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Nurse-led Newborn Parent Education program – A qualitative study to explore Nurses' experiences as newborn parent educators

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Abstract

Background:
Parents require support while caring for their newborns. Nurses can be supportive in helping parents learn how to care for their newborns and their well-being and supporting their spouses and families based on the cultural and social norms of the local context of Pakistan. Newborn parent education programs play a crucial role in advancing the knowledge and skills of the nurses required for parent education. This research study aims to explore nurses' experiences as newborn parent educators after enrolling and implementing a pilot project of a newborn parent education program at a tertiary care university hospital.

Methods:
The exploratory qualitative research design was used to collect the responses from the four nurses at a tertiary care hospital in Karachi, Pakistan. Semi-structured interviews were conducted. Recorded interviews were transcribed, coded, and converted into themes.

Results:
The result is described under three themes, including nurses' knowledge, skills, and the importance of the program. The findings highlighted the significant role of nurses' knowledge in the health education of newborn parents toward holistic care. Obstetrics and Gynecology nurses are well-equipped with the health education and skills to care for patients and newborns. Advanced training will further equip them with concepts and skills of early childhood development.

Conclusion:
The study signifies that formal inclusion of such training in the curriculum and nursing trainings such as continuing professional development courses and activities is much needed with the endorsement of nursing leadership and faculty. It also highlights the role of policymakers in the investment of nursing education and practice in different health fields.

Keywords: nurse; newborn; parent; education; experience

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INTRODUCTION

Nursing professionals can offer action-oriented knowledge and information for significant parenting practices and develop effective caregiving and early childhood care [1]. The findings from this study will provide the basis for improving the clinical course of these professionals, showing relevant areas of action and interventions for early childhood care. Parents look forward to and expect support from the nursing staff to help them learn newborn caregiving [2]. Nursing can be more gratifying when it is grounded in the principles of attachment theory to help develop a positive relationship between the parents and the newborn in the initial days and weeks after birth [3].

Nurses can provide information on how to initiate breastfeeding, prevent head trauma and injuries and identify signs of distress and discomfort in the newborn, give reassurance to the new mother, teach how to change clothes and diapers, engage the parents in caregiving education such as burping the baby, managing demand-feeding, reading literature for more information and such like [5, 6]. However, there is a great need to introduce these concepts in the training and education of the nurses to be competent and professional in providing these services. The success stories and ideologies in research studies are from developed countries where nursing is taken as an important profession. Nurses receiving training with the mindset of giving professional care make an indelible impact on the lives of newborns and their families. Numerous studies conclude the need for selection, training, and professional development of nursing staff along with good administration, monitoring, and evaluation for accountability and professional growth [7, 8].

Simulating empathy-based interactions between parents and nurses is an effective training method [9, 10]. The role of nursing professionals is critical to the quality of care for newborns and their families and therefore nursing staff orientation, and onboard education must be structured around the themes and upgraded based on the new trends and theories. These structured programs on newborn nursing care requires quantifiable indicators to ensure quality nursing practice. This calls for a long-term strategic plan to elevate the profile of nursing performing in subspecialties, improve the competency, educational preparation, credentials and job functions care delivery pathways and shared clinical governance for positive patient experience.

Healthcare facilities can introduce the early childhood development [ECD] concepts in the nurse’s orientation programs and should be mandated to be part of their credentials to practice professional nursing. Nursing staff who choose to work in neonatal or maternity wards and clinics should receive training to provide support in newborn parenting and hence could be included in the competency-based orientation program. Nurses undertaking professional development courses to enhance their skills and repertoire will have a greater sense of personal and professional achievement, resulting in quality care and positive outcomes. This research study aims to explore nurses' experiences as newborn parent educators after enrolling and implementing a pilot project of a newborn parent education program at a tertiary care hospital. Nurses were providing patient and family education based on postnatal curriculum which does not include early childhood responsive caregiving. This new component was added to their formal duty to provide education regarding early childhood newborn responsive caregiving.
METHODS

Study Design and Setting

For this qualitative study, the exploratory qualitative research design was used to collect the responses from study participants at a tertiary care university hospital in Karachi, Pakistan. We used the Consolidated Criteria for Reporting Qualitative Research (COREQ). Semi-structured interviews explored nurses' perception on ECD: practice, experience, and challenges.

Study Participants

Participants were nurses from private and semi-private wards of Obstetrics and Gynecology units (OB/GYN) at the hospital who had no cognitive barriers and provided informed consent. Interviews were conducted with four Nurses undergone the training. These nurses were already trained in newborn parent education programs and were working as newborn parent educators in the ward. The newborn parent education program is the first-ever program started as a pilot at a tertiary care university hospital to assess the need and impact of the newborn parent educator nurses. Participants were nominated by the Department of OB/GYN Services to participate in the study from the tertiary care university hospital. These four nurses were all female with nursing and midwifery educational backgrounds. They had more than five years of experience dealing with OB/GYN patients with diversified backgrounds.

These Nurses belong to low socio-economic backgrounds with an insight to work towards career and patient education. Their nominations were received by respective nursing management team based on their professional skills, competencies, experience in dealing with newborn parents, and patient interactions.

Sampling Strategy

A convenient sample method was selected to achieve the purpose of the study.

Data Collection

Data was collected from the participants who had completed the training of the newborn parent educators before the study. The training of the nurse's composite of 10 hours detailing topics on newborn development, nurturing care framework, responsive interactions using Barnard model of parent child interaction. The participants were informed of the purpose of the interviews and informed written consent was obtained. The interviewers were the two female research associates of the newborn parent educator program and qualified nurses with 5 years of experience in research and nursing. The questions of the interview were taken from the semi-structured guide. The interview guide included questions about the nurse's general role and experience, patient education, parent education in newborns, and the importance of the newborn parent education program. The interviewer asked questions according to the level of understanding of the participants. The questions were asked to prompt and track information related to the experience of the nurses and midwives on newborn parent education. Each interview lasted for 45 minutes, and no repeat interviews were conducted. The interviews were audio recorded with the permission of participants and later transcribed. The interviewers reached data saturation during the fourth interview process.

Data Analysis

A thematic analysis was carried out. Recorded interviews were transcribed in the first phase. Initially, two members of the research team reviewed interview transcripts together and
developed a list of codes. These were discussed, and an initial set of codes were created from interview transcripts. The coding scheme was focused throughout the coding process by adding, removing, and combining codes as needed. After developing the codes, the team reviewed those codes and created and coordinated these into themes. at a later stage, themes were summarized and discussed in light of the research questions and the study context, which developed a broader understanding of nurses’ practice, experience, and challenges in dealing with newborns.

RESULTS

The themes explained nurses’ experiences as newborn parent educators. Three major themes emerged (Figure 1) from the study analysis, which are discussed below. However, no minor or diversified themes emerged as the sample size had the same characteristics and training at the same newborn parent educator training level.

Figure 1: Interview themes

Theme 1: Nurses’ Knowledge as Newborn parent educators

Health Professionals play a key role in supporting parents to care for their newborn by facilitating parents' knowledge and skills development through parent education [11]. Training nurses who remain the first and long-term contact with the parents during hospital stays for newborn education is vital. It enhances and upgrades the nurses' knowledge of holistic patient care, including newborn cognitive development. The nurses' professional responsibility is to teach parents collaborative teaching and learning processes. Some participants shared their roles as

“We educate patients about post-natal teaching, like we have new project on ECD parenting, so we teach about ECD to the parents-with other postnatal materials”

“We give them teaching because there are some mother that when we give them the teaching they say this is our second baby, so tell them a lot of things and we them some precautions and some things that are in their knowledge and we show them some things and tell them so maybe you should have not known that in your first baby like we have the colorful, toys and babies attract mostly to the dark colors so it can be beneficial for them, so we tell them that they can come to our OPDs as well and we can get them more about it, on our OPDS”
**Theme 2: Nurses’ skills as Newborn parent educators**

Nursing staff can help bring the family closer by engaging them in caregiving activities like the first bath, feeding time and methods, benefits of skin-to-skin contact, talking to their baby, learning about developmental milestones, and other aspects of newborn caregiving [12]. Parents can feel distressed and lack the confidence and competence in care of their newborn, which the nursing staff can help overcome [13, 14]. These basic and first few skills are well portrayed and taught by nurses to the parents. Additionally, now nurses have added the learned concept of newborn responsive caregiving and included it with physical care and parent education, as some study participants shared:

“First, we teach about baby handling, guide on showering to baby (how to give baby bath, in which position baby feed should be done. It should not be done in lying position, we teach baby cord care, talking to baby” (…)

“In newborn, like we teach about baby feeding, positioning, time of feeding, code care, responsive care giving, and touch feel, colors, sounds” (…)

**Theme 3: Need for the newborn parent education program**

To maintain long term effect, each parent needs an ongoing teaching plan from the start of parenthood. The nurses’ role has undergone a historical change, shifting from imparting disease-oriented health education toward empowering parents to use their resources to reach health, development, and social needs to expanding access to quality care through health education [15]. The formalized training of nurses in the hospital creates a first contact between new parents, families, and health care professionals to provide authentic and evidence base newborn care, as participants mentioned

“This program should be offered to all delivered and pregnant mothers; it provides awareness to the mother. Because few of the primary patients do not have any awareness about newborns, how to look after, what we should know. They don’t know so we guide them”

Nurses feel the need to teach newborn care to the parents, especially new mothers, as they are more anxious, have a lot of expectations, have low maternal confidence, and experience symptoms of depression and parental stress that may affect the early mother-newborn relationship and affect the infant’s future health [16].

“It's a good program for primary gravida patients who don't know how to take care of a newborn baby. They find it difficult. It's good for them”

“Yes, it should be, because it's important for new mothers who have first baby, they teach to the baby.”

**DISCUSSION**

The findings suggest nurses had some basic prior knowledge and skills related to the program’s content. However, they needed advanced concepts such as responsiveness to caregiving, inclusive caregiving, and the newborn's cognitive development, which they gained from the training. According to Sink KK, 2009, to support the parents, nurses and childbirth educators are in an ideal position to aid parents of newborns by supplying accurate, evidence-based information [17]. This information must be prompt and responsive to the parent’s needs and could make a substantial difference in the new parent’s competency. Secondly, findings also revealed that nurses realized the gap and lack of parent education,
especially for first-time mothers, and they appreciated that this training and advanced nursing skills should be included as part of continuing nursing education activities. Often parents cannot cope with the period (not clear), especially with no or minimal support from families as new parents. Parent education is “a process that involves the expansion of insights, understanding, and attitudes and the acquisition of knowledge and skills about the development of both parents and their children and the relationships between them” [18]. The newborn parent education program among nurses is employed with the belief to increase knowledge and skills of parents related to inclusive and responsive caregiving, learning cognitive development of the newborn babies, getting prepared to teach, learn and understand babies, healthy parenting strategies and lastly, promoting and building a connection and relation with the parents and newborn as the participants in the research studies recommended enrolling in the program to be beneficial for them and the parents who were taught, especially new mothers. This pilot project signifies the need for and importance of the newborn inclusive caregiving education program, knowledge, and skills that must be incorporated at the curriculum and continuing professional development activity for nurses and midwives. This will help the new parents to be trained in care of newborns and guide the pathway to receive professional help and support. To implement at the core, developing policies is vital from primary care to tertiary and government levels to promote family harmony, emphasizing family roles and nurturing environment. Moreover, such policies formed by professional nursing leaders, associations etc., will help support insufficient investment in the children's cognitive, emotional, and social abilities to enhance equality [1].

Strengths and Limitations

This is one of its kind in-hospital programs that benefits parents from the moment they hold their newborn and remain connected after discharge. The study was conducted at a tertiary care academic center with a small sample size; therefore, it lacks generalizability. Being in the Low Middle-Income Country (LMIC), the study had many financial and resource constraints. The time limitation and limited newborn parent educator experts were challenging to provide training and mentoring to the nurses. Further support from the experts, leadership, and financial aid is required to cascade this training to increase experts' capacity.

Conclusion

Studies have explored the essential role of nurses in helping newborns and their parents in the first few days and weeks after childbirth, focusing on physical health. Moreover, there is a gap in nursing education and evidence-based practice related to learning in-depth child development concepts from theory into practice. By including child development concepts and knowledge, nurses can further help new mothers and fathers make informed decisions, bond with their new baby, help reduce infant mortality and give caregiving and emotional support to the family to begin a new journey. Including early childhood education will be another layer in the nursing profession that will provide holistic care in its proper form.

Abbreviations

COREQ- Consolidated Criteria for Reporting Qualitative Research
LMIC- Low Middle-Income Country
OB/GYN- Obstetrics and Gynecology

Declarations
**Ethical approval and consent to participate**

The study followed the principles of the “Declaration of Helsinki.” Ethical approval was taken from the institutional Ethical Review Committee. Informed written consent was obtained from the participants before data collection.

**Availability of data and materials**

The data that support the study findings are available from the corresponding author upon reasonable request.

**References**

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