



Postnatal care – Outcomes of various care options in Sweden

av

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UMEÅ UNIVERSITET
2008

AKADEMISK AVHANDLING

som med vederbörligt tillstånd av rektorsämbetet vid Umeå universitet för
avläggande av medicine doktorsexamen framläggs till offentligt försvar
i Sal B, 9 trappor, By 1D, Tandläkarhögskolan,
fredagen den 26 september 2008, kl. 09.00.

Fakultetsopponent: Professor Ulla Waldenström,
Institutionen för kvinnors och barns hälsa,
Karolinska Institutet, Stockholm.

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901 87 Umeå, Sverige

New series No 1202

ISSN 0346-6612

ISBN 978-91-7264-597-4

Abstract

Background: In high-income countries, hospital length of stay after a normal birth has gradually decreased correspondingly to length of stay in care of other patients. A short stay provides a greater opportunity for autonomy and an increased sense of participation, but it may involve great challenges satisfying parental guidance as well as on the possibility of preventing, discovering, and treating neonatal medical conditions.

Aim: This study evaluates postnatal care based on cost calculations, risk assessments, and parents' satisfaction with care.

Methods: Questionnaires were sent to 1 122 new mothers and her partner during 1998-1999. For the summary of utilization of health care services during the first 28 days postdelivery, the participants were linked with registry data from the hospital administration system for mothers and newborns (n= 773). The answers were also used to describe new parents' experiences with postnatal care (n = 1 479). The costs for five postnatal care models were estimated, including three care options: Maternity Ward, Family Suite, and Early Discharge. Data about neonatal readmissions and death within 28 days was retrieved from the Swedish Medical Birth Register, the Swedish Hospital Discharge Registry, and the Swedish Cause-of-Death Register between 1999 and 2002 (n = 197 898). This data was related to data about postnatal follow-up practices from all 48 Swedish delivery wards.

Results: The readmission rate for the mothers was similar among the various care options, and there was no difference in utilization of health care or breastfeeding outcome due to type of maternity care. As a proxy for morbidity, the readmission rate for the newborns was influenced by postdelivery follow-up routines as routine neonatal examination timing. Depending on the proportion of mothers receiving care at the Maternity Ward, the costs differed significantly between the various care models, while parents' preferences complied with the cost-minimizing option Family Suite. Most mothers and fathers (70%) were satisfied with the overall impression of the postnatal care, but 72% were dissatisfied with at least one particular topic. A main finding was that the parents experienced a close emotional attachment, an affinity that was not always supported by the staff. The father was not treated as a principal character even though the parents wanted the father's to be involved and recognized.

Keywords: Health Economics, Infant Newborn, Length of Stay, Maternal Health Services, Midwife, Patient Satisfaction, Patient Readmission, Postnatal Care, Postpartum.

Link to thesis: <http://www.diva-portal.org/umu/abstract.xsql?dbid=1818>

