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Women and Children's Current Awareness Bulletin

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Title: Bribed To Breastfeed?

Citation: Community Practitioner; Feb 2018; vol. 91 (no. 1); p. 14

Author(s): Astrup, Juliette

Abstract: Breastfeeding rates in the UK are persistently among the lowest in the world (Unicef, 2016). By six weeks, just over half of babies (55%) are receiving breastmilk (McAndrew et al, 2012), and that falls to 34% by six months -- compared with 49% in the US and 71% in Norway (Unicef, 2016). Behind the headlines on 'bribing mums to breastfeed' was a major piece of research, led by academics at the University of Sheffield and the University of Dundee. However, principal investigator Dr Clare Relton, from the University of Sheffield's School of Health and Related Research, says the vouchers were 'a way of acknowledging the value of breastfeeding to babies and mothers and the work involved in breastfeeding'. And that concept is crucial, believes Helen Gray, one of the coordinators of the World Breastfeeding Trends Initiative UK Working Group.

Title: The emotional impact of errors or adverse events on healthcare providers in the NICU: The protective role of coworker support.

Citation: Journal of Advanced Nursing; Jan 2018; vol. 74 (no. 1); p. 172

Author(s): Winning, Adrien M; Merandi, Jenna M; Lewe, Dorcas; Stepney, Lois M C; Liao, Nancy N; Fortney, Christine A; Gerhardt, Cynthia A

Aims: To examine the impact of errors or adverse events on emotional distress and professional quality of life in healthcare providers in the neonatal intensive care unit, and the moderating role of coworker support.

Background: Errors or adverse events can result in negative outcomes for healthcare providers. However, the role of coworker support in improving emotional and professional outcomes has not been examined.

Design: A cross-sectional online survey from a quality improvement initiative to train peer supporters in a neonatal intensive care unit.MethodsDuring 2015, 463 healthcare providers in a neonatal intensive care unit completed a survey assessing their experiences with an error or adverse event, anxiety, depression, professional quality of life and coworker support.

Results: Compared with those who did not experience an error or adverse event (58%), healthcare providers who observed (23%) or were involved (19%) in an incident reported higher levels of anxiety and secondary traumatic stress. Those who were involved in an event reported higher levels of depression and burnout. Differences between the three groups (no event, observation and involvement) for compassion satisfaction were non-significant. Perceived coworker support moderated the association between experiencing an event and both anxiety and depression. Specifically, experiencing an event was associated with higher levels of anxiety and depression when coworkers were perceived as low in supportiveness, but not when they were viewed as highly supportive.

Conclusion: Findings suggest that errors or adverse events can have a harmful impact on healthcare providers and that coworker support may reduce emotional distress.

Title: Breastfeeding in the context of domestic violence--a cross-sectional study.

Citation: Journal of Advanced Nursing; Dec 2017; vol. 73 (no. 12); p. 3209

Author(s): Finnbogadottir, Hafrún; Thies-Lagergren, Li

Aims: To determine the differences in breastfeeding among women who did and did not experience domestic violence during pregnancy and postpartum in a Swedish context. In addition, to identify possible differences regarding breastfeeding between groups with or without a history of violence. Further, determine the relationship between exclusive breastfeeding and symptoms of depression. Background History of violence may increase the risk of depression and a decrease in, or cessation of, breastfeeding.

Design: The study has a cross-sectional design.

Methods: Data were collected prospectively from March 2012 - May 2015. A cohort of 731 mothers answered a questionnaire from a larger project (1.5 years postpartum).

Results: Breastfeeding was reported by 93.7% of participants. Women exposed to domestic violence during pregnancy and/or postpartum (4.5%) were just as likely to breastfeed as women who had not reported exposure to domestic violence. There were no statistically significant differences between the groups with or without a history of violence regarding exclusive breastfeeding. Women reporting several symptoms of depression breastfed exclusively to a lesser extent compared with women who had a few symptoms of depression.

Conclusion: Domestic violence did not influence breastfeeding prevalence or duration. Breastfeeding did not differ in women with or without a history of violence. Symptoms of depression influenced duration of exclusive breastfeeding. Beyond recognizing women who are exposed to violence, it is important to identify and to support pregnant women and new mothers with symptoms of depression as their health and the health of their infants depends on the mothers' mental well-being.

Title: Formula supplementation in hospital and subsequent feeding at discharge among women who intended to exclusively breastfeed: An administrative data retrospective cohort study.

Citation: Birth; Dec 2017; vol. 44 (no. 4); p. 352

Author(s): Bentley, Jason P; Nassar, Natasha; Porter, Maree; Vroome, Michelle; Yip, Elizabeth; Ampt, Amanda J

Background: Among women who intend to exclusively breastfeed, it is important to identify mothers and their infants who have a greater risk of formula supplementation in hospital, and are unlikely to recover exclusive breastfeeding at discharge. We investigated factors associated with in-hospital formula feeding among healthy term infants born to women who intended to exclusively breastfeed, and among this group, predictors of infant feeding at discharge.

Methods: Retrospective cohort study utilizing routinely collected clinical data for women who intended to exclusively breastfeed and gave birth to healthy term infants in five hospitals in New South Wales, Australia, 2010-2013. Robust Poisson regression was used to obtain adjusted relative risks (aRR) for the associations between formula feeding in hospital, feeding at discharge, and associated factors.

Results: Of 24 713 mother-infant dyads in the study population, 16.5% received formula in hospital. After adjustment, the strongest predictors of formula supplementation were

breastfeeding difficulties (aRR 2.90 [95% confidence interval {CI} 2.74-3.07]), Asian born mother (aRR 2.07 [95% CI 1.92-2.23]), and neonatal conditions (aRR 2.00 [95% CI 1.89-2.13]). Among infants who received formula (n=3998), 49.3% were fully breastfeeding at discharge, 33.1% partially breastfeeding, and 17.5% formula-only feeding. Compared with formula-only feeding, special care nursery admission (aRR 1.23 [95% CI 1.17-1.30]) and ≥1 neonatal conditions (compared with none) were most strongly associated with fully breastfeeding at discharge (aRR 1.21 [95% CI 1.16-2.16]).

Conclusion: Women and their infants who receive formula in hospital need additional support to attain exclusive breastfeeding by hospital discharge. Such support is especially needed for younger women, smokers, and women with breastfeeding difficulties.

Title: Understanding maternal postpartum needs: A descriptive survey of current maternal health services.

Citation: Journal of Clinical Nursing; Dec 2017; vol. 26 (no. 23-24); p. 4654

Author(s): Almalik, Mona MA

Aim and objective: To assess mothers' learning needs and concerns after giving birth and to examine whether these needs were met at 6-8 weeks postpartum. Background Women experience many physiologic and psychological changes during postpartum period, which is considered a vital transitional time. Exploring and meeting women's needs help woman to pass this period with little complications and enhance healthcare provider's ability to provide appropriate care following childbirth. Design A prospective cohort design was employed in this study.

Methods: A prospective cohort design was employed. A convenience sample of 150 postpartum women have completed perceived leaning needs scale prior to hospital discharge, at southern region of Jordan, and have completed perceived met learning needs scale at 6-8 weeks after giving birth.

Results: Women reported a high level of concern across all eight learning needs subscales. The most common concerns were related to new baby care, episiotomy care and breastfeeding. At 6-8 weeks postpartum, the primary unmet learning needs postpartum were danger signs post-Caesarean section, physical changes, breastfeeding and new baby care. Attending postpartum check-up clinic was found as a significant predictor for postpartum meeting women's needs, particularly emotional changes and family planning-related information.

Conclusions: The current maternal health services are not at the optimum level to meet women's individual needs and concerns, which could increase the risk for postpartum complications. Some women's characteristics, such as employment status and educational level, have increased women's concerns and unmet needs in some of the learning needs. Relevance to clinical practice Healthcare providers and policymakers should consider women's concerns and needs at early postpartum period to establish patient-centred postpartum care that is based on women's needs and concerns during this transitional period, with a focus on newborn baby care, episiotomy care and breastfeeding.

Title: Delayed vs immediate cord clamping.

Author(s): Anonymous

Citation: The Clinical Advisor : For Nurse Practitioners; Dec 2017; vol. 20 (no. 12); p. 11

Abstract: Delaying umbilical cord clamping in preterm infants delivered prior to 30 weeks of gestation shows no significant difference in death or severe morbidity rates compared with immediate cord clamping when monitored 36 weeks postmenstrual age, according to a study in the New England Journal of Medicine. A tertiary outcome test monitored weight at birth, red blood cell transfusions by 36 weeks, infant temperature, primary week peak bilirubin and hematocrit levels, duration of hospital stay (for live discharged patients only), uterotonic drug usages, and maternal blood transfusion for postpartum hemorrhage, all of which resulted in statistically insignificant data.

Title: Neonatal jaundice: aetiology, diagnosis and treatment.

Citation: British Journal of Hospital Medicine (17508460); Dec 2017; vol. 78 (no. 12); p. 699-704

Author(s): Mitra, Subhabrata; Rennie, Janet

Abstract: A significant proportion of term and preterm infants develop neonatal jaundice. Jaundice in an otherwise healthy term infant is the most common reason for readmission to hospital. Jaundice is caused by an increase in serum bilirubin levels, largely as a result of breakdown of red blood cells. Bilirubin is conveyed in the blood as 'unconjugated' bilirubin, largely bound to albumin. The liver converts bilirubin into a conjugated form which is excreted in the bile. Very high levels of unconjugated bilirubin are neurotoxic. Phototherapy is a simple and effective way to reduce the bilirubin level. Most term babies have 'physiological' jaundice which responds to a short period of phototherapy, and requires no other treatment. A few babies have rapidly rising bilirubin levels which place them at risk of kernicterus. Current management of jaundice in the UK is guided by the NICE guideline. Any infant with high serum bilirubin or a rapidly rising bilirubin level needs to be treated urgently to avoid neurotoxicity. High levels of conjugated bilirubin in a term baby can indicate biliary atresia, and babies with persisting jaundice must have their level of conjugated bilirubin measured. Preterm infants on long-term parenteral nutrition may develop conjugated jaundice which generally improves with the introduction of enteral feed and weaning of intravenous nutrition.

Title: Time for a new zeitgeist in perinatal mental health.

Citation: Australian & New Zealand Journal of Psychiatry; Feb 2018; vol. 52 (no. 2); p. 112-116

Author(s): Judd, Fiona; Newman, Louise Kathryn; Komiti, Angela A.

Abstract: Perinatal depression, and to a lesser extent anxiety, has been the focus of interest for perinatal psychiatrists for several decades. Policy and substantial funding has supported this. We argue that it is now time to change this focus and to invest greater funding to support clinical and research effort in 'high-risk' caregivers and their infants. We define high-risk caregivers as those who are likely to have attachment and relationship difficulties with their infant as a result of their own developmental experiences, personality

difficulties and/or trauma-related mental disorders, often complicated by substance abuse, depression and anxiety. We propose that early intervention with such caregivers, focussing on both maternal mental health and on the needs of the infant for responsive and sensitive interaction and emotional care, would contribute to prevention of infant developmental disorders, with real gains to be made in breaking the transgenerational cycle of development of severe personality disorder.

Title: Double versus single intensive phototherapy with LEDs in treatment of neonatal hyperbilirubinemia.

Citation: Journal of Perinatology; Feb 2018; vol. 38 (no. 2); p. 154-158

Author(s): Donneborg, M L; Vandborg, P K; Hansen, B M; Rodrigo-Domingo, M; Ebbesen, F

Objective: We investigate whether double phototherapy reduces total serum bilirubin concentration faster than single light during intensive phototherapy with high levels of irradiance using light-emitting diodes.

Study Design: Eighty-three infants with gestational age ⩾33 weeks and uncomplicated hyperbilirubinemia were randomized to either double (n=41) or single phototherapy (n=42) for 24 h. The mean irradiance was 64.8 μW cm−2 nm−1 from above and 39 μW cm−2 nm−1 from below.

Results: The percentage decreases of total serum bilirubin after 12 h of double vs single phototherapy were (mean (95% confidence interval (CI))) 39% (37 to 42) vs 30% (27 to 32), respectively (P<0.001). After 24 h, the decreases were 58% (56 to 61) vs 47% (44 to 50), respectively (P<0.001). The results were still significant after adjustment for confounding. The only side effect was loose stools.

Conclusion: Even with intensive phototherapy increasing spectral power by increasing the irradiated body surface area, the efficacy of phototherapy is improved.

Title: Parents' Use of Nonpharmacologic Methods to Manage Procedural Pain in Infants.

Citation: JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing; Jan 2018; vol. 47 (no. 1); p. 43-51

Author(s): Pölkki, Tarja; Korhonen, Anne; Laukkala, Helena

Objective: To describe parents' use of nonpharmacologic methods to manage infant procedural pain in the NICU and determine the demographic factors related to such use.

Design: A cross-sectional and descriptive study design.

Setting: Level III and Level II NICUs (seven units) of four University Hospitals in Finland. Participants Parents (N = 178) whose infants were treated in Finnish NICUs.

Methods: Parents were asked to respond to a structured questionnaire during their infants' hospitalizations. We analyzed the data using the nonparametric Kruskal–Wallis one-way analysis of variance and Mann–Whitney U test.

Results: Most parents reported that they used physical methods, such as touching, holding, and positioning, nearly always/always (86%, 76%, and 55%, respectively). However, less commonly used strategies included recorded music (2%), breastfeeding (2%), and non-nutritive sucking with oral sucrose (6%). Many characteristics of the infants, such as their

gestational ages and their conditions, were significantly related to the implementation of nonpharmacologic methods.

Conclusion: There is a clear need to extend parents' use of nonpharmacologic methods to manage their infants' procedural pain in the NICU. Because many methods were not considered as pain-relieving strategies, it is important to increase knowledge about the effectiveness of these interventions among parents and nurses.

Title: PROPER: Development of an Early Pediatric Intensive Care Unit Readmission Risk Prediction Tool.

Citation: Journal of Intensive Care Medicine (Sage Publications Inc.); Jan 2018; vol. 33 (no. 1); p. 29-36

Author(s): Kaur, Harsheen; Naessens, James M.; Hanson, Andrew C.; Fryer, Karen; Nemergut, Michael E.; Tripathi, Sandeep

Objective: No risk prediction model is currently available to measure patient's probability for readmission to the pediatric intensive care unit (PICU). This retrospective case–control study was designed to assess the applicability of an adult risk prediction score (Stability and Workload Index for Transfer [SWIFT]) and to create a pediatric version (PRediction Of PICU Early Readmissions [PROPER]).

Design: Eighty-six unplanned early (<48 hours) PICU readmissions from January 07, 2007, to June 30, 2014, were compared with 170 random controls. Patient- and disease-specific data and PICU workload factors were compared across the 2 groups. Factors statistically significant on multivariate analysis were included in the creation of the risk prediction model. The SWIFT scores were calculated for cases and controls and compared for validation.

Results: Readmitted patients were younger, weighed less, and were more likely to be admitted from the emergency department. There were no differences in gender, race, or admission Pediatric Index of Mortality scores. A higher proportion of patients in the readmission group had a Pediatric Cerebral Performance Category in the moderate to severe disability category. Cases and controls did not differ with respect to staff workload at discharge or discharge day of the week; there was a much higher proportion of patients on supplemental oxygen in the readmission group. Only 2 of 5 categories in the SWIFT model were significantly different, and although the median SWIFT score was significantly higher in the readmissions group, the model discriminated poorly between cases and controls (area under the curve: 0.613). A 7-category PROPER score was created based on a multiple logistic regression model. Sensitivity of this model (score ≥12) for the detection of readmission was 81% with a positive predictive value of 0.50. Conclusion: We have created a preliminary model for predicting patients at risk of early readmissions to the PICU from the hospital floor. The SWIFT score is not applicable for predicting the risk for pediatric population.

Title: Effect of a children's at-home nursing team on reducing emergency admissions.

Citation: Nursing Children & Young People; Dec 2017; vol. 29 (no. 10); p. 31-37

Author(s): Farnham, Laura; Harwood, Hannah; Robertson, Meredith

Abstract: This article explores the effect of a children's at-home nursing team, Hospital at Home (H@H), which aimed to reduce demand on acute hospital beds, support families to improve patient experience, and empower parents to care safely for their unwell children and help prevent emergency department (ED) reattendance. Data on demographics and clinical presentation of H@H and ED attendances were collected and compared. A survey

measuring parents' confidence in managing their unwell children was also conducted. Of 72 patients treated by the H@H service between May and July 2016, 32 (44%) would have been admitted to hospital from the ED if the H@H service had not existed. This is equivalent to a saving of 64 bed days. Patients treated by the H@H service had similar demographics to those discharged from the ED to usual care. The H@H service took on patients with higher Bedside Paediatric Early Warning System scores before discharge. Parents reported that they would be more confident caring for their children after discharge from the H@H service. The H@H service decreased the number of unnecessary ED admissions. The service promotes a positive patient experience and increases parents' confidence when caring for unwell children at home.

Title: A View From the UK: the UK and Ireland Confidential Enquiry into Maternal Deaths and Morbidity.

Citation: Clinical obstetrics and gynecology; Jan 2018

Author(s): Knight, Marian; Tuffnell, Derek

Abstract: The UK Confidential Enquiry into Maternal Deaths has been in operation for more than 60 years, during which time maternal mortality rates have fallen 10-fold. The program includes two aspects, surveillance and confidential case review, providing different information to aid quality improvement in maternity care. The enquiry now also reviews the care of women with specific severe morbidities. Recommendations have very clearly led to improved outcomes for women, most notably shown in the very low mortality rate due to hypertensive and related disorders of pregnancy. Maternal cardiac disease and mental health problems remain the major areas still to be addressed.

Title: Men's views and experiences of infant feeding: A qualitative systematic review.

Citation: Maternal & child nutrition; Jan 2018

Author(s): Earle, Sarah; Hadley, Robin

Abstract: Although the advantages of breastfeeding are well documented, rates for breastfeeding often fall short of international and national targets. Increasing attention has been paid to the role of men in infant feeding, but a lot of the research about men has been elicited from women, rather than from men themselves. To explore these issues further, a systematic review of the qualitative research on infant feeding was carried out, focusing specifically on men's own views and experiences. Evidence was identified by searching electronic databases (CINAL, Cochrane, PubMed, and Scopus), manually searching citations, and by searching the grey literature. Studies were included in the review if they discussed men's views and experiences of infant feeding and if they reported primary qualitative data. Twenty research papers were included in the review, and each study was summarised and then analysed thematically to produce a synthesis. Five major analytical themes were identified: men's knowledge of infant feeding; men's perceptions of their role in infant feeding; positive views on breastfeeding; negative views on breastfeeding; and men's experiences of health promotion and support. The review concludes by highlighting that although men can play an important role in supporting women, they do not have a significant role in infant feeding decisions.

Title: National audit of perinatal HIV infections in the UK, 2006-2013: what lessons can be learnt?

Citation: HIV medicine; Jan 2018

Author(s): Peters, H; Thorne, C; Tookey, P A; Byrne, L

Objectives: The aim of the study was to investigate circumstances surrounding perinatal transmissions of HIV (PHIVs) in the UK.

Methods: The National Study of HIV in Pregnancy and Childhood conducts comprehensive surveillance of all pregnancies in women diagnosed with HIV infection and their infants in the UK; reports of all HIV-diagnosed children are also sought, regardless of country of birth. Children with PHIV born in 2006-2013 and reported by 2014 were included in an audit, with additional data collection via telephone interviews with clinicians involved in each case. Contributing factors for each transmission were identified, and cases described according to main likely contributing factor, by maternal diagnosis timing.

Results: A total of 108 PHIVs were identified. Of the 41 (38%) infants whose mothers were diagnosed before delivery, it is probable that most were infected in utero, around 20% intrapartum and 20% through breastfeeding. Timing of transmission was unknown for most children of undiagnosed mothers. For infants born to diagnosed women, the most common contributing factors for transmission were difficulties with engagement and/or antiretroviral therapy (ART) adherence in pregnancy (14 of 41) and late antenatal booking (nine of 41); for the 67 children with undiagnosed mothers, these were decline of HIV testing (28 of 67) and seroconversion (23 of 67). Adverse social circumstances around the time of pregnancy were reported for 53% of women, including uncertain immigration status, housing problems and intimate partner violence. Eight children died, all born to undiagnosed mothers.

Conclusions: Priority areas requiring improvement include reducing incident infections, improving ART adherence and facilitating better engagement in care, with attention to addressing the health inequalities and adverse social situations faced by these women.

Title: Neonatal Neuroprotection: Bringing Best Practice to the Bedside in the NICU.

Citation: MCN. The American journal of maternal child nursing; Dec 2017

Author(s): Lockridge, Terrie

Abstract: Preterm birth interrupts the precise process of fetal maturation, forcing critical neurologic growth to continue within the Neonatal Intensive Care Unit (NICU). Concern for the impact of the NICU experience on the developing brain led to a unit-based Quality Improvement (QI) project to promote best outcomes for our graduates. The objective was to implement a standard of care for neonatal neuroprotection in a large urban tertiary center. A multidisciplinary committee researched and developed the Neonatal Neuroprotective Best Practice Guidelines to identify optimal interventions, as well as provide physiologic rationales to reinforce importance of these practices. An educational initiative accompanied release of this document to support consistency in clinical practice and to stress the critical role that every caregiver played in a child's outcome. As the Best Practice Guidelines encompassed virtually all aspects of caregiving in the NICU, it was impractical to measure the impact of such a broad range of interventions in a methodical manner. The full effect of these interventions will not likely be evident until NICU graduates have grown into childhood and adolescence. These constraints limited the scope of this QI project to the practicalities of identifying neuroprotective best practice and bringing it to the bedside. When combined with

evidence-based medical and nursing care, neuroprotective care represents the best means of facilitating normal development and minimizing disability for our NICU graduates.

Title: Assessing Neonatal Pain, Duration of Crying and Procedure Time following Use of Automatic or Manual Heel Lances: A Randomized Controlled Study.

Citation: Journal of tropical pediatrics; Dec 2017

Author(s): Dur, Sadiye; Balci, Serap

Objective: The objective of this study was to compare neonatal pain, duration of crying and procedure time following use of automatic or manual heel lancets.

Methods: This randomized trial was conducted with neonates undergoing heel prick procedures in a neonatal intensive care unit for routine blood bilirubin monitoring. An information form, an observation form and the Neonatal Infant Pain Scale (NIPS) were used. Pain before, during and after (1 and 3 min) was assessed using NIPS scoring.ResultsSeventy neonates were included (automatic lancet, n = 35; manual lancet, n = 35); there was no difference between the groups (p > 0.01). Pain scores were significantly lower, with automatic lancets compared with manual lancets (p = 0.001). The duration of crying after the procedure (p = 0.001) and procedure time (p = 0.001) was significantly shorter with automatic lancets compared with manual lancets.ConclusionAutomatic heel lancets in neonates are more effective than manual lancets at reducing pain, and shorten the procedure time and duration of post-procedural crying.

Title: Provided information and parents' comprehension at the time of admission of their child in pediatric intensive care unit.

Citation: European journal of pediatrics; Dec 2017

Author(s): Béranger, Agathe; Pierron, Charlotte; de Saint Blanquat, Laure; Bouazza, Naïm; Jean, Sandrine; Chappuy, Hélène

Abstract: This study evaluated the first interaction (FI) between parents and health care providers at the time of admission of a child in pediatric intensive care unit (PICU), and explored the extent to which parents understood the medical information. This prospective study took place in three French university-affiliated PICUs. Forty-two parents of 30 children were interviewed. The physician and nurse who took care of the child completed a questionnaire. We evaluated parents' comprehension (excellent, fair, or poor) by comparing parents' and physicians' responses to six items: diagnosis, affected organ, reason for hospitalization, prognosis, treatments, and further investigations. Parent-physician FI occurred within 24 h of child's admission. Two thirds of the parents were dissatisfied to wait before receiving information. Most of the parents had an excellent comprehension of the affected organ (n = 25/28, 89.3%) and prognosis (n = 26/30, 86.7%). Two thirds of the parents understood the reason for hospitalization (n = 18/28, 64.3%) and diagnosis (n = 19/30, 63.3%). Less than half the parents understood child's treatments (n = 10/30, 33.3%) and further investigations (n = 8/21, 38.1%). When a nurse delivered information on treatment, parental comprehension improved (p = 0.053).

Conclusion: Parents complained of their wait time before receiving information. Most of them had an excellent comprehension. An improved communication between nurses and physicians is mandatory, and the active participation of nurses to give information to the parents should be encouraged.

What is known:

• In pediatric intensive care unit, health care providers deliver information to parents on their child's condition, which fosters the trust between them to build a partnership.

• Various guidelines exist to help health care providers communicate with parents in PICU, but never mention the specific time of admission.

What is new:

• Even though parents could wait before entering the unit, they all received information on their child's condition within 24 hours after admission.

• Parents understood the information well, and nurses improved the parental comprehension of the treatments by reformulating.

Sources Used:

The following databases are used in the creation of this bulletin: Amed, British Nursing Index, Cinahl & Medline.

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