

Implementation of “Quiet Time” on a Maternity Ward in a Hospital Setting

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Implementation of “Quiet Time” on a Maternity Ward in a Hospital Setting

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Background

- ❖ Current evidence discusses the need to implement some sort of intervention that promotes bonding and rest among postpartum patients, which aides in exclusive breastfeeding with the newborn in hospitalized settings.
- ❖ Postpartum patients face various disruptions throughout the day that impede rest and bonding effecting care and exclusivity in breastfeeding.
- ❖ Research in this realm suggests the need for a set aside time where postpartum patients in hospitalized settings area able increase rest time & bonding with their newborn that will aide in exclusive breastfeeding
- ❖ Through research and investigation, implementation of “Quiet Time” has already been occurring and bringing positive outcomes on various hospitalized units that range from numerous disciplines across the realm of nursing.
- ❖ It has slowly been making its way into routine care of various maternity wards in hospital settings around the nation. This evidence-based project encompasses a specific implementation of “Quiet Time” on the mother/baby unit completed from January 4, 2016 to February 4, 2016.

Purpose

- Increase exclusive breastfeeding and maternal newborn bonding during the immediate postpartum period.
- A PICO question was utilized to focus core elements of the suggested evidence-based intervention that is planned to be completed on the mother/baby unit.
- In hospitalized postpartum patients, does “Quiet Time” during the day compared to no “Quiet Time” during the day have an effect on bonding and exclusive breastfeeding.
- ❖ P (population): Hospitalized postpartum patients
 - ❖ I (Intervention): Establishment of “Quiet Time” in which postpartum patients have a set aside time to rest in order to achieve bonding with their newborn and help with exclusive breastfeeding.
 - ❖ C (Comparison): Previous breastfeeding percentages without “Quiet Time” intervention (percentage of mothers whom are exclusively breastfeeding on the unit per documentation records completed by nurses and calculated monthly by the unit’s certified lactation consultants)
 - ❖ O (Outcome): Increased bonding with newborn and exclusive breastfeeding.

Methods

Notification of proposed intervention of “Quiet Time” will be made in advance to mother/baby unit staff

- ❖ A remainder sheet of “Quiet Time” was posted on lodge door and bathroom doors
- ❖ Flyers of “Quiet Time” were posted on unit bathroom and main doors for staff and visitors to view
- ❖ “Quiet Time” start and benefits were discussed during “huddle”
- ❖ During report “Quiet Time” reminders were given
- ❖ “Quiet Time” sheets explaining time frame and expectation was created to include in patients folders on start date of January 4, 2016 (approved by unit educator and lactation consultants)

Commencement of “Quiet Time” (January 4, 2016- February 4, 2016)

- ❖ Upon admission patients were informed of “Quiet Time” so that they were aware, and so that they could let family and friends know to respect this time
- ❖ An announcement prior to initiation of “Quiet Time” was made via intercom to inform staff and visitors
- ❖ “Quiet Time” occurred from 2:00 PM to 3:00 PM daily
- ❖ Staff reminders to patients and visitors were provided to reinforce intervention compliance
- ❖ Lights were dimmed and noise levels decreased during this time
- ❖ Staff intervention, physician/resident rounding, and visitation from other disciplines was attempted to be halted when possible until “Quiet Time” was over
- ❖ Mothers were encouraged to rest/sleep, but were able to call for assistance with breastfeeding or any other need

Expected Outcomes

Direct outcomes...

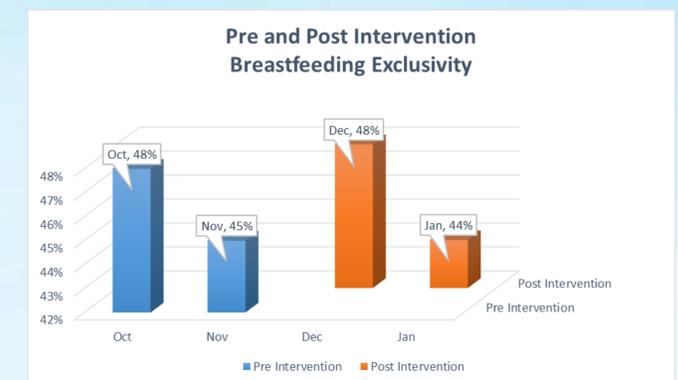
- ❖ Increase mother and newborn bonding time (reflected in skin to skin rate)
- ❖ Increase exclusive breastfeeding rate on the mother-baby unit by decreasing formula supplementation rate

Indirect Outcomes...

- ❖ Decrease use of supplementation in mothers that choose to exclusively breastfeed their newborns
- ❖ Increase time for staff to catch up on documentation and/or take a lunch break

Result

- ❖ Exclusivity rate did not change from pre to post intervention. This may be due to the short period of time that the intervention was implemented (Dec-Jan), or perhaps the actual length of the quiet time was not long enough (1 hour daily). MBU plans to continue the quiet time initiative to support the new families.



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Quiet Time

Congratulations!

To better help you rest and recover we have set aside a break in visiting hours called "Quiet Time", where visitors and professional staff are asked to refrain from entering the room from 2:00 PM to 3:00 PM daily.

Your support person is welcome to stay in the room during this time, but others are asked to honor this time as a few special hours for bonding as a new family and for rest and recuperation for you as a new mother.

An announcement will be made to alert of this coming time, but we ask that you please respect this time and to have guests come before or after these hours. The only interruptions at the bedside during this time are from the nurse for essential patient care or assistance with breastfeeding.

Thank you in advance for your help in our efforts to improve patient care

SHHH... "QUIET TIME"



HEALING IN PROGRESS
2:00PM-3:00PM DAILY