



Early discharge from hospital after birth: *How Norwegian parents experience postnatal home visits by midwives – A qualitative study*

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ABSTRACT

Background: According to the WHO, the quality of care is not conditioned by the length of stay at the postnatal ward. As long as the postnatal care provided is of high quality, it could be better for the family to stay in their home.

Aim: Firstly, to examine parents' experiences of early discharge and home visits by the postnatal ward midwife, in cases where the mother and baby have been discharged within 24 h after birth. Secondly, to examine participants' motivation for opting for early discharge from the hospital.

Methods: 10 individual interviews were conducted, including five where both parents were present. The interviews were carried out 4–12 weeks after birth. The data were analysed using systematic text condensation.

Results: The choice of early discharge was influenced by external factors like a wish to be together as a family while receiving sufficient support from both family and midwife. Internal factors, like previous experience, were also significant. The presence and attitude of the midwife, both in professional and practical terms, affected how the parents perceived postnatal care. Home visits from the midwife also affected the parents' feeling of security.

Conclusion: An offer of home visits from the midwife of the postnatal ward enables parents who wish to leave the hospital shortly after birth to receive the necessary care and support in the early postnatal period. This offer is suitable for healthy women who have given birth to a healthy baby and wish to return home not long after birth.

Introduction

The way we organize postnatal care in Norway has over the last 30 years undergone significant changes. For healthy women, the average time spent in postnatal wards has been reduced to 2–3 days [1]. The reduced time in hospitals is linked to the tendency to consider birth as a natural process but is also affected by changed priorities within the healthcare services [2]. There is no clear definition of early discharge from hospital after birth. Some decades back, discharge after 2–3 days was considered early, though nowadays an early discharge is understood to be only 4–24 h after birth. The early postpartum phase is a vulnerable period in life and even when it involves a healthy woman, the need for care and support could be vitally important [3].

As pregnancy and birth are considered natural processes, the purpose of postnatal care is not primarily based on medical considerations, but rather an ambition to promote the health of the woman and baby through supporting the new family [2]. Given the ambition of

differentiating postnatal care, stays in patient hotels have come to represent an alternative to the postnatal ward, meaning there will be fewer professionals available, and that the woman's partner needs to assume an active role [4]. In Norway, the woman and her partner have during the last decades normally spent 2–3 days in the postnatal ward or patient hotel, and subsequently received home visits from a public health nurse 7–10 days after birth. After that, a public health nurse has assumed the responsibility for the follow-up of the child. The reduced time spent in postnatal wards has increased the need for a more thorough follow-up in private homes, which in effect has spurred the growth of municipal postnatal care. Given this development, an updated recommendation states that the municipal midwife ought to carry out the home visit 1–3 days after discharge from hospital, a practice that already has been adopted by several municipalities [3].

According to the World Health Organization [5], the quality of care is not conditioned by the length of stay at the postnatal ward. As long as the postnatal care provided is of high quality, it could be better for the

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family to stay in their home. In order to de-medicalize perinatal care, WHO has developed some principles, one of which is that the care offered ought to be family-focused [6]. Earlier research indicates that the desire to be together with her closest family is the main reason why women tend to prefer an early discharge from hospital [7–9]. The follow-up after birth and the length of the postnatal stay should be agreed upon between the individual woman and health care professionals, taking into consideration the health of the woman and baby as well as the expected social support following discharge [3,10]. The purpose of postnatal care, depending on the timing of the return home, is to empower the parents through support and information, enabling them to develop confidence and control in their new life situation [3].

In recent years, when postnatal women in Norway opt for early discharge within 24 h after birth, they have a follow-up at the outpatients clinic. At some hospitals, the opportunity for early discharge after birth (4–24 h) has been made possible through home visits from the postnatal ward midwife the day after leaving the hospital. This model of care is not based on relational continuity, since the midwife usually does not know the woman from pregnancy or birth. During the home visit, the midwife follows up the woman and newborn in the same way as is done in hospitals [3]. Further home visits are also available if needed. Some concern has been raised regarding the reduced length of the postnatal ward stays, and how this affects breastfeeding frequency, the woman's physical and mental health, the infant's health, and the number of readmissions. However, there is little evidence to support that early discharge negatively affects healthy women with healthy babies when the family receives home visits from the midwife [11]. To return home early is advantageous insofar as it allows the family to be together, develop bonds with the newborn, and boost the confidence of the parents in their new roles [11,12]. Earlier research examining discharge within 24 h after birth indicates that a home visit from the midwife is critical for the parents' experience of security and self-confidence [9,13,14].

This study takes a closer look at women who were discharged within 24 h after giving birth. Women and their partners received 1–3 home visits by a midwife from the postnatal ward, the first taking place one day after their return home. There has been little research on home visits carried out by midwives in Norway. A small number of studies have been published where the focus has been on home visits by a municipal midwife in cases where the woman has been discharged 2–3 days after birth [15–17]. In this study, we also wanted to include the woman's partner, as there has been limited research on the partner's experience in the early postnatal period [9,13,18,19], even if postnatal care aims at being family-centered [3].

The purpose of the study is firstly to examine parents' experiences of early discharge and home visits by the postnatal ward midwife, in cases where the mother and baby have been discharged within 24 h after birth. Secondly, to examine participants' motivation for opting for early discharge from the hospital.

Methods

Design/setting

The study is based on an exploratory design and a qualitative approach. In total, 10 semi-structured individual interviews were carried out. Individual interviews are useful when the purpose is to explore human experiences and in situations where the sharing of information depends on the participant's feeling of security [20]. The first home visit was offered within 24 h after discharge from hospital, and the parents could contact the midwife at the hospital by telephone if they wanted support. The parents and the midwife decided together if there was a need for further home visits. There were no readmissions of mothers or newborns within the study population.

Participants

10 women and five partners volunteered to participate in the study. Three of the women gave birth for the first time, whereas the other seven were multiparous. The partners were also invited to take part in the study, but even if the interviews were scheduled after working hours, only five of the partners turned up for the interview. The five partners were connected to five of the 10 women. The inclusion criteria were a healthy woman with a healthy baby, full-term pregnancy, discharge 6–24 h after birth, and they had to speak the Norwegian language. There were no in- or exclusion criteria for the partners. The participants were aged 24–44, living together with a partner or married. The educational level ranged between upper secondary school and higher education. The women had given birth at a University Hospital with an average of approximately 3600 annual births and had received 1–3 home visits by a midwife.

Data collection

An interview guide with open-ended questions was developed prior to the interviews (Fig. 1). The questions were based on professional knowledge and a review of literature relevant for the topic. The interview guide was used to limit the conversation to relevant topics rather than to present specific questions. The midwives at the postnatal ward recruited the participants. The first 10 women who accepted the invitation to participate, were included in the study. The period of recruitment was from May to September 2019.

The women were contacted four to six weeks after birth by the midwife at the postnatal ward to agree on a date for the interview. The interviews were conducted 1–3 months after birth in the private home of the parents. One of the interviews was carried out at the postnatal ward at the request of the participants. Each interview lasted for approximately 50 min (min. 30 min, max. 70 min.) and was recorded on tape. The data collection was rich in content, and the parents talked openly and in-depth about their experiences.

Data analysis

The tape recordings of the interviews were transcribed verbatim. The transcribed material was then analysed with the help of systematic text condensation, which is an explorative and descriptive method for the analysis of qualitative data. This method, developed by Malterud [20], is a modified version of Giorgi's [21] phenomenological analysis. The analysis involves four steps. The first step aims at gaining an overall impression of the data material. The interviews were carefully read by the authors, who tried to identify temporary topics that would illuminate the parents' experiences with the home visit. The general picture was considered more important than the details. In the second step of the analysis, the material that shed light on the experiences of the parents was reviewed sentence by sentence to identify the meaningful units. These units were then sorted into different code groups. In the third step, the content of each of the coded groups was condensed, abstracted, and summarized in order to discover meaning and identify sub-themes. The last step of the analysis consisted of the re-contextualization of the data material. Based on the condensed material, the parents' experiences were summarized as interpretations, which in turn were used to produce new main themes and sub-themes (Table 1). During the whole process of analysis, the authors were conscious of their preconceptions and theoretical frames of reference. The authors avoided introducing preconceptions by being open-minded, having a degree of self-awareness and allowing the data to guide them.

Ethical considerations

The study was approved by The Regional Committees for Medical and Health Research Ethics (Ref. no. 2018/1209) and the Norwegian

- Interview guide:**
- Describe your experience with the home visit
 - Describe your experience of becoming a parent and being able to opt for early discharge from the hospital
 - Describe how you experienced the advice and guidance you received about breastfeeding
 - How do you consider the health condition of yourself and the newborn baby?
 - Describe the process of bonding with your baby
 - Describe your experience of discussing the birth with the midwife during the home visit

Fig. 1. Interview guide.

Centre for Research Data (Ref. no. 60691). Written and oral information about the study was provided to the woman and her partner and consent was obtained from the participants. Participation in the study was voluntary and the participants had the opportunity to withdraw from the study without giving a reason. There were no personal bonds between the interviewers and participants.

Results

The findings of the analysis are presented below. They consist of two main themes: "A wish to spend the early postnatal period at home" and "The importance of the home visit for successful postnatal care". Two sub-themes were derived from each main theme: *Being together as a family*, *Support and previous experience*, *The available midwife*, *The experience of the midwife's care and support*. Quotations from the interviews reflect the findings.

A wish to spend the early postnatal period at home

This main theme is related to the parents' ability to return home early after birth. This preference was affected by external factors like the opportunity to be together with the family, the availability of support from family and midwife, as well as internal factors like previous experiences. Combined, these factors contributed to the parents' feeling of security, which could be interpreted as important for the decision to request an early discharge.

Being together as a family

The decision to opt for an early discharge was voluntary and based on the parents' judgement. Parents who already have children tended to prefer to return home to their older children. They found it important to introduce the newborn baby to their siblings at an early stage, which is enabled by the early discharge. It was also considered important that this could take place in familiar surroundings. To spend the early postnatal period at home could strengthen the family focus through the meeting between the newborn baby, parents, and siblings.

"We appreciated being able to return to the two oldest children and being together all five of us. We were able to establish new routines and the older children felt they were a part of it"

Woman [4],

Para 1

The participants mentioned both advantages and drawbacks with the early discharge. It felt good to return home and one was able to relax more than was possible in the hospital. Among the key factors described was the ability to take charge of the situation oneself, being in familiar surroundings, and sleep in one's own bed. Nevertheless, some parents

found it hard to relax during the first days after discharge from the hospital, as they needed to take care of the daily tasks and older children who needed attention. To return directly to daily life and have the experience of becoming more easily exhausted was mentioned as a disadvantage of the early discharge. Still, most parents emphasized the benefit of being able to start the new family life and develop new routines.

"After returning home I felt like leaving this kind of baby bubble, it burst, and all the familiar things returned"

Woman [6],

Para 1

"Indeed great to sleep at home....enjoyed getting back home to all the familiar things"

Partner [2],

Multiple parent

Support and previous experience

The participants experienced different reactions from family and friends regarding their decision to return home early after the birth. However, they stressed that negative reactions due to the family's concerns did not affect their choice. First-time parents expressed that the encouragement and support offered by the midwife were particularly important for their decision to opt for an early discharge. The same applied to the support they received from their partner and family. In addition, the help and support from the immediate family related to practical assistance and babysitting were described as vital for the ability to return home early. There were different opinions about whether the home visit from the midwife was decisive for their decision to leave hospital early. Several of the parents claimed that they would have stayed on at the postnatal ward longer if home visits were unavailable, whereas others said that their decision was not affected by such follow-up. Those who had decided to go home in any case, were positively surprised by the opportunity to receive home visits from the midwife and viewed this as an additional source of security.

"It was very important for us that the midwife was confident that we were doing well, even if we returned home early. I had a feeling that some thought that I, as a first-time mother should have remained in hospital and listened to how things ought to be done. But it was actually the midwives that made us confident that it was the right time to leave"

Woman [10],

Para 0

"After we returned home, my in-laws stayed with us for a couple of days. Hence, we had a great deal of backup available and didn't have to live in a little bubble. I felt all right about that"

Table 1
Example from the analysing process.

Meaningful units	Condensate	Sub-theme	Main theme
“We really wanted to go home. I had a prolonged birth process, so we had been at the hospital for many days. We had been away from our three-year-old child, so we just wanted to get home as soon as possible. It felt safe when the midwife came to our house to check how we were doing”	I was at the hospital for a long time. I had a wish to go home as soon as possible, because I had been away from my child for a long time. It felt safe when the midwife could come to our home	Being together as a family	A wish to spend the early postnatal period at home
“I probably would not have left the hospital early if I had given birth for the first time. Because then everything is new, and you know nothing. But now I felt much safer because we have done this once before. And we got support from our families”	I would not have left the hospital early if I had been a first-time mother. I felt safer due to previous experiences and support from the family	Support and previous experience	
“Very nice that we don’t have to go back to the hospital to take tests. It’s calmer to be at home and you relax in a different way than in the hospital”	I think it was more relaxing to be at home. It was a good thing to have the opportunity to take the tests at home	The available midwife	
“She offered to look at it at home, and I think it was very nice, because things were very uncomfortable. She also gave me some recommendations. It was reassuring to get a check-up a few days later. I could ask about exactly what I wanted, and she gave me tips related to breastfeeding. I felt I was getting help with the basics when she arrived”	I got the opportunity to check the stitches, get help with breastfeeding, ask questions, and get basic help	The experience of the midwife’s care and support	The importance of the home visit for successful postnatal care

Partner [5],

Multiple parent

Some parents claimed that they would not have returned early if it had been their first baby, as they at this stage were less confident about how they would cope. According to them, their previous experience as parents enabled them to feel more confident about caring for the baby, breastfeeding, and the normal physiological changes after birth. Most participants claimed to have trusted their own judgement about the health of the baby and themselves, and that they delayed contacting the midwife more than when they were in the hospital.

“Had I not been offered a home visit from the midwife, I guess I would have stayed on for another day. I thought that if the midwife would see me at home in any case, I could just as well return home, getting familiar with the situation and having questions ready for the midwife the next day. I would have been able to settle down a bit then in any case”

Woman [7],

Para 0

“We felt more confident about breastfeeding and baby care. We had done it all before. So we were fine with that part”

Woman [5],

Para 1

The importance of the home visit for successful postnatal care

This main theme concerns how the parents experienced the home visit. The positive effect of the home visit on postnatal care was determined by the midwife’s availability around the clock, professional and practical support, and how the midwife appeared in the meeting with the parents. The significance of the home visit lies in the fact that it allowed the parents to relax in their home the first days after birth while at the same time receiving care and support from the midwife. The home visit from the midwife made the parents experience a feeling of security.

The available midwife

According to the parents, the midwife had made sure that sufficient time was available during the home visit, which they described as tranquil and relaxing. They were grateful for this, as they had the impression that the midwife had busy days in the hospital. It was also appreciated that the midwife devoted her time to them without interruptions during the home visit. That the midwife could adjust the number of visits according to their needs was reassuring, and so was her ability to show up in cases of concerns. According to the parents, the midwife was available already the day after being discharged from hospital, and together they could decide if there was a need for further home visits.

“All the focus was on our situation, and it is probably easier to raise issues with someone who is ready to give all her attention to you than a person who is on a shift and has limited time. I really appreciated this”

Woman [1],

Para 1

Most parents felt confident that they could contact the midwife at the postnatal ward any time during the day, and that they could return to the hospital if necessary. However, some parents thought it was a barrier to request assistance after returning home. They found it easier to receive assistance when the contact and offer of the home visit were initiated by the midwife. The parents appreciated being able to stay in touch with the midwife via SMS, which they perceived as a secure and simple way to communicate in the postnatal period. The parents felt it was secure to return home, but at times missed the opportunity to quickly come in touch with the health care professionals who were available in the hospital.

“You feel that you don’t want to be a burden, that things are not so dangerous and will get better. I think many people who decide to go home early think this way, that they will be able to cope on their own”

Woman [1],

Para 1

The stage at which the parents felt they needed information and support from the midwife varied from case to case. A number of them felt like settling down at home first, and that it took a while before they knew what they needed advice about. The parents generally appreciated that the midwife adjusted to their private atmosphere during the home visit and was ready to answer practical questions related to the baby’s needs.

“Had we waited for three days to leave, I think it might have taken us longer to find what we wanted to ask about. I don’t think we would

have asked those questions before getting back home anyway, so I appreciated the opportunity to return home early”

Partner [9],

First-time parent

The experience of the midwife’s care and support

The home visit by the midwife was described as relaxing, personal and reassuring. The parents appreciated the guidance they received in practical matters like breastfeeding and baby care. In addition, they experienced a good follow-up regarding the health-related issues of the mother and baby. According to several parents, the midwife observed certain procedures during the home visit but was ready to answer whatever questions they wanted to raise. None of the parents experienced considerable challenges at the start of the breastfeeding process but mentioned that this was an area that the midwife paid attention to, observing it during the home visit. They expressed that it was important to be followed up at home in a tranquil atmosphere, not having to return to the hospital with the baby. The parents described the follow-up as safe, and the professional skills of the midwife made them less anxious after the home visit. A first-time mother claimed that the midwife made her feel more confident when caring for her baby:

“It was a revelation when she came to see us, as we hardly knew how to touch the baby the first day, or the first night, for that matter. When the midwife came it was at once clear that she was experienced in handling babies, and it was lovely to see how she bathed the baby. I thought that this would be impossible without making her start crying, but she managed anyhow. She draped the baby in a towel and moved her back and forth, she was comfortable with this movement”

Woman [9],

Para 0

Some parents found it disturbing to have a lot of visitors around at the same time as the midwife, wishing that the midwife could have asked them to sit in a different room and advise them not to receive visitors. All the distractions made it more difficult for the parents to ask the midwife about sensitive issues. The result was that the parents perceived the home visit as exhausting. On the importance of continuity of midwifery care, the opinions were divided. A number of the parents did not find it problematic to deal with different midwives, whereas others appreciated the opportunity to build relations with the same midwife, enabling them to continue the same conversation as during the previous visit. Some parents mentioned that when challenges occurred, it was an advantage to deal with only one midwife.

“It was absolutely advantageous to not having to go through the introduction all over again. It felt more relaxing to know whom you were expecting. After all, you don’t necessarily get along with everyone. So it was no doubt an advantage”

Woman [4],

Para 1

“Clearly, if one has experienced a lot of problems and complexities, it helps to have met the midwife before, I think. But if there are no particular problems, it is probably not that important”

Woman [5],

Para 1

According to the parents, the midwife during the home visit invited them to a conversation about the birth and how they experienced it. Several parents said it could have been more natural to talk about this with the midwife who was present during the birth, or the midwife they had seen during pregnancy. Others found it a bit too early to discuss the birth already during the home visit. They said that being visited by a midwife who had not been present during the birth and with whom they had not established a relationship during pregnancy made the conversation superficial and limited to what had been officially recorded. One parent claimed that the municipal midwife was more focused on the birth experience on her home visit than the midwife from the hospital,

who was more preoccupied with the birth process. On the other hand, some parents said that the relationship they experienced with the midwife during the home visit determined the willingness to open up and discuss the emotional aspects of the birth experience.

“She wasn’t the midwife who supported us during the birth. So in some way she needed to rely on what had been written in the record”

Woman [3],

Para 1

“It was great to talk to someone who has an interest in childbirth and pregnancy. Someone who knows a lot and has been present during a number of births. Just to be able to talk about it was invaluable. The midwife who came to see us came across very easily, showing great interest and being present emotionally – it was great to have her here”

Woman [8],

Para 1

Discussion

Conditions for early discharge from hospital

This study provides a deeper understanding of the experience of early discharge from hospital and home visits from midwives. The parents’ decision to return home early was voluntary and the midwifery care they received at home was adapted to their needs. According to The Norwegian Directorate of Health [3] and NICE [10], midwifery care ought to be adjusted to each family with regard to the follow-up and timing of the discharge. This is vital, as the parents’ feeling of security depends on how ready they are to return back home [9,13,22]. The parents in this study found the early discharge helpful in bolstering the family focus, as the whole family was able to be together at home. Research indicates that many parents appreciate the opportunity to spend the period shortly after childbirth in familiar surroundings [8,16,19], as this helps them feel more confident [7,9,13,18]. The involvement of older children at an early stage was considered important in strengthening the family focus and was mentioned as a key factor behind the decision of parents who already had children to return home early. This is also confirmed by previous studies [7,9].

The parents participating in this study described it as more relaxing to stay at home. Research shows that parents tend to find it hard to relax among the many disturbances in a hospital [9,19] and that they are able to settle down more at home [7,23]. At the same time, some parents taking part in this study found it hard to relax during the first days after birth due to domestic tasks and other children demanding attention. Subsequently, it was important to get assistance from other adult family members after leaving the hospital. Social support, both in practical and emotional terms, is mentioned as important for the parents’ feeling of well-being in the early postnatal period [7,24,25].

In this study, the participants with multiple children pointed out that their earlier experiences enabled them to feel comfortable about the mother and baby returning home shortly after the birth. The participants also emphasized the midwife’s support and belief in the parents’ ability to handle the parenting role, as well as the reassurance they received about the healthiness of the mother and baby, which was crucial for their decision to opt for an early discharge. Studies indicate that individualised support with a focus on recognition of the parents leads to a higher level of security and confidence in the role as parents [7,9,26,27]. Among the first-time parents taking part in this study, the support and encouragement of the midwife were mentioned as particularly important for their decision to return home early.

The participants in this study were confident about their ability to assess the healthiness of the mother and newborn after leaving the hospital, though confirmation from the midwife was still important. According to previous research, parents tend to trust their own judgment

after opting for early discharge [13,23], and they have a focus on cooperation, finding solutions, and establishing new routines [9,13]. To trust oneself could help strengthening the parents' feeling of freedom, self-confidence, and shared responsibility [13].

The experiences of home visits during the early postnatal period

The parents in this study claimed that the home visit gave them a feeling of security, and the majority of them would not have left the hospital without this care available. The Norwegian Directorate of Health [3] points out that there is a need for support and care from health care professionals even when both the mother and baby are healthy. The participants described a safe follow-up based on professional competence and appreciated practical assistance and advice regarding things like breastfeeding. According to research, the well-being of the baby is a condition for the ability of the parents to focus on their own needs [26,28]. The participants felt that the midwife had made sufficient time available for the home visit and that the entire family received the midwife's attention. The family focus could be important, as research indicates that parents tend to put their own needs aside, and instead focus on the baby's requirements [29,30]. At the same time, some parents mentioned that visits from family members during the home visit prevented them from addressing sensitive topics related to the mother's health. User surveys show that mothers tend to be least satisfied with the information they receive about physical and mental health during the postnatal period [1]. This is supported by studies showing that parents would appreciate more information about the woman's health and what to expect during and after childbirth [18,19,30,31]. It is conceivable that parents ought to be given more information about what the midwife has to offer during the home visit, to prevent that social circumstances affect their opportunity to address sensitive issues.

In Norway, the primary healthcare services are responsible for the woman during pregnancy, whereas the responsibility for assistance during birth and the early postnatal period lies with the specialist healthcare services [3]. Antenatal, -intrapartum and postnatal care in Norway is subsequently described as fragmented [2]. This could lead to a negative experience of the healthcare services, as parents may encounter divergent advice and information [32]. Regarding the question of continuity of midwifery care, the opinion in this study was divided. Some parents appreciated the chance to deal with the same midwife as it facilitated communication. Earlier research indicates that relational continuity of midwifery care is crucial for communication about emotional aspects, promoting a feeling of confidence among parents [15,16], and boosting their sense of being recognized and supported [17]. However, some other parents did not find it important to relate to the same midwife, as long as no particular challenges occurred. Johansson et al. [7] found that whenever the midwife came across as professional, respectful, and caring, taking her time to listen to the parents, the experience of the home visit was positive.

According to the parents in this study, the midwife invited them to talk about their birth experience. In cases where the midwife seeing the parents had no prior relation to the mother during pregnancy and/or birth, it was challenging to discuss the emotional aspects of the birth experience. Some of the parents said they would have preferred to continue to deal with the midwife who was present during the birth or the midwife who was responsible for following them up during pregnancy. It has not been established whether a conversation about the birth experience affects the psychological health of the parents positively [33], though it has been recommended that the parents have the opportunity to address their birth experience [3,10]. Studies confirm that parents value this opportunity, regardless of whether the birth was a normal or complicated one [16,34–36]. Parents find it important to get the chance to share their birth experience and appreciate a receptive midwife who listens to what they have to say [37]. What is perceived as the right timing of the birth conversation depends on individual

preferences [3]. Some parents in the study said that it was too early to discuss the birth experience during the home visit. Accordingly, a conversation about the birth experience and emotional well-being could take place during the follow-up from the municipal midwife. This could also be justified by the significance of relational continuity of midwifery care [15,16,30]. The parents in this study described that the midwife relied on certain procedures during the home visit. According to previous research, parents tend to be satisfied with the professional emphasis on the physical aspects of the health of the woman and baby, but at the same time would have appreciated more focus on their emotional well-being [31]. It could surely pose a challenge for the midwives from the specialist healthcare services to satisfy both the physical and emotional needs of new parents, due to short hospital stay and limited midwife resources [12].

Limitations

The fact that the decision to return home early was voluntary might have affected the experiences of the parents positively. Subsequently, the findings in this study cannot be applied to contexts where the parents themselves are unable to make the decision. When considering the transferability of the findings it is important to consider that this study focused on the experiences of a small group of parents. On the other hand, the data used in this study is rich in content, as the parents gave an elaborate account of their experiences.

A more comprehensive study is required, even if the findings of this qualitative study offer an insight into the parents' experiences of an early discharge from hospital and home visits by the midwife in the early postnatal period.

Conclusion

This study shows that the offer of home visits by a midwife from the postnatal ward could help parents opting for an early discharge receiving the necessary follow-up during the early postnatal period, and represent a valuable supplement to standard midwifery care at the postnatal ward. Based on the findings in this study, one could therefore conclude that home visits are suitable for a healthy mother with a healthy baby who voluntarily decides to return home early. The parents perceived this follow-up to be a secure option with regard to advice, guidance, and the well-being of the mother and newborn baby.

CRedit authorship contribution statement

Ingvild Aune: Conceptualization, Methodology, Validation, Formal analysis, Investigation, Data curation, Writing – original draft, Supervision. **Heidi Voldhagen:** Conceptualization, Methodology, Validation, Formal analysis, Investigation, Data curation. **Ina Welve:** Conceptualization, Methodology, Validation, Formal analysis, Investigation, Data curation. **Unn Dahlberg:** Conceptualization, Methodology, Validation, Formal analysis, Investigation, Data curation.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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