnatal care at village level in Klaten district, Central Java Province, Indonesia.	Qualitative Indonesia	19 study participants, including eight mothers with postnatal complications,	Three barriers to postnatal care in villages were identified, including maternal literacy on postnatal care, sociocultural beliefs, and health services response. The clinical workload for midwives prevented the capacity for discharge education to be delivered.	CEBM Level 3
Bakar, R. R., Mmbaga, B. T., Nielsen, B. B., & Manongi, R. N. (2019).	Awareness of Danger Signs during Pregnancy and Post-Delivery Period among Women of Reproductive Age in Unguja Island, Zanzibar: A Qualitative Study.	Qualitative Tanzania	108 women of reproductive age	Study results revealed that women had knowledge of warning signs that related to pregnancy but limited knowledge of danger signs relevant to the postpartum period, potentially resulting in an increased maternal complication, including death.	CEBM Level 2

Kurth, E., Krähenbühl, K., Eicher, M., Rodmann, S., Fölmli, L., Conzelmann, C., & Zemp, E. (2016).	Safe start at home: what parents of newborns need after early discharge from hospital - a focus group study.	Qualitative Switzerland	24 new mothers	This study reported challenges in the postpartum period after discharge, including delivery recuperation, initiation of breastfeeding challenges was combined with self and infant care needs resulting in a need for practical and medical support. Access to support and resources were found to enhance the patient experience	CEBM Level 3
Mersha, A., Assefa, N., Teji, K., Shibiru, S., Darghawth, R., & Bante, A. (2018).	Essential newborn care practice and its predictors among mothers who delivered within the past six months in Chencha District, Southern Ethiopia, 2017.	Qualitative Ethiopia	630 postpartum women who gave birth six months prior	Study results revealed essential infant care practices were low where only 52.9 % of neonates received safe cord care, 71.0% received optimal thermal care, and 74.8% had good neonatal feeding where an increase was observed via interventions including receiving antenatal care and attending pregnant mothers' meetings, postnatal care services, information communication education and behavioral change communications on essential	CEBM Level 3

				newborn care postnatal care were beneficial.	