



GO to Mum: A Person Centred Approach for Keeping Mum and Baby Together



Authors: Lavinia Raeside ⁽¹⁾, Rhona Wilson ⁽¹⁾
 NICU ⁽¹⁾, Labour Ward and Post Natal Wards, Royal Hospital for Children,
 Queen Elizabeth University Hospital, Glasgow, United Kingdom

A Collaborative QI Project to reduce the number of Term Respiratory Admissions to the NICU

What is the problem?

Separating mothers and babies immediately after birth has consequences on both mother and baby and can have a profound impact on maternal-infant bonding. Within the Royal Hospital for Children Glasgow, Scotland (RHC), baseline data demonstrated respiratory admissions as the most frequent cause of unexpected term admissions to the Neonatal Unit (NNU).

Our project aimed to:

“Put mother and baby at the heart of a process to minimise unnecessary maternal separation and reduce numbers of unexpected term admissions for babies with grunting respirations to the NNU with a target of 5% by August 2020 and 10% by August 2021.”

The Need for a Collaborative Solution:

The primary objective of this project is to reduce unexpected neonatal term admissions to the NICU. This is a Scottish Government and Neonatal Scottish Patient Safety Programme priority, highlighted within "Best Start", a Scottish Government 5- year plan to redesign Maternity and Neonatal Services across Scotland^{1,2}. Central to this is a patient centred approach. To achieve our project aim secondary objectives include improving the family experience, improving the flow of patients through labour ward, building confidence within the postnatal wards when caring with babies with grunting respirations and reducing the overall recurrent calls for paediatric review.



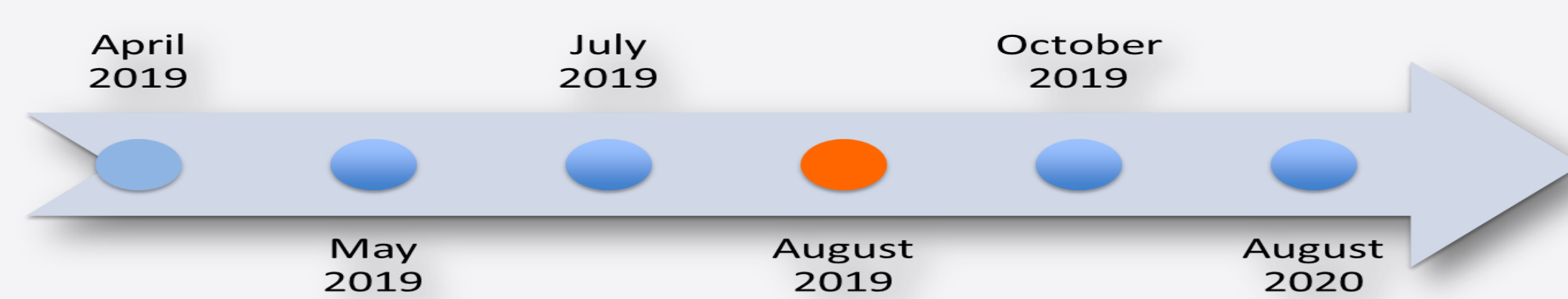
First Steps:

Project Group and Plan

- At conception
 - multi-disciplinary group formed
 - process mapping with wider clinical team
- Project Scoping and Management
 - monthly meetings
 - 4 months before and monthly since launch date
 - support from Clinical Effectiveness Team
- Roles identified
- Launch date agreed
- Wider staff engagement
 - cascading of information throughout project



GO to Mum Timeline

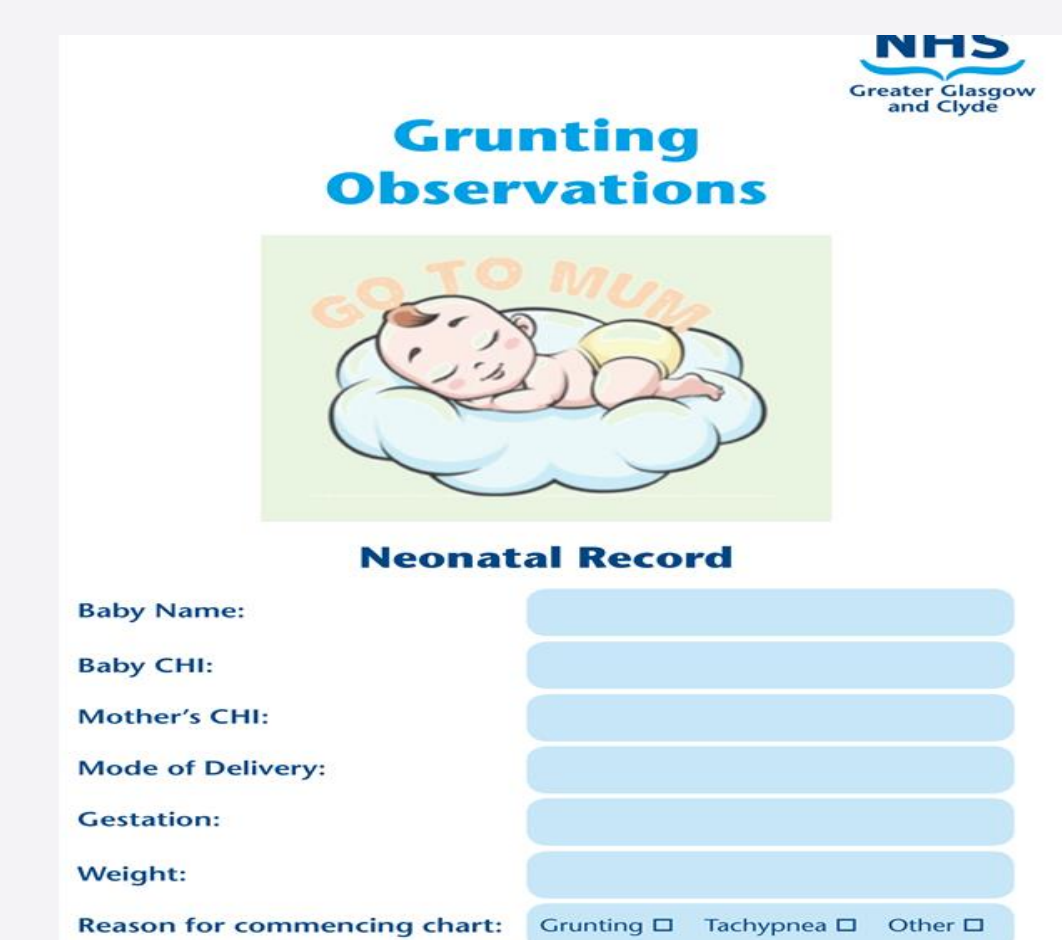
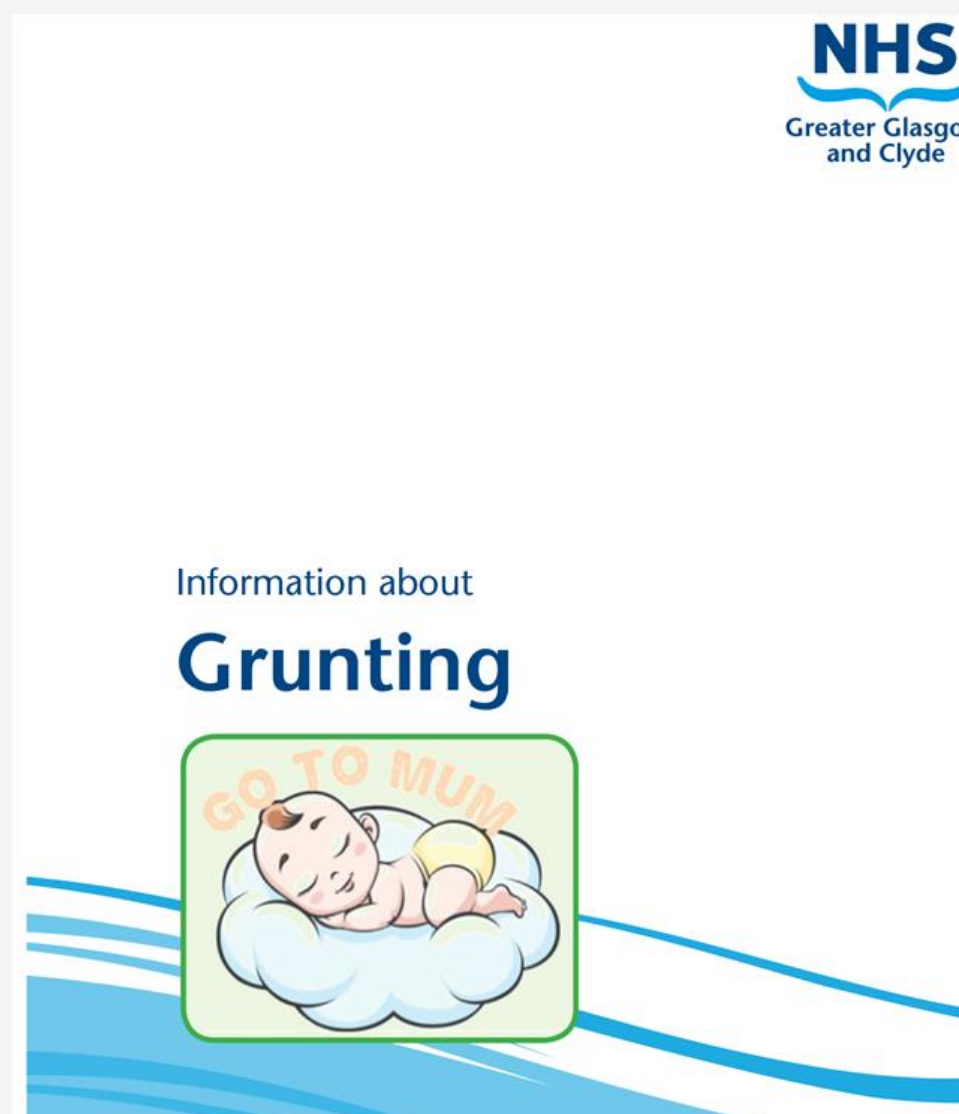


Project Planning Components

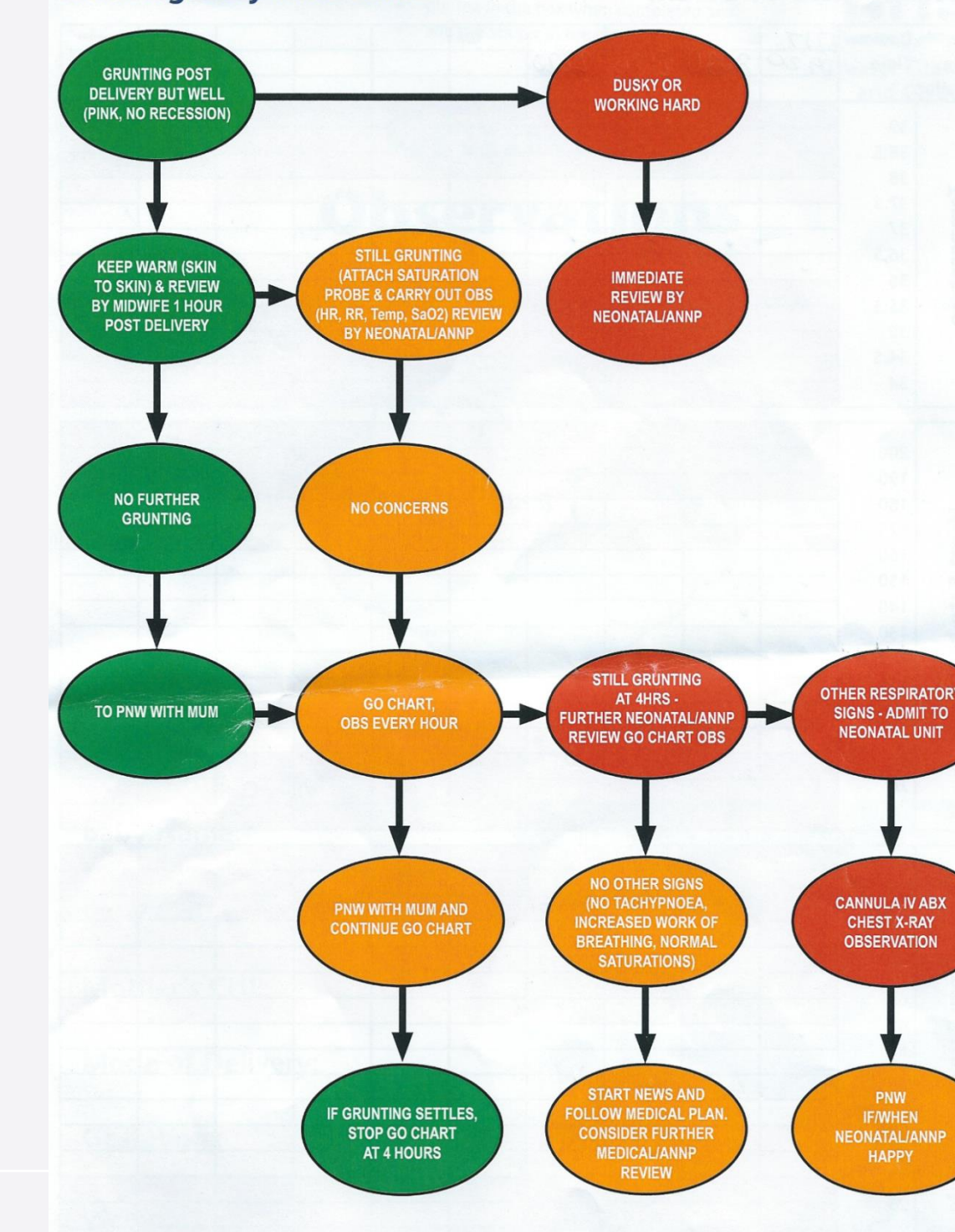
Pathway

- Go To Mum Chart and Obs
- Parent information
- Data collection
- Testing

Parent Information Leaflet

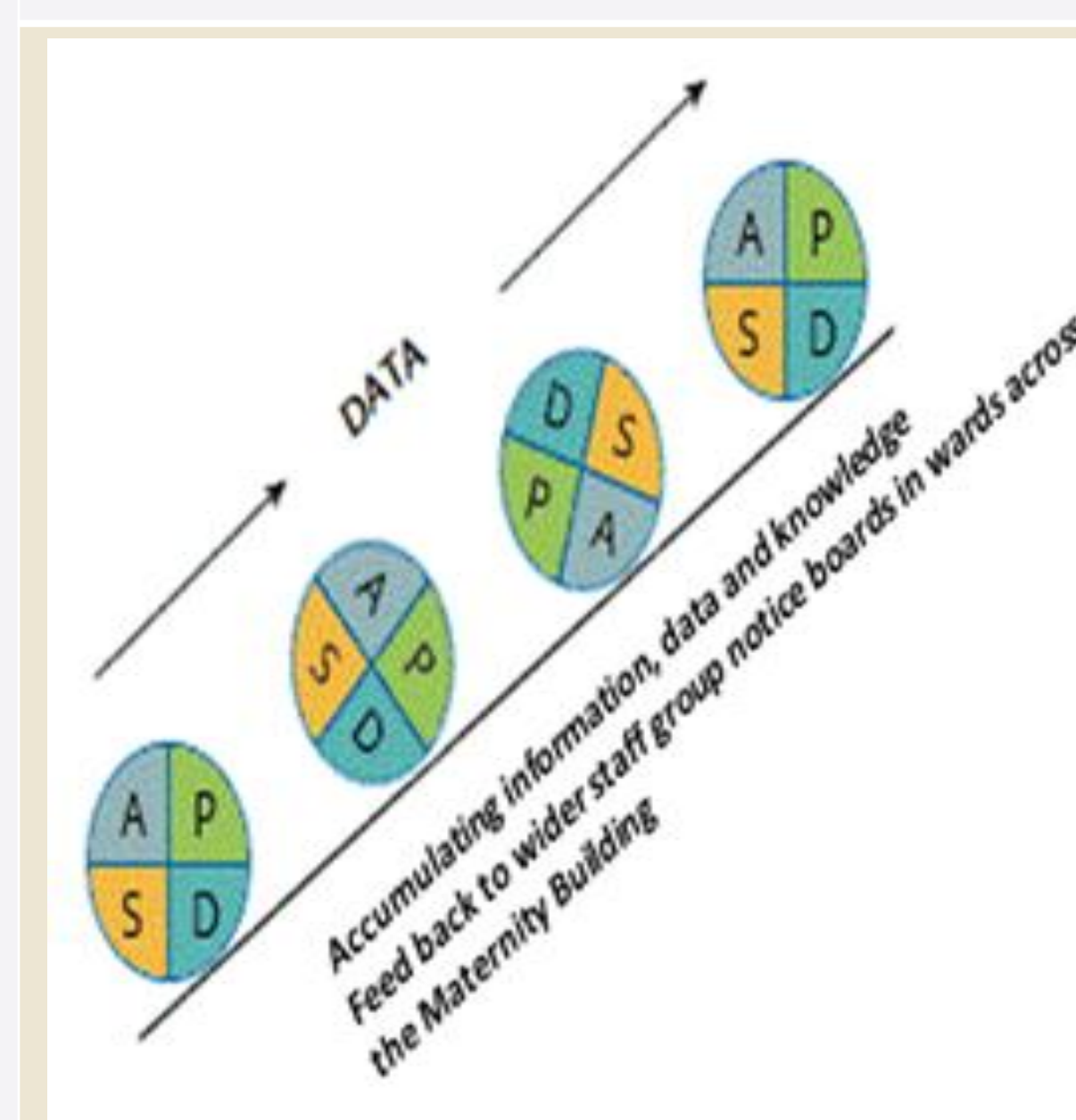


Grunting Baby Flow Chart



Method:

Using the model for improvement, we completed a process mapping exercise which identified areas to be addressed.

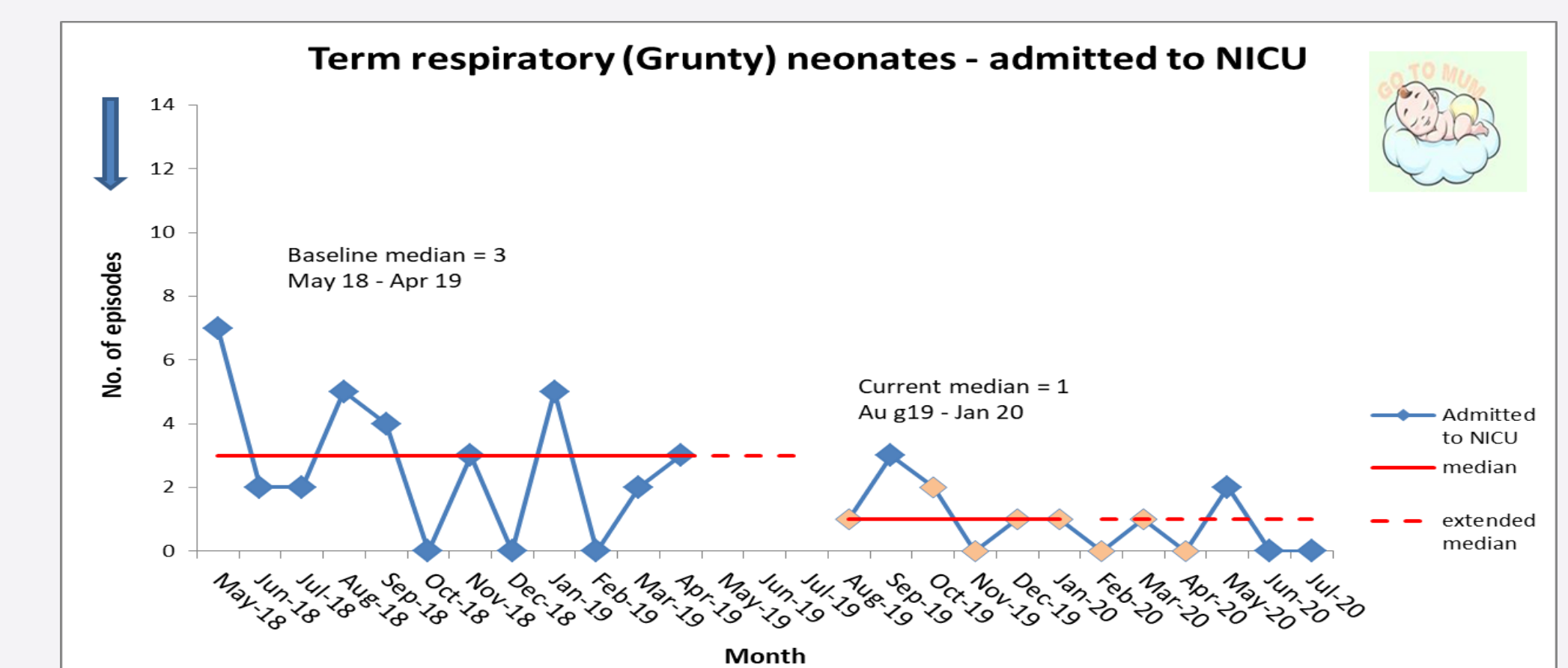


The change ideas included numerous PDSA cycles to test the use of:

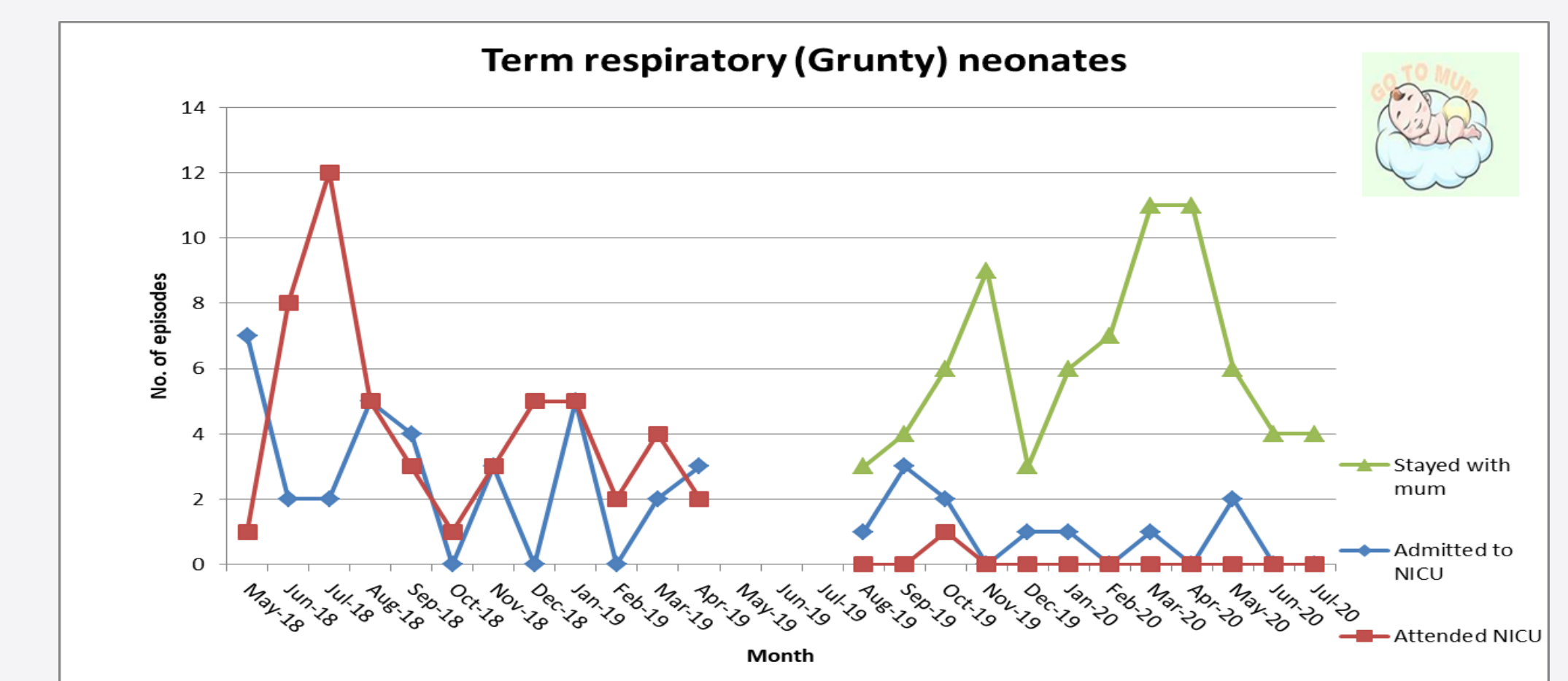
- Information cards for parents with advice about how they can participate in preventing their baby being admitted to the NNU
- A flowchart with guidance on care for the “grunting baby”
- A “grunting baby” observation chart
- Training sessions for staff on the use of saturation monitors across maternity

Results:

Over the 12 month period prior to the GO To Mum project, 51 babies were transferred to the NNU for short term observation then returned to mum within 4 hours. These were separations which could have been avoided.



Between August 2019 – July 2020, 86 babies met the criteria for the Go To Mum project. Within that group 12 babies were transferred to the NNU, 11 were admitted, 1 returned to mum within 4 hours and 74 babies stayed with mum. No babies became unwell on the postnatal wards. Admissions to NNU have been reduced by 26% and 86% of babies stayed with mum.



What we have learned:

Successes

- Involving and empowering parents to understand the problem and guide them in ways to support the clinical team and avoid admission
- Improved inter-department working
- Experiencing a shared joy with being able to:
 - reduce the number of babies transferred to NNU with respiratory problems who are then NOT admitted to NNU
 - have babies confidently monitored in the ward environment
- Engaging different staff groups is difficult but achievable
- Challenging the “...but that’s how we have always done it...”
- Managing workload beyond the Neonatal Unit, ensuring sufficient observations are performed to support the effective monitoring of babies

References:

- (1) Royal College of Paediatrics and Child Health / National Neonatal Programme Executive Summary: 2018 annual report on 2017 data / September 2018 / Minimising separation of mothers and term and late preterm babies / Page 7
- (2) Best Start- A- five year forward plan for Maternity and Neonatal Services (2016).