Postpartum care 2.0: the effect of flexible postpartum care hours on the success rate of breastfeeding, experienced empowerment and quality of care by the mother during and after postpartum period.

No registrations found.

Ethical review	Not applicable
Status	Pending
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON25085

Source
Nationaal Trial Register

Brief title
Postpartum care 2.0

Health condition

postpartum/puerperium problems, breast-feeding, self-reliance

kraam(bed)problemen, borstvoeding, zelfredzaamheid

Sponsors and support

Primary sponsor: Radboudumc
Source(s) of monetary or material Support: ZonMw

Intervention

Outcome measures

Primary outcome

Our primary study outcome is successful breastfeeding (purely breastfeeding, no supplements). Successful breastfeeding is considered as a perfect surrogate outcome measure for health benefits of mother and newborn in the short and long term. Meta-analyses show that breastfeeding protects children against health infections, improves childs' intelligence and possibly reduces chances of obesity and diabetes. Furthermore, breastfeeding also protects women against breast cancer and ovarian cancer and diabetes type 2. It is even stated that worldwide breastfeeding initiatives can reduce thousands of deaths among children under 5years and prevent thousands of deaths due to breastcancer among women.

Secondary outcome

- Experienced quality of postpartum care by mother;

- Self-reliance of mother at the end of the postpartum period;

- Experience with the intervention by caregiver who accompanied and was medically responsible for parturition and childbed (e.g. midwife), postpartum care consultant, postpartum caregiver, lactation consultant and youth caregiver;

- Cost-effectiveness of the intervention.

Study description

Background summary

The Dutch maternity care model with in-home postpartum care is unique. This uniqueness results in little to no scientific knowledge on the effectiveness and efficiency of in-home postpartum care. Filling the knowledge gap and following the trend of personalized care are prerequisites in preserving this form of maternity care. Therefore this study researches the possibility of flexible distribution and intermission of

postpartum care hours. It concerns a practice based innovative research model which, without extension of postpartum hours, analyses whether distribution and intermission of postpartum care hours benefits the health of mother and child.

It is expected that this planning flexibility of postpartum care hours will have a positive effect on the health of mother and newborn (in terms of successful breastfeeding, experienced quality and self-reliance by the client and her partner),
a better and more efficient cooperation between different health institutes and a smoother start for youth care organisations. Scientific evidence of essential and effective postpartum care can contribute to an improved maternity care system and its goal to give all mothers and newborns a perfect kick-off of life. To a greater extent, this new generated knowlegde can reduce maternal and perinatal mortality and morbidity in the long run.

Study objective

The Dutch maternity care model with in-home postpartum care is unique. This uniqueness results in little to no
scientific knowledge on the effectiveness and efficiency of in-home postpartum care. Filling the knowledge gap and
following the trend of personalized care are prerequisites in preserving this form of maternity care. Therefore this study
researches the effect of flexible distribution and intermission of postpartum care hours on the health of mother and child.

Study design

Primary outcome:

Measured at day 1 after birth, at the end of the postpartum care period and at 4 weeks postpartum

Secondary outcomes:

- experienced quality; measured 4 weeks after childbirth by means of QCLiK questionnaire;

- experienced self-reliance; measured 4 weeks after childbirth by means of CLiK questionnaire;

- experience of intervention by caregivers; measured during 2 year intervention by means of focus group discussions and questionnaires, focus on the barriers and possibilities of intervention;

- cost-effectives; measured 4 weeks after birth by comparing the actual postpartum care hours and healthcare needs of client after postpartum care period. By adding the following

question to the questionnaire (sent 4 week postpartum)- How often and which healthcare provider did you contact after the postpartum caregiver was gone?

Intervention

Intervention group:

Clients are offered the opportunity for flexible planning of their postpartum care hours (i.e. distribution and/or intermission), without making any additional health care costs. This means that the indicated 24-49 postpartum care hours may be distributed throughout the whole day and on noncontiguous days (to a maximum of 14 days). Additional indicated postpartum care (up to 80hrs) may also be distributed throughout the whole day and noncontiguous days (to a maximum of 14 days). Furthermore, a decrease of the number of postpartum care hours is also possible. In this case, the guarantee of continuity of care is a vital condition.

(Re)distribution of postpartum care hours is always done in consultation with the client, the healthcare provider (who accompanies and is medically responsible during parturition and childbed) and postpartum caregiver; in a similar
manner as is done in the current situation using the LIP.

Control group:

Clients receive the current package of postpartum care hours (i.e. 24-49 hours in 8 continguous days), possibly followed by an additional indication of hours (up to 80hrs) within 10 contiguous days (i.e. 2 extra days).

Contacts

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Eligibility criteria

Inclusion criteria

pregnant women who have the intention (in week 30 of pregnancy; during intake by postpartum care organisation) to breastfeed

Exclusion criteria

pregnant women who do not have the intention (in week 30 of pregnancy; during intake by postpartum care organisation) to breastfeed

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-06-2017
Enrollment:	1114
Type:	Anticipated

IPD sharing statement

Plan to share IPD: Undecided

Ethics review

Not applicable
Application type: Not applicable

Study registrations

Followed up by the following (possibly more current) registration

ID: 45871
Bron: ToetsingOnline
Titel:

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL6150
NTR-old	NTR6281
CCMO	NL61474.091.17
OMON	NL-OMON45871

Study results