



Continued research focusing on best practices for providing postpartum education and methods to disseminate this information to all women prior to discharge is warranted.

articles, books or published guidelines, or accessed information online.

Teaching

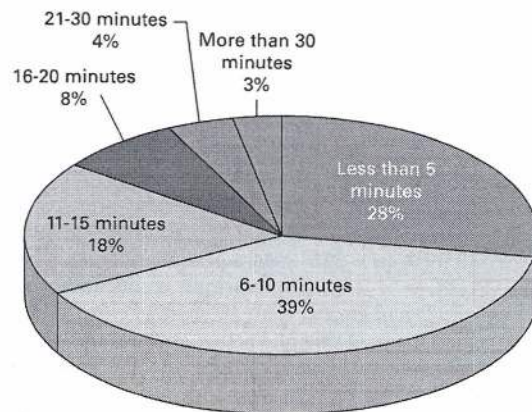
Timing of when nurses provide the majority of postpartum discharge education to women was explored. Sixty-five percent ($n = 243$) of the nurses reported they provided the majority of all predischarge education throughout the patient's stay, whereas 29% ($n = 107$) provided the majority of education on the day of discharge. On the day of discharge, 24% ($n = 89$) of nurses reported spending >30 minutes; 30% ($n = 112$) 21–30 minutes; 36% ($n = 134$) 11–20 minutes; and 10% ($n = 37$) <10 minutes. As a subset of “all” postpartum teaching, nurses were asked about time spent specifically teaching women about warning signs of potential complications. Responses ranged from <5 minutes to >30 minutes, with the majority (67%) of nurses reporting spending ≤10 minutes (Figure 1).

When asked about nurses' responsibility to teach warning signs prior to discharge including to those women with no risk factors or identified complications, 72% ($n = 266$) strongly agreed and 23% ($n = 85$) agreed that it was their responsibility to provide this education. Most (95%) stated there is a relationship between postpartum education nurses provide women prior to discharge from the hospital and postpartum maternal morbidity and mortality.

Nurses were given a selection of pregnancy complications and asked to choose how likely they were to discuss these topics with all postpartum women (Table 2). The three topics very likely to be discussed with women included postpartum depression (81%), hemorrhage (77%), and infection (74%). The topics that were least “very” likely to be discussed with women were the potential for a cardiac event (8%) and pulmonary embolism (16%).

Nurses reported feeling very competent/competent when providing education about postpartum complications ranging from 97% ($n = 362$) for hemorrhage to

Figure 1. Time Spent Teaching Women about Postbirth Warning Signs Prior to Discharge from the Hospital after Childbirth



66% ($n = 245$) for a cardiac event (Table 3). Nurse respondents over the age of 40 were significantly more likely to report feeling very competent when providing education on all of the postpartum complication variables measured (p values <0.001-0.003). Education was not significant for any of the teaching variables.

Clinical Implications

All respondents were members of AWHONN. Over a third of the nurses who responded to the survey held a graduate degree. In the United States, only 13.2% of RNs hold a graduate degree (USDHHS, 2010). Over 60% of the nurse respondents were certified in various women's health/neonatal certifications, were over the age of 40, and had over 10 years of postpartum experience. These data indicate that the respondents to the survey were an educated, professionally connected (AWHONN members), and experienced group of RNs.