Transition from hospital to home: Parents’ perception of their preparation and readiness for discharge with their preterm infant

Research overview
The aim of the project was to investigate the experiences of mothers and fathers of babies born preterm who were patients in the neonatal unit at King Edward Memorial Hospital. We focused on their preparation for discharge whilst they were inpatients, and then followed them through to 6 weeks after discharge. Gathering information about parents’ experiences was conducted in two phases. Prior to discharge, parents completed a face-to-face or telephone interview and post discharge (4 to 6 weeks), a second interview was offered or parents could complete an online survey.

In October 2014, we recruited parents of babies 28-32 weeks gestation that were approximately four weeks old. We ceased recruitment after we had recruited our 20th set of parents in February 2015. During these 5 months a total of 98 births were eligible to be recruited. Recruitment was slow as babies were often transferred to a peripheral hospital prior to the four weeks after birth or before we could speak to the parents. Some were excluded from the project as they were difficult to follow through to discharge or declined to participate. Therefore we recruited 1 in 5 of the overall potential parents with preterm babies.

Research highlights
During phase one of the project 40 parents or 20 couples were interviewed. These were recorded with a digital recorder and then transcribed into text. The interview team analysed the text by reading and rereading to identify phrases and words to express the ‘common’ experience of the parents. This process assisted the team in determining what the common themes or subthemes were. We found four main themes that were grouped together with 10 subthemes to explain parents’ experiences. The main themes are: ‘First impressions’, ‘What I need to know’, ‘Being involved in my baby’s care’, and ‘Getting ready to take my baby home’.

Phase two of the project focusing on the post discharge experience of parents. This phase has been completed however the team has not finished the analysis and findings are not complete. Parent involvement in this phase was less with 25 out of 40 potential parents responding (one telephone interview and the 24 online survey responses). Parents were also asked to provide recommendations to improve the pre and post discharge phases of their care. Results from parents’ responses to this question are currently being considered during the phase two analyses.

THE TEAM

Investigators
Laureen Aydon MN
Daphne Siu MN
Dr Mary Sharp FRACP
Professor Yvonne Hauck PhD
Jamee Murdoch BScN

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