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Abstract

Standardizing Postpartum Discharge Instructions With an Educational Video: A Quality Improvement Project

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Abstract

Background: The World Health Organization (WHO) estimates that, in the United States, 1200 women annually experience perinatal events that prove fatal and 60,000 suffer complications that are near-fatal. Postpartum morbidity and mortality may be decreased by explicit patient education. At our institution, the maternal discharge education process was varied among providers. Of the available literature, most focus on maternal knowledge of pediatric concerns with a limited amount of studies looking at maternal postpartum health.

Objective: The objective of this quality improvement project is to standardize postpartum education with the use of a postpartum education video available on a bedside tablet in order to improve maternal perception and knowledge of postpartum warning signs.

Methods: This prospective cohort study was designed using a patient survey which was administered to evaluate the effectiveness of the maternal discharge education procedures in our institution. The baseline results were reviewed by a team of physicians and nurses. A 10-question survey was provided to patients following the birth of their first baby about maternal warning signs and complications after discharge from the hospital. A standardized discharge education video was created using information from ACOG and AWHONN. The video was made accessible on bedside tablet devices. Patients were able to indicate understanding or request clarification on the devices after review of the materials, and this was communicated from the tablets to the electronic health record. All postpartum nurses were trained on the video content and how to operate the tablets. Survey responses were collected via bedside tablets following implementation of the video and were compared with the baseline results. Educational information was available to patients after discharge from the hospital via a patient portal.

Results: Twenty-nine women were surveyed prior to implementation of the standardized educational video available on bedside tablets. After implementation, 50 women were surveyed. Comparison of the survey responses showed there was an increase in patient-reported knowledge and understanding in all 10 questions on the survey. Of those, 4 areas were statistically significant with P values <.05: when to call 911 (82.8% before and 98% after), when to call your doctor (75.9% before and 98.0% after), heavy vaginal bleeding (62.1% before and 87.8% after), and symptoms of acute blood loss (51.7% before and 83.7% after).

Conclusions: The implementation of a postpartum education video available to patients on bedside tablets improved and standardized workflow for routine postpartum care and discharge processes. Survey questions regarding patient knowledge and perception of when to call 911, when to call your doctor, heavy bleeding, and signs of acute blood loss were all noted to be statistically significant. The improved perception of postpartum warning signs after the educational video appears to be beneficial in patient education at this high volume OB institution. The establishment of this platform for education became a model for education in other hospital units using bedside tablets. The use of a multidisciplinary team to review, revise, and standardize the postpartum education program at our institution was well received and supported by nurses, providers, and ultimately patients.

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