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# + • ◦ Improving Discharge Education

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# Eliminate Distractions

What is on our minds at the end of the day of Day 3?

Our patients are thinking about their babies! Not themselves.

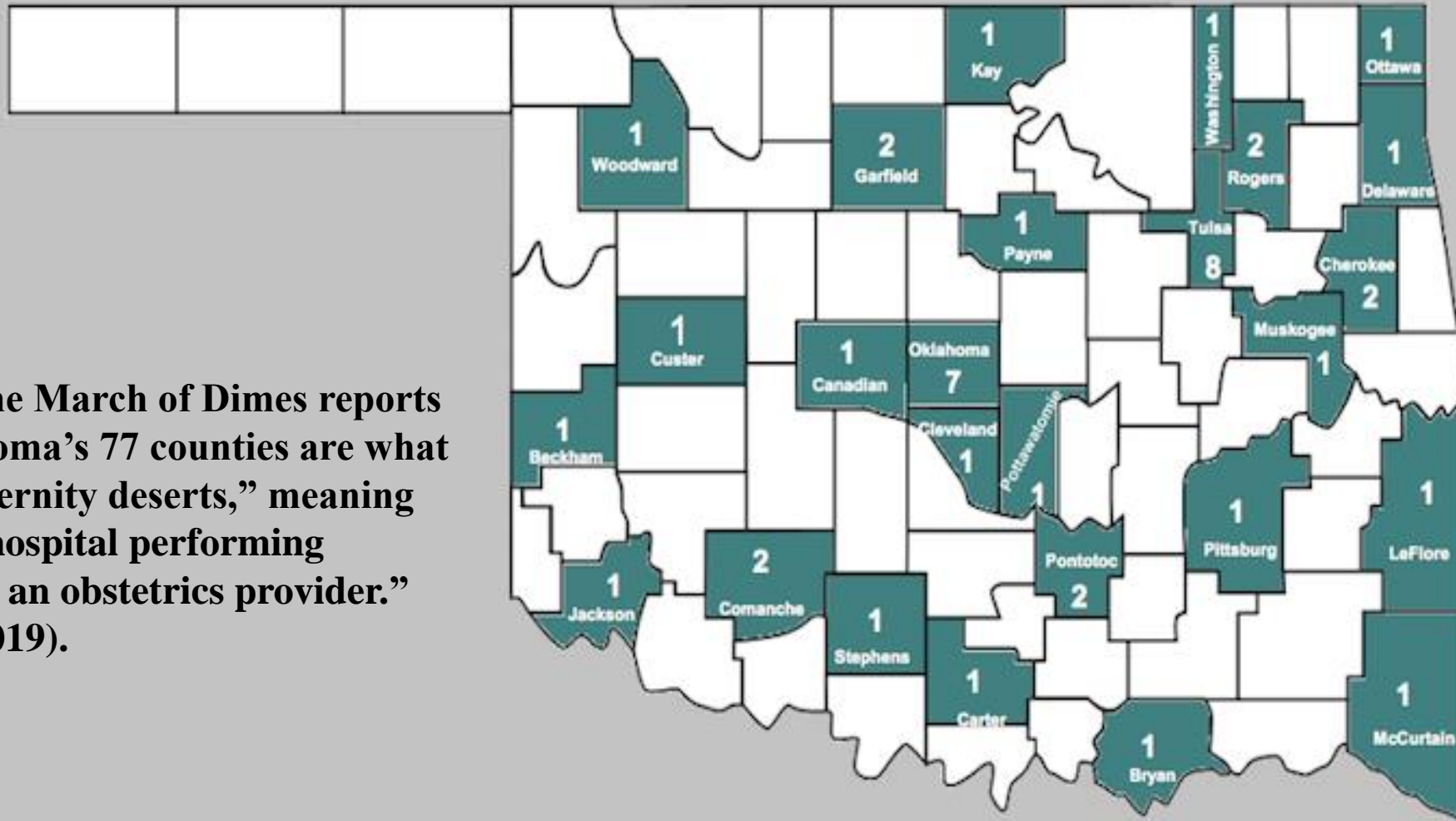
- Set them up for success- let them know you're coming to teach and you want them to listen
- We all feel great when we are out of the shower
- Set a time and hold true to it
- Include the family
- Offer them coffee, tea, a snack, etc.
- Make sure their phone is away, baby is calm
- We have been teaching them the whole time they've been there, but discharge is an opportunity to assess what they know and what they need to know

# Overview

## Objectives:

- Recognize the Importance of quality discharge education for postpartum mothers and newborns in Oklahoma
- Implement techniques to improve patient engagement and increased retention of discharge instructions
- Understand that quality education comes from evidenced based resources
- Utilize The 5 Love Languages when teaching our patients
- Implement change in personal practice and in the workplace

In 2019, “The March of Dimes reports 41 of Oklahoma’s 77 counties are what it calls “maternity deserts,” meaning they lack a hospital performing deliveries or an obstetrics provider.” (Vazquez, 2019).



**Oklahoma Birthing Hospitals November 2022 = 44**

OPQIC, 2022



# **The Landscape of Maternal and Infant Health in Oklahoma**

**44 birthing hospitals**

**~48,000 annual births**

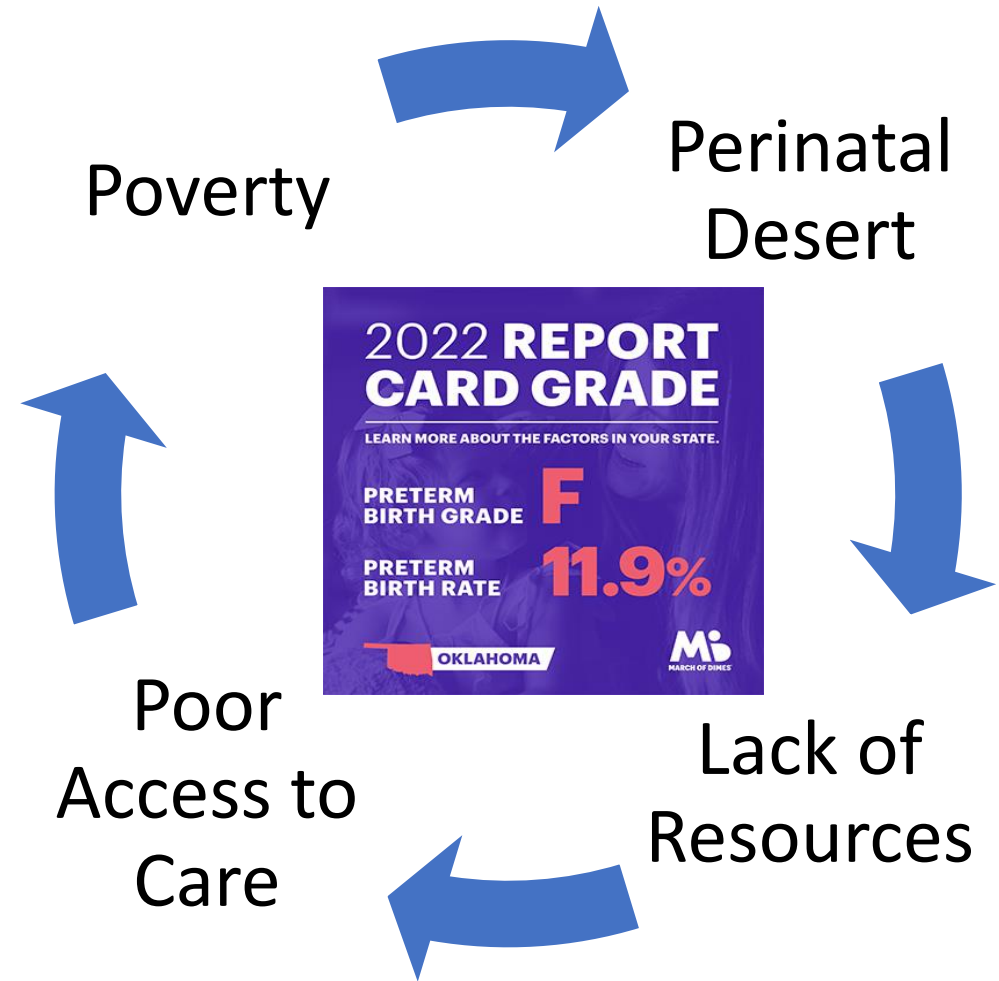
**48% rural location  
52% urban location**

**73% in urban hospitals  
27% in rural hospitals  
From ~158 – 4300 annual births  
~56% covered by Medicaid  
3 tribal birthing hospitals  
1 IHS birthing hospital  
7 Level III or IV NICUs**

OPQIC, 2022

# Oklahoma

“Experts in maternal health blame the high U.S. rate on poverty, untreated chronic conditions and a lack of access to health care, especially in rural areas where hospitals and maternity units have closed in the past few years.” (Ollove, 2018).





# Emotionally Engage

- THIS IS IMPORTANT! LISTEN TO ME!
- Do you feel comfortable being discharged home?
- As your nurse I CARE ABOUT YOU and I want what's best for you.

“Pregnancy-related deaths can happen during pregnancy and up to a year after pregnancy. According to CDC data, 31% of pregnancy-related deaths happen during pregnancy, 36% during labor and delivery, and 33% in the year after pregnancy.” (CDC, 2022)







# Do Not Scare the Patients

- Instead- give them the tools to succeed!
- Motivate them to listen to their bodies
- Encourage the family to look for warning signs
- Provide written instructions and resources for follow up care
- Coach them on what to say if they feel the need to return or offer a dialogue or script to boost confidence



### Use This Guide to Help Start the Conversation:

- Thank you for seeing me.  
I am/was recently pregnant. The date of my last period/delivery was \_\_\_\_\_ and I'm having serious concerns about my health that I'd like to talk to you about.
- I have been having \_\_\_\_\_ (symptoms) that feel like \_\_\_\_\_ (describe in detail) and have been lasting \_\_\_\_\_ (number of hours/days)
- I know my body and this doesn't feel normal.

### Sample questions to ask:

- What could these symptoms mean?
- Is there a test I can have to rule out a serious problem?
- At what point should I consider going to the emergency room or calling 911?

# Give Patients a Script

CDC, 2022

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# Do Not Fear the ER

- Give your patient a dialogue to express what they need
- Tell them to bring their [POST BIRTH](#) Warning Signs or Discharge Instructions with them
- Don't freak out- BE PROUD if your patient goes to the ER
  - Better safe than sorry
  - Good Assessment skills
  - Good Education
  - Good Engagement
  - Or you scared the living daylight's out of them- not the goal



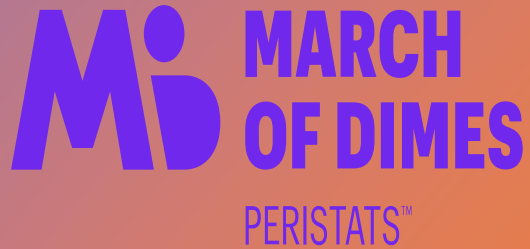
American  
Academy of  
Pediatrics



OKLAHOMA  
State Department  
of Health



AWHONN represents  
the interests of 350,000  
nurses working in women's  
health, obstetric, and  
neonatal nursing across  
the United States.



ACOG  
The American College of  
Obstetricians and Gynecologists

UpToDate®

# Resources

So, what should we be teaching  
our patients?

- OPQIC
- AWHONN
- AAP
- ACOG
- Up to Date
- CDC
- Hospital Resources- EMR Education



CLICK ME!



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# Every Patient Every Time

- Spend time with your primips but don't let the multips fool you!
- Don't forget the [babies](#) too
- Standardize the Education Process

By utilizing the [AIM initiative](#) state-wide, "Oklahoma saw about a 20% decrease in severe maternal morbidity in its participating hospitals." (HRSA, 2019).



# + • Social Factors

## Resources and Limitations

- Access
- Finances
- Education Level
- Support System
- Mental Health
- Transportation
- Lifestyle
- Case Management, Social Work, DHS, Home Health





# TEAMWORK MAKES THE DREAM WORK

- Bedside Reporting
- Discharge Assessments
- Repetition is Good
- Teach 24/7
- Help Each Other Out
- Utilize Checklists

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# Teaching

- Be energetic and show your passion!
- Standardized Education- Booklets
- Offer Group Teaching
- Give Handouts and Graphics
- Use Video Resources
- Create a Discharge Checklist
- Sit With Your Patient and Spend Time With Them
- Teach 24/7 -Not Just When it's Time to Go
- Shower Teaching
- Telephone Follow Up
- Online Support Group
- Hotlines- [Breastfeeding](#), [Mental Health](#)
- Involve the Family
- Simulation Exercises
- Special Attention After a Significant event:  
[Patient Postpartum Hemorrhage Post-Event](#)



# Follow Up



- Develop Protocols
- [ACOG](#) recommends:
  - Postpartum follow up within 3 weeks
  - BP Check 3-10 days
  - High Risk F/U 1-3 weeks
- Schedule Appointments prior to Discharge
- Home Visits
- Phone Calls

“Anticipatory guidance improves maternal well-being: In a randomized controlled trial, 15 minutes of anticipatory guidance before hospital discharge, followed by a phone call at 2 weeks, reduced symptoms of depression and increased breastfeeding duration through 6 months postpartum among African American and Hispanic women.” (ACOG, 2022)

# Make Memories

- + You want that patient to remember you and what you had to say.

- Love Languages

- Compliment them (Words of Affirmation)

You're going to be a great mom

I've loved taking care of you

- Give them a gift (Gifts)

Business Card

Hospital Magnet

Thank You card

- Spend time with them (Quality Time)

Sit at the bedside

Take your time!

- Touch them (Physical Touch)

Hand on the shoulder

Hold the baby

- Do something for them (Acts of Service)

Let me help pack your bag



# Create Change in the Workplace

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- Spirit of Inquiry
- Consider Your Department's Culture
- Change is a process that requires adjustment
- Shared Governance
- Leadership/Advocates
- Stakeholders



Improved education is not necessarily an expensive intervention, but it does require adaptation, training and motivation. Limitations include acceptance on behalf of the healthcare providers and community-wide implementation.

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# Conclusion

- Empower Patients to advocate for themselves
- Empower Families to oversee and check in
- The day you stop learning is the day you should retire
- Complacency Kills
- Your practice can and will inspire others
- The side of right is not the easy side- Dr. Smith, OPQIC Summit 2022



