



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 was to eliminate duplications of efforts and multiple interruptions in newborn care while promoting skin-to-skin care (SSC) to enhance the maternal child bonding experience. One of the goals was to establish a contemporary, coordinated newborn care model that was specifically designed to include maternal preferences to create a memorable birthing experience. The aim of this project was to improve patient satisfaction, improve teamwork, and improve efficiency in newborn care.

Methods

This study was a convenience sample of 30 vaginal deliveries over a three-month period and limited to healthy newborns. The project was coordinated by obstetrical supervisors and included both quantitative and qualitative data. Metrics for success were developed based on patient and staff satisfaction while improving efficiency and teamwork. The quantitative data was compiled and analyzed into these metrics: parents' receptiveness to SSC, uninterrupted bonding time, and interest in breastfeeding.

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 of skin-to-skin time was 47.15 minutes. The maternal preference to breast feed was 57%; however, the hospital's annual breastfeeding rate is at 79%.

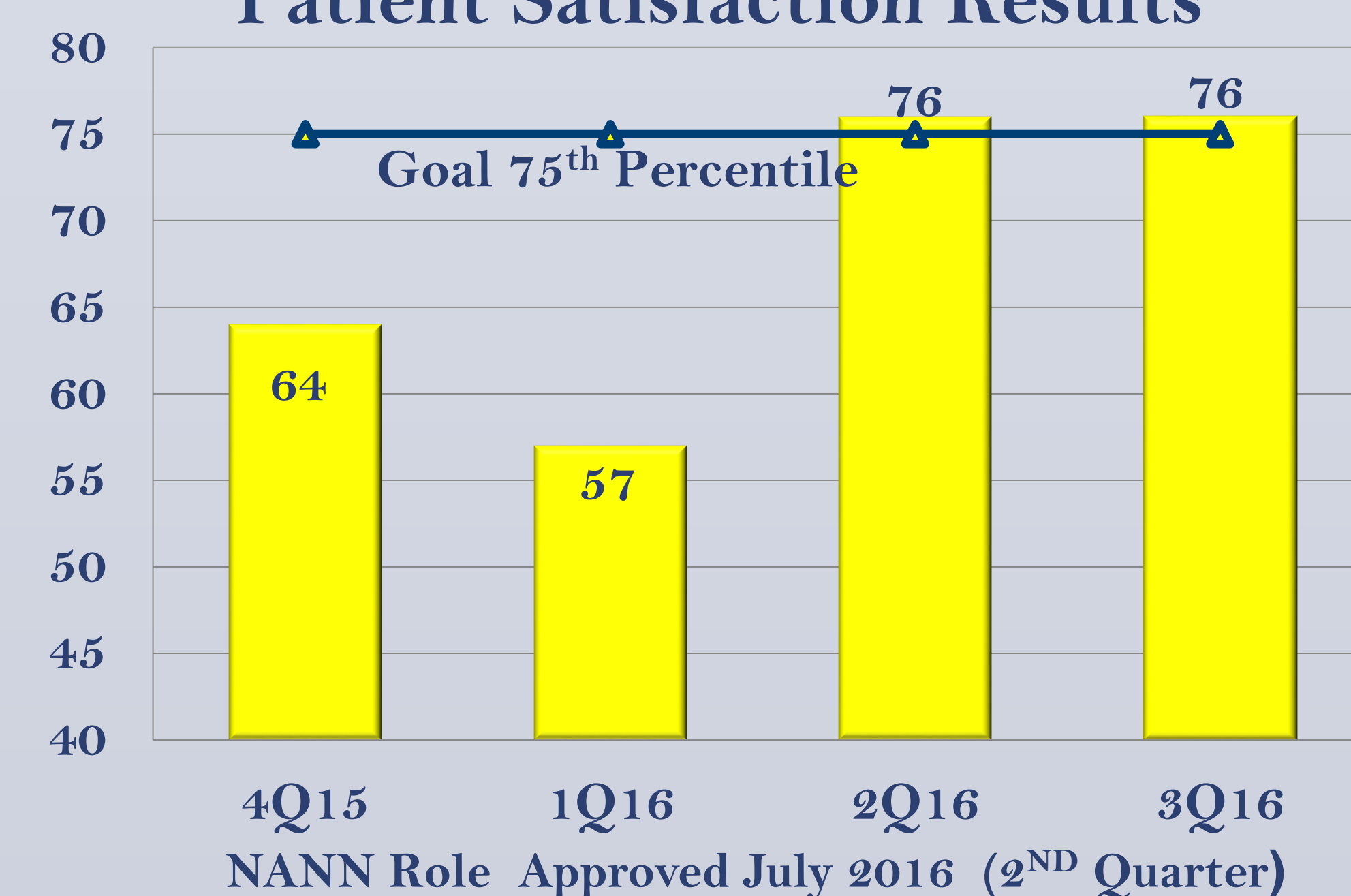
Staff Feedback

- Mother baby staff described the model as an efficient process that promotes couplet care.
- One veteran labor & delivery nurse stated that the NANN (newborn assessment nursery nurse) position was one of the best new initiatives created.
- Staff have recognized NANN nurses for creating a memorable birthing experience.
- One mother baby nurse explained, "Both mother baby and labor & delivery benefit from having the NANN."

Parental Feedback

- Twelve parents commented favorably on the benefits of having their newborn examined in their presence.
- Patient Satisfaction rates improved once the model was approved and implemented in July 2016.

Women & Children's Patient Satisfaction Results



Nursing Implications

The contemporary newborn coordination of care model requires a dedicated neonatal nurse expert to complete the neonatal assessment. After analyzing the quantitative and qualitative data collection results, a proposal for a dedicated NANN was submitted to the executive staff.

- NANN job description created July 2016.
- Core group of maternal child nurses developed the workflow process of the immediate newborn care taking into account maternal preferences.
- Goal- Provide uninterrupted SSC for the first hour of life.
- Orientation and educational skills checklist was created.

Staff education was another critical component to sustain this contemporary newborn care model. All of the maternal child staff, neonatal and obstetrical providers, respiratory therapists, operating room staff, and anesthesia personnel were informed of the NANN role, as well as, the benefits of SSC. The team was supportive of the new role and instrumental in hardwiring the concept theme, "From the Start, Never Apart".



As an additional patient safety benefit, this care model incorporates having a *neonatal nurse expert* at all deliveries to complete a full newborn assessment. This experienced newborn nurse is available for the immediate needs of the newborn and will notify the neonatal provider of any concerns. This model provides earlier nursing interventions that can decrease the need for a direct NICU admission.

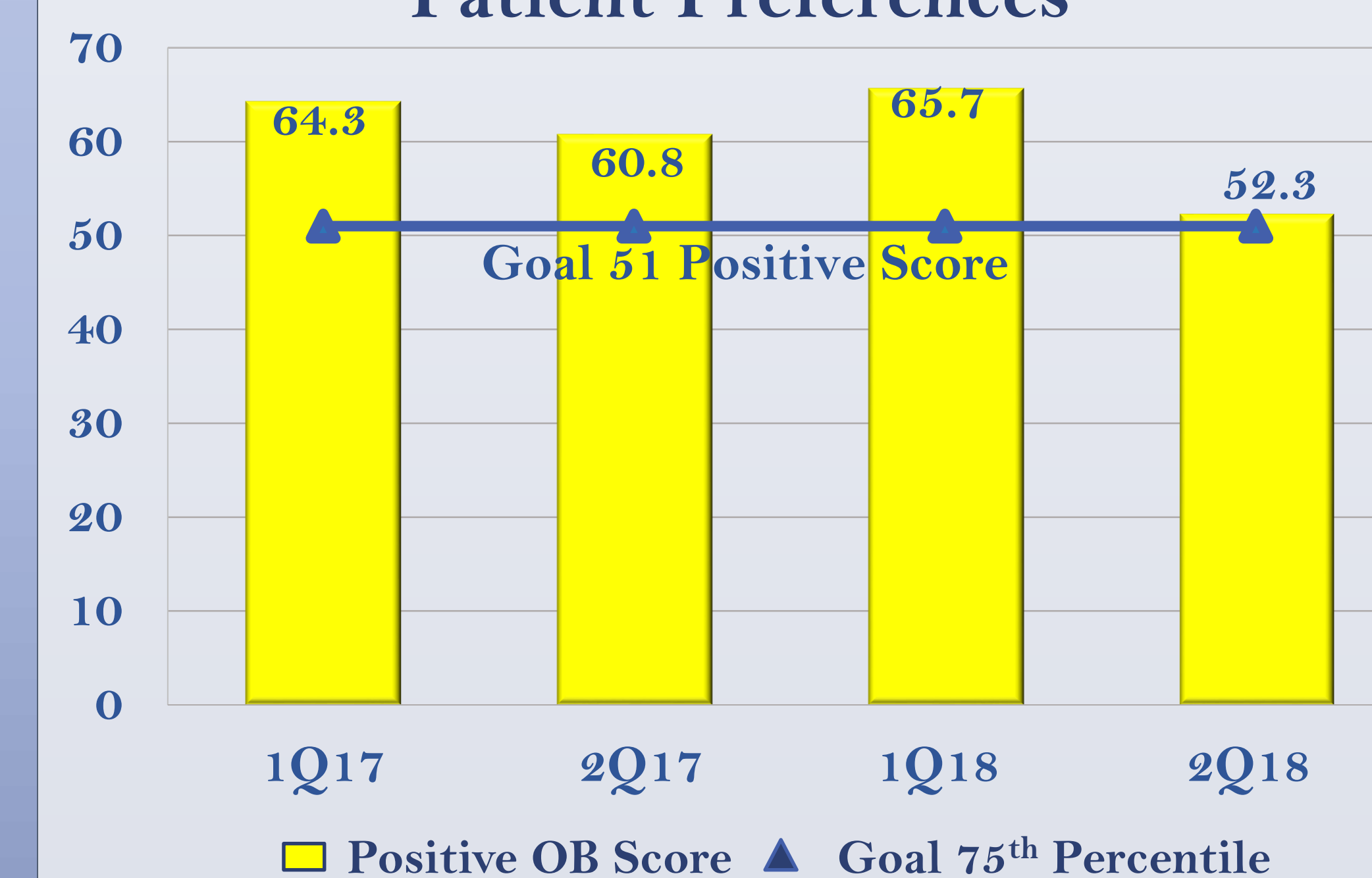
Sustainability

The NANN position has been budgeted and approved for the past three years. These new positions were created with the concept that the nurses will float within Women & Children's.

Benefits:

- Turnover rate 0%
- Divisional float position to help with staffing needs
- Dedicated newborn nurse at deliveries to monitor babies
- Plan of care based on maternal preferences

Staff Took Into Account Patient Preferences



Challenges:

- Staffing at peak census levels within the division
- Covering benefit time
- Several LD nurses feel uncomfortable performing the initial newborn assessment

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 improves 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.

References

- Chubb, S., & Allen, M. (2013, June 11). All on Board? Changing the culture of couplet care. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 42, S1-S47.
- Phillips, R. (2019). The Sacred Hour: Uninterrupted Skin-to-Skin Contact Immediately After Birth. *Newborn & Nursing Reviews*, 13, 67-72