Nurse Handover to Maternity Home Care from the Patient's Perspective after discharge from a tertiary hospital.

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Abstract

Title: Nurse Handover to Maternity Home Care from the Patient's Perspective after discharge from a tertiary hospital.

Background: Adequate handover facilitates the transmission of essential information and is important for continuity of care. Engaging patients and their family during healthcare delivery and the transition of care contributes to patient-centred care and is crucial to ensuring patient safety and improving the quality of the healthcare continuum. Literature does not clarify how the transfer of postpartum nursing care from the hospital to maternity home care is conducted in the Dutch system or how patients are involved in this transfer.

Aim: To explore patients' perspectives on nurse handover to maternity home care after discharge from a Dutch tertiary hospital with regard to experienced involvement, anticipation of patient needs, provision of information, information needs, and continuity of maternity care in order to identify gaps and opportunities for improvement.

Method: A qualitative study using semi-structured interviews based on a topic list was conducted and thematically analysed.

Results: Twelve patients participated until saturation was reached. Five themes emerged: *'Hospital nurses provide practical support', 'Limited parental involvement, 'A person-centred professional relationship stimulates patients' confidence, 'Maternity-home-care assistants support patients to take over care'* and *'Temporarily changed information processing'.*

Conclusion: Despite patients' positive experiences with discharge and transfer of care to maternity home care, nursing leadership is required to strengthen and professionalize discharge- and transition-related nursing by integrating evidence-based practice, patient-centred care, and patient involvement. These improvements contribute to increased patient satisfaction and empowerment and decreased patient distress, which improves parent-newborn interaction.

Recommendations: Nursing leadership is needed to increase awareness of the nursing role in and importance of patient participation through education and peer supervision, effectively empowering nurses to actively involve parents. Future research should explore how nurses can best involve parents in discharge and transfer of care as well as the experiences of younger and non-Dutch-speaking mothers.

Keywords: Patient-Centred Care, Patient Handover, Obstetrics

Samenvatting

Titel: De verpleegkundige overdracht naar de kraamzorg vanuit het perspectief van de patiënt na ontslag uit een tertiair ziekenhuis.

Achtergrond: Adequate overdracht vergemakkelijkt de overdracht van essentiële informatie en bevordert de continuïteit van zorg. Het betrekken van patiënten en hun familie bij de zorgverlening en overdracht van zorg draagt bij aan patiëntgerichte zorg en is cruciaal om patiëntveiligheid en kwaliteitsverbetering te waarborgen. In de literatuur is het onduidelijk hoe de verpleegkundige overdracht in Nederland postpartum vanuit het ziekenhuis naar kraamzorg thuis plaatsvindt en op welke manier patiënten bij deze overdracht betrokken zijn.

Doel: Onderzoeken van het patiënten perspectief op de verpleegkundige overdracht naar kraamzorg thuis na ontslag uit een Nederlands academisch ziekenhuis met betrekking tot ervaren betrokkenheid, afstemmen op behoeften, informatieverstrekking, informatiebehoeften en continuïteit van kraamzorg om hiaten en verbeterpunten te identificeren.

Methode: Een kwalitatief onderzoek met semigestructureerde interviews op basis van een topic lijst is uitgevoerd en thematisch geanalyseerd.

Resultaten: Twaalf participanten zijn geïncludeerd tot datasaturatie werd bereikt. Vijf thema's kwamen naar voren: 'Verpleegkundigen in het ziekenhuis bieden praktische ondersteuning', 'Beperkte betrokkenheid van ouders', 'Door een persoonsgerichte professionele relatie voelen patiënten zich zekerder', 'Kraamverzorgenden ondersteunen patiënten om de zorg over te nemen' en 'Tijdelijk veranderde informatieverwerking'.

Conclusie: Patiënten ervaren het ontslag en de overdracht van zorg naar de kraamzorg doorgaans als positief. Desondanks is verpleegkundig leiderschap nodig om deze verpleegkundige zorg te verbeteren en te professionaliseren. De integratie van evidence-based werken, patiëntgerichte zorg en patiënten meer betrekken in zorg, zal bijdragen aan patiënttevredenheid, empowerment en afname van stress. Dit verbetert de ouder-pasgeborene interactie.

Aanbevelingen: Verpleegkundig leiderschap is nodig om verpleegkundigen bewust te maken van het belang van patiënt participatie en hun rol daarin door onderwijs en intervisie, waardoor verpleegkundigen ouders actief gaan betrekken in de zorg. Toekomstig onderzoek zal moeten verkennen hoe verpleegkundigen nieuwe ouders het beste kunnen betrekken bij ontslag en zorgoverdracht en ook de perspectieven van jongere en niet-Nederlandstalige patiënten.

Sleutelwoorden: Patiëntgerichte zorg, Patiëntoverdracht, Verloskunde

Introduction

An average of 167.391 women in the Netherlands give birth each year.[1] Seventy-one percent of these births are hospital births under the responsibility of a gynaecologist.[1] Compared to other countries, the Netherlands has distinctive home care, in which maternity-home-care assistants (MHCAs) monitor the health of mothers and babies and support baby care for eight days after birth. At discharge, patients receive a nurse handover for the MHCA. Adequate handovers facilitate the transmission of essential information and are important for continuity of care.[2,3] Incomplete handovers can result in gaps in patient care and patient safety.[2,4]

Adequate handovers require patient and family involvement during the transition of care, which facilitates patient-centred care.[5] In patient-centred care 'patients are known as persons in context of their own social worlds, listened to, informed, respected and involved in care and their wishes are honoured during their healthcare journey'.[6] Patient-centred care is a crucial step in ensuring patient safety and is a key element of high-quality care.[5,6] The most important themes of patient-centred care are: 1) patient participation and involvement, 2) the relationship between the patient and healthcare professional, and 3) the context in which care is delivered.[7] To complement patient-centred care in care transitions, literature identifies five important elements from the perspective of patients and family caregivers: 1) empathic language and gestures, 2) anticipation of patient needs to support self-care at home, 3) collaborative discharge planning, 4) actionable information, and 5) uninterrupted care with minimal handoffs.[8] These elements are also included in a list of 30 items for the improvement of safe person- and family-centred care during transitions from hospital to home.[3] Furthermore, the importance of patient participation in discharge planning and discharge-process evaluation is endorsed by Carroll et al.[9]

In current practice, handovers are often considered unsafe because written handovers are regularly missing, incomplete, or delayed.[4] Patients are frequently uninformed about transferred information and their role is often limited to handing over the paper handover to the community professional. Improved information and a more active patient role could improve patient safety in the transition of care.[4]

Although Dutch literature is lacking, postnatal care in countries with different postnatal care modalities often fails to address women's postpartum needs, resulting in dissatisfaction and risks for long-term chronic health.[10–13] In these cases, high-quality postpartum care has low priority compared to other aspects of maternity care.[10,14,15] Providing a seamless transfer of individualised care from the hospital to maternity-home care (MHC) is difficult and requires comprehensive transmural communication that takes into account the perspective and

experience of each woman.[16] However, little effort is typically made to identify patient concerns, and professionals often make incorrect assumptions about a patient's point of view.[17,18]

From literature it is unclear how the transfer of postpartum nursing care to MHC is conducted in the Netherlands from the patient's perspective. However, it is important to obtain more insight into the transfer's strengths and weaknesses from this perspective to ensure that appropriate care is provided and to improve patient involvement in discharge and nurse handover. Therefore, the aim of this study is to explore patients' perspectives on nurse handover to MHC after discharge from a tertiary hospital with regard to experienced involvement, anticipation of patient needs, provision of information, information needs, and continuity of maternity care in order to identify gaps and opportunities for improvement.

Method

To explore patients' perspectives on nurse handover, a qualitative approach with face-to-face semi-structured interviews was used.[19,20] Data was collected from February to April 2020. The consolidated criteria for reporting qualitative research (COREQ) were used to describe the data analysis and report findings.[21]

Participant selection

Participants were patients discharged with their newborn from the obstetric department of a tertiary hospital to MHC. Eligible patients were able to comprehend, read, and speak Dutch; were of adult age; and provided informed consent. Cases of perinatal death, neonatal hospitalization, or supervision of bodies, such as youth care or child protection, were excluded from participation. To achieve rich data, criterion-based sampling was performed by pursuing maximum variation of age, birth mode, primi- or multipara, and infant feeding mode.[19] The researcher approached patients face-to-face during their postpartum hospitalization, introduced the study, and supplied an information letter. After at least one day of consideration time, the researcher answered questions and planned the interview.

Setting

Seven face-to-face interviews were conducted at the patient's home. Due to the COVID-19 pandemic, five interviews were conducted by phone, four of which used video call to allow for non-verbal communication.

Data collection

A literature-based topic list, which was pilot tested, guided the interviews to obtain rich data (Appendix A).[3,7,8] Discussed topics were relationship and communication with the healthcare provider, experienced involvement, tailored-to needs, provision of information and information

needs, and continuity of care. All interviews began with the question ‘Can you tell me your experiences about the care you received when you heard you could go home?’. The interviewer asked in-depth questions and ended each interview with a summary, as a form of member check. The interviewer also checked whether the participant had something to add at the end of the interview. All interviews were audio-recorded. Field notes and methodological memos were used throughout the research process.

Research team and reflexivity

MvV, starting interviewer with professional training, conducted all interviews. MH, senior researcher with experience conducting interviews and professional interest in patient-centred care, provided supervision and guidance. Both MvV and MHG, who are female students in nursing science and obstetric nurses, were not involved in the care of participants during discharge. Participants were informed that MvV is both a nurse and a student.

Data analysis

Thematic analysis, a six-step iterative process (Appendix B), was used to systematically identify, organize, and obtain insight into themes across the qualitative data.[22–24] The interviews were transcribed verbatim, supported by F4 (dr. Dresing & Pehl GmbH, version 3.1.0), and analysed in ATLAS.ti (ATLAS.ti Scientific Software Development GmbH, version 8.4.20). Data analysis was performed during the study progress and the topic list was adjusted to gain richer results.[25]

Two researchers (MvV, MHG) open coded the first three transcripts independently and discussed the codes until a consensus was reached. These codes were checked and discussed with the senior researcher (MH). Assigned codes had a fixed structure and contained participants’ words to be consistent with the data. These codes were used and supplemented when encoding subsequent transcripts. After four interviews, a consensus was reached on enough agreement on initial coding, based on both the selected quotes and assigned codes, and subsequent interviews were single coded by MvV. Codes were then checked by MHG. Unresolved issues were submitted to the senior researcher. Codes were grouped based on content of code groups themes derived and were reformulated after discussion. The researchers agreed that data saturation was reached after 12 interviews. No further interviews were planned.

Ethical clearance

The study was conducted according to the principles of the Declaration of Helsinki (2013) and good clinical practice. The local Research Ethics Committee of the Radboud University

Medical Centre waived full ethical review according to the Medical Research Involving Human Subjects Act of this study protocol (2020-6120). Informed consent was obtained before data collection. Handling of personal data complied with the EU General Data Protection Regulation and the Dutch Act on its implementation.

Results

Of the 21 approached patients, 13 consented to participate. Lack of time and attention for the study during the maternity period were given as reasons for refraining from participation. One patient dropped out because a sudden facial paralysis affected her speech adversely. Table I shows an overview of the characteristics of the 12 participants.

[Insert Table I]

Participants represented all fertile age groups, with five participants between 31 and 35 years old and only one under 25 years old. Seven gave birth vaginally. Three out of the 10 breastfeeding participants combined breastfeeding with supplementary feeding or antenatally pumped milk. One out of the four multiparous participants gave birth to her first living child. Of the seven partners who were present, three participated in the entire interview, two entered at the end, and two only answered questions from the participant. Face-to-face interviews lasted 26 to 43 (mean 35) minutes, and telephonic interviews lasted 28 to 42 (mean 34) minutes.

Identified themes

Out of 425 codes (Appendix C), five themes were derived, containing fifteen subjects (Table II). Results are described according to these themes: *'Hospital nurses provide practical support', 'Limited parental involvement', 'A person-centred professional relationship stimulates patients' confidence', 'MHCAs support patients to take over care',* and *'Temporarily changed information processing'.* Participants were generally positive about the transition of maternity care from hospital to home. In the hospital, nurses could be read as clinical maternity-care assistants, because both have the same duties in the discharge of mother and child.

[Insert Table II]

Hospital nurses provide practical support

At discharge, nurses provided practical support but little information. The discharge interview was provided by other professionals.

Nurses provide practical support but conduct no discharge interview

Most participants mentioned the practical tips given by nurses during discharge, including information about breastfeeding, renting a breast pump, and calling MHC. Nurses also advised

patients to feed before leaving the hospital, gave medication for the first day, helped with packing, and dressed the newborn. The presence of nurses at discharge was considered important, as it allowed patients to ask questions. Nurses also asked if parents had questions and were ready to go home. One patient mentioned that a nurse gave her the confidence to go home. She felt grateful that the nurse had sensed her needs.(Q1)

When asked about the care they received upon discharge, most participants mentioned that the discharge interview was conducted by other professionals, including the midwife, doctor, or paediatrician. Some participants noted the quick nature of the discharge interview. Some participants experienced discharge as getting the paper handover, call to MHC, sign-out, and then departure.(Q2) One patient missed proactive or structured guidance at discharge and thought that patients should think a lot about what should be arranged themselves.(Q3)

> *Q1: "Yes, she gave me a lot of confidence. She was very sweet and I really needed that. I was very unsure. Um, just that I had to take the time and it would be fine if it didn't work out. Yes, she gave me courage…, but above all she gave me a lot of confidence and courage. So that was especially nice. " (P4)*
>
> Q2: *" a nurse in the room said, well you've got to sign out there and then you can just go. We have not actually received any information, in addition. Then we went home with three envelopes."* (P1)
>
> *Q3: "I even thought of getting one or two diclofenac's from the department. I got that too, but if you're in such a condition and you've lost the morphine pump just after surgery, you don't have such clear thoughts. And I thought you should think a lot about things yourself … Yes that was the change of shift, yes that's right yes. I have been able to ask all questions to the ladies who were there before, so that was the case. But not that I have the impression it is a proactive structured guidance."* (P13)

Little information at time of discharge

At discharge, nurses repeated important information. Nurses mainly provided information during hospitalization. The information that was provided depended on the nurse and the questions asked by participants.(Q4) Several participants could only recall having received information after in-depth questioning by the interviewer.(Q5) In cases of short hospitalization, patients received little to no information.

> *Q4: "I think you should ask yourself well. If you have questions, you should also ask them. I don't think you get the information differently, so to speak. I think so." (P2)*
>
> *Q5: "No I have to say the departure went pretty fast in the hospital… so I was told that everything was fine and I could go home, and yes it was and then we were allowed to go home" (P9)*

Limited parental involvement

Nurses did not typically ask about the patients' needs at discharge. Patients were also not involved in the creation of the written handover and just pass over the handover to MHC without considering their role in the transfer. However, patients considered the support of partners to be important.

Nurses do not ask about needs at discharge

At discharge, participants were not asked what they considered important to the transfer or the care they preferred to receive at home.(Q6) The adaption of daily care to the patients' needs depended on the nurse and the extent to which the patients indicated needs. Patients reported the hectic environment and the tendency to leave care to nurses made it more difficult to indicate needs in the hospital. Another example of not adapting to the patients' needs is a long wait a participant mentioned for her resignation letter before she was able to leave.

> *Q6: "I was just told that I was allowed to go home and that it was useful to call the maternity organization to let them know that we were allowed to go home and that was actually it." Interviewer: You were not asked what you needed or what you would like? "No I can't remember that. <Mrs. asked her partner> Not that I can remember anyway. " (P9)*

Patients are not involved in the written handover creation

The nursing handover is part of the resignation letter, which is a compilation of nursing and medical reports from the electronic medical record. Nurses typically wrote this paper handover without consulting the participants.(Q7)

Participants indicated that they did not require involvement in the content of the handover. Most participants were not aware of the contents of the handover and had not read it at time of the interview. Nevertheless, most participants viewed the handover as clear because it provided a good and careful transfer of information. One participant did not read the handover because she was told it was for MHC, the midwife, and the general practitioner and therefore believed it was not for her. Some participants stated that the letter contained information they had not received verbally. Participants who read the handover preferred to do so before discharge so they could ask questions or filter out errors.(Q8)

> *Q7: Interviewer: Have you been asked what you thought was important for the content? " No no, they are just made and given, that's right." (P2)*
>
> *Q8: Interviewer: Did you know the contents of those letters? "No, no only when I got home and only because maternity care said so, because I thought they were for the general practitioner, midwife and maternity care. I'm not going to look at that, it's not for me. Well, I should have done that, because then I could have been explained. but yeah." (P3)*

Patients just pass on the written handover

Generally, participants transferred the letter to the MHCAs. Almost all MHCAs read the letter in the patients' presence and asked in-depth questions about their childbirth and hospitalization. Patients told their story and answered these questions.

Patients do not consider their role in the transfer

No participant indicated a need for a more active role in the transfer. Patients were overwhelmed with their motherly duties and thus did not consider their role in the transfer. One participant stated that she did not know what was important to transfer to MHC. Participants were confident that all necessary information was transferred and that MHCAs were expected to ask questions in cases of ambiguity.(Q9)

> *Q9: Interviewer: What was your role in the transition to maternity care? "I have to say very little. She had the letter and it was all clear to her, I must say. We called her and I was at home and she came in five minutes later. She immediately asked for the letter and I think everything was clear to her. Or she must have discussed something with my friend, I don't know <laughing>." (P6)*

Partners provide important support

Partners were important for emotional support, helping to remember and the care of older children.(Q10,Q11) If partners were present at discharge, nurses did not actively involve them. Most partners helped practically (e.g., packing, obtaining wheelchairs and medication, or calling MHC). One partner performed the start-up with the MHCA because the mother was too tired. A single mother asked for help from a friend.

> *Q10: "I think he remembered everything in particular. That he was the one who stores everything and takes it home. Often he had to tell me, when I climbed into bed, you shouldn't do that, the midwife said he remembered that and so on. A little support." (P12)*
>
> *Q11: "Both my partner and I were on the phone at the time and then we did the telephone intake." Interviewer: What was the role of your partner in this? "He is always there, and has always helped, … without him it would have been impossible. Yes, he had a very active role in that. " (P13)*

A person-centred professional relationship stimulates patients' confidence

A person-centred approach and communication in dialogue increased patients' confidence.

Experiencing a person-centred approach

Participants viewed nurses and MHCAs as person-centred when they were attentive, interested, and accessible when questions arose.(Q12) Patients appreciated the personal attention they received and indicated that even when nurses had a lot of work to do, nurses took the time to give personal guidance. Twice, when discharge took place just after a nurse's shift, the patients missed the committed relationship with the nurse. The presence, personal attention, and guidance of the MHCAs were indispensable for almost all participants and provided confidence in caring for their newborn.

> *Q12: "Also very human, very involved and also thinking along with you. and also give tips that you think, yes I can do something with that, or I will try that out. ehm the person who helped with the discharge was also very friendly and she came every time just to check, is it going well eh can I help you with something, even though she was also working with someone next to me. so in that respect very friendly and just very involved and approachable. I thought that was very important. so I never had a moment when I thought oh I can't start asking for help now or I can't start asking that question now because that may seem crazy. No not at all." (P1)*

Nurses and MHCAs communicate with patients in dialogue

Patients rated the communication with nurses and MHCAs as clear and open. Decisions were made through consultation and were not imposed, enabling equality in conversation.(Q13) Some patients appreciated when nurses involved their partner in communication.

> *Q13: "Yes, she was very, very transparent, I thought she was very warm, and yes, very equivalent. I liked it a lot. She fit very well with what I needed at the time. It was clearly a very pleasant communication. She gave very clear tips on how to hold my breasts and how to hold them and that it was good and yes, that is of course fortunate that she sensed what I needed. But yes, I really liked that communication." (P4)*

MHCAs support patients to take over care

MHCAs supported patients to take over care for the newborn, provided practical support, ensured continuity of care, and provided information gradually. The patients' experiences with telephonic intake varied.

MHCAs provide practical support

The MHCAs quickly organized care at home by making the baby's bed safely and explaining how to make hot water bottles, how to prepare bottle feeding, and what to do that evening and night.(Q14) MHCAs also asked about the patients' needs and questions. Patients said they felt reassured and confident for the first night due to the presence and help of MHC. Two patients did not need MHC the first evening and night.

> *Quote 14: "exactly a maternity assistant who will start up with practical things in the first hours, how do you do this and how do you do that... and then she explained to us how it works with changing duvets, temperatures, making pitchers, making formula. In the hospital a hot water bottle is picked up and it is ready, and then there is just formula and it is ready and then it was explained which water you should or should not use or whether you should boil it or not, microwave and things like that and also how important it is to keep temperature and things like that." (partner P2)*

Experiences with telephone start-up varied

Due to the COVID-19 pandemic, start-ups in the evening and night were conducted by telephone with video call. One patient was consulted whether an in-person start-up was necessary.(Q15) However, she received a good experience with the telephonic start-up and received a list with concise information for her first night. Another patient had not been previously informed about the telephonic start-up. She felt left alone and misguided because she preferred the physical presence of an MHCA.(Q16)

> *Q15: "Um, yes, I had a known maternity care assistant. And when I got home we called video to see if she should come or not. But we had been taking care of you all day. So then we said, those few hours and that night uh we'll save it." (P10)*
>
> *Q16: "And then a misunderstanding arose, because I really only wanted to go home under the condition that the maternity care assistant could come by in the evening. But due to corona, that had become a telephone intake, they said. So yes that was disappointing. That was absolutely disappointing. Yeah, so I was really worried. And if I had known this, I would have liked to have stayed another night in the hospital... All I found, yes due to the circumstances I was thrown a bit into the deep with the communication with the maternity assistant and yes I was a bit desperate in the evening how it all happened." (P13)*

Continuity of care in transition from hospital to home

Most participants experienced continuity of care during the transition from hospital to MHC.(Q17) According most participants, MHCAs arrived shortly after their own arrival, the transition went smoothly, and practical care continued.(Q18) The breastfeeding plan from the hospital continued at home and was only modified in consultation with the patient after substantiating why a

change was needed. Some participants preferred an outline with advice and reasons why breastfeeding policy was adjusted to keep an overview. Participants appreciated only one MHCA provided care at home. In the hospital, several participants had been given different advice from multiple caregivers, due to nurses' personal preferences or more possible strategies.

> *Q17: "Um, I thought breastfeeding was very important and they actually took that right immediately. And they have always helped me with that, and maternity home care is now also doing that. So that was what I thought was most important and I just learned a lot in the hospital, so I already knew something when I received the maternity care, and that also saves a lot." (P11)*
>
> *Q18: "Yes perfect, because we had not been home for half an hour, when the maternity care was already there to support us in everything. So yes all went very smoothly. We were not in bed when the maternity care was on the doorstep." (P12)*

MHCAs provide information gradually.

Patients experienced the gradually provided information by the MHCAs as a structured information provision.(Q19) All MHCAs also supplemented verbal information with written information and personal notes for the patients' reference.(Q20) Information given by MHCAs was consistent with information given by nurses but was more detailed and learned how daily life could be adapted. Most participants made use of the written notes of the MHCAs despite not typically using written information.

> *Q19: "Yes it's not that she gives three hours of information, no. Yes very dosed. So what will come tomorrow, she says, for example today. It is not that she already told today about the whole week. That is also nice of course." (P6)*
>
> *Q20: " And then she wrote everything down on a note, which was important, because I thought the information bundle was a hassle at night. So she made a note here and wrote practical notes and she made sure that I was prepared, so that I could move forward. " (P4)*

Temporarily changed information processing

Most participants had a great need for information but experienced difficulties in storing information.

Having many questions

Most mothers felt insecure and had questions about topics such as newborn care, temperature policy, and procedures for caring for their body with regard to stitches caused by episiotomy or ruptures, the breasts, and prevention or care of nipple fissures.(Q21) All mothers who were

breastfeeding their newborn indicated a great need for information about breastfeeding, which was provided both at the hospital and at home. Mothers who were feeding formula also needed information about preparing and administering the formula due to bottles being ready-made in the hospital and information was missing. MHCAs provided this information at home.

First-time mothers generally seemed to need more information than multiparous mothers. However, multiparous mothers also experienced insecurities and gaps in information. On the other hand, one first-time mother had gained knowledge from her sister's experiences with pregnancy, childbirth, and the postpartum period.

> *Q21: "yes I think they tell the full story. But I am just a parent so I will always have hundreds of questions. So I think a little from that point of view." (P2)*

Difficulties in storing information

Almost all participants experienced changes in concentration and memory which influenced their ability to record information.[Q22,Q23] Participants reported feeling overloaded with information, and most participants did not remember all of the information they received at the hospital. Participants missed information about who to call when and instructions and pain relief after a caesarean section. Several participants indicated that their partner had retained information but that they could not do so themselves. A single mother emphasized nurses should advice to perform the transfer with a second party because of how difficult it was to remember the information herself. Several participants indicated a desire for a factsheet consisting of concise written information and practical tips. One participant reported that she easily found needed information online.

> *Q22: "When I look at myself, such a birth it is just... you get out of there and then you just don't store anything. You just have to recover." (P5)*
>
> *Q23: "But well if you just gave birth yes then... it comes in on one side and it goes out just as hard again." (P6)*

Discussion

The exploration of the patient's perspective on nurse handover to MHC resulted in five themes: *'Hospital nurses provide practical support', 'Limited parental involvement', 'A person-centred professional relationship stimulates patients' confidence', 'MHCAs support patients to take over care'*, and *'Temporarily changed information processing'.* Although patients generally experienced continuity of care and had positive experiences with discharge and transition of

care, nurses rarely involved patients and their partners during discharge and needs were not inventoried.

Participants did not prefer a larger role in discharge and transfer of care, but they also did not know what role they could take. Patient participation facilitates a patient-centred approach and leads to patient empowerment.[26] Therefore, nurses need more awareness of their role in this empowerment[27,28] and must support patient participation by acknowledging patient preferences and capacities for participation.[28] After childbirth, patients tend to leave care to nurses. Therefore, nurses even more need to ensure that mothers are involved and can regain control. Nurses can increase patient participation by actively paying attention to questions, discussing care options, encouraging the expression of preferences, and giving confidence that empower patients.[29] Empowering parents can improve parental mental health, and enhance parent-newborn interactions.[30]

Patients were satisfied with their current care, but they also indicated receiving little information and needs are not inventoried. Nurses could take a more professional role in coordinating discharge improvement.[31,32] Involving patients and their family[33] and paying attention to patient needs[34–36] improves the effectiveness of the nursing handover. Additionally, assessing and supporting parents' needs may improve their ability to participate in care and thus decrease psychological distress.[37] To incorporate improvements into the nursing process, a nursing discharge interview may facilitate the assessment of personal needs, evaluation of care, repeating, and emphasizing information, involvement of patients in handover creation, and encouragement of patients to read the handover before discharge.[38]

Mothers need much information but at the same time experience problems in storing information, which is underlined in literature.[39–42] Oral provision of information is insufficient and limits the recall of information.[43–46] Reinforcing the provided information with individualized documents can increase patient knowledge.[47] Awareness of patients' difficulties with storing information should be emphasized in education and clinical lessons. To ensure nurses are not only aware but also act accordingly, nursing leadership is needed to improve the provision of information, which may include learning colleagues skills of teach back, developing an information plan, and reporting what information is provided.[48]

An unexpected result of the study was the varied experiences with telephone start-ups conducted by MHCAs. This underlines the importance of informing patients of what they can expect from home care to better adjust their expectations and tailor care to patients' needs.[49]

Strengths of this study include maximum variation sampling to increase diversity, data collection until saturation was reached, and the use of interim analysis. The reliability of the

study was increased by working in a research team, including a senior researcher, and conducting independent coding. Data triangulation increased trustworthiness.

The limited number of young mothers in the study can be considered a limitation. However, each age category is represented in the sample, and the group size is understandable if the average age of motherhood is 30.9 years.[1] Additionally, both face-to-face and telephonic interviews were used. Literature suggests that telephonic interviews are a representative method of qualitative research,[50,51] and interview durations were comparable. This study was also limited to Dutch-speaking patients. It would be worthwhile to investigate the experiences of non-Dutch-speaking patients, because hindered communication may affect involving patients, needs assessment and information provision.

This study implies a need for nursing leadership to increase awareness of the nursing role in and importance of patient participation. Nurses are responsible for teaching parents to take care of their newborn and for providing person-centred care. Discharge could be improved by a more person-oriented approach, in which nurses actively involve patients. Besides, structural information provision can be promoted by developing an integrated information plan in cooperation with MHC and parents. Increased participation, a more person-orientated approach, and improved information provision that accounts for personal needs and temporarily problems with storing information could improve satisfaction, decrease distress, improve parent-newborn interaction, thus increase independence and confidence in caring for the newborn. Future research should explore how nurses can best involve parents in discharge and transfer of care and should also explore the experiences of younger and non-Dutch-speaking mothers.

Conclusion

Despite patients' typically positive experiences with discharge and transfer of care to maternity home care, nursing leadership is required to strengthen and professionalize discharge- and transition-related nursing by integrating evidence-based practice, patient-centred care, and patient involvement, which will increase patient satisfaction and empowerment and decrease distress, therefore improving parent-newborn interaction.

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Tables and figures

Table I Participants Characteristics

Participant (n=12)	Age (in Years)	Parity	Mode of birth	Feeding modus
1	31 ≤ 35	M[#]	CS	BF
2	31 ≤ 35	P	CS	BF + SF
3	≤ 25	M	CS	FF
4	31 ≤ 35	P	CS	BF + SF
5	31 ≤ 35	P	VB	BF + APM
6	> 35	P	VB	FF
7	> 35	M	VB	BF
8[**]				
9	26 ≤ 30	P	VB	BF
10	31 ≤ 35	M	VB	BF
11	26 ≤ 30	P	VB	BF
12	26 ≤ 30	P	VB	BF
13	> 35	M	CS	BF

Legend: (P) Primiparous, (M) Multiparous, (CS) Caesarean section, (VB) Vaginal Birth, (BF) Breast Feeding, (FF) Formula Feeding, (SF) Supplementary Feeding, (APM) Antenatally Pumped Milk

[#] Participant 1 had her first living child, [**] Participant 8 dropped out

Table II Themes

Themes	**content**
Hospital nurses provide practical support	Nurses provide practical support but conduct no discharge interview
	Little information at time of discharge
Limited parental involvement	Nurses do not ask about needs at discharge
	Patients are not involved in the written handover creation
	Patients just pass on the written handover
	Patients do not consider their role in the transfer
	Partners provide important support
A person-centered professional relationship stimulates patients' confidence	Experiencing a person-centred approach
	Nurses and MHCAs communicate with patients in dialogue
MHCAs support patients to take over care	MHCAs provide practical support
	Experiences with telephone start-up varied
	Continuity of care in transition from hospital to home
	MHCAs provide information gradually
Temporarily changed information processing	Having many questions
	Difficulties in storing information.

Appendix A TOPICLIST

Introduction:	Introduce myself, aim, approach, anonymity, recording, duration
General questions:	Age, mode of delivery, number of children, feeding modus newborn
Emotional state:	How do you feel?

Part 1 Hospital discharge

Opening question: Can you tell me your experiences about the care you received when you heard you could go home?

Topics	Questions
Relationship with healthcare provider/ **Communication**	How did the nurse / maternity care assistant take care of you during discharge? How do you describe the communication with the nurse/ maternity care assistant?
Experienced involvement	What was your role in (nursing) transfer?
Tailor to needs	How were your needs taken into account during the transfer?
Information provision and information needs	Did you receive information from the nurse / maternity care assistant at the moment of discharge? If so, what information and how? Has been checked whether you have understood the information? What information did you miss?
Continuity of care	What do you think the nurse or maternity care assistant did to ensure that the care for you and your child was well organized at home?

Part 2 Homecoming and takeover of care by maternity home care

Opening question: Can you tell me your experiences about the care when you were at home and the maternity nurse came?	
Topics	Questions
Relationship with healthcare provider/ Communication	How did the maternity home care assistant take care of you at home? How do you describe the communication with the maternity home care assistant?
Experienced involvement	How did the maternity nurse get the information she needed?
Tailor to needs	How was care tailored to your needs?
Information provision and information needs	Did you receive information from the maternity nurse at home? If so, what information and how? Has been checked whether you have understood the information? What information did you miss?
Continuity of care	How did you experience the transition from hospital to home care?
Experiences partner (if relevant and not present)	How do you think your partner experienced hospital discharge and transition?

Closure:

- Short summary. (Member check)
- Have you been able to tell everything you think is important about this topic?
- Thank you for participating.

Appendix B THE SIX PHASES OF THEMATIC ANALYSIS

Appendix B Table 1 The six phases of thematic analysis[24,52].

Phase	Description
1. Familiarising yourself with your data	Transcribing data, reading and re-reading the data, noting down initial ideas (MvV).
2. Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code (MvV, MHG).
3. Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme (MvV, MHG, MH).
4. Reviewing themes	Checking themes work in relation to the coded extracts (level 1) and the entire data set (level2), generating a thematic 'map' of analysis (MvV).
5. Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells; generating clear definitions and names for each theme (MvV, MHG, MH).
6. Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research (MvV)

Appendix C CODELIST

Codelist (in dutch)

afstemmen_behoefte_afhankelijk aangeven behoefte

afstemmen_behoefte_thuis_makkelijker wensen aangeven

afstemmen_behoefte_ziekenhuis én kraamzorg_beide goed

afstemmen_behoefte_ziekenhuis meer

afstemmen_behoefte_ziekenhuis_met CAD naar huis_samenspraak verloskundige 1e lijn

afstemmen_behoefte_ziekenhuis_patient laat het over zich heen komen

afstemmen_behoefte_ziekenhuis_zorg in overleg

continuiteit_kraamzorg_dezelfde personen

continuiteit_ziekenhuis_goede overdracht tussen diensten

continuiteit_ziekenhuis_verschillende aanpak verpleegkundigen

continuiteit_ziekenhuis_verschillende aanpak zorgverlener_toelichtig verzorging pasgeborene en uitleg waarom

gynaecoloog_aandacht & informatie

gynaecoloog_informatie_mondeling

houding_verpleegkundige_transparant, warm & gelijkwaardig

kinderarts_informatie_mondeling_afspraak echo heupen

kinderarts_informatie_mondeling_er gaat zoveel langs je heen

kinderarts_informatie_mondeling_laagdrempelig bellen_voeding of groeien niet goed

kinderarts_informatie_mondeling_ruisje_aandachtspunten

kinderarts_ontslagbrieven

kraamzorg_advies_bijvoeden met slangetje veranderen_met onderbouwing

kraamzorg_afstemmen behoefte_observatie, aanvoelen en vragen

kraamzorg_afstemmen_behoefte_aanvoelen_gelijk goed

kraamzorg_afstemmen_behoefte_alles kon gevraagd & besproken worden

kraamzorg_afstemmen_behoefte_besluit nemen

kraamzorg_afstemmen_behoefte_dagelijks

kraamzorg_afstemmen_behoefte_dagelijks voorbespreken avond & nacht

kraamzorg_afstemmen_behoefte_intake_wensen aangeven

kraamzorg_afstemmen_behoefte_per dag_wat nu nodig

kraamzorg_afstemmen_behoefte_vragen

kraamzorg_afstemmen_behoefte_zien moeheid_informatie voor nacht naar partner

kraamzorg_afstemmen_plan_dagelijks

kraamzorg_benodigdheden_borstvoeding en kolven

kraamzorg_bij thuiskomst aanwezig

kraamzorg_communicatie_prettig_kan mezelf zijn

kraamzorg_communicatie_vraagt of er vragen zijn, kan heel makkelijk alles zeggen

kraamzorg_continuiteit van zorg_ze pakt het gewoon op

kraamzorg_continuiteit_advies van ziekenhuis niet gelijk van tafel wuiven

kraamzorg_continuiteit_zorg moeder & pasgeborene

kraamzorg_houding_aardig & fijn

kraamzorg_houding_fijn & geruststellend

kraamzorg_houding_open en fijne vrouw

kraamzorg_houding_rustig, ze wás er, paste zich aan

kraamzorg_houding_schat, alsof ze al weken rondloopt

kraamzorg_informatie en sturing_buiten roken

kraamzorg_informatie_dagelijks plan

kraamzorg_informatie_mondeling & oefenen

kraamzorg_informatie_mondeling_beantwoorden van vragen

kraamzorg_informatie_mondeling_borstvoeding en kolven

kraamzorg_informatie_mondeling_borstvoeding, ontstoken ogen, verzorging pasgeborene

kraamzorg_informatie_mondeling_combinatie van vragen en wat kraamzorg belangrijk vindt

kraamzorg_informatie_mondeling_flesvoeding maken

kraamzorg_informatie_mondeling_gedoseerd per dag

kraamzorg_informatie_mondeling_hoe dagelijks leven aanpassen

kraamzorg_informatie_mondeling_meer informatie en meer gedetailleerd

kraamzorg_informatie_mondeling_veel en veel geleerd

kraamzorg_informatie_mondeling_verzorging, voeding, alles eigenlijk

kraamzorg_informatie_mondeling_voeding, herstel, teveel om op te noemen

kraamzorg_informatie_mondeling_wanneer verloskundige & gehoortest

kraamzorg_informatie_opschrijven

kraamzorg_informatie_opschrijven borstvoedingsschema's

kraamzorg_informatie_opschrijven scenario's borstvoeding

kraamzorg_informatie_opschrijven vraag & antwoord

kraamzorg_informatie_opschrijven_flesvoeding, temperatuur en kruik

kraamzorg_informatie_opschrijven_praktisch voor 'snachts

kraamzorg_informatie_opschrijven_wat er gebeurt

kraamzorg_informatie_opschrijven_wat verteld is

kraamzorg_informatie_schriftelijk_algemeen_niet nodig gehad_kraamzorg aanwezig

kraamzorg_informatie_schriftelijk_algemene informatie

kraamzorg_informatie_schriftelijk_fijn_dagelijks terugkijken_voedingstijden

kraamzorg_informatie_schriftelijk_gedoseerd

kraamzorg_informatie_schriftelijk_gelezen voor geboorte, daarna niet

kraamzorg_informatie_schriftelijk_veilig slapen

kraamzorg_informatie_veilig slapen, borstvoeding, badje

kraamzorg_informatie_vooral mondeling

kraamzorg_intake belangrijk_bekend met voorgeschiedenis

kraamzorg_ontslagbrief uitgebreid_alles stond er in

kraamzorg_ontslagbrieven_duidelijk

kraamzorg_ontslagbrieven_geen aanvullende vragen

kraamzorg_ontslagbrieven_lezen

kraamzorg_ontslagbrieven_lezen_dag later

kraamzorg_ontslagbrieven_lezen_patient niet aanwezig

kraamzorg_opstart_ praktische hulp en informatie

kraamzorg_opstart_alles in orde maken, geruststellen

kraamzorg_opstart_andere kraamverzorgende

kraamzorg_opstart_hoe is bevalling gegaan, doorspreken kraamweek

kraamzorg_opstart_in twee uur tijd_het komt goed

kraamzorg_opstart_informatie_hoe nacht doorkomen

kraamzorg_opstart_informatie_mondeling_veel_zorg baby_kruiken

kraamzorg_opstart_kennsimaken, bevalling, hoe gaat het

kraamzorg_opstart_met partner_kraamvrouw moe

kraamzorg_opstart_moe, duf, suf_veel informatie

kraamzorg_opstart_telefonisch_ander gevoel dan iemand die meekijkt

kraamzorg_opstart_telefonisch_goed dat het er was, liever persoonlijk en thuis

kraamzorg_opstart_telefonisch_kraamwijzer als leidraad

kraamzorg_opstart_telefonisch_lijstje doorgelopen en vragen gesteld

kraamzorg_opstart_telefonisch_ontslag_in diepe gegooid_wanhopig

kraamzorg_opstart_telefonisch_samen met partner

kraamzorg_opstart_telefonisch_videobellen_overleg of ze moest komen

kraamzorg_opstart_telefonisch_videobellen_standaardlijst info opgestuurd

kraamzorg_opstart_telefonisch_voelde alleen gelaten, niet goed begeleid van geen kant

kraamzorg_opstart_verdiepende vragen_hoe is het ervaren

kraamzorg_opstart_verzorging pasgeborene & bellen verloskundige s'nachts

kraamzorg_opstart_vraagt hoe patient het vond

kraamzorg_opstart_wederzijdse verwachtingen

kraamzorg_overdracht_stelt aanvullende vragen

kraamzorg_overdracht_stelt belangrijke vragen

kraamzorg_overdracht_stelt vragen ter verduidelijking

kraamzorg_overdracht_vragen & kletsen

kraamzorg_start thuis_na telefonische intake_meekijken, informatie, vragen beantwoorden, helpen voeding

lactatiekundige_langsgeweest_kolven gelukt

lactatiekundige_uitleg handkolven, benodigdheden meegegeven

partner_betrokken_verzorging pasgeborene_ziekenhuis

partner_ervaring_fijn dat kraamzorg er is

partner_ervaring_goed

partner_ervaring_hetzelfde_niet gunstig

partner_ervaring_leerproces_ziekenhus & kraamzorg

partner_ervaring_nurses helpful, kraamzorg at home, smooth

partner_ervaring_ontslag_enveloppen krijgen & afmelden

partner_ervaring_ontslag_lang wachten_

partner_ervaring_ontslag_verloopt goed

partner_ervaring_ontslag-niet meegekregen_zorg oudste kind

partner_ervaring_wel prima_niets gemist

partner_geen informatie maken kruik en flesvoeding_in ziekenhuis

partner_hulp_wat moest

partner_infomatie bekend_heeft ouder kind

partner_informatie_afspraak_online terugvinden

partner_informatie_behoefte uitleg en waarom

partner_informatie_behoefte_praktische informatie

partner_informatie_behoefte_schriftelijk_kort overzicht

partner_informatie_behoefte_tweede kind_dingen komen snel terug

partner_informatie_mondeling_geluisterd

partner_informatie_mondeling_niet geluisterd

partner_ontslagbrieven_wachten

partner_rol_actieve rol_zonder hem onmogelijk_informatie onthouden_ondersteuning, support

partner_rol_alles onthouden en ondersteuning

partner_rol_halen rolstoel

partner_rol_medicatie halen & dosering navragen apotheek

partner_rol_rustgeven in emoties

partner_veel informatie_onthoudt alleen belangrijkste

partner_vertrouwen_thuis komt goed

patient_aangeven_behoefte_op bel drukken_jezelf er aan over geven

patient_advies_alleenstaand_overdracht inhoudelijk samen met iemand.

patient_afstemmen_behoefte_afhankelijk zorgverlener

patient_afstemmen_behoefte_focus op borstvoeding_uitgesproken

patient_afstemmen_behoefte_in ziekenhuis_aan bed gekluisterd_weinig keuze

patient_afstemmen_behoefte_kraamzorg_noodzakelijk

patient_afstemmen_behoefte_lang wachten_ontslag voor overdracht

patient_afstemmen_behoefte_minder uren kraamzorg ook prima

patient_afstemmen_behoefte_thuis meer rust en ruimte

patient_afstemmen_behoefte_ziekenhuis hectischer_zeg maar wat ik moet doen, neem maar uit handen

patient_afstemmen_behoefte_ziekenhuis_ontslag_niet dat ik me kan herinneren

patient_afstemmen_behoefte_ziekenhuis_weet ik niet zo goed

patient_afstemmen_behoeften_in ziekenhuis_wordt het bepaald thuis meer zelf_fijn, ik weet het niet.

patient_als iets niet meer weet_verloskundige bereikbaar

patient_behoefte geruststelling& vertrouwen_onzeker

patient_behoefte vertrouwen & moed_onzeker

patient_behoefte_advies_ontslag en overdracht samen met iemand.

patient_behoefte_alleen zijn

patient_behoefte_betrokken persoon die helderder nadenkt

patient_behoefte_duidelijke informatie

patient_behoefte_eerste kindje weet je niks

patient_behoefte_handout_praktische tips, wat mag wel/niet

patient_behoefte_informatie tijdens opname_waarom deze aanpak

patient_behoefte_informatie_schriftelijk_lijstje voor 1e nacht_staat niet in kraamwijzer

patient_behoefte_informatie_uitleg waarom

patient_behoefte_informatie_wie wanneer bellen

patient_behoefte_kraamzorg geeft zelf aan_weinig te doen_gaat eerder naar huis

patient_behoefte_kraamzorg zo vroeg mogelijk in de ochtend

patient_behoefte_medisch_helikopter overview

patient_behoefte_ontslagbrieven_doorlezen_voor ontslag

patient_behoefte_ontslagbrieven_uitleg

patient_behoefte_ook bij 2e kind_borstvoeding_hoe moet ik dat nu doen?

patient_behoefte_richtlijn_borstvoedingsschema

patient_behoefte_thuis_niets meer aan hoofd

patient_behoefte_verpleegkundige_neemt bewust de tijd

patient_behoefte_wat mag wel & niet na buikoperatie

patient_beperkt betrokken_verzorging pasgeborene_ziekenhuis_na sectio

patient_betrokken_verzorging pasgeborene_thuissituatie

patient_bij thuiskomst_vriendin helpt praktisch

patient_binnenlopen gynaecologe_fijn & toevoeging

patient_continuiteit_goed_kraamzorg was er snel

patient_continuiteit_ja_focus op borstvoeding_prioriteit patient

patient_continuiteit_zorg liep door_echt goede kraamzorg

patient_één kraamverzorgster_fijn

patient_ervaart drukte_verpleegkundigen geven geen gevoel van drukte

patient_ervaart geluk_verpleegkundige voelt aan wat ze nodig heeft.

patient_ervaart gevoel van falen_verpleegkundige legt belang bijvoeding uit

patient_ervaring_behoefte aan uitleg_niet assertief genoeg dit te vragen

patient_ervaring_geen fijn contact_niet willen bellen

patient_ervaring_indrukwekkend, overlevingsstand, hoofd wollig

patient_ervaring_kan niet helder denken

patient_ervaring_praktische dingen_niet bij kunnen benen

patient_focus op kind_vergeet zichzelf

patient_geeft wensen aan_ingaan tegen advies

patient_geen behoefte_informatie op papier_informatie online & verloskundige

patient_geen informatie gemist

patient_geen informatie gemist_kraamverzorgende & verloskundige thuis wisten ook alles

patient_geinformeerd_inhoud ontslagbrieven

patient_gevoel_impact_niet voor te stellen_niet op voor te bereiden

patient_gevoel_onzeker_wat moet ik met dat hummeltje

patient_herinnert geen informatie_ hoe niet belasten buikspieren na sectio

patient_informatie gemist_misschien wel weet alleen niet wat

patient_informatie in ziekenhuis_komt ene kant in & andere kant uit

patient_informatie temperatuur opzoeken_onzeker

patient_informatie ziekenhuis_te kort voor alle informatie

patient_informatie_al bekend bij tweede kind

patient_informatie_behoefte_adviezen & tips op papier_als zonder partner

patient_informatie_behoefte_beknopte schriftelijke informatie

patient_informatie_behoefte_borstvoeding

patient_informatie_behoefte_checken gegeven informatie

patient_informatie_behoefte_informatie krijgen mét partner of op papier

patient_informatie_behoefte_informatie op papier

patient_informatie_behoefte_na sectio

patient_informatie_behoefte_net ouder_honderden vragen

patient_informatie_behoefte_overzicht_advies en waarom

patient_informatie_behoefte_pijnstilling

patient_informatie_behoefte_praktische informatie

patient_informatie_behoefte_schriftelijk_1e hulp pakketje voor 1e avond_moeder, kind, borstvoeding, medicatie

patient_informatie_behoefte_schriftelijke informatie_aandachtspunten

patient_informatie_behoefte_temperatuur

patient_informatie_behoefte_tweede kind makkelijker_je weet al dingen,maar 1e keer anders

patient_informatie_behoefte_wie wanneer bellen

patient_informatie_gat_als geen kraamzorg_wist daarvoor behoefte niet

patient_informatie_gemist_buikspieren na sectio_zelf uitzoeken door lezen

patient_informatie_ik hoef niet direct informatie

patient_informatie_kruiken nieuw_eerste kind in zomer

patient_informatie_mondeling_belangrijke info_notitie op telefoon gemaakt

patient_informatie_mondeling_dosering pijnstilling onduidelijk

patient_informatie_mondeling_gaat langs je heen

patient_informatie_mondeling_gekregen_autorijden & geslachtsgemeenschap

patient_informatie_mondeling_in ziekenhuis

patient_informatie_mondeling_je slaat niks op

patient_informatie_mondeling_kan niet herinneren_niet meest heldere momenten

patient_informatie_mondeling_meeste van iets met een witte jas

patient_informatie_mondeling_niet allemaal nieuw_bevalling & kinderen zus

patient_informatie_mondeling_niet gehad voor pasgeborene_niet gemist_kraamzorg komt en weet dat

patient_informatie_mondeling_niet gemist_anders vraag zuspatient_informatie_mondeling_niet meegekregen_toestand na operatie

patient_informatie_mondeling_niet onthouden_aan partner gegeven?

patient_informatie_mondeling_niet onthouden_partner belangrijk

patient_informatie_mondeling_niet onthouden_partner was erbij, wel onthouden

patient_informatie_mondeling_niet onthouden_voordoen in praktijk helpt

patient_informatie_mondeling_niets gemist_partner heeft het onthouden

patient_informatie_mondeling_onthoudt alleen belangrijkste

patient_informatie_mondeling_ontslag voldoende_kraamzorg vangt je thuis op

patient_informatie_mondeling_partner kan mogelijk helpen

patient_informatie_mondeling_sla ik niet op_eerste dagen in roes

patient_informatie_mondeling_staat ook in ontslagbrieven

patient_informatie_mondeling_veel_mogelijk niet alles onthouden

patient_informatie_mondeling_veel_weet niet meer wat

patient_informatie_mondeling_weet niet wat er allemaal gezegd is

patient_informatie_mondeling_weinig klachten of problemen dan wordt niet veeldoorgesproken

patient_informatie_mondeling_wel onthouden

patient_informatie_mondeling_ziekenhuis en kraamzorg zelfde informatie

patient_informatie_niet meegekregen_wat wel/niet mag met wond

patient_informatie_schriftelijk_kraamzorg_niet gelezen

patient_informatie_weet niet of informatie gemist

patient_informatie_ziekenhuis en kraamzorg_geen verschillen

patient_informatie_ziekenhuis en kraamzorg_zelfde, kraamzorg gaat er dieper op in

patient_inhoud ontslagbrieven_is verteld maar kan niet terug zeggen

patient_intake_behoefte_geruststelling & vertrouwen voor 1e nacht

patient_kolfboekje_zit nog in envelop

patient_multipara_informatie bekend_uit verleden

patient_niet betrokken_verzorging pasgeborene_ziekenhuis

patient_niet betrokken_verzorging pasgeborene_ziekenhuis_korte opname

patient_ontslag net na dienstwissel_minst warme contact

patient_ontslag_2 dagen na sectio_niet fijn

patient_ontslag_2 dagen na sectio_voorwaarde kraamzorg_telefonische intake ivm corona

patient_ontslag_2 dagen na sectio_vragen stellen, ruimte nog nacht blijven, gestuurd richting ontslag

patient_ontslag_je moet meedenken_niet in staat erg mee te denken

patient_ontslag_medicijnen meegekregen

patient_ontslag_na dienstwissel_geen proactieve gestructureerde begeleiding

patient_ontslag_snel & weinig informatie

patient_ontslag_uur wachten op handtekening

patient_ontslag_vragen kunnen stellen

patient_ontslag_zelf veel aan dingen moeten denken

patient_ontslag_zorg van ziekenhuis_kraamzorg bellen en succes

patient_ontslagbrieven_2e graadsruptuur versus gezegd paar losse hechtingen

patient_ontslagbrieven_behoefte_doorlezen voor ontslag

patient_ontslagbrieven_behoefte_uitleg indeling brieven

patient_ontslagbrieven_bevat informatie die mw niet meegekregen heeft

patient_ontslagbrieven_bevat overgaan algehele narcose

patient_ontslagbrieven_eerder laten lezen, dan volgende dag weer vergeten_hoofd in anderewereld

patient_ontslagbrieven_fout geboortegewicht

patient_ontslagbrieven_gekregen

patient_ontslagbrieven_gelezen_later in de week

patient_ontslagbrieven_gelezen_thuis

patient_ontslagbrieven_gynaecoloog_mist bijzonderheden kind

patient_ontslagbrieven_informatie_bloedsuiker niet relevant_checks afgesloten

patient_ontslagbrieven_inhoud bekend

patient_ontslagbrieven_inhoud onbekend

patient_ontslagbrieven_inhoud onbekend_maar lijkt logisch

patient_ontslagbrieven_inhoud_niet mee bezig

patient_ontslagbrieven_kraamzorg heeft alles goed doorgekregen

patient_ontslagbrieven_let op dit..

patient_ontslagbrieven_lezen beschrijving bevalling_verdrietig

patient_ontslagbrieven_mist tijden en hoeveelheid bijvoeding

patient_ontslagbrieven_niet gelezen

patient_ontslagbrieven_niet weten lezen mag

patient_ontslagbrieven_niets gemist

patient_ontslagbrieven_uitgeprint_sneller pakken

patient_ontslagbrieven_verkeerde apgar_stress

patient_ontslagbrieven_wachten niet erg

patient_ontslagbrieven_wist inhoud niet heel erg goed

patient_ontslaggesprek_snel, tijdens voeden, niet na kunnen denken over vragen

patient_opstart_kraamzorg_kan niet veel herinneren

patient_overdracht_kraamzorg_samen met vriendin

patient_overdracht_niets gemist

patient_overdracht_praktische zorg_goed verlopen

patient_overgang ziekenhuis/thuis_fijn verlopen

patient_overgang zorg_geen verschil

patient_partner fijn die heft in handen neemt

patient_prettig_partner geinformeerd

patient_relatie & communicatie kraamzorg_goed met paar minpuntjes

patient_rol partner_betrokken bij ontslag_niet langs zijlijn

patient_rol_alleen geven brieven_het liep allemaal

patient_rol_beantwoorden vragen_kraamzorg

patient_rol_inhoud ontslagbrieven_betrokkenheid_weet niet of dat gevraagd is

patient_rol_inhoud ontslagbrieven_geen behoefte betrokkenheid

patient_rol_inhoud ontslagbrieven_niet betrokken

patient_rol_inhoud ontslagbrieven_weet niet wat belangrijk is om over te dragen

patient_rol_kraamzorg bellen

patient_rol_ontslagbrieven_geven

patient_rol_ontslagbrieven_niet zoveel van meegekregen

patient_rol_overdracht_geen behoefte

patient_rol_vertellen

patient_rol_vertellen wat ik nodig heb

patient_rol_vertellen_belangrijk gevoelenskant

patient_rol_zou behoeften aangeven

patient_thuis zoveel mogelijk zelf willen doen

patient_vertrouwen_door kraamzorg

patient_vertrouwen_door kraamzor_maar had eerste avond zonder ook gered

patient_vertrouwen_door kraamzog_rust & er is iemand thuis

patient_vertrouwen_het komt goed thuis

patient_vertrouwen_kraamverzorgende is er én mijn partner is er

patient_vertrouwen_kraamzorg vraagt informatie

patient_vertrouwen_overdracht goed

patient_vertrouwen_overdracht zorgvuldig

patient_voorkeur informatie_mondeling

patient_voorkeur_informatie_gedurende opname

patient_vragen stellen_nodig voor uitleg advies

patient_weet niet of herinneringen compleet zijn

patient_wisselend advies_borstvoeding_meerdere zorgverleners

patient_wisselend advies_wekken voor flesvoeding_meerdere zorgverleners

verloskundige_aandacht_voldoende

verloskundige_informatie_mondeling_advies niet roken

verloskundige_informatie_mondeling_advies_rust na sectio

verloskundige_informatie_mondeling_bloediingen & stolsels

verloskundige_informatie_mondeling_borstvoeding/ kolven

verloskundige_informatie_mondeling_controle telefonisch ivm corona

verloskundige_informatie_mondeling_informatie aandachtspunt plassen

verloskundige_informatie_mondeling_wie wanneer bellen

verloskundige_miscommunicatie_verloskundige 1e lijn niet gebeld na ontslag

verpleegkundige_aandacht_voldoende

verpleegkundige_advies_bellen kraamzorg

verpleegkundige_advies_blijf nog even mee eten

verpleegkundige_advies_blijf voor lunch

verpleegkundige_advies_geboorteaangifte binnen 3 dagen

verpleegkundige_afstemmen_behoefte_praktische dingen_inpakken & aankleden

verpleegkundige_afstemmen_behoefte_tijd nemen, doorvragen, informatie geven

verpleegkundige_afstemmen_behoeften_kon krijgen wat ik wou

verpleegkundige_benodigdheden_borstvoeding en kolven

verpleegkundige_check patient_nog vragen?

verpleegkundige_communicatie_duidelijk

verpleegkundige_communicatie_fijn & duidelijk

verpleegkundige_communicatie_goed

Verpleegkundige_communicatie_niet veel gesproken_kort op kraam geweest

verpleegkundige_communicatie_vragend & niet bepalend_fijn

verpleegkundige_continuiteit_door schrijven overdracht, moed inpraten en vertrouwen meegeven

verpleegkundige_controles pasgeborene en moeder

verpleegkundige_houding_ vriendelijk & behulpzaam

verpleegkundige_houding_aardig, nemen tijd, goede informatie, partner betrekken

verpleegkundige_houding_betrokken en benaderbaa

verpleegkundige_houding_lief

verpleegkundige_houding_rustig, nam tijd en goede hulp

verpleegkundige_hulp_aankleden baby & maxi-cosi

verpleegkundige_hulp_borstvoeding

verpleegkundige_hulp_flesvoeding_voor ontslag

verpleegkundige_hulp_inpakken

verpleegkundige_hulp_inpakken, opstaan, klopt alles, maxi-cosi

verpleegkundige_hulp_kolf huren

verpleegkundige_hulp_voeding_voor ontslag

verpleegkundige_informatie_geen informatie over flesvoeding maken

verpleegkundige_informatie_mondeling_afhankelijk van gestelde vragen

verpleegkundige_informatie_mondeling_alleen mondeling

verpleegkundige_informatie_mondeling_alleen pijnstilling_niet onthouden

verpleegkundige_informatie_mondeling_basic verzorging

verpleegkundige_informatie_mondeling_bij ontslag_alleen pijnstilling

verpleegkundige_informatie_mondeling_borstvoeding & douchen zonder zeep

verpleegkundige_informatie_mondeling_borstvoeding & flesvoeding

verpleegkundige_informatie_mondeling_borstvoeding, kloven, zalf meegegeven

verpleegkundige_informatie_mondeling_door de dag heen_tips

verpleegkundige_informatie_mondeling_flesvoeding_uitleg waarom

verpleegkundige_informatie_mondeling_geen

verpleegkundige_informatie_mondeling_hechtingen, ijsverband, harde stoel

verpleegkundige_informatie_mondeling_herhalen

verpleegkundige_informatie_mondeling_pijnlijke tepels, meegeven zalf

verpleegkundige_informatie_mondeling_pijnstilling_na vraag patient

verpleegkundige_informatie_mondeling_praktische tips

verpleegkundige_informatie_mondeling_rustig aan, niet lopen

verpleegkundige_informatie_mondeling_temperatuur & wie, wanneer bellen

verpleegkundige_informatie_mondeling_tijdens opname

verpleegkundige_informatie_mondeling_tijdens opname_geen

verpleegkundige_informatie_mondeling_tijdens opname_veel

verpleegkundige_informatie_mondeling_vitamine D&K

verpleegkundige_informatie_mondeling_waar bijvoeding kopen

verpleegkundige_informatie_mondeling_wat wel & niet doen, wanneer aan bel trekken

verpleegkundige_informatie_symptomen_lage bloedsuiker pasgeborene

verpleegkundige_medicatie_meegegeven

verpleegkundige_moed inpraten_borstvoeding & flesvoeding

verpleegkundige_ontslag_afmelden

verpleegkundige_ontslag_beantwoorden vragen patient

verpleegkundige_ontslag_doe rustig aan

verpleegkundige_ontslag_geen informatie

verpleegkundige_ontslag_pijnstilling meegegeven

verpleegkundige_ontslag_tijd genoeg_eerst nog voeden

verpleegkundige_ontslag_voldoende tijd om te pakken

verpleegkundige_ontslagbrieven_geven

verpleegkundige_ontslagbrieven_in orde maken

verpleegkundige_ontslagbrieven_tepelhoedje & bijvoeden spuitje en slangetje

verpleegkundige_ontslagbrieven_vlot

verpleegkundige_vertrouwen geven

verpleegkundige_zorg_pasgeborene & moeder

vrijwilliger_hulp aangeboden

vrijwilliger_hulp aangeboden_niet op gewacht