

# Comprehensive NICU discharge planning essential for at-home readiness

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Being a parent of a neonatal intensive care unit (NICU) infant does not come with its own playbook of instructions. Preparing to care for a medically needy infant requires the mastery of technical skills,

knowledge, emotional comfort and confidence. After confirming that an infant is medically ready for discharge, the quality of NICU discharge training/teaching is the strongest predictor of discharge readiness. A new study reinforces the importance of discharge preparation and transition to home planning.

NICU [discharge](#) readiness is defined as the "masterful attainment of technical skills and knowledge, emotional comfort, and confidence with infant care by the primary caregivers at the time of discharge. NICU discharge preparation is "the process of facilitating discharge readiness to successfully make the transition from the NICU to home," optimally through a standardized family-centered education program. Discharge readiness is the desired outcome, and discharge preparation is the process.

To compare the assessment of parental NICU discharge preparedness with parental satisfaction with the NICU discharge preparation, researchers from Boston University School of Medicine (BUSM) surveyed families four to six weeks after NICU discharge on whether they were "satisfied" with their discharge preparation. On discharge day, families were considered "prepared" for discharge based on their overall level of preparedness and their nurse's rating of them on a discharge readiness assessment tool.

In total, 1104 families (60 percent) reported being both "satisfied" and "prepared"; 293 families (16 percent) were "satisfied" but not "prepared"; 297 families (16 percent) were not "satisfied" but were "prepared"; and 134 families (seven percent) were neither "satisfied" nor "prepared." Compared with families that were both "satisfied" and "prepared," families that were neither "satisfied" nor "prepared" were more likely to be raising the infant as a [single parent](#), of Black race and to have sicker [infants](#).

"Some families are at a higher risk and need more consideration during NICU discharge planning," explained corresponding author Vincent C. Smith, MD, associate professor of pediatrics at BUSM. Smith stresses that assessing the discharge readiness of all families prior to discharge is crucial. "Those at an [increased risk](#) may benefit from more discharge education and training, specifically for [single mothers](#), those with [limited resources](#), or others considered at high risk," adds Smith who also is division chief of Newborn Medicine at Boston Medical Center.

According to the researchers, the discharge planning process has long-term implications because part of the life course of adults who were born preterm is positively and negatively influenced early on by parenting practice and appropriate care.

The researchers believe this study illustrates the need for a prospective study that surveys families just prior to discharge, at two and four weeks and again six months after discharge to help explain which families have problems, when the [family](#) first experienced the challenges and how long the benefits of discharge preparation persist.

**More information:** Vincent C. Smith et al, Changes in Assessment of and Satisfaction With Discharge Preparation From the Neonatal Intensive Care Unit, *Advances in Neonatal Care* (2021). [DOI: 10.1097/ANC.0000000000000862](#)

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