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.

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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...

Ethische beoordeling	Niet van toepassing
Status	Werving nog niet gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON25085

Bron
Nationaal Trial Register

Verkorte titel
Postpartum care 2.0

Aandoening

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

kraam(bed)problemen, borstvoeding, zelfredzaamheid

Ondersteuning

Primaire sponsor: Radboudumc
Overige ondersteuning: ZonMw

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

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.

Toelichting onderzoek

Achtergrond van het onderzoek

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.

Doel van het onderzoek

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.

Onderzoeksopzet

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?

Onderzoeksproduct en/of interventie

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).

Contactpersonen

Publiek

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

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

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

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

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Open / niet geblindeerd
Controle:	Actieve controle groep

Deelname

Nederland

Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-06-2017
Aantal proefpersonen:	1114
Type:	Verwachte startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nog niet bepaald

Ethische beoordeling

Niet van toepassing

Soort:	Niet van toepassing

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

ID: 45871
Bron: ToetsingOnline
Titel:

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

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

Resultaten