Keeping Healthy Mothers and Babies Together

The Problem
Uninterrupted skin-to-skin (STS) contact between mothers and newborns for the first hour after birth, as well as 24 hour rooming-in, is evidenced based and supported by the APA, WHO/UNICEF and ACOG for its long term benefits. It has been shown to improve breastfeeding rates, promote bonding, and increase a new mother’s confidence in the care of her newborn. Administration of newborn meds, (Vitamin K injection and erythromycin to the eyes), in L&D was stopped as a result of a medication error over 30 years ago. Mothers and newborns were being separated within 2 hours of delivery in order to receive their newborn medications and assessments. New safety measures and the goal to keep families together initiated our efforts to reintroduce their administration in L&D.

Aim/Goal
- Promote best maternity practices in keeping all healthy mothers and babies together
- Initiate uninterrupted STS for the first 60 minutes after birth
- Administer newborn medications in L&D at 1 hour of life
- Transfer families together to the Mother Baby Unit (MBU) and admit together in their postpartum room
- Increase rooming-in for all healthy mothers and infants to 80%

The Interventions
- Process Flow developed for L&D from Delivery of newborn to admission/hand-off of care in Postpartum room
- Education of OB care providers at Rounds and in Outpatient clinics
- Rooming in story included in May/June OB-GYN Newsletter
- Physician letter sent to all attending OB-GYN’s and Pediatricians
- Patient Education – Rooming in Fact Sheet developed and placed in Admission Packet
- Pharmacy loading of newborn medications in Omnicell, creation of “Newborn Med Kit” function in Omnicell
- IS/POE adding newborn to global list in Omnicell at time of delivery
- Newborn forms updated to capture STS, medication administration
- Staff education on process flow, medication administration, documentation changes, Transfer/hand-off scripting,
- STS signs placed in all L&D and MBU rooms, Rooming-in signs in halls

The Results/Progress to Date

Lessons Learned
- Increased LOS for newborns in L&D challenged staffing pattern and caused confusion for pediatricians rounding on MBU. Mother-baby RN now comes to L&D at 4 hours to officially admit infant to improve communication with pediatrician.
- Newborn meds can be consistently administered in L&D for healthy newborns, and families transferred and admitted to Mother / Baby Unit without separation.

Next Steps/What Should Happen Next
- Infant management algorithms updated to encompass increased LOS and care being given while in L&D
- Increased Rooming In rates on MBU during overnight – staff for couplet care
- Renaming nursery to discourage extended use
- Initiate STS in OR for Cesarean deliveries

The Team
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