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 hospital settings.
- Postpartum patients face various disruptions throughout the day that impede rest and bonding affecting care and exclusivity in breastfeeding.
- Research in this realm suggests the need for a set aside time where postpartum patients in hospital settings area able increase rest time & bonding with their newborn.
- “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.

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 implemented 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 who 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 door for patient documentation and/or Patient’s/Visitors to understand.
- Flyers of “Quiet Time” were posted on unit bathroom and main doors for staff and visitors to see.
- “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 during “Quiet Time” start and benefits were discussed during “huddle”.
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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.

REFERENCES