

PREPARATION OF DISCHARGE OF FAMILIES IN THE PROMOTION OF THE HOME CARE OF THE NEWBORN: INTEGRATIVE REVIEW

Preparo de alta de famílias na promoção dos cuidados domiciliares do recém-nascido: revisão integrativa

Preparación de alta de familias en la promoción de los cuidados domiciliarios del recién nacido: revisión integrativa

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ABSTRACT

Objective: To identify nursing scientific evidence about the best practices related to the preparation of discharge of families in the promotion of home care of the newborn. **Methods:** an integrative review of the literature on the information resources LILACS, MEDLINE, BDENF, CINAHL and SCIELO, using the descriptors controlled in Portuguese: “newborn”, “infant care”, “patient discharge” and “neonatal nursing”, and its versions in English and Spanish, in the time cut from 2008 to 2018. **Results:** 14 complete studies were selected for interpretative analysis that allowed the identification of two categories: best practices related to the preparation of discharge of newborn families and limitations in the preparation of discharge of newborn families. **Conclusion:** different pedagogical strategies that could be developed by nursing with family members in the hospital discharge process were evidenced, as well as the need for their effective applicability to the promotion of home care of the newborn with safety and quality.

Descriptors: Newborn, Patient Discharge, Neonatal Nursing, Infant Care, Health Education.

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RESUMO

Objetivo: Identificar evidências científicas da enfermagem acerca das melhores práticas relacionadas ao preparo de alta de famílias na promoção dos cuidados domiciliares do recém-nascido. **Métodos:** revisão integrativa da literatura realizada nos recursos informacionais LILACS, MEDLINE, BDNF, CINAHL e SCIELO, com utilização dos descritores controlados em português: “recém-nascido”, “cuidado do lactente”, “alta do paciente” e “enfermagem neonatal”, e suas versões em inglês e espanhol, no recorte temporal de 2008 a 2018. **Resultados:** foram selecionados 14 estudos completos para análise interpretativa que permitiu a identificação de duas categorias: melhores práticas relacionadas ao preparo de alta de famílias de recém-nascidos e limitações no preparo de alta de famílias de recém-nascidos.

Conclusão: evidenciaram-se distintas estratégias pedagógicas que podem ser desenvolvidas pela enfermagem junto aos familiares no processo de alta hospitalar, bem como a necessidade de sua efetiva aplicabilidade para a promoção dos cuidados domiciliares do recém-nascido com segurança e qualidade.

Descritores: Recém-nascido, Alta do paciente, Enfermagem neonatal, Cuidado do lactente, Educação em saúde.

RESUMEN

Objetivo: Identificar evidencias científicas de la enfermería acerca de las mejores prácticas relacionadas a la preparación de alta de familias en la promoción de los cuidados domiciliarios del recién nacido. **Métodos:** revisión integradora de la literatura realizada en los recursos de información LILACS, MEDLINE, BDNF, CINAHL y SciELO, usando descriptores controlados en portugués: “recién nacido”, “cuidado del lactante”, “alta del paciente” y “enfermería neonatal”, y sus versiones en inglés y español, en el recorte temporal de 2008 a 2018. **Resultados:** se seleccionaron 14 estudios completos para análisis interpretativo que permitió la identificación de dos categorías: mejores prácticas relacionadas con la preparación de alta de familias de recién nacidos y limitaciones en la preparación de alta de familias de recién nacidos. **Conclusión:** se evidenció distintas estrategias pedagógicas que pueden ser desarrolladas por la enfermería junto a los familiares en el proceso de alta hospitalaria, así como la necesidad de su efectiva aplicabilidad para la promoción de los cuidados domiciliarios del recién nacido con seguridad y calidad.

Descriptores: Recién Nacido, Alta del Paciente, Enfermería Neonatal, Cuidado del Lactante, Educación en Salud.

INTRODUCTION

Considering the first axis of the National Policy for Comprehensive Child Health Care (NPCCHC), humanized and qualified attention to pregnancy, childbirth, birth and the newborn,¹ the responsibility of health professionals in neonatal care units, whether in joint housing or intensive care, for the adequate preparation of family members, before discharge from hospital, for the promotion of safe and effective care at home,²⁻³ in addition to the attachment of the family to a basic care unit, at an early stage, for the continuity of care, should be highlighted.⁴

The discharge process should include the preparation of families from admission to the health unit, through different

educational strategies appropriate to their real needs,⁵ stimulating autonomy in the care of the newborn, aiming at survival and maintenance of health.⁶ The way these cares are shared tends to influence the success of understanding, execution and achievement of their purpose at home, as the challenges encountered in the hospital, if not solved, will continue after discharge.³

The professional needs to be attentive to the adopted educational model, which does not exclusively need hard technologies, but especially effective communication, bonding, monitoring, empowerment and welcoming, through availability and professional competence, that is, skills related to light technologies.⁷⁻⁸

Thus, the best practices related to the discharge preparation of newborn families in the transition from hospital to home were defined as object of study. However, researches in this area, which substantiate the qualified discharge of babies to ensure continuity of care, as recommended by NPCCHC, are scattered in national and international literature, which confers the need for a synthesis of available evidence on the subject for its effective applicability in clinical practice.

Therefore, the objective of the study is to analyze scientific evidence from nursing about the best practices related to the preparation of discharge from the home in the promotion of newborn care.

METHODS

Integrative literature review,⁹ whose research question was formulated from the PICo strategy (P - Population; I - Interest; Co - Context), with consultation with the Health Science Descriptors (DeCS/BIREME) and the Medical Subject Headings (MeSH terms), according to chart 1: What is the scientific production in the nursing area about the best practices related to the discharge preparation of the newborn's family?

Table 1 - PICo strategy, DECS and MESH terms. *Rio das Ostras, RJ, Brazil, 2019*

PICo	PICo Strategy		DECS	MESH terms
	Variables	Components		
P	Population	Newborn	Newborn Infant care	Infant, Newborn Infant Care
I	Interest	hospital discharge	Patient discharge	Patient Discharge
Co	Context	Nursing	Neonatal Nursing	Neonatal Nursing

The consultations were carried out in the second semester of 2018, using the advanced search form in the informational resources: Latin American and Caribbean Health Sciences Literature (LILACS); International Health Sciences Literature (MEDLINE); Nursing Database (BDNF); Cumulative Index to Nursing and Allied Health Literature (CINAHL); and, Scientific Electronic Library Online (SCIELO). The singularities of each base were respected, through the combination in duo and trio of the selected terminologies with the Boolean operator “AND”.

Inclusion criteria: publications available in full with

research results that answered the study question; in Portuguese, English, Spanish, French and Italian; and, produced between 2008 and 2018. The exclusion criteria: duplicate publications; experience reports; reflection articles; literature reviews (except systematic ones); letters; and, editorials.

For the analysis of the data, an analytical framework was built that allowed to gather and synthesize the main information of the studies: objectives, level of evidence¹⁰, methodology and main results. The data were interpreted and compared and, subsequently, the findings were aggregated into two thematic categories.

RESULTS

The different crossroads generated a universe of 2486 abstracts, of which 141 publications were previously selected, however 16 were excluded due to duplication. According to the established criteria, 49 articles were read in full, but 14 followed for the interpretative analysis Figure 1. Table 2 presents the variables order, year, level of evidence, title and objectives of the publications.

Figure 1 - Flowchart of the selection of articles in the databases. Rio das Ostras, RJ, Brazil, 2019

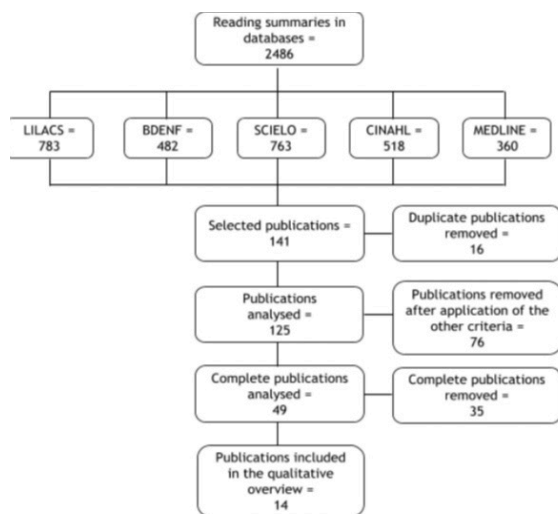


Table 2 - Characterization of the articles selected for analysis, according to order, year, level of evidence, title and objectives. Rio das Ostras, RJ, Brazil, 2019

Order Year Level of evidence	Title	Objectives
A1 2010 VI	Health promotion to premature babies' mothers: nursing action at hospital discharge ¹¹	To know the vision of the nursing team about the performance of actions with the mothers in front of the premature hospital discharge
A2 2012 VI	Health education: planning and execution of discharge in a neonatal Intensive Care Unit ¹²	Understand the perception of health professionals and parents regarding the planning and realization of the discharge of the newborn from the NICU
A3 2012 II	Effects of a transitional care program on premature babies and their mothers ¹³	Testing the effects of a transition care program developed by researchers for mothers of premature babies on the transition of mothers from hospital to home, and the physical disease, growth and development of babies

A4 2012 VI	Healthcare professionals' perceptions of breastfeeding counsellors in the Neonatal Intensive Care Unit ¹⁴	To know the experiences and perceptions of health professionals working with peer counsellors in the NICU and to describe the perceptions and experiences of health professionals in the NICU regarding the need for breastfeeding counsellors in the NICU
A5 2013 VI	Discharge from hospital and the care of the premature newborn at home: maternal experience ¹⁵	To know the mother's perception of hospital discharge and home care of the premature newborn after the first week of discharge
A6 2013 VI	Nursing team practices in the preterm baby discharge process ¹⁶	Identify the strategies used by the nursing team in the preterm baby discharge process
A7 2014 VI	Barriers and facilitators to preparing families with premature infants for discharge home from the neonatal unit. Perceptions of health care providers ¹⁷	Explore neonatal health staff perceptions of barriers and facilitators for families with premature babies preparing for discharge from the NICU
A8 2014 VI	L'efficacia degli interventi informativi infermieristici nell'area dei bisogni di base nella fase di dimissione dal Nido ¹⁸	To evaluate the importance of the educational intervention promoted by nurses who work in the nursery of the Hospital Santa Maria da Misericórdia de Udine
A9 2016 VI	Needs perceived by parents of preterm infants: integrating care into the early discharge process ¹⁹	Identify the experiences and obstacles, during hospitalisation and after discharge, of fathers and mothers of premature babies who have or have not participated in an early discharge programme
A10 2016 VI	Protocol for preterm baby discharge: subsidy for the construction of a proposal ²⁰	Analyze the development of a discharge protocol for premature newborns, considering the maternal participation during the baby's hospitalization
A11 2017 VI	'Giving us hope': Parent and neonatal staff views and expectations of a planned family-centered discharge process (train to home) ²¹	Compare the perceptions and experiences of parents and professionals regarding "Train to Home"
A12 2017 VI	Nursing care and guidance to puerperas in the Joint Accommodation ²²	Check the guidelines given by the nurse to the puerperal in Joint Accommodation
A13 2017 VI	Predictors of readiness for hospital discharge after birth: building evidence for practice ²³	Explore the predictors of antepartum, intrapartum, and postpartum discharge readiness, including nursing education practices that are predictive of the perception of postpartum mothers of hospital discharge readiness
A14 2018 VI	Educational animation about home care with premature newborn infants ²⁴	Elaborate and validate animations on the care of premature newborns at home

Of the 14 articles (100%), 3 (21.4%) were published in each of the years 2017 and 2012, 2 (14.3%) in 2013, 2014 and 2016 and 1 (7.1%) in 2010 and 2018; the majority, 13 (92.9%), in scientific journals in the area of Nursing.

Studies with a qualitative approach prevailed, in a total of 9 (64.3%), while 5 (35.7%) were of a quantitative nature with some type of statistical analysis; of these, 2 (14.3%) descriptive, 1 (7.1%) methodological, 1 (7.1%) randomized and 1 (7.1%) correlational; 13 (92.9%), fit into level VI of evidence, and only 1 (7.1%) into level II.

Most of the studies, 9 (56.3%), had as family participants, between fathers and mothers of newborns, while 6 (37.5%) had health professionals, which included the nurse, and only 1 (6.3%) had newborns. 12 (85.7%) were related to high risk and/or preterm and/or low weight neonatal intensive care units (NICU); and only 2 (14.3%) low risk babies.

In Brazil, 3 (21.4%) were developed in the Northeast region and 3 (21.4%) in the South; abroad, 2 (14.3%) in the United States, 1 (7.1%) in Colombia, Italy, Thailand, Spain and the United Kingdom.

Best practices related to the discharge preparation of newborn families

Investigations bring as the main resource used in the discharge process, health education mediated by guidelines on the main postnatal care of the newborn in the home, mainly regarding bathing, umbilical stump, breastfeeding

and sunbathing.^{11-12,15,17,20,22} Only one study refers to the health team as the main educators, while the others point out the nurse.¹⁷

Research A1¹¹ and A10²⁰ portray the use of educational practices in preparing families based on discharge conceived as a process, which occurs since the admission of the newborn in the neonatal intensive care unit. Thus, parents are included in care, which makes this process vital to strengthen ties with their children, as well as to prepare them to meet the specific, and sometimes unexpected, health demands of the high-risk baby.

In the A3¹³ randomized study, a transitional care program was employed to prepare the caregivers of the hospital for home, besides the post-discharge follow-up. The preparation occurred by means of a video ("Premature Infant Care") and, later, questions about the problems found in the care of the premature baby were answered, making it possible to simulate them in an infant mannequin. At the end of the class, a manual was made available, covering the same content as the video. The results showed that the children in the case group (mothers who participated in the program) obtained better health rates one month after discharge.

The Counsellors Program (A4¹⁴) was designed to provide lactation support through counsellors, mothers of children previously attended in the unit, with specialized lactation training, triggered for support when mothers of newborns or the nurse requested it. This strategy promoted improvements in the quality of care for infants and their families, facilitating the work of professionals and providing exclusive support to parents through shared experience.

The A6¹⁶ survey added as important points for the preparation of the caregivers, the development of discharge based on the learning demands reported by them, including the participation of the parents in the direct assistance with the children, in an early way, through the permanence of the children in the detention unit.

The pre-halt meeting, in order to clear doubts, was the educational intervention identified in the A8¹⁸ publication, including the participation of the family in the round with the multidisciplinary team, working in 98.3% of the study sample and 94.9% of the participants found it useful 10 days after the study.

The Early Childhood Care Program (A9¹⁹) included home supervision by a nurse to assess the newborn and answer questions about postnatal care. The participating parents stressed the importance of this professional, being a reference in relation to the care of babies, and home follow up visits.

The A10²⁰ study mentions orientation from the knowledge and demands of mothers of premature newborns based on a checklist for orientation and for discharge itself. The results showed positive feedback and the importance of orientation protocols in the discharge of the premature, as a strategy for the systematization of

assistance towards maternal autonomy in child care, as well as for the equalization of behaviors of the caregiving team.

Article A11²¹ addresses the Train-to-home, designed to inform parents about the needs and progress of the baby, facilitating communication with the team throughout the period of hospitalization. The train used is an illustration displayed by the colored traffic light system, that is, stickers that depending on the stage of preparation for discharge may be red (initial stage of hospitalization), yellow or green (closer to the probable date of discharge). The strategy has helped parents to prepare more confidently for their return home, as well as improved the commitment of professionals.

The Discharge Preparedness Scale (RHDS) and the Teaching Quality Scale for Discharge (QDTS), which have as objectives, respectively, to evaluate the patient, in the case of mothers, on discharge readiness, and, to measure the educational preparation for discharge, were used in the intensive care unit. The participants reported several educational resources that were useful and helped them in the empowerment to return home, such as educational videos, classes, informational brochures and communication with nurses.²³

The A14²⁴ study elaborated and validated three Storyboards, that is, three animations related to home care of premature newborns, regarding the maintenance of a safe environment, mobilization, communication, sleep, leisure, feeding, breathing, elimination, personal hygiene, clothing and body temperature control. The evaluation specialists supported the use of the animations in the hospital discharge guidelines as it is an interesting and enlightening practical strategy for the removal of doubts.

The methodologies used were evaluated in a positive way, mainly the Train-to-Home, Transitional Care Program, Pre-High School Meeting, Counselor Program, High School Program and Storybord. The use of these strategies were considered useful to address the emotional aspects of hospitalization and the acquisition of neonatal care skills, helping families to feel empowered to return home.^{13-14,18-19,21,24}

Limitations on the preparation for discharge of newborn families

A2¹² research says that the discharge process for newborns is initially triggered by doctors who determine when and which baby will be discharged, and nurses are responsible for guiding parents on post-discharge care. However, many orientations are made quickly by demands of the service, becoming insufficient.

Also, the preparation for discharge from hospital of newborns takes place only from the moment of weight gain, maintenance of body temperature, control and prevention of infections, ability to eat, breathing and appropriate gestational age. There are still difficulties for parents in understanding the guidelines.¹²

Articles A1¹¹ and A10²⁰ elucidated that discharge

conceived as the moment of transition from hospital to home makes it difficult to systematize and plan the guidelines. Moreover, in this last article, some participants also presented difficulties in remembering part of the content oriented given the amount of topics addressed.

The absence of use of participative and systematized methodologies with parents and tools to evaluate parental preparation for discharge are limitations evidenced in the studies.^{15,17} In addition, much information carried out on the day of discharge, allied to anxiety and stress generated in the ICU may interfere with the learning of mothers.

The A8¹⁸ study highlights the need for more dense information in pre-high school meetings on some topics related to the newborn, such as breastfeeding and sleep; it cites the need for standardization of materials used by the nursing team, in order to make the meetings similar to each other, and the use of images and simulations, to facilitate the apprehension of information; and highlights the relevance of periodic evaluation of interventions and training courses for professionals, in order to standardize and improve care.

Barriers to preparing the parents for the child's exit include obstacles for the parents to visit the NICU, communication barriers and difficulties related to establishing successful breastfeeding.¹⁷

Divergences in information among team members were described in studies A4¹⁴ and A9¹⁹, as well as failure in communication between team members and counselors in article A4. Furthermore, the publication A9¹⁹ demonstrated the helplessness of the parents (father figure) and the lack of continuity of activities in on-call exchanges. The same corroborates with studies A5¹⁵, A6¹⁶ and A7¹⁷ regarding the lack of systematization in the preparation for discharge, generating contradictory guidelines.

Maternal characteristics, such as low level of schooling, teenage mothers, drug use and their absence in hospital, for financial and social reasons, also act as obstacles in preparing the transition to home.^{16,20}

In relation to Train-to-home, in the face of the reluctance to participate that some professionals presented, confusing messages about the educational materials were provided, with negative repercussions on parents, who revealed difficulty in getting involved with the dynamics if it was not presented and fully explained to them.²¹

DISCUSSION

Family members need to prepare for home care in order to ensure the maintenance and continuity of their children's lives.^{5,25} Health professionals, including the nurse, therefore need to apply the best educational practices, appropriate to the real needs of families, in preparing for discharge.⁵

The discharge process should be conceived in a procedural and transversal perspective, to be constructed from prenatal care, going through the admission and

hospitalization of the binomial in the hospital, to post-discharge.^{4-5,25} Such considerations differ from some studies of this review, in which the discharge preparation was carried out in a punctual and fragmented manner, through the clinical stability of the baby and the unilateral decision of the medical professional.

Sometimes hospital discharge is still a doctor-centered procedure, while the other professionals in the health care team participate in a secondary manner.⁷ However, based on the evidence, it is necessary for the nurse to assume the coordination of discharge, through interaction and continuous planning with the multidisciplinary team and the family, so that means can be built jointly to facilitate the realization of care in the home environment. In addition to the physical dimensions and technical skills, this process should include guidance on resources and essential services after discharge.²⁵

The articles analyzed emphasized that the success of the discharge plan does not depend only on the newborn's health status, but also on the professionals involved and on the discharge planning starting from the first day of the child's hospitalization. For this, the team must be sensitive when dealing with each family, in order to identify the best way to help it over time.²⁶

A parent-centered approach, as the studies in this review indicate, must be used to communicate and inform the baby's needs and progress. Therefore, it is crucial that the team provide conditions to strengthen and maintain the bonds and participation of family members as active subjects in the preparation for discharge.²⁷

The high planned in conjunction with the family is indicated as support for reducing anxiety, fear and doubts. Thus, the educational practice carried out transversally, the humanized attention and the continuity of this process, with home interventions linked to basic attention, increase the family's ability to adapt and reduce the number of readmissions and the risks of stress.^{3-4,28}

However, the difficulty of professionals to relate more significantly with the family was pointed out in several surveys. Institutional and technical barriers, such as restriction to technical procedures, lack of training and compliance with norms and routines of the unit, limit the professional performance at high school.²⁶

Although the nurse has technical training to assist families at the hospital level, a paradigm shift is needed, with the purpose that the orientations occur in a systematized, individualized way, valuing the singularities and real needs of each child and their relatives/caregivers.²⁹

Given the absence of written routines and systematic records in medical records about the discharge process, which occurs in repeated and fragmented orientations, the need for a discharge protocol to conduct the resolution of this problem is noted.²⁰

It is evident the need to apply the best practices of discharge preparation congregated in this study, in view

of the fact that they have achieved a positive feedback in the research, being considered strategies that escape the traditional model of teaching.

CONCLUSIONS

The findings pointed out different educational strategies with the aim of promoting integral care for newborns and their families in the transition from hospital to home. On the other hand, there are socioeconomic, cultural, institutional and technical factors that limit professional performance in preparing for discharge.

This process needs to be systematized in the admission units in order to achieve an autonomous, safe and quality care practice by family members in the home environment. In this context, the importance of the nurse as an educator and discharge manager is highlighted.

The methodological variety was a limiting factor and made it difficult to compare publications. In addition, it is necessary to expand research on the discharge of low risk babies, considering that this population has vulnerabilities and singularities that need to be recognized.

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