The Ontario Mother & Infant Survey
Postpartum Health and Social Service Utilization:
A Five-site Ontario Study

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A sincere thanks to the mothers who participated in TOMIS. We hope that your voices will be heard and heeded.
Key Implications for Decision Makers

These findings have implications for policy makers, program managers, service delivery personnel and the public. They can be used to guide the development of practice and policy recommendations that are client-focused and evidence-based. They also have the potential to reduce costs to the system through appropriate and timely service delivery.

Most healthy mothers and healthy newborn infants stay in hospital 48 hours or less and don’t want to stay longer. Lengths of stay are site variable and dependent upon the characteristics of mothers, newborn infants, and institutional practices.
- Policies need to be flexible and take into account the varying characteristics of mothers and newborn infants.

Short stays are not harmful to mother or baby health. Readmission should not necessarily be seen as a negative outcome of postpartum short stay practices.
- Increasing length of stay is unlikely to decrease readmission rates. Increased community care might prevent some readmissions.
- Readmission may be useful in providing quality care to mothers and newborn infants depending upon access to alternative services.

Community services, other than routine medical services, are not widely used by healthy mothers and newborn infants.
- Few mothers report difficulties in accessing community medical care, but don’t know about other services in their communities. They want more information about community-based services to meet the needs of their newborn infants and themselves.

Qualified professionals see most newborn infants within the time suggested in follow-up guidelines for good practice, with the exception of the guidelines for newborn infants discharged within 48 hours.
- Availability of family physicians appears to influence the extent to which targets are achieved.
- Implementation of practice recommendations should be adapted to the needs and resources of particular communities.

Costs of care for healthy mothers and newborn infants are variable depending upon site and newborn infant readmission practices.
- Community-based care is less costly than inpatient care, with no discernable difference in health status outcomes.
- Readmission policies substantially influence the cost of care for mothers and newborn infants. Readmission is a significant factor in increasing care costs.

Most mothers attempt breastfeeding in hospital and those who stop breastfeeding are likely to do so in the first two weeks following hospital discharge.
- Services both in hospitals and in the community are required to improve breastfeeding continuation rates.

Clinical depression is found in 10% of mothers four weeks after postpartum discharge.
- Provincial antenatal and postnatal programs need to include mental health information and services.
- Attention needs to be given to the mental health needs of mothers even if they do not identify a mental health problem.

Mothers want more information about their own health and about newborn infant health needs.
Executive Summary

This study found that postpartum lengths of stay in hospitals vary according to site and depend on the characteristics of mothers, newborn infants, and institutional practices. Readmission should not necessarily be seen as a negative outcome of postpartum short stay practices.

The Context

A postpartum length of stay of 48 hours or less for women and their newborn infants following vaginal delivery is common practice in Ontario, despite the absence of key outcome information. At the time of the study, there was lack of standardized postpartum community-based programming in the province. There was some evidence that a reduction in hospital stay was associated with increased infant readmission for jaundice and dehydration, and of cost shifting from hospitals to community. Policy statements in support of a flexible length of stay also argued for careful assessment, preparation and community follow-up.

The specific research questions of TOMIS were:

1. What health and social services do postpartum women and their newborn infants use in the first four weeks post-hospital discharge?

2. What are the costs of care for postpartum women and their newborn infants, and who carries these costs?

The Findings

Findings of the study include:

- Lengths of stay are site variable and dependent upon the characteristics of mothers, newborn infants and institutional practices.

- Readmission should not be seen as a negative outcome of postpartum short stay.

- Community services other than routine medical services are not widely used by healthy mothers and newborn infants.
• Follow-up timelines recommended by professionals for newborn infants are being followed more often but the targets are still not being met.

• Costs of care vary, depending on site and readmission practices.

• Breastfeeding initiation is high. Up to one in four women discontinue breastfeeding in the first four weeks following hospital discharge.

• Up to 16% of mothers are clinically depressed four weeks after discharge.

These findings have implications for policy makers, program managers, service delivery personnel and the public. They can be used to guide the development of practice and policy recommendations that are client-focused and evidence-based. They also have the potential to reduce costs to the system through appropriate and timely service delivery.

The Approach

The study drew subjects from five acute care hospitals in mid and southern Ontario. The design was a cross-sectional survey of mothers who gave birth in hospital with follow-up at four weeks after discharge from hospital.

The sample for the study included the first 250 eligible, consenting subjects from each site for a total of 1250 subjects. Women were eligible to take part in the study if they: (1) had given birth vaginally to a single live infant; (2) were being discharged from hospital at the same time as their infant; (3) were assuming care of their infant at the time of discharge; and (4) were competent to give consent to participate.

Sources of data included a self-administered questionnaire prior to discharge and a structured telephone interview at four weeks after discharge. Both instruments were available in English, French, Spanish, Italian, Portuguese, Cantonese and Farsi. Overall completion rate for the follow-up telephone interview was 70%.
The Results

*What health and social services do postpartum women and their newborn infants use in the first four weeks post-hospital discharge?*

- Healthy mothers and newborn infants rely mainly on primary medical care and community nursing services during the first four weeks post discharge from hospital.

- The patterns of use (who they use, how often, under what circumstances, for what reasons) are variable from site to site and depend upon the characteristics of the mothers, the newborn infant, and provider practice patterns.

*What are the costs of care for postpartum women and their newborn infants, and who carries these costs?*

- Costs of care in the four-week period following postpartum discharge vary, with readmission being the single largest influence on per capita expenditures.

- Out of pocket expenses in the same period are minimal.