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EARLY DISCHARGE: FIRST-TIME MOTHERS’ EXPERIENCE OF THE FIRST WEEK AFTER BIRTH

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ABSTRACT

Objective: The aim of this study was to describe how first-time mothers, availing themselves of early discharge without a domiciliary visit by the midwife, experienced the first post partum week.

Design: An inductive interview study, analysed using content analysis.

Settings and participants: A University Hospital in a town in Sweden (>100.000 inhabitants/3000 deliveries per annum). The nine participants were recruited from the Maternity Department. The catchment area included both an urban and rural population.

Measurements and findings: One main category and three sub- categories emerged from the text. The main category was: a feeling of confidence and security and the subcategories were: being able to meet the needs of the baby, feeling 'back to normal' and receiving support.

Key conclusion: First-time mothers choosing early discharge felt a sense of confidence and security if they had support from their partner and could trust the follow-up organization.

Implications for practice: A booked telephone call and a follow-up visit to the midwife can be sufficient as a follow-up program for first-time mothers choosing early discharge.

Keywords

Primiparae, midwifery, post natal care, organization

INTRODUCTION

The length of stay at hospital, for mothers and their newborn, has decreased during the last three decades (Brown 2002). In recent years, the option of early discharge post-partum has been an alternative available in many hospitals in Sweden. However, the organization of early discharge care differs. The follow-up care can range from a telephone call to several home visits by the midwife. The definition of what early discharge after birth entails also varies, not only between countries but also from hospital to hospital (Brown 2002, Waldenström 1987). The Swedish Ministry of Health defines early discharge as discharge ‘within three days following birth’ (SOSFS 1993:1). In agreement with WHO’s (World Health Organization, 1998) intentions, they state that early discharge is positive for the new family, both from a medical and a psychological point of view. Neither the less, some regulations to ensure safety of the mother and the baby must be met and a well-organised care system after discharge is required. Early discharge is only recommended after an uncomplicated birth where neither the baby, nor the mother is in need of hospital care. The woman should be given the support she needs and be able to contact relevant staff on a twenty-four hour basis.

Earlier studies indicate that discharge shortly after the birth does not involve a higher risk of a medical nature, providing that the pregnancy and birth have been normal (Brown 2002, Dalby et al 1996, Waldenström 1987, Williams & Cooper 1996). Furthermore, studies show no difference in breast-feeding frequency between women who left hospital early and those who stayed longer (Carty & Bradley 1990, Kvist et al 1996, Quinn et al 1997, Svedulf et al 1998, Waldenström & Aarts 2004, Winterburn & Fraser 2000). Svedulf et al (1998) and Waldenström & Aarts (2004) showed that the most predominant factors influencing breast feeding were the mother’s first experience of breast feeding and the degree of support, help

and encouragement she received. In a phenomenological study exploring self-reported family health and well-being after early discharge from hospital, mothers reported that the beginning of lactation came naturally and caused very few problems (Faavilainen & Åstedt-Kurki 1997).

Several studies have been conducted studying mothers' psychological and psychosocial well-being after birth, comparing women choosing early discharge from hospital to women choosing a longer hospital stay. Carty and Bradley (1990) and Waldenström (1987) showed that mothers leaving hospital early had no more signs of depression compared to mothers with a longer hospital stay. Greif Fishbein and Burggraf (1998) revealed that more than 25% of mothers who had been discharged early from hospital experienced signs of depression or "baby-blues" two weeks after birth. When comparing women who stayed in hospital longer with women discharged early, the latter group did not have an increased risk of developing symptoms of postnatal depression (Carty & Bradley 1990, Thompson et al 2000). The positive feelings reported by mothers choosing early discharge were the feeling of control and their confidence in their ability to cope with the situation after birth and to look after their baby. They felt affinity with their partner as he could participate in baby care and give support and practical help, which would have been more difficult in a hospital setting. Furthermore the importance of a sense of feeling at home in one's everyday environment contributed to the mothers' well-being (Hall & Carty 1993, Paavilainen & Åstedt-Kurki 1997, Persson & Dykes 2002, Waldenström 1987).

Studies have shown that mothers who have chosen early discharge from hospital have been satisfied with the postnatal care (Dalby et al 1996, Hall & Carty 1993, Williams & Cooper 1996) or have been more satisfied with the postnatal care compared to mothers with longer hospital stays (Carty & Bradley 1990). Results revealed that mothers leaving hospital early

experienced that home visits by a midwife added to their feeling of confidence and sense of security when at home (Carty & Bradley 1990, Hall & Carty 1993, Persson & Dykes 2002). Being able to contact a midwife by telephone on a twenty-four hour basis had a similar effect (Williams & Cooper 1996). Women interviewed by Hall and Carty (1993) experienced that the nurse visiting them at home helped them and their families explore their abilities, establish mutual care-giving and feel more confident. For mothers who experienced less support from family and friends, the postpartum support of the nurse was critical for their sense of control. In a Cochrane review, Brown et al (2002) concluded that it remains unclear how important a domiciliary visit is to the safety and acceptability of early discharge programs. Steel O'Connor et al (2003) showed with two models, a domiciliary visit contra a screening telephone call, that a home visit was not always necessary. They compared two groups of first-time mothers, one group who got a routine home visit and one group getting at screening telephone call in order to identify the women in need for at home visit. At six months, no difference between the two groups in maternal confidence, health problems of infants or breastfeeding rates was found. However, the cost of routine home visits were higher than for screening by telephone.

Other studies describe how women discharged early after childbirth without either a domiciliary visit from a midwife, or an out-patient visit to the hospital, frequently contacted other health professionals. They did this to get answers to questions concerning the baby's behaviour, bodily functions and how to provide appropriate nurturing care (Greif Fishbein & Burggraf 1998, Lemmer 1987).

As hospital stays shorten, midwives must work towards the goal of ensuring that the health care needs of the new family are met, no matter how early the women and infant are discharged from hospital. As few prior studies have been done, specifically exploring first-

time mothers' experience of early discharge, with no domiciliary visit by the midwife, it appeared important that this subject should be investigated.

Aim

The aim of this study was to describe how first-time mothers, availing themselves of early discharge without a domiciliary visit by the midwife, experienced the first post partum week.

METHODS

An inductive method was chosen to gain deeper understanding of the mothers' experience of the first week after childbirth. The study took the form of interviews and content text analysis inspired by Burnard (1991) was performed. According to the narrative method the women were encourage to talk as freely as they wished about their experience of the first week after birth (Kvale 2001).

Settings

The maternity care system at the university hospital studied is organised so that antenatal care is given to expectant mothers by a named midwife at the Health Centre of her choice, often the one nearest her home. The midwives giving care during labour and delivery are mainly

employed exclusively on the Labour Ward and usually have not met the mother previously.

Postnatal care can be given on the Maternity Ward, the Patient Hotel or by an Early Discharge Team (EDT). After a week to ten days the Child Welfare Centre takes over responsibility for preventive care and follows the child up to school age.

In the Maternity Ward, traditional postnatal care is given and fathers and siblings can visit the mother and the newborn baby during the day but not stay overnight. The Patient Hotel offers care to mothers who have had uncomplicated pregnancies and deliveries and have healthy babies. This form of care makes it possible for the whole family to be together but also means that they have to take care of themselves to a greater extent. Providing that the pregnancy and birth have been normal and both the mother and the baby are healthy, the family can choose to discharge early, within 36 hours after delivery, with support from the EDT. During the time this study took place the EDT, which had been recently introduced, consisted of two midwives, working weekdays. First-time mothers choosing early discharge after birth were offered thorough information and breastfeeding counselling before discharge, daily telephone support the first days at home, the possibility of round-the-clock telephone contact with the hospital and a return visit to the midwife, three to four days after the birth.

Participants

The participants were recruited from the Maternity Department in a university town in southern Sweden (>100.000 inhabitants/3000 deliveries per annum). The catchment area included both an urban and rural population. First-time mothers who had chosen early discharge from hospital within 36 hours after birth and who fulfilled the inclusion criteria,

where invited to take part. They were recruited during a period of four months. Inclusion criteria were that the mother was able to understand the Swedish language, was healthy, had a healthy baby and had taken part in the follow-up program. The midwives at the EDT identified eligible mothers at the follow-up visit, and gave them verbal and written information about the study before asking them to participate. The mothers were informed that their participation was voluntary and that they could choose to leave the project, without explanation, at any time. Moreover, they were told that the length of the interview would be approximately an hour and that all information would be treated confidentially. Nine mothers, who met the inclusion criteria, were willing to participate and gave their written consent. The study was approved by the Medical Superintendent of the Department of Obstetrics and Gynaecology and by the Research Ethics Committee of Lund University (No LU 757-03).

Interviews

The time and place for the interview were arranged according to the mother's wishes. The first author (ML) performed all the interviews. All nine took place in the mother's homes. The interview took the form of a conversation and, in accordance to the narrative method, the mothers were asked to talk freely and in as much in detail as possible (Kvale 2001). The mothers were asked to tell about their experience of the first week after the birth. A question about the support given by the EDT was asked, if the mother did not mention this herself. The interviews were tape-recorded. Demographic variables such as the mothers' age, level of education, profession and civil status were collected at the same time.

Analysis

The interviews were transcribed verbatim by the interviewer. Each interview was replayed several times to ensure that the text was transcribed correctly. At this time the third author (EP) read through parts of the interviews in order to confirm credibility. Secondly, the text material was read thoroughly by the interviewer and throughout the reading, notes were made on general themes, within the transcripts, to become aware of the “life world” of the mothers. The first analysis was made by creating a memorandum to bring out the character of the text. After reading through the memorandum as many headings as were necessary to describe all aspects of the contents, were noted in the margin. All the headings were listed and grouped together under higher-order headings. Several categories were found and eventually one main category and three sub-categories emerged. To strengthen the validity of the study, the third author (EP) confirmed the category system. After discussion between all authors, a consensus was reached about the categorization of the text. Everything said in the interviews relating to the mothers’ experience of the first week after birth was worked up to a coherent text by all three authors. Quotations were chosen from every category, from the original text, to confirm reliability and used to illustrate the findings. To preserve anonymity pseudonyms have been used. Further revision of the coherent text, categorization and choice of quotations was finally made (fig 1).

FINDINGS

The nine mothers’ ages ranged from 19 to 40 years. They lived both in urban and rural areas and all of them co-habitated with the father of their baby. Six of the women were born in

Sweden and three of them were immigrants. Their education ranged from high school to university and they were either employed or studying. The mothers and their babies had left hospital between nine and a half and 36 hours following the birth. Eight of them had spent these hours at the Patient Hotel and one woman at the Maternity Ward. Information about early discharge was given by the EDT or the ward staff. Eight mothers received planned telephone calls from the team and all nine women had returned to hospital for a follow-up visit to the EDT midwife.

One main category and three sub-categories emerged from the text. The main category was: a feeling of confidence and security and the subcategories were: being able to meet the needs of the baby, feeling 'back to normal' and receiving support.

A feeling of confidence and security

The feeling of confidence and security was chosen as the main category as it was apparent in all three sub-categories and, to a great extent influenced, the mothers decision to go home early.

Being able to meet the needs of the baby

Being prepared

The majority of the mothers had in some way prepared themselves for the parenthood. Many of them had read books; others had talked to friends and one mother mentioned "Parent-craft" classes as a source of information. The mothers felt that preparation before giving birth had been a great help to them the first week after birth.

“For me it was crucial to read as much as possible... I thought it helped me enormously” (Lena)

Bonding with the baby

The mothers described bonding with their baby early after birth. The majority expressed a positive feeling when they ‘met’ the baby the first time.

“I felt a great deal, maybe not love... My husband felt that I think... just that I will take care of you, it’s no problem. I’ll manage it” (Lena)

One woman felt frightened when she ‘met’ her baby. However, after a short period of time she overcame her fear.

“He was put on my breast, I didn’t want him there, I don’t know why... After half-an-hour, then I just wanted to hold him... Then I started to like him” (Pia)

Trusting ones own and the baby’s capability

Shortly after birth, all of the mothers except one, felt confident in taking responsibility for their baby and some of them expressed it as something that came instinctively. They focused on the task to satisfy the needs of the infant and felt that it caused few problems. One woman felt uncertain in the beginning and it took a couple of days before she could trust her own capability to take full responsibility for her baby, however her husband felt fully confident to take care of their infant.

“Yes, his (the baby’s) instincts and what he should do, it was kind of there. Nothing felt strange...mainly common sense... you have to trust yourself and your intuition” (Annika)

The babies were described as calm and content if their needs were met. The majority of the mothers believed that their baby was competent to react if something was wrong.

“To try and see, to believe that she (the baby) will tell me when she is uncomfortable... Try to listen to her more than to what others are saying” (Johanna)

Being able to breastfeed

All women were aware of that it took a couple of days after birth before milk production would start, although they described a feeling of success when the baby sucked immediately after birth. Breastfeeding had caused few problems for the majority of the mothers.

“He latched on-directly. In some way it was a wonderful feeling. Oh, I am a mother now” (Pia)

Three of the women had had problems in breastfeeding during the first week after birth. They described symptoms as sore nipples and beginning of mastitis. By having patience and by receiving help from the EDT, all, except one woman, solved the problems.

“She had suckled my nipple the wrong way, so it was tender and painful so just now its difficult to feed her. I don’t breastfeed her much but I would like to... Breast milk is best” (Ida)

Feeling ‘back to normal’

Emotional wellbeing

Many of the women described the experience of the birth as a significant and natural start of the total experience that influenced the first week after birth. Even if labour and delivery had varied, from a birth that took a few hours to an induced delivery that took a few days, they were unanimous that birth had been a positive experience.

When returning home, all of the mothers described that their emotional well-being took a favourable turn. Many of the women felt calmer, more confident and slept better when they were home and they longed to go home when they were in hospital. Two of them expressed that they disliked being in hospital and the others felt restricted in the hospital environment. They expressed a feeling of well-being when they came home to their own everyday environment and could start to get into their own routines.

“It was peaceful and calm at home and I found my own routine... To lie in my own bed, eat what I feel like, eat a lot and often and when I want to” (Anette)

Two women described “baby-blues” and two felt extraordinary tired the first week after birth. These concerns influenced the women’s psychological well-being in a negative way.

“I think she (the baby) ate for twenty of twenty four hours the first days. We thought that she must sleep soon. I hardly had time to go to the loo-it was horrible” (Lena)

Physical wellbeing

Physical post-natal symptoms like lochia, contractions and pain from the genital area were described by the mothers. During the first week after birth, some of them had regained their normal weight. They quickly recovered after pregnancy and birth. None of them described the physical symptoms as troublesome. To be prepared for the physical changes connected with pregnancy and birth had helped the women to tolerate these changes.

“Otherwise I felt as normal after just a few days... Maybe I thought that the bleeding went on for a long time, but just that you know that this is normal so...” (Johanna)

Receiving support

Receiving support from family

All the women experienced that they received support from their partner the first week after birth. They described how the partner took care of practical matters at home and played a great part in the care of the baby.

“He (the husband) did a lot, all the chores and he even changed nappies during the night. You really need to be two the first weeks” (Annika)

With exceptions of short visits by family and friends, six of the couples choose to spend the first week alone with the baby. A time of isolation which they preferred, rather than involving other family members during the first week after birth. However one woman wished she had received more support and help from her mother, who did not have time because of work. Another woman preferred to spend the first time at home mainly on her own.

“Michael and I did most things ourselves... Michael's mother has visited and so have my mother and father and my aunt... But they understand that they shouldn't intrude” (Karin)

Two of the couples had received help from their parents the first days at home. The women appreciated the support, although they felt that they would have managed well anyway.

“Mum and Dad were at home with us as well-it made a difference. If they hadn't been here I don't know if Magnus and I had gone home (early)... yes-we probably had” (Eva)

When deciding to leave hospital early, none of the mothers experienced any negative reactions from their family or friends, though some relatives had seemed surprised by their decision. Some of the women had even received encouragement to go home early, especially from their own mothers.

Receiving support from caregivers

Many of the women experienced that the midwife at the Delivery Ward had acted in a supportive way during labour. One of the women mentioned that the fact that she was satisfied with the support during labour influenced her decision to leave hospital early.

The majority of the mothers described the time that they spent at hospital post-partum as meaningful and positive. Many of them experienced that they had received significant help, with breastfeeding, from the midwife. Some of the women also mentioned the importance of the feeling of confidence they had when they knew that they could get help directly if they needed it. Two of them mentioned the advantage of being served food the first post-natal day.

“When we rang they came and helped me. They did this every time I breast fed the first times... I could concentrate on just taking care of the baby-to learn that before going home to all that entails” (Eva)

One woman was disappointed because she did not get the support she expected from the midwives during her stay at the Patient Hotel.

“They said they wanted to check breastfeeding... Which was also what we wanted... but nobody came” (Lena)

It was important for all the women to be together as a whole family, the father counting as a parent as much as the mother. As the rooms at the Patient-Hotel are furnished as single rooms, two of the women felt that their partners were not really welcome, even if he could sleep on an extra bed.

At the time when the mothers had decided that they wanted to leave hospital, they met mixed reactions from the midwives at the Patient Hotel. If breastfeeding was established, positive reactions dominated.

“They had seen that breastfeeding worked so they told me to if I wanted to go home I could” (Eva)

Others got the impression that the midwife at the Patient Hotel tried to persuade them to stay.

“It felt like they tried to persuade us to stay but... this (early discharge) is a possibility so why say it is if it isn't” (Johanna)

Five of the women had been given information during pregnancy about the possibility of support from the EDT in connection with early discharge from hospital after birth. None of the women had made any plans for an early discharge before giving birth and they were all prepared to stay at the Maternity Ward or the Patient Hotel until the breastfeeding was established. They felt that it was their own decision to go home early and the idea came at a point when they felt physically well and/or when they felt comfortable with breastfeeding. All the women had a positive attitude towards the possibility to get support from the EDT and all, except one, felt that they had received the support they needed. Primarily, they felt that the contact with the midwife at the EDT had contributed to a feeling of confidence when they came home.

“I didn’t know it was as well organised as it was. We were asked to come back two days later. It felt good to have this extra check and a chance to ask questions. It gave me a sense of security” (Annika)

The women who had been given information from the EDT before discharge were satisfied with this and pointed out the importance of getting information about lactation and what to expect the first week at home. To breastfeed in the presence of the EDT midwife before discharge was a routine that was appreciated because they found it helpful to get practical advice. The fact the EDT midwife confirmed that it was normal to go home early after birth, was appreciated by two of the women.

“She explained everything very well which felt good. I got the feeling that it was no problem to go home early even if it was my first baby. I felt I had her support” (Karin)

All, except one, of the women appreciated that the EDT made a planned phone call to them at home. It gave a sense of security when the midwife rang and asked how things were going. Some of the women said that it was positive to get confirmation from the midwife that they were doing well.

“It was good that it was their initiative because I don’t think I would have rung them that day. I didn’t have anything I wanted to ask but it felt nice that she rang. She asked a few questions that I answered and she said that sounded fine” (Johanna)

Eight of the women felt that they received support from the midwife in connection with the follow-up visit to the hospital. The fact that she was present when the mother was breastfeeding, that she gave positive feedback and practical advice was appreciated. Furthermore, the women found it positive to have a chance to get answers to questions about baby care. Finally, many of them emphasized that the midwife had strengthened their self confidence by telling them that they were doing well.

“To get my thoughts and actions confirmed... know I’ve done the right thing. It can be about little things like spots and looking at the navel” (Anette)

When the mothers were asked about the support they were given during the first week after birth, eight of them talked about the importance of meeting the nurse from the Child Welfare Centre.

“It felt reassuring to also go to the Child Welfare Clinic” (Anna)

Being able to trust the organization of support from caregivers

The mothers expressed that they felt they were well informed and knowledgeable about where to get support whenever needed during the first week after birth. Some of the women had contacted the Patient Hotel when the EDT was not available and all except one had received the help they needed.

“I knew I could get all the help I wanted. I could ring whenever I wanted to and I had the telephone numbers and I knew who to talk to, by name. I could ring about anything, however small” (Eva)

One of the mothers was critical about the organization of post-natal care because there were too many different care-givers involved in it. She had to repeat her story numerous times and experienced lack of coordination between care-givers. She pointed out that this time-consuming procedure was a waste of resources.

There was no time gap between the care given by the EDT and the Child Welfare Centre, which many of the women experienced as positive.

“We met her (the nurse from the Child Welfare Centre) on Wednesday and on Monday it was time for my visit (to the EDT) so there was no ‘no mans land’”
(Annika)

DISCUSSION

This is a small sample but comprises of the majority of first-time mothers who, during this time-period, met the inclusion criteria for the study. The sample was however heterogenic as the mothers varied in age, education, occupation, came from both rural and urban settings and from different ethnic backgrounds. Each experience was unique, however no new major topics emerged during the last two interviews so the sample size appears to be adequate for the subject studied. None of the women interviewed were single parents or unemployed which could have shown a different, perhaps more negative, aspect to early discharge. This can also be true of the mothers who did not wish to participate.

To strengthen credibility discussions between the authors, about the categorisation of the findings, took place throughout the analysis process. All interviews, except one, took place within the first month post-partum, while the experience of the first week after birth was still fresh and the time perspective easy to recall.

The first-time mothers all had a positive experience of going home early after giving birth. They all expressed that they felt confident, at an early stage, in their own capability to meet the needs of the baby. This is in agreement with other studies, both from Scandinavia and Canada, though none of these studies focused on first-time mothers (Paavilainen & Åstedt-Kurki 1997, Hall & Carty 1993, Steel O'Connor et al 2003). The mothers also described how they trusted the baby's capability to react if something was wrong. Giving the parents sole responsibility for the care of the baby, as is the case with early discharge, seems to strengthen them in their parental role. All of the women said that they received support from their partner. When going home early both parents were more or less on an equal footing - the father counting for as much as the mother. The mothers expressed emotional wellbeing when coming home to their own everyday environment where they, together with the baby's father, could start to get into their own routines. This affinity within the family seems to add to the mothers' confidence in taking care of the baby, a fact that several other studies support (Hall & Carty 1993, Paavilainen & Åstedt-Kurki 1997, Persson & Dykes 2002, Waldenström 1987).

The women had prepared themselves for the birth. Even if the type of labour and delivery had varied, from one that took a few hours to an induced labour that took a few days, the women were unanimous that birth had been a positive experience. They described how they quickly felt 'back to normal' after birth and none of them described the physical symptoms as

troublesome. Many of the women experienced that the midwife who attend the birth acted in a supportive way. A positive experience of giving birth seemed to contribute to the mothers' self confidence and therefore influenced their total experience of the first week after giving birth. This fact that is supported by Persson and Dykes (2002).

The majority of the mothers had also prepared themselves for parenthood. They described how they shortly after birth felt confident in breastfeeding and taking care of the baby, a result that Hall and Carty (1993) and Paavilainen and Åstedt-Kurki (1997) also have shown in previous studies. All the women, except one, breastfed exclusively during the first week. Most of the mothers described the time that they spent in hospital post-partum as meaningful. This was mainly due to the support they received from the staff when breastfeeding the first times. This first experience of breastfeeding and the degree of support and encouragement the woman receive is, according to Svedulf et al (1998) and Waldenström and Aarts (2004), the most important predictor of breastfeeding duration. Furthermore, the mothers breastfeed in the presence of the EDT-midwife before discharge, so that the midwife could see how breastfeeding worked. The mothers pointed out the importance of the practical advice given at this time and also the information they were given about what to expect during the first week. This is in accordance with Kvist et al (1996) who stress the importance of care aimed at providing relevant knowledge and supporting the individual's participation in order to support breast feeding.

Receiving support from the staff was of great importance. One of the mothers expressed dissatisfaction with her hospital stay and the predominant reason for her negative experience was that she did not get the support she had wished for. The other women had positive experiences of their stay and the supportive attitude among the staff, even if the hospital stay

was short. Other studies have also shown that mothers who have chosen early discharge from hospital have been satisfied with the postnatal care (Carty and Bradley 1990, Dalby et al 1996, Hall & Carty 1993, Williams & Cooper 1996). None of the mothers had planned on early discharge beforehand, but when they felt physically and emotionally well, 'back to normal', and comfortable with breastfeeding, they decided to go home. The EDT midwife added to the mothers self-confidence by supporting her in her decision to go home early, even if her decision was questioned by other staff. The fact that the EDT midwife confirmed that it was normal for *a first-time mother* to go home early after birth was appreciated. The mothers self-confidence grew when having responsibility for the care of her baby at home which Carty and Bradley (1990) and Paavilainen and Åstedt-Kurki (1997) have also shown.

The mothers were well informed and knowledgeable about where to get support whenever needed during the first week after birth, which gave them a sense of security. Persson and Dykes (2002) and William and Cooper (1996) have also shown similar results. Before discharge the mothers had a clear picture about the planned phone call and the follow-up visit with one of the EDT- midwives, which added to their sense of security and strengthened their self confidence. The stories told by the women reflect the importance of having the fact they were doing well confirmed by the EDT-midwife. Another factor which can have been of importance was that there was the continuity in care, time wise, given by the EDT and the Child Welfare Centre.

When it comes to the organization of the support from caregivers Carty and Bradley (1990) and Hall and Carty (1993) studies all reflect that the home visit by the midwife is important for the women's feeling of confidence at home. However Brown (2002) conclude that it remains unclear how important a home-visit is to ensure safety and acceptability of early

discharge programs. Furthermore, Steel O'Connor et al (2003) support the findings in this study, that the domiciliary visit by the midwife is not crucial for low risk first-time mothers and their babies. They found no difference in maternal confidence, breast feeding rates or infant health problems, between a group that had a 'screening' telephone call and those who had a routine home visit, at six month follow-up. With dwindling resources it is important to use those available cost effectively. A telephone call can suffice or be used as a screening to identify the women in need of more help. A planned return visit to a named midwife can also fill the same function.

The feeling of confidence and security seems not to be dependent on the plane of support. The important factor is that the woman can trust the organization of support from caregivers so that she can get this whenever needed and have a well defined plan for follow-up. The first-time mothers in this study were all well prepared before birth but did not intend to go home early, but when they felt 'back to normal' it became an option. Thanks to their partners' and the staff's supportive attitude and the fact that the organisation was there, the decision to go home early from hospital developed in a natural way as the obvious choice.

For future studies it would be of interest to investigate how first-time mothers with a different type of social background e.g. single mothers, experience early discharge from hospital after birth.

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