Background

- In Switzerland 7.3% of the children are born prematurely.1
- The transition from hospital to home demonstrates a vulnerable period for families with a preterm infant.2
- This phase evokes considerable physical and emotional strain due to the recurrence of a lack in self-confidence and self-efficacy. This can lead to longer hospitalization and/or rehospitalization of the preterm infant.3,4,5
- In Switzerland, rehospitalization rates of 35% after preterm birth are considerably higher than after term birth, which impacts related health care costs remarkably.6,7
- Interventions to enhance self-confidence, self-efficacy and coping of parents and to further ensure the infants development are not established. Therefore, families experience a gap in health care.
- A new model of care with a structured offer of supportive interventions and guidance through the transition from hospital to home after a preterm birth can support the family system in gaining stability.

References

4 Bucher H.U. et al. (2002). Growth, developmental milestones and health problems in the first 2 years in very preterm infants compared with term infants: a population based study.

Aims

- Development and implementation of a sustainable advanced practice nurse (APN)-led, interprofessional model to optimize transitional care and support families with a preterm infant.
- Effectiveness and cost savings of the model will be tested.

Process of practice development and method of Research

The development and implementation of the new model of transitional care is based on the methodology of participatory practice development to collaboratively work on the following three elements:

1. **Operational concept**, including the development of the new model of care and the APN role. The APN has the leading role and is the coordinator of the interprofessional interventions. The neonatal APN is a master or phd prepared nurse with clinical expertise in neonatal and family-centered care. She provides assessment, consultation, instruction and education.

2. **Practice development**, including translation and implementation into practice; and

3. **Research**, including a randomized controlled trial with a previously conducted pilot study.

Results and Conclusion

- The project started in October 2014 and is currently in a developmental stage.
- First results of the pilot study can be presented in 2017.
- Results of the Intervention study will be expected by the end of 2019.

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**Transition to Home: A New Model of Care for Families after Preterm Birth**

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**Operational concept**

- Development of a new model of care including sustainable funding to optimize transitional care for families with a preterm child.
- Definition of the interprofessional interventions (e.g. home visits, follow-up calls, consultations, etc.) based on 2 existing transitional care models.
- Role development of the Advanced Practice Nurse.
- Establishment of a professional network.

**Practice development**

- Translation of the operational concept into practice.
  - Set up of infrastructures and environment.
  - Provision of work sheets and documents.
  - Preparation of health care professionals.

**Research**

- Scientific evaluation of the model of care.
  - Development, preparation and performance of an intervention study.

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**Process of practice development and method of Research**

- **Operational concept**, including the development of the new model of care and the APN role. The APN has the leading role and is the coordinator of the interprofessional interventions. The neonatal APN is a master or phd prepared nurse with clinical expertise in neonatal and family-centered care. She provides assessment, consultation, instruction and education.

- **Practice development**, including translation and implementation into practice; and

- **Research**, including a randomized controlled trial with a previously conducted pilot study.

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