Mother-Baby Dyad Care

J. MacKenzie, RN, BScN, MScN
Director, Maternal, Child and Oncology Services
Markham Stouffville Hospital

R. Turner, RN, PNC(C), BScN
Senior Project Manager
Provincial Council for Maternal and Child Health
Mother-Baby Dyad (M-BD) Care

Overview

- Objectives
- Recommendations
- M-BD Practice Survey Highlights
- Implementation Toolkit
M-BD Work Group Objectives

To:

- Identify the current state of mother-baby dyad care across the province
- Identify best practices in mother-baby dyad care
- Review best practices for maintaining mother-baby dyad care in the instance of potential or actual complications such as neonatal abstinence syndrome, jaundice, intravenous access required, etc.
Objectives (continued)

To:

- Identify resources, skills and educational requirements to support mother-baby dyad care
- Recommend strategies to standardize best practice in mother-baby dyad care
- Identify a methodology for benchmarking Level II nursery admissions
The M-BD Recommendations Support:

- National Guidelines for Family-Centred Maternity and Newborn Care
- World Health Organization (WHO) guidelines for Postpartum (PP) care of mother and newborn
- Excellent Care for All Act (Ontario 2010)
- Neonatal Resuscitation Program (NRP) guidelines
- Baby Friendly Hospital Initiative (BFI)
- Canadian Pediatric Society (CPS) guidelines
- Society of Obstetricians and Gynecologists of Canada (SOGC) guidelines
What has changed?

**Historically**, a newborn’s survival was dependent upon close and continuous maternal contact.

**Modern day** hospital routines often disrupt the early maternal-infant relationship for the purpose of convenience and efficiency, and have never been validated.
Special Care Nursery Admission Rates

- Wide variation in admission rates across Ontario, from 5% to >30%
- 42% of hospitals surveyed by PCMCH in 2009 reported rates greater than 25%
Mother-Baby Dyad Practice Survey

December 2011

Total participants*:

46

Hospital Sites

*Out of a total 108 sites that were surveyed
Benefits of Mother-Baby Dyad Care

- Utilize skin-to-skin care (ssc) to reduce heat loss and promote thermoregulation
- Promote mother-infant attachment behaviours
- Increase breastfeeding success
- Decreased crying
- Fewer expressions of pain during procedures such as heel prick blood sampling
- Improved utilization of resources
- Provision of evidence-based care
- Enhanced family-centered care
- Increased patient satisfaction

Recommendation #1

Initiate continuous, uninterrupted skin-to-skin care (SSC) immediately post birth and continue for a minimum of 2 hours.

Encourage SSC throughout postpartum stay with mother and support person.
SSC Supports Physiologic Transition of the Healthy Newborn

- A mother’s body warms up or cools down to moderate the temperature of her infant’s body, preventing hypothermia
  - Hypothermia and cold stress lead to respiratory distress and hypoglycemia
- SSC regulates breathing
- SSC regulates blood glucose levels
- SSC increases success of initial breastfeeding
Mother-Baby Dyad Practice Survey (2011)

• Is continuous, uninterrupted skin-to-skin care practiced immediately after birth in your organization? (n=46)
• If YES, for how long has your organization practiced ssc? (n=31)
Recommendation #2

Maintain skin-to-skin contact while doing assessments and interventions

Common interventions that can be conducted during skin-to-skin care:

- Physical assessment
- Vitamin K injection
- Erythromycin ointment application
- Oxygen
- Heel prick blood sample
Is the ssc maintained during assessments (i.e. grunting, physical examination) and interventions such as administration of vitamin K injection, erythromycin ointment application, heel pricks etc (n=31)
What are the **ENABLERS** within your organization that support the practice of ssc? (n=44)
What are the **BARRIERS** within your organization to practicing of SSC? (n=45)
Recommendation #3

Avoid unnecessary interventions, particularly those that may result in complications requiring transfer to the nursery i.e. routine suctioning.
**PCMCH: Admission Criteria for Level II Special Care Nurseries**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
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<tbody>
<tr>
<td>1)</td>
<td>Criteria are guidelines and individual clinical decisions are made with full consideration of the individual infant and the resources available to meet the infant's needs.</td>
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<td>2)</td>
<td>Transport admission criteria differ from regular admission criteria.</td>
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<td>3)</td>
<td>Note: Some maternal conditions require the care of a paediatrician but not necessarily admission to the nursery.</td>
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<td>4)</td>
<td>All infants less than 26 weeks 0 days or less than 1250 grams should be admitted to a level II nursery.</td>
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II A: **Admission Criteria**

- Greater than 23 weeks 6 days and 1800 grams
- Hypoglycemia
- CHF therapy required
- Suspected sepsis
- Getting IV antibiotics
- Persistent tachycardia
- Neonatal sepsis
- Congenital abnormalities
- Respiratory distress
- Infants who have received Narcan
- Cardiac monitoring
- G-tube
- NIV feeding
- Observation for drug withdrawal
- Observation before transfer to a higher level unit
- Observation after transfer from a higher level unit
- Infants requiring a safe environment (CASE)
- Infants requiring blood products

II B: **Stable Neonates**

- Stable neonates that are over 30 weeks 0 days and 1500 grams
- Infants requiring assisted ventilation or advanced treatments or investigations
- Infants requiring assisted ventilation or advanced treatments or investigations
- Infants requiring assisted ventilation or advanced treatments or investigations
- Infants requiring assisted ventilation or advanced treatments or investigations

II C: **Retransfer Admission**

- Infants who have a greater than 29 weeks 6 days postnatal age and a weight of greater than or equal to 1200 grams who are ill with problems expected to resolve within a week.
- Infants requiring assisted ventilation or advanced treatments or investigations.
- Infants requiring assisted ventilation or advanced treatments or investigations.

II D: **Referral Admission**

- Requests for retransfer should be reviewed on a case-by-case basis between the tertiary and referring hospitals.

Will be posted online: [www.pcmch.on.ca/ClinicalPracticeGuidelines/MotherBabyDyadCare.aspx](http://www.pcmch.on.ca/ClinicalPracticeGuidelines/MotherBabyDyadCare.aspx)
Recommendation #4

Manage transition using assessment skills recommended in the Neonatal Resuscitation Program (NRP) guidelines.
Recommendation #5

Bring the resources, expertise & equipment to the infant instead of the infant to the resources. Clinical therapies or treatments should be carried out at the bedside whenever possible.
Recommendation #6

Incorporate delayed cord clamping for a minimum of 2 minutes after birth into day-to-day practice.
How long do you wait before clamping the umbilical cord? (n=46)

- <30 sec: 8
- 30-59 sec: 5
- 1-2 min: 17
- 2-3 min: 2
- > 3 min: 2
- Minutes (not specified): 4
- Varies by Practitioner: 8

Varies by Practitioner
Recommendation #6 (continued)

Delayed cord clamping impacts practices relating to:

- Cord blood gas collection
- Cord blood stem cell collection
Recommendation #7

Use of respite/observation nursery (separate spaces in postpartum areas) should be discouraged unless there are maternal medical indications or for safety.
Do you have a space in the OBS unit where babies are moved for periods of observation and/or respite? (n=46)

- YES: 43%
- NO: 57%
Recommendation # 8

Create therapeutic environments that support mother-baby dyad care.
How much and what kind of support is recommended to facilitate best practice?
Components of M-BD Care

Administration & Senior Leadership

Hospital Policy

Baby & Mother

Barriers & Enablers

Education: Clinicians, Staff, Patients Family

Data Collection
Implementation

Toolkit for implementation of mother-baby dyad care

CONTENT:

1. Implementation guide
2. Teaching package consisting of:
   • Pretest
   • Slide deck
   • Video
3. Audit tool

http://www.pcmch.on.ca/ClinicalPracticeGuidelines/MotherBabyDyadCare.aspx
Implementation

Monthly Teleconferences

Thursday, September 13th
2:00pm-3:00pm

Tuesday, October 2nd
2:00pm-3:00pm

Thursday, November 8th
2:00pm-3:00pm
Take home message

Practice changes that support keeping the mother and newborn together immediately after birth and during the postpartum period will have both short and long term benefits for the infant, the family and the system.
Visit PCMCH online at: www.pcmch.on.ca
Or contact Anna Shynlova at anna.shynlova@pcmch.on.ca