A Postpartum Home Follow-Up Project by Student Nurses Using Marker Model Standards

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ABSTRACT
This article describes a Postpartum Follow-Up Project, in which junior nursing students made two postpartum follow-up home visits to evaluate maternal and newborn health status, provide education, and enrich their own clinical experiences. Marker Model Standards of Care and Patient Teaching Protocols were used by students to direct provision of care. By participating in this project, students were able to meet follow-up care needs of mothers having short lengths of stay and were able to expand their learning experiences. Students felt these visits were beneficial, and client evaluations indicated the students' visits were helpful to them.

Clinical experiences in nursing programs should be consistent with current changes in health care delivery. With emphasis on primary health care in settings other than inpatient care, nursing programs are including follow-up home care clinical settings in their curricula (Buls & Leake, 1995; Fuller, Dowell, & Jackson, 1996). The purpose of this article is to describe a pilot project for postpartum follow-up home visits by student nurses in a baccalaureate program at Salisbury State University (SSU). This project was intended to enhance students' maternal-newborn clinical experiences in home care settings.

Short-stay maternity programs are no longer an exception to conventional length of hospital stays (LOS). Generally, LOS for uncomplicated vaginal delivery is 24 hours or less and for uncomplicated cesarean deliveries is 3 days. Some studies have indicated short-stay postpartum women do not show a significant number of negative outcomes compared to those with conventional LOS, and for the most part, they are satisfied with returning home early (Beck, 1991; Evans, 1991; Norr, Nacion, & Abramson, 1988; Williams & Cooper, 1993). However, there are still potential health problems during the early postpartum and newborn periods. A major disadvantage of short LOS is minimal time to adequately educate the maternity client with regard to her self-care and infant-care needs. Postpartum follow-up programs have emerged across the nation and are indicating positive outcomes and advantages (Evans, 1991), Williams and Cooper (1993) have described a nurse-managed postpartum follow-up program jointly sponsored by Professional Nurse Associates and Kaiser Permanente. The outcomes of this program have demonstrated safety and cost effectiveness, with a maternal readmission rate of less than 1% and “slightly less than 2% of newborn readmissions from April through December of 1990” (Williams & Cooper, 1993, p. 28).

Based on the premise that postpartum home follow-up visits are important for health promotion and continued education, a Postpartum Home Follow-Up Project was integrated with the clinical component of a Maternal-Child Nursing curriculum at SSU. Marker Model Standards for Maternal-Newborn Nursing (Marker, Brodsky, Cornish, & Drew, 1994) were used by the students in this project to direct them in postpartum and newborn assessments and to ensure safe practice.

An agreement was established between the SSU Department of Nursing and two hospitals, one on the lower eastern shore of Maryland and the other in southern Delaware, for student nurses to make home follow-up visits. The hospitals agreed to students using Marker Standards for Maternal-Newborn Care. Marker (1988b) believes using standards in nursing practice is a means to providing safe care and achieving positive outcomes. The Marker Model is a comprehensive and systematic hierarchical approach to defining professional nursing (Marker, 1988a).

Marker (1988b) differentiates three major categories of standards, which are structure (written in the format of policy), process, and outcome standards. Process standards define the specific activities and behaviors required of nurses in providing care and what constitutes the care clients receive. Protocols and standards of care, two formats of process standards, specifically define the care clients receive (Marker, 1991). Outcome standards define the end results of care given and are written in the format of goals (Marker, 1988b, 1991). Because these standards methodically direct safe and appropriate client care, they were chosen for students to use in this project. The Post Vaginal Birth, Post Cesarean Birth, and Newborn Standards of Care; Maternal and Newborn Patient Teaching Protocols (PTPs); Maternal and Newborn Assessment Flow Sheets (AFS); and Nursing Progress Records (NPR) (Marker et al., 1994) were modified for the Postpartum Follow-Up Project with permission from the authors.

Description of Project
Junior nursing students in the maternal-newborn nursing curriculum were given an orientation to the Marker Model and the standards they would be using on
their follow-up visits. The students were expected to perform postpartum and newborn physical assessments and interventions as directed by the Standards of Care (see Marker et al., 1994, for sample pages of these standards). Prior to the follow-up home visits, students had postpartum and newborn content in class and clinical experiences on the mother-baby units. They were evaluated on their performance of maternal and newborn physical assessments during their in-hospital clinical experience.

Each student contracted with a client to whom the student was assigned on the postpartum unit and informed the client that the purposes for the home follow-up visits were to evaluate her and her baby's health status and to teach self-care and baby care. The verbal and written consent also included that the project was a part of a learning experience in the program of studies at SSU. Students contracted with the clients and families for two home visits. The first visit was planned between the second and fourth postpartum days following vaginal births and between the fourth and fifth postpartum days following cesarean births. The second visit was planned 5 to 7 days following the first visit. Male students made their home visits with a female student who performed the breast, fundal, and perineal assessments only.

Students were expected to document all the baseline assessments made on the first visit on the Assessment Flow Sheets (AFS) and to document interventions and evaluation of outcomes on the Nursing Progress Record (NPR). The forms were taken from Marker et al. (1994). Assessments were repeated on the second visit. Any changes in baseline assessment, interventions, or evaluation of outcome on the second visit were to be recorded on the NPR. Students were further instructed to contact the instructor for any health alteration assessed. The instructor would evaluate the problem, intervene appropriately, or make any necessary referrals. Students followed the PTPs (Marker et al., 1994) to assess client knowledge regarding self-care and infant care. They were expected to reinforce what had been taught in the hospital and then teach the remaining content in the PTPs based on assessed learning needs. In addition to verbal instruction regarding student expectations and use of the standards for this project, written directions and guidelines for documentation tools were provided to the students.

Program Evaluation

The program was evaluated at the completion of the fall semester of 1994. The Postpartum Follow-Up Project expanded and enhanced students' clinical experiences. During clinical conferences and midterm and final clinical evaluation interviews, students expressed feelings of confidence during home visits and experienced additional practice in assessment and teaching skills. The documentation tools reflected accurate documentation of assessments, teaching, interventions, and evaluations of outcomes, indicating student objectives were met.

A client evaluation survey was developed to evaluate clients' satisfaction with the visits and determine any maternal or newborn problems during the visitation period. Part I of the survey consisted of questions asking for general information, such as date of discharge, feeding practices, support person, number and ages of other children at home, and any maternal or newborn problems. Part II, the Satisfaction Survey, consisted of a four-point Likert scale addressing degree of agreement with 11 statements about how helpful the clients felt the follow-up visits were. Additional comments were requested at the end. Face validity of the tool was established by faculty review and input.

Nineteen questionnaires were mailed to clients, with a cover letter explaining the purpose. Of the 16 questionnaires that were returned, 12 clients had vaginal births and were discharged with their newborns within 24 hours. The four clients that had cesarean births were discharged within 72 hours. All but one client indicated no maternal problems. The one problem was vaginal bleeding, for which the client went to an emergency department. Newborn problems varied from colic, constipation, clogged ear duct and ear infection, milk allergy, and nasal mucus. One was jaundiced and seen by the pediatrician, as was the baby with the clogged ear duct and ear infection. A third baby was seen by a pediatrician for a viral infection.

Responses to the Satisfaction Survey were very positive. Fourteen respondents indicated they strongly agreed or agreed with the statements in the Survey. Only two respondents indicated the student visits were not helpful. Additional comments made by respondents were positive, as indicated by the following examples:

- "I feel the one-on-one contact received at home helped me more than the information and care received at the hospital."
- "I really enjoyed having my student nurse. She was very polite and seemed like she knew what she had to do and did it."
- "She was very thorough in explaining everything she covered."
- "I learned a lot by a student nurse coming to my home. I was more comfortable asking questions."
- "I am glad I had the student nurse come to my home; it gave me a comforting feeling to know someone was there to see that I was healing okay."
- "The student nurse was very helpful and answered any questions I had about myself or the baby. She was very knowledgeable."

These comments demonstrated the students were clinically prepared and helpful to the clients.

Implications for the Future

The use of maternal-newborn standards directs appropriate assessment, care, and education in the early postpartum adjustment period. In this project, it was agreed by faculty and hospital managers that students could provide safe, autonomous care in the home using Marker Model Standards of Care. Maternal-newborn curricula could be enhanced by incorporating follow-up home care clinical experiences using standards as described in this project. This would also be consistent with current health care trends.

Summary

A postpartum follow-up project by student nurses has been described. Marker Model Standards were used by students to provide guidance for assessment of maternal and newborn health status, interventions for identified problems, and maternal self-care and newborn education. The project was evaluated as successful and will continue to be a part of the maternal-newborn curriculum in succeeding semes-