Tender Beginnings Program
An Educational Continuum for the Maternity Patient

Susan E. H. Brown, MS, RNC

The Tender Beginnings program demonstrates a comprehensive educational plan for maternity patients that can be extended throughout pregnancy, the birth process, and into the postpartum period. In today’s healthcare environment, where the maternity patient continues to experience a shortened stay structure, the hurried learning process that is absorbed over a 48-hour stay is often ineffectual. This program provides a strategy and framework for effective teaching that can be successfully implemented all through the peripartum period. Budgetary constraints have given way to an innovative approach and opportunity for the healthcare specialist to explore an entrepreneurial relationship within the structure of the program. The Tender Beginnings program has proven to be a true integration of community educational outreach, nurse entrepreneurship, hospital-based education, and postpartum/neonatal follow-up. **Key words:** breastfeeding programs, maternity education, nurse entrepreneurship, postpartum visit, Tender Beginnings

The challenges and potential consequences of today’s shorter stay structure for the maternity patient are often perceived as overwhelming. Within 48 to 96 hours new mothers must undergo a demanding labor and birth experience, familiarize themselves with baby care, master breastfeeding as well as self-treatment, and be prepared to assimilate a new baby (or babies) into their own distinctive family dynamic.¹

To provide optimal care within this abbreviated period, the nurse is confronted with the task of imparting the fundamental knowledge necessary for a mother to be discharged into her home environment. The ultimate objective for the maternity staff is to send home a family who will be able to depart the hospital in optimal health having developed the sense of confidence secured by a firm knowledge base.²

In addition, a segment of our population prior to, or during, their hospital stay will be designated as high risk. Their shorter stay is now punctuated by a potentially longer, more arduous birthing process requiring interventions in their own care, as well as the possibility of a neonatal intensive care unit (NICU) admission for their baby. These mothers often are required to leave the hospital during the process of recovering from a demanding birth and have little capacity to absorb didactic instruction at the time of discharge.

As healthcare professionals, the challenge of accomplishing our goal to provide patients and families with the preparation that will sustain them through their postpartum period has been successfully met through Greenwich Hospital’s Tender Beginnings program. This continuum of education, which begins in the prenatal period and extends through postpartum, addresses many maternal as well as neonatal concerns.

Each outpatient class is taught by a qualified staff member, nurse, or nutritionist, who is trained and certified in his or her specific specialty. All information that is communicated through Tender Beginnings classes complements the instruction that our families receive throughout their birthing experience at the hospital.

From the Department of Women and Children’s Services, Greenwich Hospital, Greenwich, Conn.

Corresponding author: Susan E. H. Brown, MS, RNC, Women and Children’s Services, Greenwich Hospital, 5 Perryridge Rd, Greenwich, CT 06830 (e-mail:Suebr@greenhosp.org).

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The program is financed through an entrepreneurial relationship between the instructor and the hospital and has been thriving for more than 15 years.

Today’s mandate of shorter stay has changed the paradigm in which we are able to develop methods that speak to patients’ learning requirements. Addressing these issues will necessitate educational interventions prior to admission that are optimally continued after the patient leaves the hospital. Tender Beginnings has proven to be an investment in the community as well as in each individual nurse’s development.

COMMUNITY OUTREACH: THE PRENATAL PROGRAM

Prior to pregnancy even being established, the Tender Beginnings program has proven to be of value to the community. During this era of the Internet, which facilitates access to information on an immediate basis, many patients “shop” for the facility in which they will ultimately choose to undergo their birthing experience. The program, in collaboration with our marketing department, is publicized on the hospital’s Web site as well as in our community outreach magazine. In addition, Tender Beginnings incorporates personalized tours of our birthing units, which are held bimonthly and include specialized visits for siblings. These comprehensive tours have attracted many new families to Greenwich Hospital for their birthing options.

To manage the program’s many daily phone contacts, a secretarial coordinator position was created. The staff member in this role demonstrates a sound knowledge base of the classes offered, has easy access to a customized scheduling program, and has developed a strong rapport with each of the instructors teaching our courses.

To provide optimal efficiency and effectiveness, the coordinator resides in dedicated office space and has direct access to phones and computer connections. She utilizes positive communication techniques, highlighting her optimistic personality, which transcends the phone lines. This initial communication between the hospital and the patient establishes the program’s first opportunity to initiate steps toward a positive birthing experience. The coordinator, therefore, becomes a reflection of the program itself, and the role is pivotal in the implementation of service excellence to the family.

More than 20 classes are offered to the community in preparation for the birth. Of note, classes are available to all members in the area, which extends over a 40-mile radius. They are offered on a sliding scale, or for no cost at all, if deemed appropriate for the family.

The formalized sessions were initiated with an Early Pregnancy Class. This course addresses fetal growth and development, physical changes during pregnancy, nutritional points, and relaxation techniques. It has been very popular and responds to many of the concerns that a newly pregnant woman is experiencing. Childbirth Classes were created as an expansion of the program and were formatted to meet the numerous scheduling and lifestyle demands of patients. The classes were developed to include a further understanding of anatomy, breathing and relaxation techniques, options in second stage, cesarean section education as well as expectations of the hospital stay. Varied times and options are made available to families. The patient can choose from a series of 6 weekly classes, a weekend class (2 half-day or 1 full day), and a refresher class.

With condensed hospitalization during the initial postpartum period, the greatest triumphs have been related to baby and breastfeeding classes presented during the prenatal period. Previous teaching programs have demonstrated that the sole implementation of instruction during the hospitalization period often proved ineffectual. Balancing the psychosocial impact of the birth process with a shortened hospitalization, patients often appear confused and anxious at discharge.

Baby Care Class for Parents was created to promote the essential learning necessary for expectant parents to nurture their new infant. Instructions in feeding, bathing, cord care, sleep patterns, and proper car seat use are highlighted in this course, which is offered to our patients at approximately 32 weeks of gestation. Our Breastfeeding Class, which is also recommended between the 32nd and 34th week, focuses on all aspects of breastfeeding, beginning with feeding initiation in the delivery room. Issues such as proper handling and storage of mother’s milk, engorgement, breast pumps, weaning, and returning to work are all explored. Supplementing the basics, the role of the “significant other” in relationship to feeding issues has become one of the distinctive attractions of this course. This early class has been found to be a contributing factor to the high breastfeeding rates achieved in this facility.

As professionals we have observed numerous combinations of individuals that can comprise the concept of “a family.” The family unit often emerges from varied relationships including traditional married couples; single women living independently, with their own mothers, or with boyfriends; and same-sex couples.
Observing these families has strengthened the program’s resolve to provide effective instruction using a nonbiased and nonjudgmental approach. Classes are created to be malleable and address the dynamics of the participants involved in each lesson. Responding to this demand, Grandparenting Classes were developed to introduce the more senior generation to the changes in prenatal and infant care that are currently being practiced. The benefits of breastfeeding, the use of car seats, and the creation of a safe environment are emphasized and integrated into traditions that may appear to be more familiar. A smooth adjustment at home is predicated upon all those who may be residing there, even the youngest members. Input from an older child already at home can significantly change the dynamics of the household. To assist in this adjustment, Sibling Classes provide an opportunity for “big brothers and sisters” to learn about the expectant event and assist them in adapting to their new role in the family.

Throughout the program’s history, emphasis on well-being through exercise has been presented in a variety of designs. Derived from various instructors’ expertise, classes in Prenatal Exercise as well as Prenatal Yoga have been created and implemented. These classes complement other integrative medicine techniques offered to our patients and include courses in prenatal, postnatal, and infant massage.

It is our position that patient safety should also be on a continuum that extends into the home environment. Therefore, courses in Infant CPR, as well as a program that addresses household protection for an infant, have been developed. Safe and Sound was designed to prepare patient’s home and automobiles for the new addition. Car seat safety, crib safety, and choking hazards are just a few of the topics that are explored and expanded upon in these sessions. Postnatal programs have also had an enormous impact in the success of the program. An in-depth discussion of these opportunities will follow (Table 1).

**ENTREPRENEURSHIP: FINANCIAL AND PERSONAL STAFF DEVELOPMENT**

In addition to being a platform for community outreach, Tender Beginnings has become a vehicle for staff development as well as an avenue to facilitate private enterprise. While developing Tender Beginnings, the impact of staffing requirements and budgetary concerns was judiciously measured. Using the limited resources available, a program was designed that effectively implemented an innovative approach. Prior to the program being established, childbirth instructors were scattered throughout this community, their work being completed in silos with no options for growth. The strategy was to create an incentive for those who would like to teach and to provide an organized system for the instructor to obtain a patient base. In addition, the goal was to forecast and deliver a modestly budgeted program that would demonstrate a capacity for growth.

The answer was the development of a program that gave a nurse or specialist the opportunity to become an entrepreneur. All classes are offered through the hospital base. Payments for the classes are received from the participants and collected by the instructors. In turn, the instructors agree to a rental fee of 15% of their receivables. The revenue stream obtained from the instructors offsets the facility’s cost of advertising as well as a portion of the Tender Beginnings coordinator’s salary. Instructors teach classes on their personal time, are certified in their specialties, and display the initiative to develop and implement curricula for their courses.

With this model in place, the program grew rapidly and expanded. Through the Tender Beginnings program, the nurse is given a venue in which to test business skills in a structured environment. An unexpected benefit was the growth of the individual nurse who

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*CPR indicates cardiopulmonary resuscitation. Available at more than one period.*

*Cardiopulmonary resuscitation.
now demonstrated more confidence and achieved professional development in an area that was previously untapped.

Staff members of the Tender Beginnings team appropriately envision themselves as ambassadors from the hospital to the community. Continuity is inherent to the program; many of the instructors ultimately are the same nurses who care for the patient during their hospital stay. It is often this familiar face that provides the patient with a sense of comfort during their birthing process.

The public relations aspect is apparent as staff members champion their work and advertise the advantage of hospital services directly to a community eager for information.

**HOSPITAL-BASED EDUCATION**

The Tender Beginnings educational process remains on the continuum during the patient’s hospitalization. Emphasis is placed on the lessons learned prenatally and expansions of these concepts are integrated into the daily routine of patient care. Baby care, inclusive of cord care, diapering, and infant safety are often coupled with instructions in peri care, incision, and breast care. These individualized lessons, shared among daily shifts, are the cornerstone for in-hospital maternity education. The primary nurse, assisted by a morning assessment from a certified lactation specialist, assists the mother/baby dyad in breastfeeding and/or bottlefeeding techniques. Lactation specialists perform a dual role in our facility; they facilitate breastfeeding on the inpatient units in conjunction with their principal role in our innovative Postpartum Visit (PPV) Program.5

To provide consistency, staff in-services that focus on the delivery of educational messages to the patient were created.6 Optimal outcomes are based on teaching through instruction and repetition of concepts. To further ensure that the patient’s teaching objectives have been met, a customized documentation tool has been incorporated into the care of the patient. This interactive form not only assists in documentation but also allows the patient to demonstrate participation in the learning process. The Patient Interdisciplinary Education Plan (PIEP) facilitates monitoring of patient education in a clear organized method. Standardization of teaching is achieved quickly through the implementation of the PIEP. Opportunities for this method of efficient documentation can be utilized by the primary nurse caring for the new mother or the lactation counselor who may be providing guidance to the patient. At discharge, both the nurse and the patient sign the PIEP, acknowledging that the teaching has been completed and that the patient understands the information she has received. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and state regulators have found this documentation to be a valuable demonstration of the educational process given to the patient and her family (Fig 1).

Prior to discharge, the patient also receives 2 valuable tools: the Warm Line telephone number and the Tender Beginnings Postpartum Booklet. The Warm Line was created to provide a resource to patients and their family. This telephone number connects the patient directly to the Mother/Baby unit and allows the patient 24-hour access to a skilled professional. Calls to a familiar voice, often during the night shift, remedy many anxieties that a patient may be experiencing.7 When appropriate, the patient’s concerns are triaged directly to a physician for further follow-up. Documentation, as an amended note, can be filed in the patient’s electronic record.

The Postpartum Booklet, printed in English and Spanish, is a comprehensive guide to the physical and emotional changes that patients may expect over the next several weeks, and reviews the care and feeding of the newborn(s). It contains a glossary of terms that may be used in the description of their care, community services numbers they may choose to access, as well as an individualized chart containing the weight, length, blood type, and vaccine status of their newborn.

The patient also is encouraged to return for a personalized postpartum visit, at no extra charge, and will schedule the appointment prior to leaving the hospital.

**THE POSTPARTUM VISIT PROGRAM AND NEONATAL FOLLOW-UP**

The opportunity to educate the patient does not end at discharge. Follow-up during the initial period in which the dyad is adjusting at home strengthens the link between the patient and the hospital while nurturing a sense of security.

Several options were explored in this facility to provide this follow-up. Home visits are a common choice endeavored by various institutions. This model, however, can prove to be both costly and inefficient when attempting to reach the majority of patients requiring this service.8 The populations of many birthing centers, as demonstrated in our own hospital community, travel significant distances for their birthing experience. When reviewing our 40-mile market share radius, the level III NICU admissions, and the more than 2200 maternal discharges annually, the task of a
**Patient Interdisciplinary Educational Plan**

- **W** = Written Material
- **VU** = Verbalized
- **D** = Discussed
- **DM** = Demonstrated
- **V** = Video
- **R** = Reinforced

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**Self Care Instructions:**
- Proper Handwashing
- Peri Care
- Incisional Care
- Episiotomy
- Hemorrhoid Care
- Elimination
- Rest/Sleep
- Post Partum Adjustment

**Pain Management Instructions:**
- PCA
- Duramorph
- IM
- PO
- I.V. Push

**Breast Care Instructions:**
- Care of Breast/Nipple
- Use of Breast Pump

**Nutritional Education:**
- Breast Feeding Diet
- Post Partum Diet

**Caregiver Initials**

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Figure 1. Patient Interdisciplinary Educational Plan (PIEP) form. (Continues)
**Patient Interdisciplinary Educational Plan**

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**Infant Care Instructions:**

- Use of Bulb Syringe
- Cord Care
- Diapering
- Bathing
- Taking Temp & Reading Thermometer
- Infant Safety
- Circumcision Care

**Infant Feeding Breast & Bottle:**

- Frequency of Feeding
- Duration & Amount
- Burping
- Supplementation
- Breastmilk Storage

**Caregiver Initials**

**Caregiver Initials**

**Date/Initials**

**Comments**

* I have read and understand the information provided above.

**Mother's Signature**

**RN's Signature**

**Figure 1.** Patient Interdisciplinary Educational Plan (PIEP) form. (Continued)
home visit program appeared discouraging and out of budgetary and staffing realm. The alternative to meet this need was created in the Tender Beginning’s PPV Program.

The PPV Program, which can be based within the hospital or birthing center, offers a return visit to all mothers between 48 and 72 hours postdischarge. During the appointment, the nurse has the opportunity to...
### Figure 2. Postpartum Visit program form. N/A indicates not applicable; MD, doctor of medicine; Br, breast; Bo, bottle; and ADL, activities of daily living. (Continued)
conduct a physical assessment of both the mother and the baby, provide intervention and education support, assist in breastfeeding concerns, and, when appropriate, facilitate referrals to physicians, public health, and social service departments.

The PPV Program is staffed by RNs who are certified lactation specialists and whose background is in maternity care. Their knowledge of breastfeeding techniques, coupled with expertise in caring for maternal and newborn issues, provides a strong advantage to the patients who choose to use this service. This program is offered without fee to all postnatal patients. The PPV Program staff’s commitment to reach each and every discharged mother is facilitated by phone consultations for those not able or desirous of returning to the hospital. Here too, the use of a formalized documentation process lends structure and continuity to the visit and enables the nurse to follow a plan of care in an organized and efficient mode (Fig 2).

The impact of the PPV Program surpassed its original concept. During the appointment, or through phone consultation, various morbidities have been observed. Infections, hyperbilirubinemia, depression, and/or family dysfunction can now be addressed on a timely basis. This early intervention, as recommended in the JCAHO Sentinel Event Alert, has resulted in positive outcomes for both mother and baby.10

Another gratifying advantage emanating from this program has been the superior breastfeeding rates achieved. As noted in much of the literature, the US Department of Health and Human Services’ committee, Healthy People 2010, focused its goal for an increase of breastfeeding rates at discharge to 75% and a 6-month follow-up rate of 50%.11 The Tender Beginnings program, which combines our prenatal breastfeeding program, lactation education, positive intervention during hospitalization, and reinforcement during the PPV, has enabled Greenwich Hospital to exceed this goal and has resulted in a breastfeeding rate of 87% at discharge with a 6-month follow-up rate of near 70%. Our statistics over the last 5 years are listed in Figure 3.

Once home and attempting to begin a routine, many mothers develop new questions and apprehensions. It is a time when being isolated and exhausted may begin to have a negative impact. Concern for these issues prompted further outreach into the community and the formation of the Newborn Mothers Group. This 6-week course is designed for mothers who recently gave birth and addresses not only the needs of the newborn but also focuses on the physical and emotional adjustments experienced as parents. The bonds and friendships established in this course are often sustained for many years to come.
CONCLUSIONS

When evaluating the shortened stay that the mother/baby dyads experience, it becomes clear that the peripartum educational process cannot be effectively initiated at the time of birth. The amount of information to be absorbed, coupled with the physical and emotional changes that the patient experiences during hospitalization, requires a new model of care. Implementing a program during the prenatal period that provides an opportunity to establish a collaborative relationship between the birthing facility and the patient positively influences the parturient perception of her birthing process and the care that her newborn will receive.

The Tender Beginnings program is a vehicle that allows the patient to gradually process the information necessary for the successful integration of the new mother into her home environment. The program has demonstrated high scores in patient satisfaction and has assisted in enhancing our institution’s Press Ganey patient satisfaction ratings. An added benefit has been the positive impact on development of the nursing staff. Not only have some nurses become instructors and entrepreneurs, the program’s emphasis on education has structured and improved the educational plans utilized by our entire staff. The Tender Beginnings program has been shown to benefit our patients, our staff, and our community by providing educational stability when it is needed most.

Of note, the success of this program has led to the development of a similar concept directed at women at varying stages of their lives. The Women’s Resource Center recently opened and will facilitate education relating to women’s diseases and midlife issues. Combining traditional and integrative medical resources, we are developing educational courses with easy Web-based access that will further empower women through knowledge.

REFERENCES