

Implementing the Evidence: Couplet Care Journey

CURRENT PRACTICE:

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Separation of Newborn & Mother

- Existing care model contrary to evidence
- Did not support maternal Infant bonding or Breastfeeding



OLD PRACTICE

Core membership:

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Management
(L & D, Nursery and Admin)
& key staff from Each area

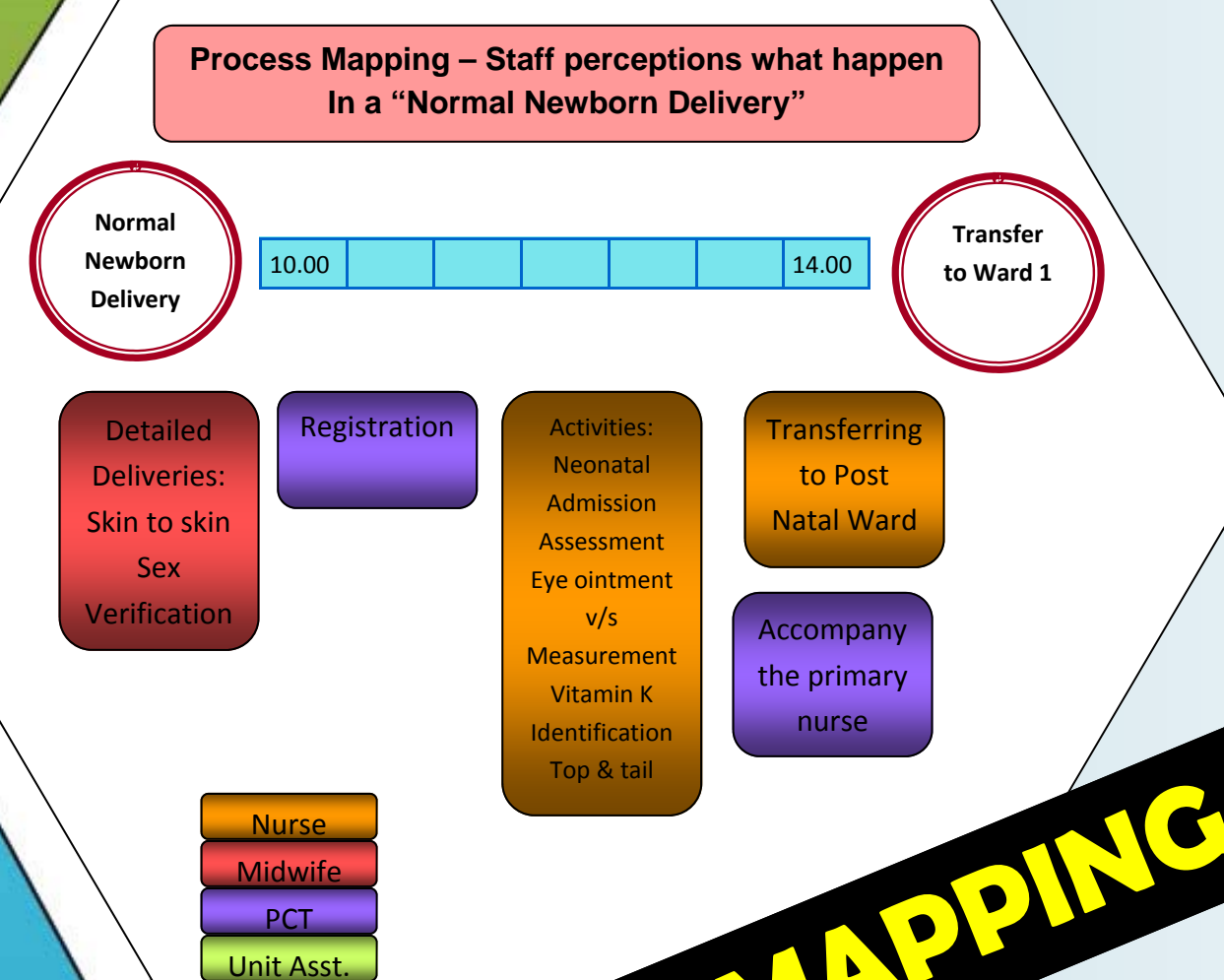


OBSTACLE TO CHANGE

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We need to change our model to better meet our infant's needs.

- What do we change?
- What will be the impact of our change?
- Can we change?



With Process Mapping, Obstacles Identified:

- Lack of collaboration
- Knowledge deficits
- Inadequate leadership

PROCESS MAPPING



COLLABORATING FOR CHANGE

IMPROVEMENT

Establish our goals

Collaboration:

Involve all frontline from Nursery & L&D

Education & Training:

Recognize needed competencies to meet goals

Leadership:

Maintain engaged support of staff through change process



Title: IMPLEMENTING the EVIDENCE: COUPLET CARE JOURNEY

Description: Outlines the journey to eliminate maternal-infant separation at birth

Aim: To describe how we changed practice to keep mother and infant together

Actions: Using FOCUS-PDCA methodology, we outline the steps to move to current evidence-based practice. We used a variety of tools, i.e. literature review, process mapping, data analysis, etc. and many staff meetings to implement our change.

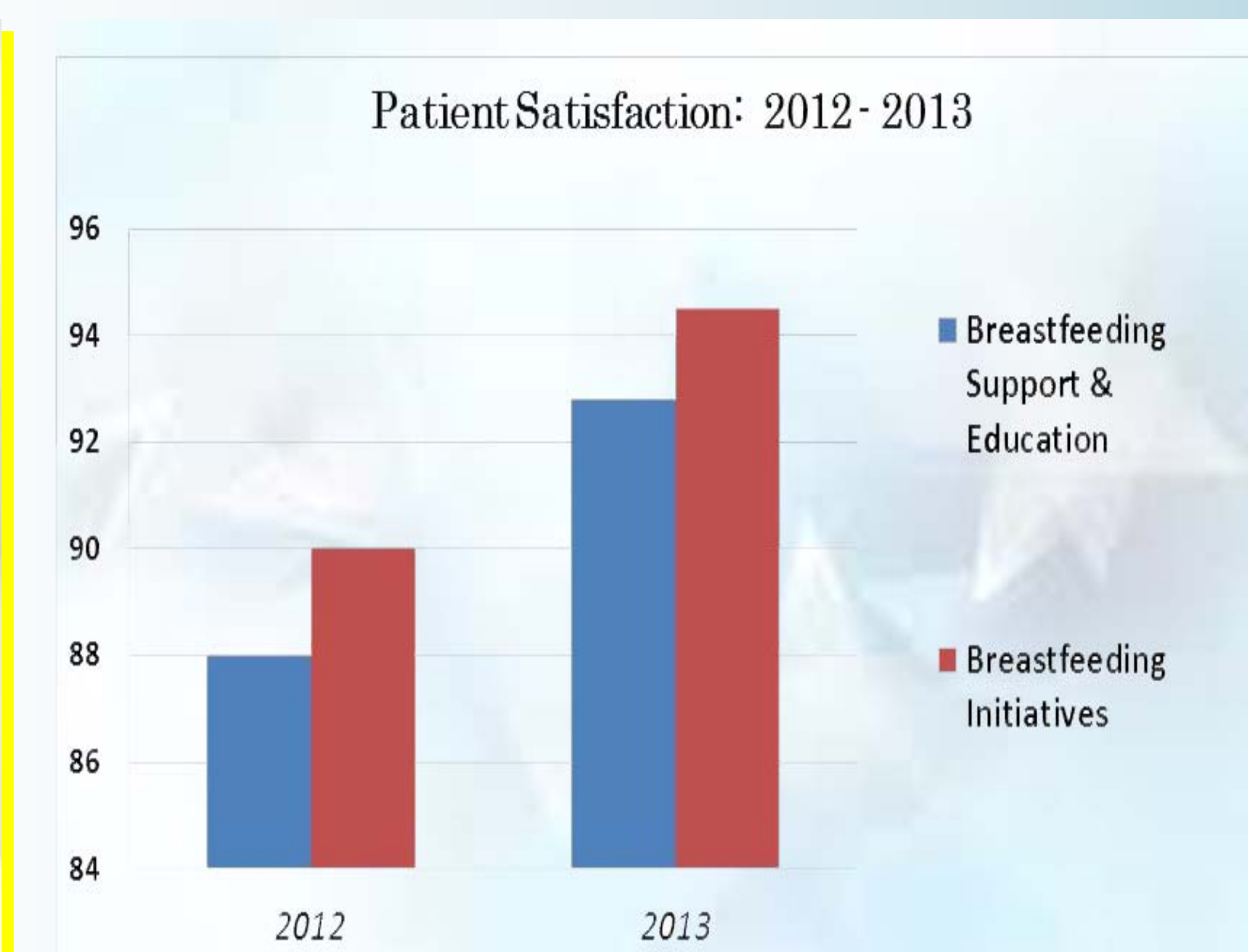
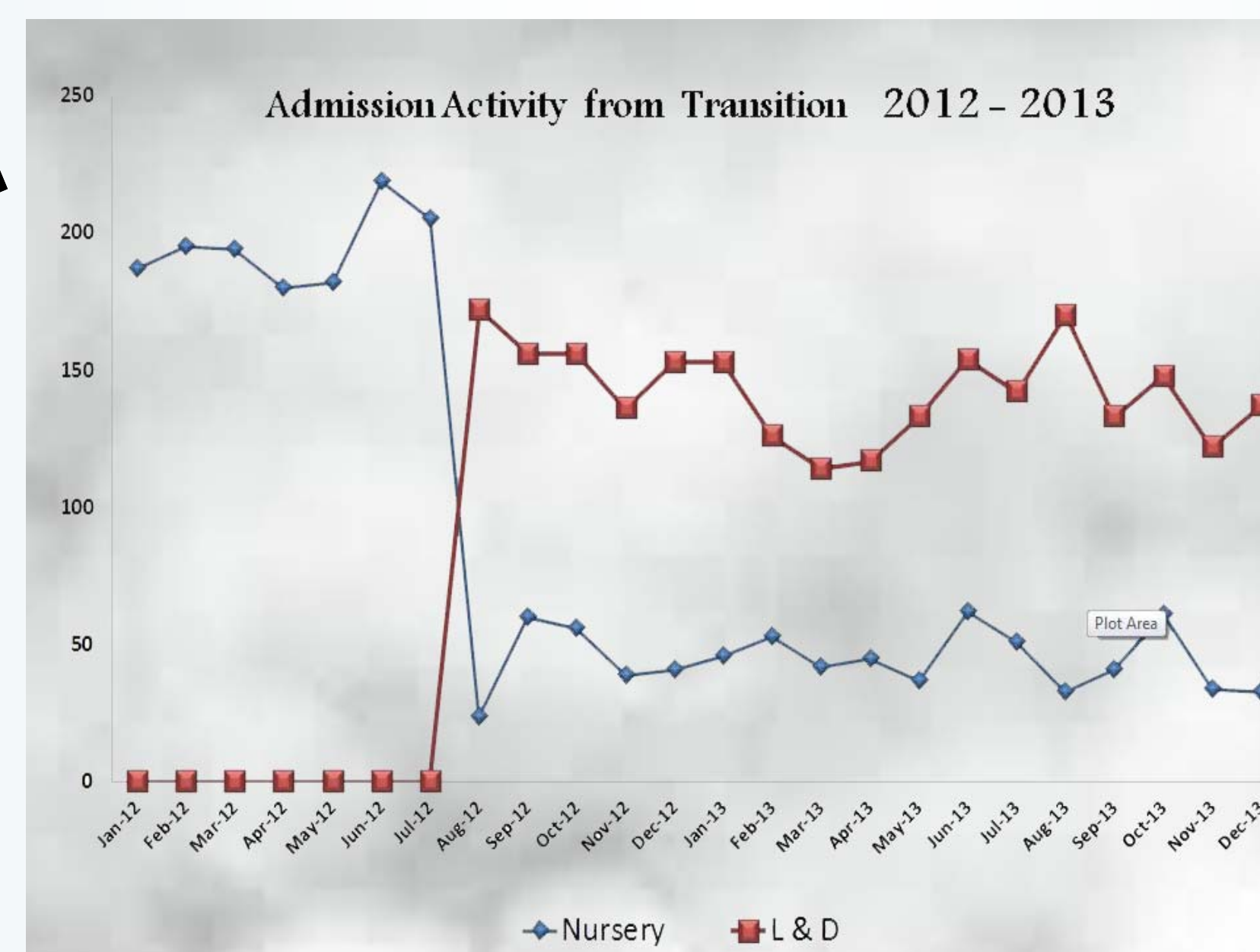
Summary: The evidence, supported by WHO's Baby Friendly Initiative and UNICEF, indicates infants should remain with their mother after birth. Our nursing culture *believed* mothers would complain if 'burdened' with their infant. We *believed* separation was what they wanted. Practice was easier if the infant was sent to the nursery.

Our process identified that we were our biggest obstacle to change. Through a collaborative effort of three units (Labor & Delivery, Post-Partum, and Nursery), we engaged one another, shared the evidence, trained ourselves, and supported our newly adopted skills. Labor & Delivery *assumed the biggest role* in this change. By facilitating instruction needed to support skin-to-skin contact and breastfeeding, we saw an improvement in our patient satisfaction with respect to breastfeeding efforts. The decrease of infants utilizing the Nursery was dramatic. This model can and does work. It taught us that:

- Implementing the evidence meant changing our practice
- Changing practice required a belief in change
- BONUS:** With couplet care, we decreased the risks associated with transferring infants alone to the nursery

Next phase: New PDCA cycles

- C-section Couplet Care:** Our next step is to enable healthy newborns to join their mother in the recovery room for skin-to-skin, breastfeeding and bonding.
- Couplet Care to COUPLE CARE:** With the encouragement of staff, fathers are taking a proactive and supportive role in the birthing process and care of their newborn.



- Staffing: Nursery vs L&D - Define roles
- Educate & train

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- ✓ Skin-to-skin
- ✓ Initial breastfeed
- ✓ Top N Tail
- ✓ Patient Education

- Monitor census, mother impact & breastfeeding rates.

- Staffing coordinated

D

- Training in L&D -collaborated with Nursery staff

- Trial: Healthy NVD infants stay with mother

- Implemented July, 2012.

- Nursery census dropped
- Observed changes in satisfaction by mothers

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ACHIEVED!

Change has obstacles but with a collaborative effort, enhanced skills, and support of a common goal, this implementation was successful.

- Continue monitoring Breastfeeding rates

- Implement monitoring of skin-to-skin time

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- New PDCA cycles:
- Include healthy C-sections in couplet care model
- Introduce 'couple care'