

- Assessing one's affective capabilities in providing sufficient emotional support and nurturance simultaneously to two children

## Prepare for Discharge and Home Care

With shorter postpartum hospital stays as well as a trend toward **mother–infant care**, also called **dyad** or **couplet care**, discharge planning, referral, and home visits have become increasingly important components of comprehensive newborn care. First-time, as well as experienced, parents benefit from guidance and assistance with the infant's care, such as breastfeeding or bottle feeding, and with the family's integration of a new member, particularly sibling adjustment.

To assess and meet these needs, teaching must begin early, ideally before the birth. Not only is the postpartum stay sometimes very short (as little as 12 to 24 hours), but mothers are also in the taking-in phase, during which they may demonstrate passive and dependent behaviors. On the first postpartum day, as a result of fatigue and excitement about the newborn, mothers may not be able to absorb large amounts of information. This time may need to be spent highlighting essential aspects of care, such as infant safety and feeding. Parents may also be given a list of mother and infant care topics so that they can choose issues they wish to review. Teaching before discharge should focus on newborn feeding patterns, monitoring diapers for voiding and stooling, jaundice, and infant crying.

The [American Academy of Pediatrics, Committee on Fetus and Newborn \(2010\)](#) has established guidelines for postpartum discharge (see [Family-Centered Care](#) box). The Academy emphasizes that each mother–infant dyad should be evaluated individually to determine the optimal time of discharge.

### Family-Centered Care

#### Early Newborn Discharge Criteria

- It was a singleton birth between 38 and 42 weeks of gestation.
- Baby was delivered by uncomplicated vaginal delivery.