

FROM THE NATIONAL PERINATAL INFORMATION CENTER: TRANSITIONS

Janet H. Muri, MBA; Elizabeth Rochin, PhD, RN, NE-BC; and Jean Salera-Vieira, DNP, PNS, APRN-CNS, RNC

The National Perinatal Information Center (NPIC) is driven by data, collaboration and research to strengthen, connect and empower our shared purpose of improving patient care.

For over 30 years, NPIC has worked with hospitals, public and private entities, patient safety organizations, insurers and researchers to collect and interpret the data that drives better outcomes for mothers and newborns.



“Nothing endures but change” (Heraclitus) (1)

As summer wanes and we move back to our fall routines, many think about the fleeting warmth of summer or the relief from the summer heat. As is always the case, all perspectives are relative and how we manage expected or unexpected transitions depends on the nature of the event as well as our personal or collective mindset regarding change.

In our maternal/child health world, most transitions are expected and joyful—the birth of a healthy newborn. Unfortunately we also know that unexpected events happen, such as a traumatic birth experience or unexpected admission to a NICU - calling on the family and care team to manage a transition to a new reality that is sometimes immediate, heartbreaking and not always with a script on how to cope.

Caregivers are working hard to learn how best to support families through transitions - both positive and unfavorable. Clinicians find themselves within transitions frequently, and therefore find personal and professional satisfaction when they can assist others through these types of life transitions. Such an example of this work is supporting intended parents in their transition to parenthood.

Dr. Jean Salera-Vieira is a Perinatal Clinical Nurse Specialist in Rhode Island, and just completed her doctoral work examining

postnatal supports for “intended parents”, also known as commissioning parents; e.g. those who become parents through a surrogate or gestational carrier. Dr. Salera-Vieira identified a gap in postnatal support services for this population of parents who must manage their exciting and welcomed transition within a system that may not have a clearly defined place for them to receive support after the newborn arrives. (2) This gap was further identified through a mixed-methods survey of randomly chosen postpartum nurses who are members of the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN). In brief, the survey responses identified greater postnatal supports for mothers over fathers, and a gap in population-specific support services for intended parents. One qualitative response is representative of other responses, stating “We currently do not have any postnatal support services for intended parents.”

Parents need support as they transition to parenthood. Hospitals may have programs that support more “traditional” parents through breastfeeding or postpartum support groups but may not have readily evident support systems in place for non-traditional intended parents. Intended parents may deliver in a community far from their home, or perhaps even their country, without their own support system within easy reach. Intended parents with an infant in the NICU face an additional challenge and will benefit from the same support systems as other parents, including referrals to community resources that will provide support after hospital discharge for both parents and infants. Recommendations from Dr. Salera-Vieira’s work include exploration of current postnatal support programs, and then expanding those supports to include all parents.

Healthcare itself faces a multitude of transitions on an ongoing basis...new and innovative procedures; improved outcomes for conditions that were once considered impervious to treatment; electronic documentation and the list goes on. Transition and change are difficult, even when they represent a positive shift. Change and transition is always easier when there is an understanding of its purpose, and the intended outcomes that are expected. Dr. Afaf Meleis, a noted scholar and expert in transition theory, recognizes transitions that are both planned and unplanned, and consist of dynamic stages and milestones. (3) These stages and milestones, while unique between each individual, family, or community, are similar in nature, and provide a rich context for supporting those experiencing transition. Familiar transitions within neonatology are, and certainly not limited to:

1. Intrauterine to extrauterine life

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2. Isolette to open crib
3. Intensive care to intermediate care
4. Step-down care to home

These types of transitions, despite being very positive for both providers and parents, can be stressful and difficult. How we approach these transitions provides the foundation for adaptation and growth. As providers and caregivers, we have an obligation to support transitions within our teams, organizations, and for the patients we serve and care for. And for the intended parents described in Dr. Salera-Vieira's work? We owe it to these families to provide stability, support and compassion through their transition to parenthood. Many of these families have fought for their right to parent, and we serve as a beacon of hope to them and their newfound parenthood.

As we close out this August column, we want to share NPIC's own exciting transition. On August 1st, Elizabeth Rochin, Ph.D., RN, assumed the presidency of the National Perinatal Information Center. Dr. Rochin, previously with the Association of Women's Health, Obstetric and Neonatal Nurses, is committed and dedicated to improving perinatal health and outcomes. With thirty years of nursing experience, including bedside care, education and administration, Dr. Rochin is well positioned to lead NPIC along throughout its own transitions, and into a new phase of innovation, development and growth. Having spent time researching patient engagement and activation through a population health lens, there are unique opportunities to leverage that knowledge and expertise within data analytics.

Dr. Rochin will take the lead on future columns supported by NPIC staff and, at times, guest columnists. Please feel free to reach out to Dr. Rochin at Elizabeth.Rochin@npic.org.

Resources

- 1 Müller-Merbach, H. *Knowl Manage Res Pract* (2006) 4: 170. <https://doi.org/10.1057/palgrave.kmrp.8500094>
- 2 Salera-Vieira, Jean, "Postnatal Support Services for Intended Parents: A Gap Analysis" (2019). *Master's Theses, Dissertations, Graduate Research and Major Papers Overview*. 295. <https://digitalcommons.rc.edu/etd/295>
- 3 Meleis, A.F. (2010). *Transitions theory: Middle range and situation specific theories in nursing research and practice*. New York: Springer

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