



Abstract Title: Parent-targeted postnatal educational interventions in developing countries: A scoping review

Justine Dol
Faculty of Health
Dalhousie University
World Health
Organization/Pan
American Health
Organization
(WHO/PAHO)
Collaborating Centre on
Health Workforce Planning
and Research

Marsha Campbell-Yeo
School of Nursing
Faculty of Health
Division of Neonatal
Perinatal Medicine
Department of Pediatrics,
Faculty of Medicine
Dalhousie University
IWK Health Centre
World Health
Organization/Pan
American Health
Organization
(WHO/PAHO)
Collaborating Centre on
Health Workforce Planning
and Research

Gail Tomblin Murphy
School of Nursing, Faculty
of Health
Dalhousie University
World Health
Organization/Pan
American Health
Organization
(WHO/PAHO)
Collaborating Centre on
Health Workforce Planning
and Research

Megan Aston
School of Nursing
Faculty of Health
Dalhousie University
World Health
Organization/Pan
American Health
Organization
(WHO/PAHO)
Collaborating Centre on
Health Workforce Planning
and Research

Douglas McMillan
Division of Neonatal
Perinatal Medicine
Department of Pediatrics
Faculty of Medicine
Dalhousie University
IWK Health Centre

Jacqueline Gahagan
School of Health & Human
Performance
Faculty of Health
Dalhousie University

Brianna Richardson
School of Nursing
Faculty of Health
Dalhousie University

Introduction

The postnatal period (the first six weeks of life) is particularly critical for infants, yet many newborns do not receive sufficient postnatal care in low and middle-income countries (LMICs). To improve newborn outcomes, an opportunity lies in enhancing the knowledge and skills of parents as parent-provided care is essential for the health and survival of infants at home. Despite the potential positive impact of parent provided care during the postnatal period, there has been limited synthesis of current educational interventions targeting parents during the postnatal period and their impact on maternal and newborn outcomes in LMICs.

Objectives

To identify the current evidence on postnatal educational interventions targeting parents in LMICs.

Methods

Using scoping review methodology, MedLine, CINAHL, and SCOPUS were searched in October 2017. All studies published after 2000 reporting on educational interventions that targeted parents from the period of birth to 6 weeks postnatally in LMICs were included. Studies were excluded if they targeted healthcare professionals or were community interventions that spanned antenatal to postnatal care.

Results

9,284 articles were initially identified with 77 articles included after title/abstract and full-text screening. Most of the studies were quantitative (94%) with over half being published after 2014. 61% of the studies targeted a single newborn care education intervention (e.g., of which 75% targeted breastfeeding) with interventions using on average three different methods of implementation (e.g., verbal, written information, counselling). Interventions were provided in the hospital (76%), at home (23%), at a clinic/hospital (8%), and/or virtually through an eHealth intervention, including phone or SMS (n=12%). Reported maternal outcomes included knowledge, self-efficacy, anxiety, support, and attachment while infant outcomes primarily included exclusive breastfeeding, infant weight at follow-up, and neonatal morbidities. Positive changes were found to occur for reported maternal outcomes (89%) and newborn outcomes (56%).

Conclusion

While parents are increasingly being targeted for their educational needs during the postnatal period in LMICs, the interventions being used are considerably varied in terms of educational topics covered, method and location of intervention, and outcomes examined. While the best strategies of implementing of postnatal education interventions to parents in LMICs is yet to be determined, evidence suggests that current interventions had a positive impact on parents' outcomes. Further work is needed to evaluate the impact on neonatal outcomes and to identify the most effective methods and timing of the interventions.

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