Our experience. They communicated this request often through “birth plans” presented to staff upon the

Staff resistance to change was addressed. Staff was educated about the process through

Four months after initiating the project, participants in the pilot were interviewed the day after the birth of their baby. They were encouraged to remain with the mother and baby to help with the transition to the postpartum room. This phase started March 4, 2013.

One year after the process change, 10 couples were randomly chosen and interviewed once again about the process of S2S in the OR and keeping the baby with the mother during the entire recovery time. The same question was asked about their experience of S2S immediately after birth. We asked them to rate their experience on the same Likert scale that was used during the pilot. Again, 100% of the participants gave us a “5”. Parent comments included the baby being calmer and the parents feeling less anxious. Frequently in both the pilot and now a year later, parents who had previous delivery that did not include S2S spoke openly about how meaningful the experience was for them and how they wished they had the opportunity with their previous birth(s). Lactation consultants and parents noted improvements in breastfeeding outcomes. Parents who had previous delivery that did not include S2S communicated the process change was a huge satisfier for patients and families. In the old model the mother was not able to participate in the family’s first view of the baby. Parents were able to participate in the S2S to the mother on their chest and briefly greet the visitors before entering the PACU. This process change is a huge satisfier for patients and families. In the old model the mother was not able to participate in the family’s first view of the baby.

An unexpected result has been that 100% of participants rated their experience as “5”. Three parents and families rated it as a “10”! Results: 100% participants rated their experience as “5”. Three parents and families rated it as a “10”!

The project represents innovation:

We were able to achieve this goal without additional staff! It was just a matter of moving courtside staff to the postpartum and changing the skin to skin practice “outside the box”.

The OR/PACU subcommittee of the Model of Care committee, consisted of staff from Birthing Suites, Postpartum, Nursery, OR, NICU, Infection Prevention and NICU and included Rhonda Skrinjar, R. RN, BSN, MS, CNOR (March, 2009) Implementation of a Couplet Care Program for Baby Unit in the NICU. No adverse outcomes of S2S in the PACU have been demonstrated. Besides improved breastfeeding outcomes, Baby Unit NICU admissions for hypoglycemia and infant hyperbilirubinemia have been demonstrated. In the old model the mother was not able to participate in the family’s first view of the baby. Parents were able to participate in the S2S to the mother on their chest and briefly greet the visitors before entering the PACU. This process change is a huge satisfier for patients and families. In the old model the mother was not able to participate in the family’s first view of the baby.

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