Please find below the results of your literature search request.

If you would like the full text of any of the abstracts included, or would like a further search completed on this topic, please let us know.

We'd appreciate feedback on your satisfaction with this literature search. Please visit http://www.hello.nhs.uk/literature_search_feedback.asp and complete the form.

Thank you

**Literature search results**

<table>
<thead>
<tr>
<th>Search completed for:</th>
<th>ASAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Search required by:</td>
<td>ASAP</td>
</tr>
<tr>
<td>Search completed on:</td>
<td>24/11/2011</td>
</tr>
<tr>
<td>Search completed by:</td>
<td>Lesley Firth</td>
</tr>
</tbody>
</table>

**Search details**

Service specifications for neonatal transitional care and neonatal outreach

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; BNI; CINAHL; EMBASE; MEDLINE; Google Scholar

**Database search terms:** "CONTINUITY OF CARE", ("transitional care" OR "transitional care unit" OR "transitional care ward" OR TCU), ("postnatal ward" OR "post natal ward" OR "neonatal ward" OR "postnatal unit" OR "post natal unit" OR "post-natal unit" OR "neonatal unit" OR "neo-natal unit" OR "neo natal unit"), ("transitional care of neonate" OR "transitional care of newborn" OR "transitional care of new born" OR "transitional care of bab" OR "neonatal transitional care" OR "newborn transitional care" OR "new born transitional care"), ("continuity of care" OR "continuity of healthcare" OR "continuum of care" OR "continuum of healthcare" OR "continuum of health care"), NEONATES, (newborn OR "new born" OR neonat OR baby OR babies), INFANT, NEWBORN, ("special care bab" OR "premature bab" OR "preterm bab"), INFANT, PREMATURE, ("special care neonate" OR "premature neonate" OR "preterm neonate"), ("special care newborn" OR "premature newborn" OR "preterm newborn"), (neonat OR newborn OR "new born"), (baby OR babies), ("very low birth weight" OR VLBW), QUALITY OF HEALTH CARE, (quality OR standard OR target OR monitor OR assess OR co-ordinat OR coordinat OR outcome OR measure), ("family-centred care" OR "family centred care" OR "family-centered care" OR "family centered care"), ("mother and baby" OR "mother and newborn" OR "mother and neonate")
Google search string: “transitional care” (neonatal OR neonate OR baby OR babies OR newborn OR “new born”)
(outreach OR community OR “home care”) (neonatal OR neonate OR baby OR babies OR newborn OR “new born”)

Summary

Guidelines

Neonatal outreach

Guys and St Thomas’ charity
Bridging the transition from Special Care to Community Care- establishment of a 7 day Neonatal Outreach Team (2009)

NICE

NICE cost impact and commissioning assessment: quality standard for specialist neonatal care
Co-ordinated transition to community care (2010)

Neonatal transitional care

British Association of Perinatal Medicine
Designing a Neonatal Unit (2004)

p. 11

Transitional care
In the design of all large Neonatal Units, staff should consider creating a Transitional Care Area. In this facility, parents can look after their own infants with some supervision from trained Neonatal Unit staff. Transitional Care is interpreted in a wide range of ways. There is undoubtedly a group of babies who are not well enough to be looked after on regular postnatal wards and yet there are strong advantages in their parents carrying out the bulk of their care. Such infants include babies with hypoglycaemia when it is believed there is no underlying serious pathology, babies of 34 and 35 weeks gestation who are establishing breast feeding, and babies who have mild respiratory disease who do not require oxygen supplementation. Phototherapy may safely be given in Transitional Care. The Transitional Care Area can also be used by mothers who are gaining confidence immediately prior to discharge home. A four-bedded room may be 56 sq m in size. Each family area may be curtained separately, and should contain a single bed, a cot and a personal wardrobe for the mother. There should be television, telephone and en suite toilet and shower facilities. With the baby’s developmental care in mind, there should be flexible control of the environment including heating, lighting and sound-reduction.

East Cheshire NHS Trust
Guidelines for Transitional Care (2008)
Essex Rivers Healthcare NHS Trust
Transitional Care of Babies Guidelines (2006)

Liverpool Women’s NHS Foundation Trust
Guidelines for Transitional Care (2010)

Evidence-based reviews

**Neonatal Outreach**

**Cochrane Database of Systematic Reviews**

**Community-based intervention packages for reducing maternal and neonatal morbidity and mortality and improving neonatal outcomes,** 2010

Our review offers encouraging evidence of the value of integrating maternal and newborn care in community settings through a range of interventions which can be packaged effectively for delivery through a range of community health workers and health promotion groups. While the importance of skilled delivery and facility-based services for maternal and newborn care cannot be denied, there is sufficient evidence to scale up community-based care through packages which can be delivered by a range of community-based workers.

**Early discharge with home support of gavage feeding for stable preterm infants who have not established full oral feeds,** 2010

Experimental evidence to evaluate the benefits and risks in preterm infants of early discharge from hospital with home gavage feeding compared with later discharge upon attainment of full sucking feeds is limited to the results of one small quasi-randomised controlled trial. High quality trials with concealed allocation, complete follow-up of all randomised infants and adequate sample size are needed before practice recommendations can be made.

Published research

**Outreach**

7. **Tracheostomy in infants: parent education for home care.**
Author(s): Joseph RA
Citation: Neonatal Network - Journal of Neonatal Nursing, July 2011, vol./is. 30/4(231-42), 0730-0832;1539-2880 (2011 Jul-Aug)
Publication Date: July 2011
Abstract: Children with tracheostomies are increasingly discharged home for continued care by their parents. Nurses are responsible for providing these parents with the extensive education required for a smooth and successful transition to home care. This article is intended to help neonatal and pediatric nurses to effectively prepare the parents of an infant with a tracheostomy to provide safe, quality care to their child after being discharged from an acute care setting to their home. This article discusses the knowledge, attitudes, and skills the parents are required to acquire prior to the infant's discharge. Home ventilation, airway management, suctioning, tracheostomy care, emergency management, safe home environment, equipment for continuous or intermittent ventilation, and supplies necessary for care are some of the topics discussed.
Source: MEDLINE
Available in fulltext at EBSCO Host
Available in print at Lincoln County Hospital Professional Library

10. **Establishing the role of the neonatal surgical outreach nurse for neonates requiring general paediatric surgery**
Author(s): Reda B.
Citation: Archives of Disease in Childhood: Fetal and Neonatal Edition, June 2011, vol./is. 96/(Fa15), 1359-2998 (June 2011)
Publication Date: June 2011
Abstract: Background: Most paediatric surgical centres are located in major regional hospitals and are refusing at least 10-20% of neonatal referrals because of lack of surgical cots, necessitating the transporting of sick neonates considerable distances from home for surgery and imposing added anguish and hardship on their families. Where the surgical centre is not co-located with maternity services, as is the case with some Children's Hospitals, surgical neonates are cared for by neonatal staff with varying degrees of surgical experience. Aims: * An increase in surgical cot capacity. * Quality of care and outcomes for surgical neonates on a neonatal unit (NNU) are commensurate with those in a surgical centre.2 Issues and solutions: Before establishing the outreach service, clinical leads, nurse managers and parents on NNU's were asked for their views on the shape of an effective and inclusive surgical service. Reducing length of stay in a surgical cot requires delaying transfer pre-operatively in some cases, and transferring back to the NNU sooner post-operatively than would previously have happened. This change in practice requires the support of the Surgical Outreach Nurse for staff and parents on the NNU. Achievements: * A reduction in out of region transfers: April 2009-March 2010 24 patients. * April 10-August10 - 6 patients. * September 10-December 10 - 0 patients. * Production of surgical care guidelines and an education programme for NNU and Transport Staff. * Improved communication between surgeons, neonatologists and parents. * Data collection for audit.

Source: EMBASE Available in fulltext at Highwire Press

1. The Early Motherhood Service: an acceptable and accessible perinatal mental health service.
Author(s): Judd F, Stafford L, Gibson P, Ahrens J
Citation: Australasian Psychiatry, June 2011, vol./is. 19/3(240-6), 1039-8562;1440-1665 (2011 Jun)
Publication Date: June 2011
Abstract: OBJECTIVES: The aims of this paper are to quantify the effect of an innovative perinatal mental health program, the Early Motherhood Service, to identify factors contributing to its success, and to make recommendations as to its general applicability across other rural services.METHOD: The study involved stakeholder evaluation, analysis of available outcome data and analysis of consumer feedback data.RESULTS: Service functions were grouped into four key areas: increasing awareness of perinatal mental health problems; providing information and advice; providing treatment and support; and education, training and capacity building. Women accessing the service showed significant improvement in outcomes as measured by change over time in the Edinburgh Postnatal Depression Scale and the Health of the Nation Outcome Scale. Consumer feedback demonstrated that the service was highly valued. Key factors identified as contributing to the service's success were broad coverage of perinatal mental health problems; inclusion of early intervention and prevention; outreach capacity; partnership with, support for and capacity building of other health providers; a location which is accessible and non-stigmatizing; and staff comprising senior and skilled clinicians.CONCLUSIONS: The Early Motherhood Service is an innovative perinatal mental health service. It provides a useful model for the development of such services in rural communities.

Source: MEDLINE

3. Hospital-to-Home: Transition of Mothers of Preterm Infants.
Author(s): Griffin, Junyanee Boonmee, Pickler, Rita H.
Citation: MCN: The American Journal of Maternal Child Nursing, 01 July 2011, vol./is. 36/4(252-257), 0361929X
Publication Date: 01 July 2011
Source: CINAHL

1. Maternity focus: postnatal transition to the community.
Author(s): Kinge, S, Gregory, I
Citation: Br J Healthcare Assistants, September 2011, vol./is. 5/9(448-50), 1753-1586 (2011 Sep)
Publication Date: September 2011
Abstract: Discharge process for postnatal mothers and babies to ensure a smooth handover from hospital to community maternity services. Elements to be included are described, including maternal examination by a midwife and infant examination by a paediatrician. The discharge talk, often carried out by maternity support workers, is
Improving neonatal resource use through early discharge: experience of a tertiary neonatal unit with a dedicated neonatal community team.

Author(s): Dixon, Viktoria, Venkatesh, Vidheya, May, Julie, D’Amore, Angela, Curley, Anna
Citation: Journal of Neonatal Nursing, 01 June 2011, vol./is. 17/3(111-115), 13551841
Publication Date: 01 June 2011
Abstract: Community neonatal services offer significant social, economic and psychological benefits for families and infants. We describe the profile of infants utilising our community neonatal service, the resources used and benefits of our dedicated neonatal community team. Data were collected prospectively from January 2005 to December 2008 for all infants discharged home under the care of the neonatal community team and at discharge from the team. 799 infants were discharged under the care of the community team for a total of 12,257 days. 40% of infants were tube fed accounting for 2059 days of community care equating to 1.4 special care beds saved per day. Infants between 1500 and 2500 g birthweight accounted for 59% of the workload. Readmission rate was 7.8% whilst under the care of the community team. There is increased opportunity for provision of tertiary neonatal facilities as a result of early discharge under the care of the community team.

Source: CINAHL
Available in fulltext at Elsevier; Note: Click link. At ScienceDirect webpage for journal, click Login, then Athens Login and enter your NHS Athens username/password to access full-text articles.


Author(s): Walston, Florence, Dixon, Viktoria, May, Julie, Harris, Sara, Metayer, Lucy, Curley, Anna
Citation: Journal of Neonatal Nursing, 01 April 2011, vol./is. 17/2(69-78), 13551841
Publication Date: 01 April 2011
Abstract: Background Neonatal community services can offer significant benefits for families and infants there are no national guidelines in the UK on the provision of these services. Aim To determine current provision of community neonatal services within the UK. Methods This was a telephone survey using a purpose-designed questionnaire of 183 neonatal units in England. Results The 45% (83/183) of units surveyed had a dedicated neonatal community team. Nineteen percent (34/183) had a paediatric team which also looked after neonates. Thirty-six percent of units (66/183) had no community team provision. Of units who provided community cover 48% (56/117) had weekend cover and 16% (19/117) had an on call service after 5pm. Eighty-five percent of all units with teams surveyed felt that having a team facilitated earlier discharge of infants. Eighty percent (94/117) provided nasogastric tube feeding support within the home. Ninety-two (108/117) looked after babies on home oxygen. Additional services provided by units with community teams were phlebotomy 75% (88/117), palliative care 70% (83/117) and phototherapy 8% (10/117). Conclusions Neonatal community teams play an integral role in managing infants within the home who would otherwise have required special care or transitional care beds. Our survey demonstrates that neonatal care in the community within the UK is provided by a wide range of nurses and subject to huge regional variation. Infants discharged from 55% of neonatal units do not have access to specialist neonatal teams There is scope for further developing these services to promote optimum ongoing care of this vulnerable population of infants.

Source: CINAHL
all 3 service delivery modes is ideal for achievement of high impact. However, access to clinical care is limited in resource-poor settings with weak health systems. The current trend for those settings is to combine neonatal interventions into community-based intervention packages (CBIPs), which can be integrated into the local health care system. In this article, we searched several large databases to identify all published, large-scale, controlled studies that were implemented in a rural setting, included a control group, and reported neonatal and/or perinatal mortality as outcomes. We identified only 9 large-scale studies that fit these criteria. Several conclusions can be reached. (1) Family-Community Care interventions can have a substantial effect on neonatal and perinatal mortality. (2) Several important common strategies were used across the studies, including community mobilization, health education, behavior change communication sessions, care seeking modalities, and home visits during pregnancy and after birth. However, implementation of these interventions varied widely across the studies. (3) There is a need for additional, large-scale studies to test evidence-based CBIPs in developing countries, particularly in Africa, where no large-scale studies were identified. (4) We need to establish consistent, clearly defined terminology and protocols for designing trials and reporting outcomes so that we are able to compare results across different settings. (5) There is an urgent need to invest in research and program development focusing on neonatal health in urban areas. (6) It is crucial to integrate CBIPs in rural and urban settings into the already existing health care system to facilitate sustainability of the program and for scaling up. It is also important to evaluate the packages and to demonstrate the health impact of large-scale implementation. (7) Finally, there is a need for improving the continuum of care between home and facility-based care.

Source: CINAHL

9. Community-based intervention packages for reducing maternal and neonatal morbidity and mortality and improving neonatal outcomes.
Author(s): Lassi ZS, Haider BA, Bhutta ZA
Citation: Cochrane Database of Systematic Reviews, 01 November 2010, vol./is. /11(0-), 1469493X
Publication Date: 01 November 2010
Abstract: Background:
Source: CINAHL
Available in fulltext at Wiley

Author(s): Darland, Nancy Wilson, Sims, Tanya
Citation: JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing, 02 September 2010, vol./is. 39/(0-0), 08842175
Publication Date: 02 September 2010
Source: CINAHL
Available in fulltext at EBSCO Host

17. Intermediate outcomes, strategies, and challenges of eight healthy start projects.
Author(s): Brand A, Walker DK, Hargreaves M, Rosenbach M
Citation: Maternal & Child Health Journal, September 2010, vol./is. 14/5(654-65), 1092-7875;1573-6628 (2010 Sep)
Publication Date: September 2010
Abstract: Site visits were conducted for the evaluation of the national Healthy Start program to gain an understanding of how projects design and implement five service components (outreach, case management, health education, depression screening and interconceptional care) and four system components (consortium, coordination/collaboration, local health system action plan and sustainability) as well as program staff's perceptions of these components' influence on intermediate outcomes. Interviews with project directors, case managers, local evaluators, clinicians, consortium members, outreach/lay workers and other stakeholders were conducted during 3-day in-depth site visits with eight Healthy Start grantees. Grantees reported that both services and systems components were related to self-reported service achievements (e.g. earlier entry into prenatal care) and systems achievements (e.g. consumer involvement). Outreach, case management, and health education were perceived as the service components that contributed most to their achievements while consortia was perceived as the most influential systems component in reaching their goals. Furthermore, cultural competence and community voice were overarching project components that addressed racial/ethnic
disparities. Finally, there was great variability across sites regarding the challenges they faced, with poor service availability and limited funding the two most frequently reported. Service provision and systems development are both critical for successful Healthy Start projects to achieve intermediate program outcomes. Unique contextual and community issues influence Healthy Start project design, implementation and reported accomplishments. All eight projects implement the required program components yet outreach, case management, and health education are cited most frequently for contributing to their perceived achievements.

Source: MEDLINE
Available in fulltext at EBSCO Host

Author(s): Schiffman J, Darmstadt GL, Agarwal S, Baqui AH
Citation: Seminars in Perinatology, December 2010, vol./is. 34/6(462-76), 0146-0005;1558-075X (2010 Dec)
Publication Date: December 2010
Abstract: The Lancet Neonatal Survival Series categorized neonatal health interventions into 3 service delivery modes: "Outreach," "Family-Community Care," and "Facility-based Clinical Care." Family-Community Care services generally have a greater potential impact on neonatal health than Outreach services, with similar costs. Combining interventions from all 3 service delivery modes is ideal for achievement of high impact. However, access to clinical care is limited in resource-poor settings with weak health systems. The current trend for those settings is to combine neonatal interventions into community-based intervention packages (CBIPs), which can be integrated into the local health care system.
In this article, we searched several large databases to identify all published, large-scale, controlled studies that were implemented in a rural setting, included a control group, and reported neonatal and/or perinatal mortality as outcomes. We identified only 9 large-scale studies that fit these criteria. Several conclusions can be reached. (1) Family-Community Care interventions can have a substantial effect on neonatal and perinatal mortality. (2) Several important common strategies were used across the studies, including community mobilization, health education, behavior change communication sessions, care seeking modalities, and home visits during pregnancy and after birth. However, implementation of these interventions varied widely across the studies. (3) There is a need for additional, large-scale studies to test evidence-based CBIPs in developing countries, particularly in Africa, where no large-scale studies were identified. (4) We need to establish consistent, clearly defined terminology and protocols for designing trials and reporting outcomes so that we are able to compare results across different settings. (5) There is an urgent need to invest in research and program development focusing on neonatal health in urban areas.
(6) It is crucial to integrate CBIPs in rural and urban settings into the already existing health care system to facilitate sustainability of the program and for scaling up. It is also important to evaluate the packages and to demonstrate the health impact of large-scale implementation. (7) Finally, there is a need for improving the continuum of care between home and facility-based care. Copyright Copyright 2010. Published by Elsevier Inc.
Source: MEDLINE

37. The role of the pediatric home healthcare nurse.
Author(s): Cervasio K
Citation: Home Healthcare Nurse, July 2010, vol./is. 28/7(424-31), 0884-741X;1539-0713 (2010 Jul-Aug)
Publication Date: July 2010
Abstract: The acuity and number of children with life-threatening, life-limiting, and chronic conditions has increased dramatically over the past decade. The pediatric home care nurse needs a special body of knowledge and repertoire of tools to accurately assess, intervene, manage, evaluate, and provide resources to this most vulnerable population. Inherent in caring for these children is the need to support the family, nurturing the parents who care for chronically ill children at home.
Source: MEDLINE

Author(s): Mahaveer AK, May J, Curley A
Citation: Archives of Disease in Childhood Fetal & Neonatal Edition, March 2010, vol./is.
70. Home-based newborn care how effective and feasible.
Author(s): Dutta AK
Citation: Indian Pediatrics, October 2009, vol./is. 46/10(835-40), 0019-6061;0974-7559 (2009 Oct)
Publication Date: October 2009
Abstract: Neonatal mortality in developing countries is one of the most important problems that need immediate attention in order to achieve Millennium Development Goals. About 4 million newborns die in the world every year, 90% of them in the developing world. Most of these deaths are preventable by simple interventions in the community. However, in most of the target countries, the implementation of essential newborn care has been very poor. The home based or community care packages include maternal care, essential newborn care, improving the behavior change communication of the community, resuscitation of newborn babies at the time of home delivery, and management of sick newborns with antibiotics at home. Studies have reported one-third to two-third reduction of mortality among newborns after home based care interventions. However, when translated into scaling up of home based newborn care in the worst affected districts of the country, the results are not very rewarding. Identification of limiting factors and effective up scaling of the home-based packages will prove to be of enormous benefit in reducing neonatal mortality.
Source: MEDLINE
Available in fulltext at EBSCO Host

77. Experience with videoconferencing between a neonatal unit and the families’ home from the perspective of certified paediatric nurses.
Author(s): Lindberg B, Axelsson K, Ohrling K
Citation: Journal of Telemedicine & Telecare, 2009, vol./is. 15/6(275-80), 1357-633X;1758-1109 (2009)
Publication Date: 2009
Abstract: Parents of preterm-born infants need support after returning to their homes with their baby. We studied the experience of certified paediatric nurses (CPNs) with the use of videoconferencing between the neonatal intensive care unit and the families' home. Families were given a home videoconferencing unit, which allowed them to contact staff at the neonatal unit, day and night. Over a period of 12 months, ten families used the videoconferencing equipment. Families made a median of 4 telemedicine calls each (range 2-30). Narrative interviews were performed with 10 CPNs after the study ended. Qualitative thematic content analysis was applied to the interview data and one theme was identified: smoothing the transition of infants from the neonatal unit to the families' home. The CPNs found that videoconferencing helped them to assess the overall situation at home and facilitated the relationship between parents and the infant. The CPNs felt that they were able to provide security to the family. The use of videoconferencing was considered as a generally positive experience and as a tool to improve nursing care at home.
Source: MEDLINE
Available in fulltext at EBSCO Host

23. Development of a care pathway for babies being discharged from a level 3 neonatal intensive care unit to a community setting for end-of-life care.
Author(s): Williamson A, Devereux C, Shirtliffe J
Citation: Journal of Neonatal Nursing, 01 October 2009, vol./is. 15/5(164-168), 13551841
Publication Date: 01 October 2009
Abstract: The development of a care pathway for babies being discharged from a level 3 neonatal intensive care unit (NICU) to a community setting for end-of-life care is discussed. The development of the care pathway was a collaborative project between a level 3 NICU, the local children's hospice and the local primary care trust. The development of the care pathway enables parents to decide where they want their babies to be cared for: NICU, hospice or home care. It enables staff to rapidly refer babies and their families to hospice or community care and provides staff with the support they also need during this difficult time.
Source: CINAHL
Available in fulltext at Elsevier; Note: Click link. At ScienceDirect webpage for journal,
click Login, then Athens Login and enter your NHS Athens username/password to access full-text articles.
Available in print at Pilgrim Hospital Staff Library

1. **A formula for change: creation of a neonatal outreach team.**
Author(s): Gibbs A
Citation: Infant, 01 July 2009, vol./is. 5/4(108-108), 17451205
Publication Date: 01 July 2009
Source: CINAHL

31. **Eliciting parental views regarding early discharge to home care for premature infants.**
Author(s): Cescutti-Butler L
Citation: Infant, 01 January 2009, vol./is. 5/1(23-27), 17451205
Publication Date: 01 January 2009
Abstract: Preterm infants are preverbal and cannot suggest improvements in healthcare provision and must rely on parents to be their 'voice'. This article describes how seeking parents' views in a local unit in the South West England led to changes in service provision.
Source: CINAHL

33. **The follow-up of the family of the premature and low-birth-weight infant discharged from the NICU: a literature review.**
Author(s): Viera CS, de Mello DF, de Oliveira BRG
Citation: Online Brazilian Journal of Nursing, 01 September 2008, vol./is. 7/3(1-1), 16764285
Publication Date: 01 September 2008
Abstract: This study aimed to consider the contribution of the national and international literature production about the follow-up of the premature and the low-birth-weight newborns discharged from the neonatal intensive care unit and their families. The search for articles was done in libraries and online bases of data with controlled descriptors, in the period from 1996 to 2006. Twenty articles were selected and the analysis allowed us to identify the proposed theme in which we analyzed the premature and low-birth-weight follow-up; the mothers' care to their babies at home; the transition period to the house; the family and the premature and low-birth-weight at home. This revision points out the importance of families participation in the care of those infants to minimize the consequences of the prematurity and low-birth-weight, providing attention to the needs from this context and stimulating mechanisms to encourage each familiar unity and the child in the sequency as in the risk ambulatory care as in the health primary attention.
Source: CINAHL
Available in fulltext at EBSCO Host

62. **Parenting preemies: a unique program for family support and education after NICU discharge**
Author(s): Willis V.
Citation: Advances in neonatal care : official journal of the National Association of Neonatal Nurses, August 2008, vol./is. 8/4(221-230), 1536-0903 (Aug 2008)
Publication Date: August 2008
Abstract: Research supports the importance of family-centered care in the neonatal intensive care unit (NICU). The significance of continuity in family-centered care beyond the NICU has recently gained attention. Parenting Preemies is a unique and easily replicated postdischarge program designed to ease the transition from hospital to home for NICU graduates and their families. The comprehensive program provides an effective means to demonstrate ongoing, family-centered, and cost-effective outreach after discharge. The specific target population includes premature, low birth-weight, and special needs infants, and their parents. A multidisciplinary team utilizes evidenced-based principles to facilitate an education and support group, in conjunction with home visits, as the foundation for promotion of optimal outcomes for preemies and their parents. Participant satisfaction is consistently positive.
Source: EMBASE

13. **A model program: neonatal nurse practitioners providing community health care for high-risk infants.**
Author(s): Vasquez, E, Pitts, K, Mejia, N
Abstract: Home intervention programme in the USA delivered by neonatal nurse practitioners to support early discharge and continuity of care for mothers and their high-risk infants exposed prenatally to drugs and/or alcohol. The support provided for the mothers and assessment of infants for physical signs which might need further investigation, including fetal alcohol syndrome, are described. 42 refs.
Source: BNI
Available in fulltext at EBSCO Host
Available in print at Lincoln County Hospital Professional Library

34. The long road home. Parenting Preemies: a unique program for family support and education after NICU discharge.
Author(s): Willis V
Citation: Advances in Neonatal Care (Elsevier Science), 01 August 2008, vol./is. 8/4(221-230), 15360903
Publication Date: 01 August 2008
Abstract: Research supports the importance of family-centered care in the neonatal intensive care unit (NICU). The significance of continuity in family-centered care beyond the NICU has recently gained attention. Parenting Preemies is a unique and easily replicated postdischarge program designed to ease the transition from hospital to home for NICU graduates and their families. The comprehensive program provides an effective means to demonstrate ongoing, family-centered, and cost-effective outreach after discharge. The specific target population includes premature, low birth-weight, and special needs infants, and their parents. A multidisciplinary team utilizes evidenced-based principles to facilitate an education and support group, in conjunction with home visits, as the foundation for promotion of optimal outcomes for preemies and their parents. Participant satisfaction is consistently positive.
Source: CINAHL

27. Continuum of care for maternal, newborn, and child health: from slogan to service delivery.
Author(s): Kerber KJ, de Graft-Johnson JE, Bhutta ZA, Okong P, Starrs A, Lawn JE
Citation: Lancet, 13 October 2007, vol./is. 370/9595(1358-1369), 00995355
Publication Date: 13 October 2007
Abstract: The continuum of care has become a rallying call to reduce the yearly toll of half a million maternal deaths, 4 million neonatal deaths, and 6 million child deaths. The continuum for maternal, newborn, and child health usually refers to continuity of individual care. Continuity of care is necessary throughout the lifecycle (adolescence, pregnancy, childbirth, the postnatal period, and childhood) and also between places of caregiving (including households and communities, outpatient and outreach services, and clinical-care settings). We define a population-level or public-health framework based on integrated service delivery throughout the lifecycle, and propose eight packages to promote health for mothers, babies, and children. These packages can be used to deliver more than 190 separate interventions, which would be difficult to scale up one by one. The packages encompass three which are delivered through clinical care (reproductive health, obstetric care, and care of sick newborn babies and children); four through outpatient and outreach services (reproductive health, antenatal care, postnatal care and child health services); and one through integrated family and community care throughout the lifecycle. Mothers and babies are at high risk in the first days after birth, and the lack of a defined postnatal care package is an important gap, which also contributes to discontinuity between maternal and child health programmes. Similarly, because the family and community package tends not to be regarded as part of the health system, few countries have made systematic efforts to scale it up or integrate it with other levels of care. Building the continuum of care for maternal, newborn, and child health with these packages will need effectiveness trials in various settings; policy support for integration; investment to strengthen health systems; and results-based operational management, especially at district level.
Source: CINAHL
Available in fulltext at Elsevier
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in print at Louth County Hospital Medical Library
Available in print at Pilgrim Hospital Staff Library
47. Safe transition to home: preparing the near-term infant for discharge.
Author(s): Pados B
Citation: Newborn & Infant Nursing Reviews, 01 June 2007, vol./is. 7/2(106-113), 15273369
Publication Date: 01 June 2007
Abstract: Near-term infants, although often mature in appearance, are at risk for developing several complications, including hypothermia, hypoglycemia, infection, inadequate feeding, airway compromise, and hyperbilirubinemia. In many cases, these infants are discharged home with their mothers within 48 to 72 hours of delivery with similar discharge education and follow-up as full-term infants. This practice is not evidence-based and places these infants at risk for serious complications. In this article, the physiologic mechanisms that increase the risk of complications in this population are reviewed to provide the reader with an in-depth understanding of the importance of tailoring discharge education and follow-up to this specific population. Implications for practice are proposed and a near-term infant discharge checklist is introduced. The proposed changes in clinical practice aim at better meeting the needs of near-term infants and their families to promote the safe transition to home and prevent the development of complications and need for rehospitalization.
Copyright © 2007 by Elsevier Inc.
Source: CINAHL

49. InReach: connecting NICU infants and their parents with community early intervention services.
Author(s): Akers AL, Boyce G, Mabey V, Boyce L
Citation: Zero to Three, 01 January 2007, vol./is. 27/3(43-48), 07368038
Publication Date: 01 January 2007
Abstract: Infants who are born prematurely may experience developmental delays and impairments during infancy and beyond. Those who are born at extremely low birth-weight face the greatest challenges. Many families could benefit from early intervention services through their local Part C of Individuals With Disabilities Education Act (IDEA) programs, but families often do not know how to access these services following discharge from the hospital. The InReach program, developed through the Early Intervention Research Institute at Utah State University and local hospitals, sought to facilitate the transition home from the neonatal intensive care unit (NICU) of the hospital and the Part C early intervention program by fostering parenting strengths and by linking families to these services prior to their discharge from the hospital.
Source: CINAHL

2. Postnatal care in the community: report of an evaluation of birthing women’s assessments of a postnatal home-care programme.
Author(s): Zadoroznyj M
Citation: Health & Social Care in the Community, January 2007, vol./is. 15/1(35-44), 0966-0410:0966-0410 (2007 Jan)
Publication Date: January 2007
Abstract: For more than a decade, there has been a strong trend in many Western countries to decrease the length of time that women spend in hospital following childbirth. The research evidence regarding the consequences of early discharge for mothers and babies is mixed. Recent evidence has suggested that early discharge may not be randomly distributed across all sociodemographic groups of birthing women, and that the structures of home care have an important influence on maternal and child outcomes. In the context of decreasing lengths of hospital stay, the aim of the present study was to evaluate a new postnatal home support worker introduced into a geographically defined catchment area of a metropolitan hospital in South Australia. The evaluation included a formative process component to monitor recruitment strategies into the programme, as well as summative evaluation of a number of projected programme outcomes. The research methods used included interviews with antenatal women (n = 20) about their knowledge of and attitudes to
the programme, and interviews with postnatal women (n = 63) about their transition home experience and assessment of the programme. Secondary analysis of client satisfaction surveys (n = 163) and aggregate breast-feeding data was also conducted. The results concur with previous research findings regarding the importance of rest and practical, home-based support in the postnatal period to maternal well-being, successful bonding and transition to motherhood. The results demonstrate the importance of well-structured home support services to maternal satisfaction and maternal well-being through the provision of physical, social and emotional care and support in the home.

Source: MEDLINE
Available in fulltext at EBSCO Host

56. Postpartum maternal and newborn discharge.
Author(s): Cargill Y, Martel MJ, Society of Obstetricians and Gynaecologists of Canada
Citation: Journal of Obstetrics & Gynaecology Canada: JOGMC, April 2007, vol./is. 29/4(357-63), 1701-2163;1701-2163 (2007 Apr)
Publication Date: April 2007
Abstract: OBJECTIVE: To summarize the evidence available with regard to discharge planning for mothers and newborns.OUTCOME: Assessment of maternal and neonatal morbidity and mortality as it relates to length of hospital stay.EVIDENCE: A Medline database search of articles from January 1995 to December 2004, using the key words early postpartum discharge.RECOMMENDATIONS: 1. Early discharge from hospital postnatally increases the risk of neonatal mortality and morbidity. Follow-up programs should take account of this. (II-2B) 2. The physical, psychological, and social wellbeing of the mother and newborn must be assessed when discharge planning takes place. Primiparous, young, single women are most likely to return to emergency departments with their neonates. (II-2A) 3. Programs in place for postpartum care in the community are well used and appreciated. Additional programs in the community may decrease neonatal mortality, morbidity, and readmissions. (II-2).

Source: MEDLINE

57. Home care for the high-risk neonate: success or failure depends on home health nurse funding and availability.
Author(s): Catlin AJ
Citation: Home Healthcare Nurse, February 2007, vol./is. 25/2(131-5), 0884-741X;0884-741X (2007 Feb)
Publication Date: February 2007
Source: MEDLINE

79. Postnatal care in the community: Report of an evaluation of birthing women’s assessments of a postnatal home-care programme
Author(s): Zadoroznyj M.
Citation: Health and Social Care in the Community, January 2007, vol./is. 15/1(35-44), 0966-0410;1365-2524 (January 2007)
Publication Date: January 2007
Abstract: For more than a decade, there has been a strong trend in many Western countries to decrease the length of time that women spend in hospital following childbirth. The research evidence regarding the consequences of early discharge for mothers and babies is mixed. Recent evidence has suggested that early discharge may not be randomly distributed across all sociodemographic groups of birthing women, and that the structures of home care have an important influence on maternal and child outcomes. In the context of decreasing lengths of hospital stay, the aim of the present study was to evaluate a new postnatal home support worker introduced into a geographically defined catchment area of a metropolitan hospital in South Australia. The evaluation included a formative process component to monitor recruitment strategies into the programme, as well as summative evaluation of a number of projected programme outcomes. The research methods used included interviews with antenatal women (n = 20) about their knowledge of and attitudes to the programme, and interviews with postnatal women (n = 63) about their transition home experience and assessment of the programme. Secondary analysis of client satisfaction surveys (n = 163) and aggregate breast-feeding data was also conducted. The results concur with previous research findings regarding the importance of rest and practical, home-based support in the postnatal period to maternal well-being, successful bonding and transition to motherhood. The results demonstrate the importance of well-structured home support services to maternal satisfaction and maternal well-being through the provision of
physical, social and emotional care and support in the home. 2006 Blackwell Publishing Ltd.
Source: EMBASE
Available in fulltext at EBSCO Host

**60. Shorter hospital stay for moderately preterm infants.**
Author(s): Altman M, Vanpee M, Bendito A, Norman M
Citation: Acta Paediatrica, October 2006, vol./is. 95/10(1228-33), 0803-5253;0803-5253 (2006 Oct)
Publication Date: October 2006
Abstract: AIM: To determine length of hospital stay (LOS) for moderately preterm infants during the last 20 years, and to identify factors affecting the number of bed-days.METHODS: Review of LOS for all infants delivered between 30 to 34 gestational weeks during 1983, 1988, 1993, 1998 and 2002. Exclusion criteria: life-threatening abnormalities, chromosomal anomalies and death during hospitalization.RESULTS: 564 included infants accounted for 20% of admissions and 48% of bed-days in the neonatal unit. Between 1983 and 2002, maternal age and use of nasal continuous positive airway pressure increased, use of antibiotics and mechanical ventilation decreased, whereas distributions for gestational age, birthweight, gender, smallness for gestational age, low Apgar score or incidence of respiratory distress syndrome did not change. For healthy inborn singletons discharged home, LOS decreased from 1983 (28+/-11 d, mean+/-SD values) to 2002 (14+/-7 d, p<0.05). Infants born more immature had longer LOS, but postconceptional age at discharge did not differ between age groups.CONCLUSION: LOS for moderately preterm infants has decreased as a result of individualized neonatal care and organization of homecare support. Shorter LOS is of benefit to the family, prevents overcrowding in the NICU and has important economic implications.
Source: MEDLINE
Available in fulltext at EBSCO Host

**17. Going home: what NICU nurses need to know about home care.**
Author(s): Scherf, R, Reid, K
Citation: Neonatal Network, November 2006, vol./is. 25/6(421-5), 0730-0832 (2006 Nov/Dec)
Publication Date: November 2006
Abstract: NICU discharge planning process, including the education and preparation of parents. The role of the neonatal discharge nurse in the successful transition from hospital to home is discussed, and the continuity of care provided by home health care nurses is described. 3 common problems encountered in the home setting (breathing and apnea, feeding, and infections) are discussed. 11 refs.
Source: BNI
Available in fulltext at EBSCO Host
Available in print at Lincoln County Hospital Professional Library

**56. Transition to home from the newborn intensive care unit: applying the principles of family-centered care to the discharge process.**
Author(s): Griffin T, Abraham M
Citation: Journal of Perinatal & Neonatal Nursing, 01 July 2006, vol./is. 20/3(243-251), 08932190
Publication Date: 01 July 2006
Abstract: Increasingly newborn intensive care units (NICUs) are embracing family-centered care principles. Family-centered newborn intensive care requires that families are welcomed as partners in caregiving and decision making. Traditionally, discharge planning has been done without significant family involvement. In fact, parent participation in caregiving may still be limited until discharge is imminent. By increasing parental involvement in caregiving throughout hospitalization and working with families to facilitate the discharge process, parents may emerge from the NICU experience with increased competence and confidence in infant caregiving. This article reviews common discharge practices and processes in the NICU and offers strategies to assist nurses in integrating a family-centered approach into discharge planning.
Source: CINAHL

**59. Transition of preterm infants from hospital to home.**
Author(s): Boonmee J, Pickler RH
Abstract: Preterm birth may result in special physical conditions or ongoing medical problems that require more careful preparation for parents. Not all parents or families feel comfortable taking care of their infant during the hospitalization or after discharge from the hospital. Neonatal intensive care nurses play an important role in helping to encourage parents to learn and practice needed skills for providing care to the infant. Preparing parents before their preterm baby is discharged from hospital may increase parental skills and confidence when providing care to the infant. This article addresses the informational needs of parents of preterm infants who are ready for discharge from the hospital. Also discussed are parent-infant relationships and social support. Some specific and common health problems of the preterm infant that are seen in the early post-discharge period are also covered.

Source: CINAHL

60. How to facilitate parents and their premature infant for the transition home.
Author(s): Broedsgaard A, Wagner L
Citation: International Nursing Review, 01 September 2005, vol./is. 52/3(196-203), 00208132
Publication Date: 01 September 2005
Abstract: BACKGROUND: An intervention programme was carried through in a neonatal intensive care unit at the Copenhagen University Hospital in Denmark in 1998/99. It comprised: (1) educational programmes during hospitalization for parents with premature infants; (2) visit and orientation about the neonatal intensive care unit by the family's health visitor; a multidisciplinary and cross-sector discharge conference; and (3) publication of relevant booklets for parents and health care providers. AIM: To present the parents' experiences from this intervention, concerning support and coordination following delivery of a premature infant. METHOD: A non-experimental design and descriptive study. The qualitative methods used were semi-structured questionnaires and focus group interviews. FINDINGS: The parents found that most of the intervention initiatives contributed to increased support and met their needs, including contributing to their confidence in caring for their premature infant and its well-being following discharge. The study contributed to meaningful knowledge about the consequences for parents and premature infants when mother and infant are separated in the beginning of life, mindful of the process of mother-infant bonding. IMPLICATIONS: Major actions from the intervention programme now form permanent functions in the neonatal intensive care unit as well as in the primary health care sector. The study also confirmed the benefit of the role of the nurse-coordinator.

Source: CINAHL
Available in fulltext at EBSCO Host

76. Home care of the high-risk infant.
Author(s): Hummel P, Cronin J
Citation: Advances in Neonatal Care, December 2004, vol./is. 4/6(354-64), 1536-0903;1536-0903 (2004 Dec)
Publication Date: December 2004
Abstract: Increasingly, infants are discharged from the neonatal intensive care unit (NICU) with unresolved healthcare issues and ongoing technology needs. A well-planned discharge of a medically stable infant is important to assure safe and effective care in the home and to minimize avoidable hospital readmissions. This article addresses the discharge of and home care options for 3 groups of infants who have traditionally been cared for in the hospital. These include infants requiring palliative care, infants who are technology dependent, and those stable premature infants requiring intensive home support. Intermittent and continuous home nursing care options are defined, and the goals of home care nursing are outlined. The importance of objective discharge criteria and medical stability is discussed along with practical tips and strategies to assure success. A teaching tool to assist parents in choosing a home care provider is included.

Source: MEDLINE

5. Neonatal transitional care.
Author(s): Lasby K, Newton S, von Platen A
Citation: Canadian Nurse, 01 October 2004, vol./is. 100/8(18-23), 00084581
Publication Date: 01 October 2004
Abstract: Challenging times lay ahead for very low birth weight (VLBW) infants and their
families after hospital discharge. Ongoing medical concerns, respiratory complications, breastfeeding and feeding problems, inadequate growth and delayed development are frequently encountered by this vulnerable population. Families are burdened by the worry and work of caring for their VLBW infants at home. Specialized support in the community is needed to help in the transition of infants and families from hospital to home.

Source: CINAHL
Available in fulltext at EBSCO Host

124. Patient satisfaction with an early discharge home visit program
Author(s): Dana S.N., Wambach K.A.
Citation: Journal of obstetric, gynecologic, and neonatal nursing : JOGNN / NAACOG, March 2003, vol./is. 32/2(190-198), 0884-2175 (2003 Mar-Apr)
Publication Date: March 2003
Abstract: In 1995, to meet the needs of mothers and newborns discharged early, a home care follow-up program using an advanced practice nurse was initiated at a Midwest academic medical center. Information about the program and elements of patient satisfaction, as measured from program inception, are presented in this article. The major correlates of satisfaction were nurse friendliness, technical skills, infant care teaching, and individualized care. Attending to these areas can facilitate existing program improvement and new program development.

Source: EMBASE

70. Parents' conceptions of participating in a home care programme from NICU: a qualitative analysis.
Author(s): Jonsson L, Fridlund B
Citation: Nordic Journal of Nursing Research & Clinical Studies / Vård i Norden, 01 December 2003, vol./is. 23/4(35-39), 01074083
Publication Date: 01 December 2003
Abstract: Research suggests early discharge from neonatal intensive care units (NICU) as advantageous for infants, their families and health care systems. This type of intervention has rarely been described from parents' perspective, therefore the aim of this study was to describe parents' conceptions of participating in a home care programme provided by the NICU. A qualitative descriptive design inspired by phenomenography was chosen for the study. Data was collected through inter views conducted with parents (N=23) enrolled in the unit's home care programme. The programme brought out two description categories: Becoming a family and Feeling security, comprising the conceptions: Being at home, Being reunited, Getting information, Having accessibility and Having support. To feel secure at home means for these parents to have accessibility to the neonatal staff's knowledge and experiences 24 hours per day. In the hospital the parents do not, feel like a family, a feeling that gradually changes when they return home with their baby. This is one of the reasons why it is so important that the infant is discharged as early as possible from the hospital. This abstract was translated into English by the publisher or author.

Source: CINAHL

2. From the neonatal unit to home: how do parents adapt to life at home with their baby?
Author(s): Bissell G, Long T
Citation: Journal of Neonatal Nursing, 01 January 2003, vol./is. 9/1(7-12), 13551841
Publication Date: 01 January 2003
Abstract: The neonatal services being offered to health care users are constantly being scrutinized for efficiency, effectiveness and not least economic viability. This is increasingly apparent within neonatal outreach services. This study was designed to identify parental concerns during their baby's transition from the neonatal unit (NNU) to home. By eliciting the concerns and experiences of these neonatal health care service users it may be possible to facilitate a more effective and individualized service to families.

Source: CINAHL
Available in print at Pilgrim Hospital Staff Library

75. Postpartum home visits: making the transition easier and safer.
Author(s): Kishbaugh C
Citation: International Journal of Childbirth Education, 01 June 2003, vol./is. 18/2(19-21), 08878625
Publication Date: 01 June 2003
Abstract: Early postpartum discharge has become the norm in hospitals throughout the United States. Mothers and their infants are discharged within forty-eight hours after a vaginal birth and within ninety-six hours after a cesarean birth. However, there are still crucial needs of the mother, the newborn and the family that must be addressed during this transitional time. Postpartum home visits are an ideal means for making the transition easier and safer.

Source: CINAHL

Full Text:
Available in fulltext at EBSCO Host

76. Developmentally supportive care in the newborn intensive care unit: early intervention in the community.
Author(s): Bondurant PG, Brinkman KS
Citation: Nursing Clinics of North America, 01 June 2003, vol./is. 38/2(253-269), 00296465
Publication Date: 01 June 2003
Abstract: The traditional focus of hospital nurses on the medical concerns of infants and toddlers is expanding to encompass the more global view that integrates the developmental level of each infant/toddler into the nursing care plan. Research on early brain development has supported the focus on developmentally supportive care in the NICU. Nursing support of the early relationship between infant and parent that will influence the infant's future development is part of this process. The integration of developmental care concepts including family-centered care that begins on admission to the NICU may continue into the process of discharge and transition to home. The nurse is in an excellent position to support the family in naming their concerns, their strengths, and the hopes and dreams they have for their infant. Nurses in the NICU, home care, community, and public health increasingly focus on a developmental perspective in their work but will be continually challenged to increase their knowledge and understanding of developmental milestones, neurodevelopmental assessment, and their role in collaborating with the wider world of early intervention. This collaboration includes the health care system, the educational system, and the social service system as equal players. For some nurses, this will be a new experience whereby the responsibility for the child is shared among members of an interdisciplinary team that includes the parents. Nurses are key to providing developmentally supportive care and working collaboratively on behalf of the infants and toddlers and their families. Copyright CO 2003 by Elsevier Science (USA).

Source: CINAHL

86. Impact of community neonatal services: a multicentre survey.
Author(s): Langley D, Hollis S, Friede T, MacGregor D, Gatrell A
Citation: Archives of Disease in Childhood -- Fetal & Neonatal Edition, 01 November 2002, vol./is. 87/3(0), 13592998
Publication Date: 01 November 2002
Abstract: OBJECTIVES: To explore the impact of a community neonatal service on high risk infant survivors in the first year of life. DESIGN: Retrospective multicentre survey. Postal questionnaires were sent to selected parents. SETTING: Thirty two neonatal units in England and Wales. PATIENTS: Inclusion criteria: infants over 12 months of age with birth weight < or =1500 g, or who received level I intensive care for at least 48 hours. Exclusion criteria: multiple births, infants who had died or had severe congenital abnormalities. A total of 3367 eligible infants were selected, and their parents were sent a questionnaire; 65% responded. MAIN OUTCOME MEASURES: Length of stay on the neonatal unit from birth to initial discharge. Readmission to hospital during the first year of life. RESULTS: The median length of stay in units with a community neonatal service was 35 days compared with 37 days in units without. When adjusted for infant and parent characteristics, the median length of stay was reduced by 12.6% where a community neonatal service was provided (95% confidence interval 5.3% to 19.3%). The readmission rates were 44.6% in units with a community neonatal service and 43.5% in units without. There was no significant reduction in the adjusted odds of readmission. CONCLUSIONS: The retrospective nature of this study means that these findings cannot be definitely attributed to the presence of a community neonatal service. However, the results suggest that community neonatal services may reduce the length of stay without any subsequent increase in readmission.

Source: CINAHL
Available in fulltext at Highwire Press
Available in fulltext at National Library of Medicine
89. Primary care of the premature infant discharged from the neonatal intensive care unit.
Author(s): Ritchie SK
Citation: MCN: The American Journal of Maternal Child Nursing, 01 March 2002, vol./is. 27/2(76-86), 0361929X
Publication Date: 01 March 2002
Abstract: Premature infants require varying degrees of newborn intensive care and have a wide range of physical and developmental outcomes. Subsequent ambulatory care for these infants is often complex. Although tertiary hospitals often provide multidisciplinary follow-up clinics, the pediatric nurse practitioner (PNP) responsible for primary care has a unique opportunity to influence the lives of these special babies and their families. While the basic principles of well child care and health maintenance apply to this special population, there are several inherent challenges. The transition from neonatal intensive care unit (NICU) to home can be stressful for families. Infants born prematurely often have unpredictable behavior and present with cues that are vague and unclear to caregivers. Growth must be monitored adjusting for prematurity, and nutrition must be tailored to the physical and developmental level of the infant. Assessments of development, vision, and hearing must also be adjusted for prematurity. Fortunately, the majority of premature infants discharged from the NICU thrive and develop normally. However, some will experience medical problems and developmental delay. Knowledge of complications common to premature infants will be helpful to the PNP providing primary care. These include difficulties of growth and feeding, gastroesophageal reflux, apnea and bradycardia, chronic lung disease, fine and gross motor abnormalities, and other learning problems. Providing care to the NICU graduate is one of the challenges faced by PNPs in primary care, but one that is both rewarding and enjoyable.
Source: CINAHL
Available in fulltext at Ovid

91. Parental experiences during their infants’ transition process from a neonatal intensive care unit (NICU) to home.
Author(s): Hutchinson SW
Citation: , 01 January 2002, vol./is. /(0-142),
Publication Date: 01 January 2002
Abstract: Grounded theory was the paradigm for exploring the transition experiences of 12 parents whose infants were hospitalized in the neonatal intensive care unit (NICU) and later discharged home. The parents consisted of 9 mothers and 3 fathers. Observations and interviews for all parents occurred over a 10-month period during the infants’ hospitalization in the NICU, and one to three weeks after the infants’ discharge home. Interviews over the course of the study were 5-60 minutes in duration and occurred with simultaneous audio taping for accuracy. Constant comparative data analysis resulted in two primary setting codes, physical features, and policy, and three primary parent codes, emotions, events, and staff interactions. The basic social psychological process identified during analysis was "I am not a parent." Thematic analysis of the data resulted in the Theory of Parental Progression that explained how the parents proceeded during their infants’ transition from the NICU to home. Study results also indicated that parents whose infants transition from the NICU to home were actively engaged in becoming a complete parent. Continued efforts by nurses, early interventionists and other health care professionals that encouraged parents to participate in their infants care was a vital component of the transition process. Study implications and recommendations included verificational research to strengthen theory development and further exploration of the phenomenon "I am not a parent."
Source: CINAHL

132. Early postnatal discharge from hospital for healthy mothers and term infants
Author(s): Brown S., Small R., Faber B., Krastev A., Davis P.
Citation: Cochrane database of systematic reviews (Online), 2002, vol./is. /3(CD002958), 1469-493X (2002)
Publication Date: 2002
Abstract: BACKGROUND: Length of postnatal hospital stay has declined dramatically in the past thirty years. There is ongoing controversy concerning whether or not staying less time in hospital is harmful or beneficial. OBJECTIVES: The objective of this review was to assess the safety, impact and effectiveness of a policy of early discharge for healthy mothers and term infants, with respect to the health and well-being of mothers and babies,
satisfaction with postnatal care, overall costs of health care and broader impacts on families. **SEARCH STRATEGY:** We searched the Cochrane Pregnancy and Childbirth Group trials register (April 2002), the Effective Practice and Organisation of Care Review Group specialised register of clinical trials, the Cochrane Controlled Trials Register (The Cochrane Library, Issue 4, 2001), MEDLINE (1966 to 2001), CINAHL (1982 to 2001), EMBASE (1988 to 1993) and reference lists of articles. **SELECTION CRITERIA:** Randomized trials comparing early discharge from hospital of healthy mothers and term infants, of greater than or equal to 2500 grams, with standard care in the settings in which trials were conducted. **DATA COLLECTION AND ANALYSIS:** Trial quality was assessed and data were abstracted independently by all five reviewers. **MAIN RESULTS:** Eight trials were identified involving 3600 women. There was substantial variation in the definition of 'early discharge', and the extent of antenatal preparation and midwife home care following discharge offered to women in intervention and control groups. Five trials recruited and randomized women in pregnancy, three randomized women following childbirth. Post randomization exclusions were high. Protocol violations occurred in both directions. No statistically significant differences in infant or maternal readmissions were found in six trials reporting data on these outcomes. Three trials had mixed results showing either no significant difference or results favouring early discharge for the outcome of maternal depression although none used a well-validated standardised instrument. The results of six trials showed that early discharge had no impact on breastfeeding although significant heterogeneity was present between studies. **REVIEWER'S CONCLUSIONS:** The findings are inconclusive. There is no evidence of adverse outcomes associated with policies of early postnatal discharge, but methodological limitations of included studies mean that adverse outcomes cannot be ruled out. It remains unclear how important midwifery support at home is to the safety and acceptability of early discharge. Large well-designed trials of early discharge programs incorporating process evaluation to assess the uptake of co-interventions, and using standardised approaches to outcome assessment are needed. **Source:** EMBASE Available in fulltext at Wiley ©

**96. Discharge planning from a neonatal unit: an exploratory study of parents' views.**

**Author(s):** Mancini A, While A

**Citation:** Journal of Neonatal Nursing, 01 March 2001, vol./is. 7/2(59-62), 13551841

**Publication Date:** 01 March 2001

**Abstract:** Discharge from the neonatal unit and transfer of the responsibility for a neonate's care from the neonatal staff to the parents, is a worrying time for these parents. They need to be carefully prepared for this transition with appropriate advice and support so they can be confident in their ability to care for their infant. A small exploratory study was carried out to assess parents' views of discharge planning after either a short or prolonged stay on NICU.

**Source:** CINAHL

Available in print at Pilgrim Hospital Staff Library

**97. How parents of premature infants gather information and obtain support.**

**Author(s):** Brazy JE, Anderson BMH, Becker PT, Becker M

**Citation:** Neonatal Network, 01 March 2001, vol./is. 20/2(41-48), 07300832

**Publication Date:** 01 March 2001

**Abstract:** Purpose: To identify the process by which parents of premature infants seek information, the kinds of information they seek, and the resources they use to meet their educational and support needs.

**Source:** CINAHL

Available in print at Lincoln County Hospital Professional Library

**100. A controlled clinical trial of home care management versus hospital care management for preterm labour.**

**Author(s):** Goulet C, Gevry H, Gauthier RJ, Lepage L, Fraser W, Alta M

**Citation:** International Journal of Nursing Studies, June 2001, vol./is. 38/3(259-69), 0020-7489;0020-7489 (2001 Jun)

**Publication Date:** June 2001

**Abstract:** Prenatal hospitalisation has not been shown to reduce perinatal morbidity and mortality, yet it is still the treatment of choice for women who experience preterm labour. Home care management may be an alternative means of delivering safe, efficacious and care for these women. The objectives of this controlled clinical trial were to examine
19

Differences in neonate's gestational age and birthweight, and antenatal stress, social support satisfaction, and family functioning among pregnant women receiving home care and those receiving hospital care management. Pregnant women experiencing preterm labour (N=250) were randomly assigned to home care management (the experimental group [EG]) or hospital care management (the control group [CG]). A Perinatal Information Form was used to collect data on sociodemographic and pregnancy variables. The High-Risk Pregnancy Stress Scale, Brown's Social Behaviors Inventory, and the Family Assessment Measure III Dyadic Relationships Scale were administered to the women at randomisation (T1) and at 1-week (T2) and 2-weeks (T3) after randomisation. Gestational age and birthweight were similar in the two groups of neonates. Women in the EG reported that antenatal stress was significantly lower at T3 than at T1 and T2, while for those in the CG, antenatal stress was significantly lower at T3 than at T1, and significantly lower at T2 than at T1. Women in the EG were more satisfied with support from the male partner at T3 than women in the CG. There was no significant difference between the two groups in family functioning at T1, T2 and T3. These findings indicate that home care management is a safe and efficacious mode of health care delivery for women experiencing preterm labour.

Source: MEDLINE
Available in print at Lincoln County Hospital Professional Library

Author(s): Navaie-Waliser M, Martin SL, Tessaro I, Campbell MK, Cross AW
Citation: Public Health Nursing, July 2000, vol./is. 17/4(280-91), 0737-1209;0737-1209 (2000 Jul-Aug)
Publication Date: July 2000
Abstract: This study compared two groups of high-risk Medicaid-eligible mothers, 221 who participated in a maternal home visitation program and 198 who did not, to determine whether program participation was associated with improvements in the mothers' psychological functioning 1 year after delivery, and whether these improvements were associated with the type and intensity of support provided by home visitors. The results suggest that, compared to nonparticipants, participants provided with more intensive home visitor support had significantly higher self-esteem (p = 0.039) and were less depressed (p = 0.015). Participants with less intensive home visitor support, however, did not differ significantly from nonparticipants in their self-esteem or depression levels. No significant differences were observed in the perceived stress levels of participants as compared with nonparticipants, regardless of the intensity of home visitor support. Mothers who had support from the baby's father, however, had significantly lower perceived stress levels than mothers with no support from the baby's father (p = 0.046). Moreover, the type of support provided by home visitors (emotional, instrumental, informational) did not appear to be related to the mothers' psychological functioning. This study suggests that the intensity of support is an important component of maternal home visitation programs that aim to improve women's psychological functioning.
Source: MEDLINE
Available in fulltext at EBSCO Host

158. Teaching new mothers: priorities of nurses and postpartum women.
Author(s): Ruchala PL
Citation: JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing, May 2000, vol./is. 29/3(265-73), 0884-2175;0090-0311 (2000 May-Jun)
Publication Date: May 2000
Abstract: OBJECTIVE: To identify the most important content areas to include when teaching postpartum women, either in the hospital or at home, from the perspective of both nurses and postpartum women.DESIGN: Descriptive design using scaled response surveys.SETTING: Data for nurses were collected through mailed surveys. Data for new mothers were collected in the hospital within 24 hours after delivery and through mailed surveys.PARTICIPANTS: Seventy-one registered nurses who provided in-hospital maternity nursing care; 53 registered nurses who provided postpartum follow-up home care visits; and 103 low-risk postpartum women.MAIN OUTCOME MEASURES: Perceived importance of teaching topics related to care of mothers and their newborns. Comparisons between responses of nurses and new mothers were analyzed.RESULTS: Statistically significant differences were noted between the perceptions of nurses and new mothers regarding the priority of teaching content for new mothers. Nurses give priority to teaching about infant care, whereas new mothers give priority to their own care.CONCLUSIONS:
These data suggest that new mothers may have opinions that differ from those of nurses as to what is important to learn about caring for themselves and for their newborns during the early postpartum period.

Source: MEDLINE

3. Establishing a neonatal outreach service.
Author(s): Morgan A
Citation: Kai Tiaki Nursing New Zealand, 01 February 1999, vol./is. 5/1(13-13), 11732032
Publication Date: 01 February 1999
Abstract: Establishing a neonatal outreach service in Christchurch was not problem free. It was a steep learning curve for the nurse involved and here she provides some tips on how to get it right. On the following pages she describes her work with the service.
Source: CINAHL

Author(s): Emmanuel J, Knight PJ
Citation: J Neonatal Nursing, September 1999, vol./is. 5/5(33-35), 1355-1841 (1999 Sep)
Publication Date: 01 September 1999
Abstract: Service at Wrexham Maelor Hospital using midwives to help parents and baby adjust at home after discharge from the neonatal unit. 4 refs.
Source: BNI

4. Reaching out to babies and their families.
Author(s): Morgan A
Citation: Kai Tiaki Nursing New Zealand, 01 February 1999, vol./is. 5/1(14-15), 11732032
Publication Date: 01 February 1999
Abstract: The neonatal outreach service in Christchurch is an essential support for fragile babies and their families.
Source: CINAHL

7. Community neonatal service: an integrated job share approach.
Author(s): Emmanuel J, Knight PJ
Citation: Journal of Neonatal Nursing, 01 September 1999, vol./is. 5/5(33-35), 13551841
Publication Date: 01 September 1999
Abstract: A Community Neonatal Service is a comparatively new area of neonatal care. This aspect of the neonatal service may be carried out in many different ways using different approaches. This article describes the setting up of a Community Neonatal Service using an integrated job share approach, which has proved to be highly successful.
Source: CINAHL

169. Home care concerns for the normal newborn.
Author(s): Cottrell BH, Todd NA
Citation: Home Care Provider, December 1998, vol./is. 3/6(293-7), 1084-628X;1084-628X (1998 Dec)
Publication Date: December 1998
Abstract: Four of the most common problems encountered with newborns in the home include feeding difficulties, jaundice, gastrointestinal problems, and inconsolable crying. This article suggests assessment measures and intervention strategies to deal with these problems and evaluate the home environment for safety. This article also includes suggestions to promote safe infant feeding, bathing, sleeping arrangements, car safety seats, firearm and poison storage, fall prevention, concerns about pets, pest control, heating and cooling, and a nonsmoking environment.
Source: MEDLINE

183. Neonates making the transition from intensive care to home care.
Author(s): Weber MM
Citation: Caring, May 1998, vol./is. 17/5(26-9), 0738-467X;0738-467X (1998 May)
Publication Date: May 1998
Abstract: Premature infants are a very fragile group of patients. Providers that propose to care for them need to understand their special risks—as well as the risks such care poses to agencies themselves. Solid preparation, however, can result in success for both infants and agencies.
Source: MEDLINE
185. Postpartum home visits: extending the continuum of care from hospital to home.
Author(s): Bennett RL, Tandy LJ
Citation: Home Healthcare Nurse, May 1998, vol./is. 16/5(294-303; quiz 304), 0884-741X; 0884-741X (1998 May)
Publication Date: May 1998
Abstract: Crucial maternal, newborn, and family healthcare needs arise during the early postpartum period, providing the opportunity for home care nurses to extend the continuum of care from hospital to home. This study identifies common early postpartum problems discovered on home health visits and describes the related interventions of home health nurses. Correlational analysis revealed that young mothers, first-time mothers, breastfeeding mothers, and single mothers are priority candidates for follow-up home care.
Source: MEDLINE

37. Evaluation of community neonatal services for high risk infant survivors.
Author(s): Langley, D, Hollis, S, McGregor, D
Citation: J Neonatal Nursing, March 1998, vol./is. 4/2(12), 1355-1841 (1998 Mar)
Publication Date: March 1998
Abstract: Abstract of research examining impact of community neonatal services on length of hospital stay or readmission.
Source: BNI

Author(s): Swanson SC, Naber MM
Citation: Neonatal Network- Journal of Neonatal Nursing, October 1997, vol./is. 16/7(33-8), 0730-0832:0730-0832 (1997 Oct)
Publication Date: October 1997
Abstract: A Neonatal Integrated Home Care Program was developed to cross-train NICU staff nurses to provide follow-up care for high-risk neonates in the home. Implementation required collaboration of the NICU and the Center for Home Care and Hospice. Initial target populations were premature infants in transition to oral feeds and oxygen-dependent neonates. Staff, parent, and insurer enthusiasm for this innovative program resulted in expansion to serve infants and families with many other care needs. Continuity of care provides an invaluable resource for families at home with their high-risk infants. Outcomes include reduction in NICU length of stay and readmission for this population. The NICU home care team shares experiences with staff, increasing awareness of and sensitivity to family strengths and discharge realities. The program has fostered revisions in practice regarding preparation for discharge and education of families, facilitating the transition to home following NICU hospitalization.
Source: MEDLINE

Author(s): Amato-Bowden C
Citation: Home Health Care Management & Practice, 01 April 1997, vol./is. 9/3(52-62), 10848223
Publication Date: 01 April 1997
Abstract: Through changes in technology and medicine, the population of the intensive care nursery (ICN) has become more acute, along with new challenges for the home care provider. The follow-up care of these infants is multifaceted. They have medical, technical, developmental, financial, and psychosocial issues that affect them as well as their families and community. These issues may become evident in the form of a crisis, post discharge, or may remain chronic and long term. The home health care nurse is in a unique position to facilitate, report, educate, and provide compassionate care for these infants and their families as well as connect them to their community. This article discusses some of the issues facing the ICN infant and family postdischarge and suggests home care interventions. It is followed by a three-part tool that may be used to assess an infant's ICN course, home assessment, and infant assessment.
Source: CINAHL

8. Early discharge and home care after unplanned cesarean birth: nursing care time.
Author(s): Brooten D, Knapp H, Borucki L, Jacobsen B, Finkler S, Arnold L, Mennuti M
Citation: JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing, 01 September
Abstract: Objective: This study examined the mean nursing time spent providing discharge planning and home care to women who delivered by unplanned cesarean birth and examined differences in nursing time required by women with and without morbidity. Design: A secondary analysis of nursing time from a randomized trial of transitional care (discharge planning and home follow-up) provided to women after cesarean delivery. Setting: An urban tertiary-care hospital. Patients: The sample (N = 61) of black and white women who had unplanned cesarean births and their full-term newborns was selected randomly. Forty-four percent of the women had experienced pregnancy complications. Interventions: Advanced practice nurses provided discharge planning and 8-week home follow-up consisting of home visits, telephone outreach, and daily telephone availability. Outcome Measure: Nursing time required was dictated by patient need and provider judgment rather than by reimbursement plan. Results: More than half of the women required more than two home visits; mean home visit time was 1 hour. For women who experienced morbidity mean discharge planning time was 20 minutes more and mean home visit time 40 minutes more. Conclusions: Current health care services that provide one or two 1-hour home visits to childbearing women at high risk may not be meeting the education and resource needs of this group.

Source: CINAHL

Available in fulltext at Elsevier®: Note: Click link. At ScienceDirect webpage for journal, click Login, then Athens Login and enter your NHS Athens username/password to access full-text articles.

5. Neonatal outreach.
Author(s): Morgan A
Citation: Primary Healthcare New Zealand, 01 February 1996, vol./is. /(41-42), 11726350
Publication Date: 01 February 1996
Source: CINAHL

115. Planning earlier discharge from the NICU.
Author(s): Deming LM
Citation: Journal of Care Management, 01 August 1996, vol./is. 2/4(13-), 10816755
Publication Date: 01 August 1996
Abstract: Infants may be discharged from neonatal intensive care units earlier than usual if comprehensive discharge planning and needs assessment are performed. Discharge criteria are presented, guidelines for the transition from hospital to home are outlined, and the several roles of case managers in NICU discharge are defined.
Source: CINAHL

206. Early discharge and home care after unplanned cesarean birth: nursing care time.
Author(s): Brooten D, Knapp H, Borucki L, Jacobsen B, Finkler S, Arnold L, Mennuti M
Citation: JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing, September 1996, vol./is. 25/7(595-600), 0884-2175;0090-0311 (1996 Sep)
Publication Date: September 1996
Abstract: OBJECTIVE: This study examined the mean nursing time spent providing discharge planning and home care to women who delivered by unplanned cesarean birth and examined differences in nursing time required by women with and without morbidity. DESIGN: A secondary analysis of nursing time from a randomized trial of transitional care (discharge planning and home follow-up) provided to women after cesarean delivery. SETTING: An urban tertiary-care hospital. PATIENTS: The sample (N = 61) of black and white women who had unplanned cesarean births and their full-term newborn was selected randomly. Forty-four percent of the women had experienced pregnancy complications. INTERVENTIONS: Advanced practice nurses provided discharge planning and 8-week home follow-up consisting of home visits, telephone outreach, and daily telephone availability. OUTCOME MEASURE: Nursing time required was dictated by patient need and provider judgment rather than by reimbursement plan. RESULTS: More than half of the women required more than two home visits; mean home visit time was 1 hour. For women who experienced morbidity mean discharge planning time was 20 minutes more and mean home visit time 40 minutes more. CONCLUSIONS: Current health care services that provide one or two 1-hour home visits to childbearing women at high risk may not be meeting the education and resource needs of this group.
1. Nursing babies of insulin-dependent diabetic mothers on the postnatal ward.
Author(s): Elliott, Ann
Citation: Infant, 01 September 2011, vol./is. 7/5(144-146), 17451205
Publication Date: 01 September 2011
Abstract: Although diabetes in pregnancy can lead to severe complications in some babies most have no complications at all and others present with transient problems that can be managed effectively on the postnatal or transitional care ward. The challenge that the SCBU staff faced was how to transfer the care of these babies to the midwives on the postnatal ward while ensuring safe and effective care.
Source: CINAHL

2. Management of the vulnerable baby on the postnatal ward and transitional care unit.
Author(s): de Rooy L, Johns A
Citation: Early Human Development, May 2010, vol./is. 86/5(281-5), 0378-3782;1872-6232 (2010 May)
Publication Date: May 2010
Abstract: Many guidelines for the prevention and management of neonatal hypoglycaemia focus on the sick infant admitted to the intensive care unit and pay scant attention to what is known about normal neonatal physiology. It is questionable whether treatment guidelines for low blood glucose levels for sick infants can be applied to a population of well infants on the postnatal ward, especially if such guidelines interfere with the establishment of breastfeeding, which has well recognised long and short term health benefits for mother and baby. What then of the baby who is at risk of abnormal postnatal adaptation, but is not unwell? Can the complications which occur in such infants, such as hypoglycaemia, be safely managed without resorting to admission to a baby unit? Can such vulnerable infants be safely managed in an environment that promotes mother and baby bonding and facilitates breastfeeding? Crown Copyright 2010. Published by Elsevier Ireland Ltd. All rights reserved.
Source: MEDLINE

5. Impact of babies born to substance misusing mothers on a regional maternity hospital in the United Kingdom
Author(s): Venkatesh V.K., Rasiah S.V.
Citation: Early Human Development, November 2010, vol./is. 86/(S4), 0378-3782 (November 2010)
Publication Date: November 2010
Abstract: Aim: The incidence of maternal drug misuse is increasing. A screening study found that 16% of pregnant women in the UK have misused drugs or illicit substances. Babies born to substance misusing mothers have additional impact on the maternity and neonatal services. This study aims to review the impact of babies born to substance misusing mothers (SMM). Materials and methods: Retrospective audit of the care provided to infants born to SMM at a regional maternity hospital in UK over 12 months (01/04/09-31/03/10). In our unit, these babies and mothers are admitted to our transitional care ward. Results: In the last 12 months, 38 babies born to SMM were admitted to the transitional care and 3 were admitted to the neonatal unit because of their prematurity. 31 mothers were on the methadone programme. Their median gestation age was 38 weeks with a median birth weight of 2770 g. All babies were observed using the modified Finnegan score. Of these, 8/41 (19%) needed treatment with morphine. The overall median length of stay (LOS) was 9 days. In those infants who did not need treatment, median LOS was 7.5 days. The total length of stay for 38 babies was 445 days. 16/41 (39%) had safeguarding issues with 12 infants placed in foster care and 3 infants placed in a mother and baby residential unit. Conclusions: Babies born to SMM absorb significant time, input and resources from the midwifery, neonatal and social services. They have significantly longer LOS even when they do not need treatment. The total LOS for 38 babies is similar to 100 postnatal babies receiving IV antibiotics during the same audit period. These babies even though a small number, create a substantial workload on the neonatal team which needs to be taken into consideration when allocating resources.
3. **Pharmacy team providing enhanced services to a transitional care unit.**  
Author(s): Boord AS, Sanders SL, Bass LW, Benson BD, Clark GM, Meyer SK  
Citation: American Journal of Health-System Pharmacy, 15 March 2007, vol./is. 64/6(647-651), 10792082  
Publication Date: 15 March 2007  
Source: CINAHL  
Full Text: Available in fulltext at EBSCO Host

14. **All-encompassing care at Bradford Royal Infirmary.**  
Author(s): Taylor, S  
Citation: Infant, November 2007, vol./is. 3/6(216-7), 1745-1205 (2007 Nov)  
Publication Date: November 2007  
Abstract: Focus on a Unit series. The Bradford Royal Infirmary neonatal unit, including an ICU and transitional care unit. Staff qualifications and practice development are described and services including a midwife who liaises with families who misuse drugs, a support group for neonatal death or miscarriage, developmental care interventions, infant massage, neonatal outreach and participation in randomised controlled trials are discussed.  
Source: BNI

12. **Neonatal transitional care program.**  
Author(s): Durrie KR  
Citation: Alberta RN, December 2002, vol./is. 58/11(4-5), 1481-9988;1481-9988 (2002 Dec)  
Publication Date: December 2002  
Source: MEDLINE  
Full Text: Available in fulltext at EBSCO Host

8. **Neonatal issues. What are the advantages of transitional care for neonates?**  
Author(s): Dudrdrige E  
Citation: British Journal of Midwifery, 01 February 2001, vol./is. 9/2(92-98), 09694900  
Publication Date: 01 February 2001  
Abstract: Transitional care has been shown to be very beneficial to moderately compromised neonates (such as babies who need regular blood sugar estimation or photo therapy) and their families. Care provision varies in individual maternity units. The evidence suggests that units situated away from the postnatal wards or the neonatal intensive care unit are potentially able to provide the most advantageous mode of care (Boxall et al, 1989). This article aims to review the literature and discuss the benefits of transitional care units and the provision of family-centred care. It addresses location and staffing issues, and the physical and psychological development of neonates receiving transitional care.  
Source: CINAHL  
Full Text: Available in print at Grantham Hospital Staff Library  
Available in print at Lincoln County Hospital Professional Library  
Available in print at Pilgrim Hospital Staff Library

9. **Effectiveness of a neonatal nurse practitioner managed transitional care unit.**  
Author(s): Stutts AL  
Citation: , 01 January 2001, vol./is. /0(0-149),  
Publication Date: 01 January 2001  
Abstract: The purpose of this comparative, quantitative study was to assess the effectiveness pro-active discharge planning and developmentally based care in two models of neonatal care. Discharges from the transitional care unit in 1997, 1998, and 1999 whose parent or guardian completed a satisfaction survey were asked to participate in the study. Patient charts were reviewed for completion of multidisciplinary action plan, date immunizations ordered and received, date nipple feedings initiated, date full nipple feedings reached, xanthine therapy discontinued, and date home care ordered. Data analysis included means, standard deviations, percentages, frequencies, and analysis of variance, chi square analysis, and Pearson rho correlations. MOC 2 provided more effective pro-active discharge planning (completion of MAP, completion of home care equipment and nursing orders 7 days prior to discharge, and patient discharge before 3 p.m.), and developmentally based care (earlier initiation of eye exams and audiological screens) than MOC 1.  
Source: CINAHL
10. **Transitional care: let's think again.**
Author(s): Bromley P
Citation: Journal of Neonatal Nursing, 01 March 2000, vol./is. 6/2(60-64), 13551841
Publication Date: 01 March 2000
Abstract: In an era of limited resources and increased pressure on neonatal intensive care cots, this article looks at the case for the creation of transitional care units or a transitional care scheme for higher risk infants who do not require intensive care nursing. Experience from those units already in existence would suggest that these units provide a number of advantages for low birthweight infants and their mothers, associated with the best use of resources and a good outcome.
Source: CINAHL
Full Text: Available in print at Pilgrim Hospital Staff Library

11. **Transitional care for neonates: setting up a new service.**
Author(s): Simpson D
Citation: Practising Midwife, 01 February 2000, vol./is. 3/2(13-15), 14613123
Publication Date: 01 February 2000
Abstract: The whys and the wherefores of setting up a transitional care ward, explained by Doreen Simpson.
Source: CINAHL
Full Text: Available in print at Grantham Hospital Staff Library
Available in print at Pilgrim Hospital Staff Library

14. **Transitional care for neonates.**
Author(s): Simpson D
Citation: Practising Midwife, February 2000, vol./is. 3/2(13-5), 1461-3123;1461-3123 (2000 Feb)
Publication Date: February 2000
Abstract: The development of a transitional care ward at Peterborough Maternity Unit has improved the care given to all women and their babies. A slight reorganisation of services has resulted in a better working environment for everyone. Babies requiring additional care receive timely and appropriate attention and mothers whose babies are in NICU are able to support each other at this emotional and stressful time. With such clear benefits for everyone, I recommend that all maternity units consider developing a transitional care ward.
Source: MEDLINE
Full Text: Available in print at Grantham Hospital Staff Library
Available in print at Pilgrim Hospital Staff Library

15. **New practices in the transitional care center improve outcomes for babies and their families.**
Author(s): Forsythe P
Citation: Journal of Perinatology, November 1998, vol./is. 18/6 Pt 2 Su(S13-7), 0743-8346;0743-8346 (1998 Nov-Dec)
Publication Date: November 1998
Abstract: Assuming sole responsibility of parenting a high-risk infant after a prolonged hospital stay can be a complex and traumatic event, especially when the infant is discharged with residual health care problems requiring medical management and treatment at home. A parent’s ability to successfully transition the management of their infant's care from hospital to home depends on a collaborative discharge process where parents are ongoing, full participants. The Transitional Care Center environment makes learning comfortable for parents, allows parental care-giver mastery to occur, and fosters family integration. Favorable clinical outcomes concurrent with decreased lengths of hospital stays and readmission rates have been demonstrated.
Source: MEDLINE

15. **Phototherapy and the neonate: providing safe and effective nursing care for jaundiced infants.**
Author(s): Edwards S
Citation: Journal of Neonatal Nursing, 01 October 1995, vol./is. 1/5(9-12), 13551841
Publication Date: 01 October 1995
Abstract: The dynamic nature of nursing and midwifery means that roles and
responsibilities change and the extent of involvement in the management of jaundice in the neonatal period is an example of this. Phototherapy is a common place activity in postnatal, transitional care and special care units. Knowledge and understanding are pre-requisites for accountable practice and this article renews the underlying theories of bilirubin breakdown and the actions of phototherapy in order to inform and facilitate safe effective practice. 

Source: CINAHL

42. Caring for the 'special care' baby on the postnatal ward. 
Author(s): Miller, P 
Citation: Br J Midwifery, August 1995, vol./is. 3/8(430-4), 0969-4900 (1995 Aug) 
Publication Date: August 1995 
Abstract: Development of transitional care units. 4 refs. 
Source: BNI

16. Nurse practitioners' effectiveness in NICU. 
Author(s): Schultz JM, Liptak GS, Fioravanti J 
Citation: Nursing Management, 01 October 1994, vol./is. 25/10(50-53), 07446314 
Publication Date: 01 October 1994 
Abstract: The effectiveness of Neonatal Nurse Practitioners (NNPs) in a Level III Neonatal Intensive Care Unit (NICU) was evaluated by using a retrospective medical records review. Two groups of infants received care in a Transitional Care Unit (TCU), one by house officers and the second cared for by NNPs. Medical diagnoses, lengths of stay, hospital charges, discharge/transfer disposition and hospital readmissions were studied. No differences were found in DRG codes, discharge disposition, hospital readmission or number of infants transferred from TCU to NICU because of deteriorating condition. Though the infants cared for by the NNPs had significantly lower birth weight and lower gestational age, they averaged 2.4 fewer days in the hospital and $3,491 less in total hospital charges than the group cared for by house officers. This study confirms that NNPs can provide care comparable to house officers in a Level III NICU and be more effective. 
Source: CINAHL

49. Transitional care - an alternative approach. (To supplement the work of the special care baby unit) 
Author(s): DERBYSHIRE F 
Citation: Modern Midwife, 1992, vol./is. 2/6(14-15) 
Publication Date: 1992 
Source: BNI

6. Facility report: a model transitional-care program for premature infants... designed to enhance parental skills. 
Author(s): Bachrach S, Branca P, Clark-Levenson J, Partner J, Hudes J 
Citation: Perinatology Neonatology, 01 March 1985, vol./is. 9/2(31-34), 01477927 
Publication Date: 01 March 1985 
Source: CINAHL

7. Moving forward in neonatal care -- transitional care... for mothers and their premature well babies. 
Author(s): Whitby CA 
Citation: Midwives Chronicle, 01 October 1983, vol./is. 96/1149(17-18), 00263524 
Publication Date: 01 October 1983 
Source: CINAHL

Google Scholar

Neonatal Outreach

Community-based interventions for improving perinatal and neonatal health outcomes in developing countries: a review of the evidence
[HTML] from pediatricsdigest.mobi
The Christie Online JournalsZA Bhutta, GL Darmstadt, BS Hasan… - Pediatrics, 2005 -
Am Acad Pediatrics

Background. Infant and under-5 childhood mortality rates in developing countries have declined significantly in the past 2 to 3 decades. However, 2 critical indicators, maternal and newborn mortality, have hardly changed. World leaders at the United Nations Millennium

Effect of community-based newborn-care intervention package implemented through two service-delivery strategies in Sylhet district, Bangladesh: a cluster- ...

Effect of community-based behaviour change management on neonatal mortality in Shivgarh, Uttar Pradesh, India: a cluster-randomised controlled trial

Developing community-based intervention strategies to save newborn lives: lessons learned from formative research in five countries

Outcomes of a Community–and Home-Based Intervention for Safe Motherhood and Newborn Care

NGO facilitation of a government community-based maternal and neonatal health programme in rural India: improvements in equity

Community-based kangaroo mother care to prevent neonatal and infant mortality: a randomized, controlled cluster trial
OBJECTIVE. We adapted kangaroo mother care for immediate postnatal community-based application in rural Bangladesh, where the incidence of home delivery, low birth weight, and neonatal and infant mortality is high and neonatal intensive care is unavailable. This trial

Transitional Care

A loss network model with overflow for capacity planning of a neonatal unit [PDF] from emse.frM Asaduzzaman, TJ Chausalet… - Annals of Operations…, 2010 - Springer

... But since cots in all three levels are scarce and in high demand, babies admitted from outside the network are often discharged from ICU and HDU and transferred back to the unit where they come from. ... In such cases, a baby is transferred to another neonatal unit. ...


... For example, in neonatal transitional care units, parents reported feeling less anxious after the adoption of family-centered care, lengths of hospital stay were shorter, and rehospitalizations were fewer. ... Newborn Infant Nurs Rev. 2005; 5(4): 179–187. ...

Improving neonatal resource use through early discharge: Experience of a tertiary neonatal unit with a dedicated neonatal community team V Dixon, V Venkatesh, J May, A D'Amore… - Journal of Neonatal…, 2010 - Elsevier

... and Naber, 1997 SC Swanson and MM Naber, Neonatal integrated home care: nursing without walls, Neonatal Netw. ... View Record in Scopus | Cited By in Scopus (8). Turner, 1992 V. Turner, The follow-up care of babies discharged from special care baby units in ...

Babies born after diabetes in pregnancy: what are the short-and long-term risks and how can we minimise them?
The Christie Online Journals JM Hawdon - Best Practice & Research Clinical Obstetrics &…, 2011 - Elsevier

... then continue to have good control of diabetes during pregnancy, the fetus and neonate are at ... that these babies should be managed according to normal standards for the healthy newborn baby. ... attendance of paediatricians at the delivery or routine admission to a neonatal unit ...


... that the Government should ensure better integration of, and joint working between, neonatal and maternity ... on identifying parents' needs; helping parents to be involved in their baby's care; and ... Some babies may have or can develop problems, for which timely and appropriate ...
Manchester neonatal units to develop outreach services across Greater ...

Nursing in Practice - Leeds Neonatal Outreach service named Team ...
www.nursinginpractice.com/default.asp?
1 Dec 2009 – A Neonatal Outreach service in Leeds has won the Team of the Year Award, sponsored by Glyndwr University, at the Nursing in Practice ...

Information for Healthcare Professionals | The Children's Hospital of ...
www.chop.edu/service/.../information-for-healthcare-professionals/
We established the Neonatal Outreach Program in 2003 to serve the needs of all ... education opportunities (physician grand rounds or nursing in-services) for ...

Establishing a neonatal outreach service.
www.ncbi.nlm.nih.gov/pubmed/10586795
by A Morgan - 1999
[PPT]

Neonatal Services | East and North Herts NHS Trust
www.enherts-tr.nhs.uk/patients-visitors/our-services/ neonatal-services
Our neonatal unit at the Lister cares for premature and sick newborns babies. The unit is ... We also provide a neonatal outreach service. If you know your baby ...

Paediatrics
www.lancsteachinghospitals.nhs.uk/services/paediatrics.html
There is a neonatal outreach nursing service facilitated from the unit. This service provides nursing care and support to babies in the community following ...

Welcome to Leicester's Neonatal Service
www.eastmidlandsdeanery.nhs.uk/downloadFile.php?...neonatal_serv...
File Format: Microsoft Word - Quick View
Our neonatal outreach team can help parents once they have gone home. Service Configuration. The service is currently on two sites LRI & LGH with all ...

Neonatal care and the NHS Next Stage Review
www.bliss.org.uk/core/core_picker/download.asp?id=654
File Format: PDF/Adobe Acrobat - Quick View
neonatal outreach services and availability of overnight accommodation for parents. The NHS South East Coast consultation document mentions that there ...

Neonatal Transitional Care

Neonatal transitional care.
www.ncbi.nlm.nih.gov/pubmed/15626123
by K Lasby - 2004 - Cited by 9 - Related articles
The Neonatal Transitional Care Program (NTCP) commenced in 1997 to assist ... and enhanced maternal confidence and satisfaction with community service. ...

Transitional Care Unit - Institute for Women's Health (IfWH) - UCL
www.instituteforwomenshealth.ucl.ac.uk/clinical_units/maternity/tcu
11 Dec 2009 – Prior to the opening of Transitional Care on 03/06/2003, babies ...
In the future there should be a community neonatal service provided through ...

**Neonatal care**
www.uclh.org/OurServices/ServiceA-Z/WH/NEON
In addition, the neonatal team will continue to provide transitional care service allowing babies to remain with their mothers if special care is required after birth; ...

**Transitional Care of Babies Guidelines**
www.colchesterhospital.nhs.uk/.../161a%20...
File Format: PDF/Adobe Acrobat
postnatal ward, but do not require the services of the Special Care Baby Unit, can be admitted to Transitional Care, to be with, and cared for by their mother. ...

Family-centred care in neonatal units
www.poppy-project.org.uk/resources/Poppy%20report%20for%20PRINT.pdf
File Format: PDF/Adobe Acrobat - Quick View
services and facilities currently provided for parents by neonatal units in ... during transitional care, and at discharge when the parents are assuming full ...

**Transitional Care of the Low Risk Newborn**
https://www.infoclique.com/.../Nursing%5CNeonatal/NEO_18.doc
File Format: Microsoft Word - Quick View
1 Nov 2010 – Initial newborn physical assessment will be completed within 2 hours of birth. ... have been identified, the transitional care may be extended. 3.

Reassessment of a Newborn Transitional Care Unit
by S CARSON - 1972
Transitional Care Unit in October 1969, those individuals ... the Newborn Nursery, the Neonatal Intensive Care ... transferred to the pediatric surgical service at a ...

**Neonatal Unit**
www.instituteforwomenshealth.ucl.ac.uk/clinical_units/neonatalunit
11 Dec 2009 – The transitional care unit allows mothers and babies to stay together ... The neonatal team provides a comprehensive service encompassing:

**Neonatal Transitional Care**
Background: Transitional care for the newborn is defined as caring for a ... neonatal sister and the manager of the midwifery service in each hospital. ...

Maternity services
www.uclh.org/OurServices/ServiceA-Z/WH/MAT
Postnatal service and transitional care ... This is for babies who require extra care but are well enough not to be admitted to the neonatal unit. Care is provided

**Transitional Care Unit**
www.ashfordstpeters.nhs.uk/transitional-care-unit
The Transitional Care Unit is a small unit containing 6 beds for mothers and ... on the post natal ward but is part of the service provided by the Neonatal team. ...

New practices in the transitional care center improve outcomes for ...
New practices in the transitional care center improve outcomes for babies and their ... Intensive Care Units, Neonatal; Intermediate Care Facilities/economics* ...