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# Improving Discharge Education

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# 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
- Performing a thorough perineal assessment



# 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
- Sit Down!
- 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



# The Landscape of Maternal and Infant Health in Oklahoma

**43 birthing hospitals**

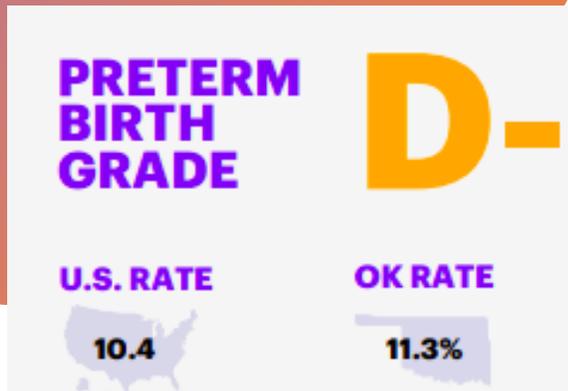
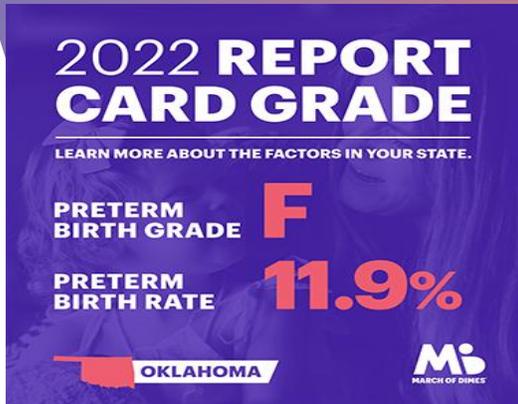
22 (51%) rural location  
21 (49%) urban location

**47,831 annual births in 2024 (provisional)**

~77% in urban hospitals  
~23% in rural hospitals  
Range in 2024 = 48 – 4402 births  
~56% covered by Medicaid  
3 tribal birthing hospitals  
1 IHS birthing hospital  
5 Birth Centers  
7 Level III or IV NICUs

# 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)





## Learn the Warning Signs

It could help save a life

[HEAR HER Campaign](#)

### 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



# 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

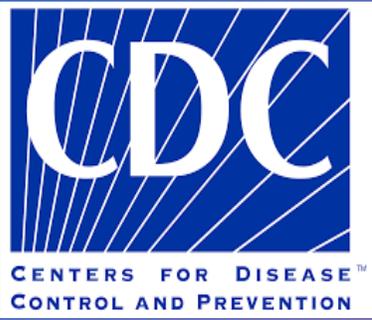
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# Do Not Fear the ER

- 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 daylights out of them- not the goal



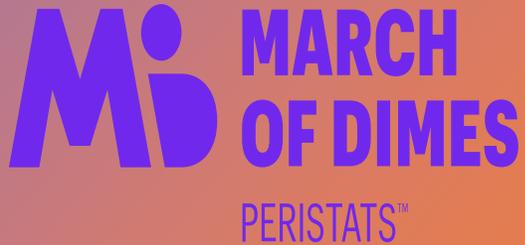
American Academy of Pediatrics



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



# 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



# 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!

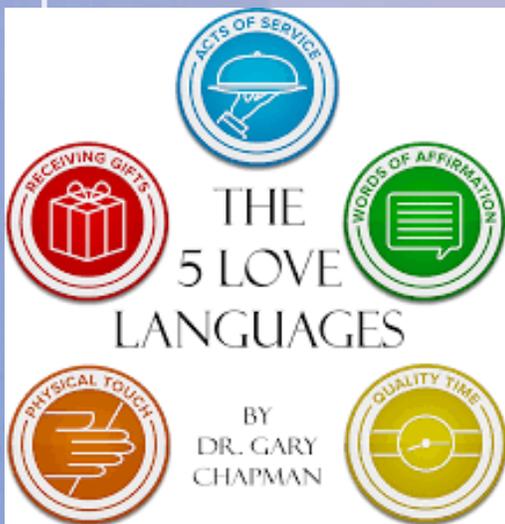
- Touch them (Physical Touch)

Hand on the shoulder

Hold the baby

- Do something for them (Acts of Service)

Let me help pack your bag





- 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)

# 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.

# BUBBLE<sup>+</sup>-LE

Breasts

Uterine

Bladder

Bowel

Lochia

Episiotomy-Perineum

Lower leg

Emotions

# Postpartum Assessment

## REEDA

Redness

Edema

Ecchymosis

Discharge

Approximation

# AWHONN Compendium of Postpartum Care

THIRD EDITION



**AWHONN**  
PROMOTING THE HEALTH OF  
WOMEN AND NEWBORNS

The volume of lochial flow is described as heavy, moderate, light, or scant, according to the amount of flow on the perineal pad after one hour.

Table 1.3 Lochia Flow	
SCANT	Less than 2.5 cm (1 inch)
LIGHT	Less than 10 cm (4 inches)
MODERATE	Less than 15 cm (6 inches)
HEAVY	One pad saturated within 1 hour

Whitmer T. (2016). Physical and psychological changes after childbirth. In S. Mattson & J.E. Smith (Eds.), *Core curriculum for maternal newborn nursing* (pp. 297-313). St. Louis: Elsevier.

The saturation of a perineal pad within an hour or less is considered excessive and may indicate postpartum hemorrhage, as a pad typically holds up to 500 mL (Whitmer 2016). However, hemorrhage may also present as a slower, steady flow of bleeding that continues over time. Blood loss is often underestimated by about half of the actual amount therefore nurses should weigh all blood clots and items saturated with blood, noting that approximately one milliliter of blood equals one gram (James, 2014; Lanning, 2016). This measurement total is referred to as QBL, or quantification of blood loss.

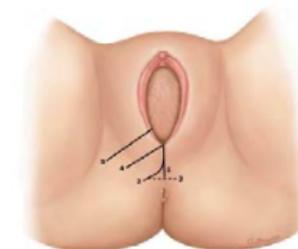
Abnormal characteristics of lochia may be signs of other complications; therefore, it is important that nurses assess for and teach all mothers to report any of the following signs immediately:

- foul-smelling lochia (lochia should have the odor of fresh blood)
- unusually heavy flow (saturating more than one pad in an hour)
- presence of large clots (larger than an egg)
- lochia rubra that continues into the fourth day following birth

**Cervix and vagina.** Although neither the cervix nor the vagina is typically directly assessed by the nurse during the postpartum period, it is important to note that both areas may be the source of bleeding due to the trauma of the birth process. If the uterus is firm, the presence of free-flowing bright red blood may indicate cervical or vaginal lacerations and a more thorough assessment should be performed (Murray, McKinney, Holub, & Jones, 2019).

**Episiotomy (perineum).** The perineum typically undergoes great pressure during labor as the fetus descends through the birth canal. If the newborn is unusually large, or if the mother's pelvis and birth canal are small, such effects may be intensified. Due to such stretching, the perineum may have sustained lacerations or an incision (episiotomy) may have been made. An episiotomy is a perineal incision made during the second stage of labor. Median (or midline) episiotomy is when a vertical incision

is made from the posterior fourchette toward the rectum. Medi-lateral episiotomy is performed by making an incision at a 45° degree angle (Scott, 2016). Although an episiotomy may lead to increased risks of third and fourth degree lacerations as well as to a delay in the resumption of sexual activity, the procedure is still used by many providers to assist in births (Simpson, & O'Brien-Able, 2014). Researchers have found no difference in reports of pain among women who have had a median episiotomy in comparison to those who have had a mediolateral episiotomy (Berkowitz, & Foust-Wright, 2018).



1 = median incision, 1+2 = "T" incision, 3 = "J" incision, 4 = mediolateral incision, 5 = lateral incision

**Figure 1.2 Types of Episiotomy Incisions**

Reproduced with permission from: Berkowitz, LR, Foust-Wright, CE. Approach to episiotomy. Post TW (Ed), UpToDate, Waltham, MA. Copyright © 2019. UpToDate, Inc. For more information visit [www.uptodate.com](http://www.uptodate.com).

To perform the assessment of the episiotomy, nurses should have the patient turn on her side. The assessment includes an observation of the episiotomy for the following: redness, edema, bruising, hematoma, and bleeding. Ensure that sutures are intact. In addition, nurses should explain the reasons for any discomfort felt by the mother. Describe and document the sizes of the areas of the perineum where blood vessels have broken and have bled into surrounding tissue and skin; and let the mother know that the incision and the movement of blood into the tissues is the cause of her discomfort.

REEDA is the classic acronym used to guide assessment of the episiotomy and other surgical incisions, including those of a cesarean birth and tubal ligation. The elements of a REEDA assessment are as follows (Davidson, 1974):

- Redness
- Ecchymosis (purplish patch of blood flowing into skin)
- Edema (swelling) of the perineum or incision site
- Discharge from the episiotomy or incision site
- Approximation (closeness) of the skin edges at the incision site

Make it fun!  
Relatable!  
Personal!



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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 is an opportunity to LEARN
- Your practice can and will inspire others
- The side of right is not the easy side
- Dr. Smith, OPQIC Summit 2022
- POWER OF THE PERINEUM

