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Title:

Couplet Care: From the Start, Never Apart

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ACCEPTED

Session Title:

Clinical Poster Session 2 (Monday/Tuesday, 18 & 19 November)

Slot:

CLIN PST2: Monday, 18 November 2019: 8:00 AM-8:45 AM

Abstract Describes:

Completed Work/Project

Applicable Category:

Clinical

Keywords:

Couplet Care, Immediate Newborn Care and Mother Baby Care

References:

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Abstract Summary:

A single staged newborn admission will carve the imprint for success in sustaining couplet care from birth to discharge. This model is an efficient process that fosters teamwork and leads to improved patient satisfaction. The overall goal was to become more family-centered and customize the birthing experience.

Content Outline:

Peninsula Regional Medical Center provides a family-centered care approach in the celebration of one of the most intimate and joyous occasions in life such as the birth of a newborn baby. The ultimate goal for each family is to have a comfortable and memorable childbirth experience. It is imperative that all birthing centers (hospitals as well as free standing) adopt patient care models that are best practices and evidence-based standards. There are recommended best practices for the immediate care of the newborn that are gentle in nature and optimize the transitioning stage of the newborn from the protected dark, warm, and cocoon like environment for the past nine months.

Rationale:

The purpose of researching a single staged newborn model is to eliminate duplications and the number of interruptions in newborn care, so the healthy baby can stay skin-to-skin for the first few hours of life. As an additional benefit, this care model supports bringing the neonatal expert to the mother's bedside after delivery to complete a full newborn assessment within the first two hours of life while supporting the desire to provide skin-to-skin on the mother's chest without unnecessary delays or interruptions. Thus, the necessity to rotate staff to complete the newborn assessment will build teamwork and respect across the division.

Separation of mothers from their newborn during the first few hours of life have become standard practice as a result of equipment needs, variation in room size, staffing, nursing convenience and nursing routines. These identified barriers create unnecessary interruptions in maternal-child bonding, duplication of efforts that disrupt family time and inefficiencies in staff work flow. Currently, the healthy newborn receives a partial assessment (stability assessment) to determine if the baby is stable enough to stay in Labor & Delivery with the family. The stability assessment is a visual cursory exam that is mostly done while the baby is skin-to-skin within the first thirty minutes of life and then receives another full newborn assessment after being transferred to MBU. Will a single staged newborn admission process that supports the mother's preference to initiate and maintain skin-to-skin care enhance the mother-child bonding experience during the first hours of life?

Study:

A multi-phase approach was used for the creation of this initiative. The initial phase was the development of unit-specific data collection tools while explaining the rationale for the pilot study to staff. Data collection (Phase 2) began with the pilot study that was limited to a convenience sample of thirty vaginal deliveries over a three-month period. The study was limited to healthy newborns that met the criteria for couplet care. The PI data collection tool was completed after the baby was transferred to mother baby. The project was coordinated by the obstetrical supervisor and included both quantitative and qualitative data. The questionnaires provided feedback from providers, nurses and parents. The quantitative metrics included the number of parents receptive to skin to skin and uninterrupted time SSC. Data analyst (phase three) the data was compiled and analyzed into metrics: parents' receptiveness to skin to skin, uninterrupted time, and staff feedback.

Results:

Thirty families were educated on the benefits of SSC. Twenty-six of the mothers were interested in SSC, however only 42.3% were able to provide SSC. Delays were attributed to unexpected neonatal and

maternal complications (46.2%) and maternal requests such as exhaustion (11.5%). The average length of SSC time was 47.15 minutes. All of the mother baby nurses who offered feedback described the model as an efficient process that promotes couplet care. The twelve parents who volunteered feedback supported having the newborn assessment completed in their presence.

The responses from the mother baby staff indicated that the single staged assessment promoted couplet care and provided more opportunity for family bonding. Based on this feedback, the newborn coordination of care model was considered to improve teamwork and efficiency. One mother baby nurse explained, “Both mother baby and labor & delivery benefit. So, both units feel as though they are receiving help from the newborn assessment nurse.”

Conclusion:

A single staged newborn admission will carve the imprint for success in sustaining the couplet care model from birth to discharge. This model was perceived as an efficient process that fosters teamwork and leads to improved patient satisfaction. This project can be adopted by similar hospitals to become more family-centered and customize the birthing experience as one of the most cherished moments in a lifetime.

Topic Selection:

Clinical Poster Session 2 (Monday/Tuesday, 18 & 19 November) (26148)

Abstract Text:

Background:

Separation of mothers from their newborn during the first few hours of life has become standard practice related to equipment needs, variation in room size, and nursing convenience. These identified barriers create unnecessary interruptions in maternal-child bonding, duplication of efforts that disrupts family time and inefficiencies in workflow. The healthy newborn received two assessments within four hours of life.

Objectives:

The purpose of researching a single staged newborn model is to eliminate duplications and the number of interruptions in newborn care while promoting skin to skin care (SSC) to enhance the maternal-child bonding experience.

Method:

This study was a convenience sample of thirty vaginal deliveries over a three-month period. The study was limited to healthy newborns. The project was coordinated by the obstetrical supervisor and included both quantitative and qualitative data. The data was compiled and analyzed into metrics: parents’ receptiveness to SSC, uninterrupted time, breastfeeding, and staff feedback.

Results:

The 30 families were educated on the benefits of SSC. Twenty-six of the mothers were interested in SSC, however only 42.3% were able to provide SSC. Delays were attributed to unexpected neonatal and maternal complications (46.2%) and maternal requests such as exhaustion (11.5%). The average length

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Nursing Implications:

The contemporary newborn coordination of care model requires a dedicated neonatal nurse expert in to complete the neonatal assessment. After analyzing the quantitative and qualitative data collection results, a proposal for a dedicated NANN, (Neonatal Assessment Newborn Nurse) was submitted to the CNO and was approved.

The job description for the NANN was drafted with the assistance of the Obstetrical Supervisor and a veteran Neonatal Intensive Care Unit (NICU) nurse. This core group of nurses developed the workflow process of the immediate care of the newborn according to maternal preferences with the goal of providing uninterrupted skin to skin care for the first hour of life. The role was defined and an educational skills checklist was developed.

Staff education was another critical component to sustain this contemporary newborn care model. All the Women’s & Children’s staff, neonatology and obstetrical providers, respiratory therapists, operating room staff members, and anesthesia personnel were informed of the new NANN role along with benefits of skin to skin care for both mother and baby. Women & Children staff members were supportive of the new role and were instrumental in providing feedback to help create the model- “From the Start, Never apart”.

As an additional patient safety benefit, this newborn care model supports bringing the newborn nurse as the expert to the mother’s bedside after delivery to complete a full newborn assessment. The experienced newborn nurse is available for the immediate needs of the newborn and to facilitate early and successful breastfeeding and can notify the neonatology providers of any suspected concerns. With this model, earlier intervention can decrease the need for a direct NICU admission.

Conclusion:

A single staged newborn admission will carve the imprint for success in sustaining the couplet care model from birth to discharge. This model was perceived as an efficient process that fosters teamwork and leads to improved patient satisfaction. This project can be adopted by similar hospitals to become more family-centered and customize the birthing experience as one of the most cherished moments in a lifetime.