

# Working Together to...

Reduce Term Admission from Respiratory Conditions by Decreasing Separation of Mother and Baby.

*A quality improvement initiative....* “The Coorie-In project”

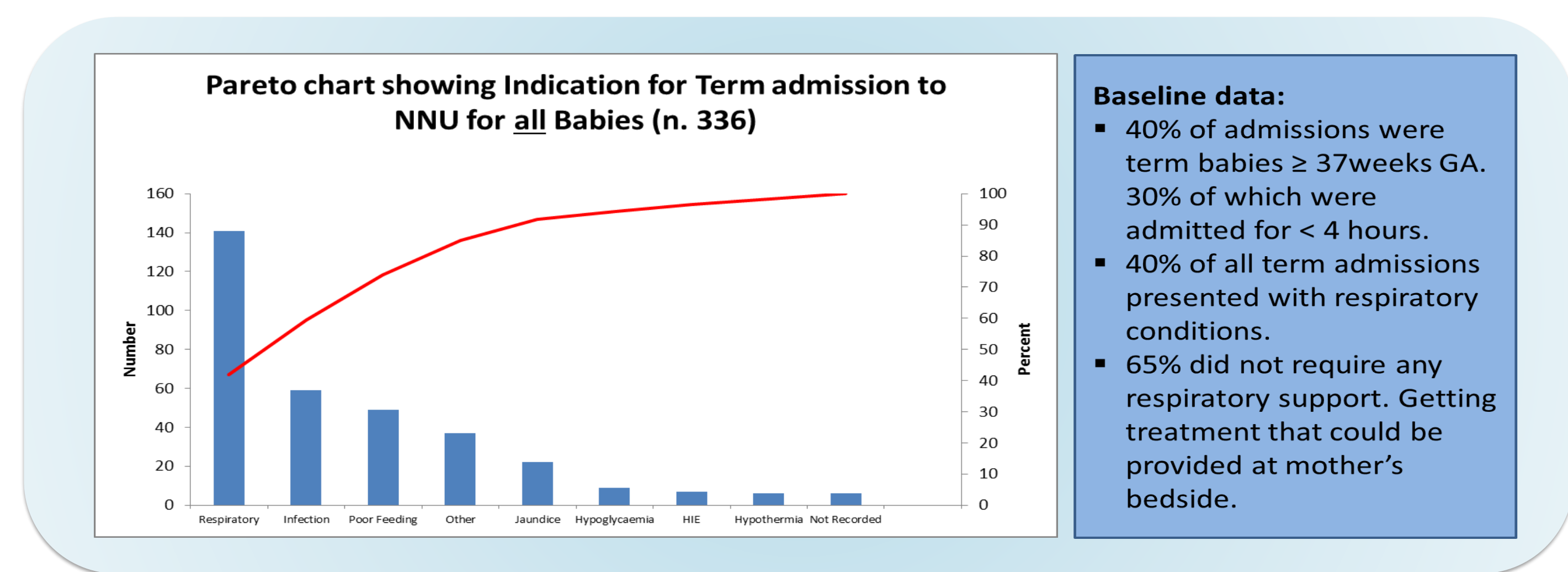
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## “Coorie-In” *(a Scottish word, traditionally meaning “to snuggle” or “cuddle”)*

Unexpected term admission, a proxy indicator of harm occurring along the maternity-neonatal pathway forms the largest proportion of admissions to neonatal units. Skin to skin (S2S) immediately after birth is known to enhance the natural bonding process and facilitate smooth postnatal adaptation of newborns.

We describe our experience of reducing term admissions from respiratory conditions through the implementation of a bundle of in-theatre skin to skin and Neonatal Early Warning Track and Trigger (NEWTT) escalation pathway



**Aim: By 31<sup>st</sup> December 2019, the neonatal intensive care unit, University Hospital Wishaw, will have achieved a 30% reduction in avoidable Term Admissions from Respiratory Conditions.**

## Method

Our primary target was mothers presenting for elective caesarean section (EL-CS) at term, with the scope extending across the NICU, Theatre, Labour and Postnatal wards.



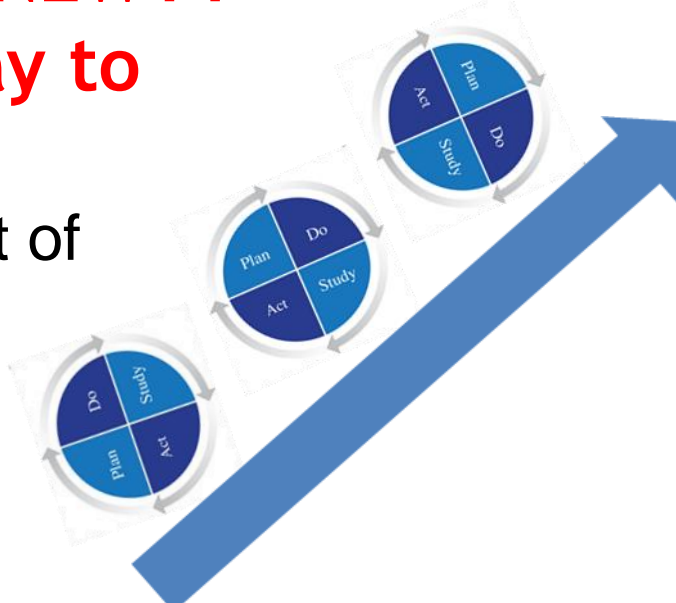
Change ideas developed, co-designed and tested collaboratively by a multi-disciplinary team of midwives, doctors, auxiliary and theatre staff over several PDSA cycles aimed at testing usability and suitability.

### Offer and provide In Theatre S2S to mothers delivering by EL-CS.

In theatre, monitoring leads are placed on mother's back, blood pressure cuff on non-dominant arm and operating table placed at a slight head-up tilt to increase comfort. Once cord was cut, baby was dried, immediately placed in direct contact with mother's chest, covered with pre-warmed blankets and S2S continued for  $\geq 1$  hour.

### Introduction of a NEWTT escalation pathway to postnatal areas.

To guide management of term babies with Respiratory conditions following CS.



### Outcome measures:

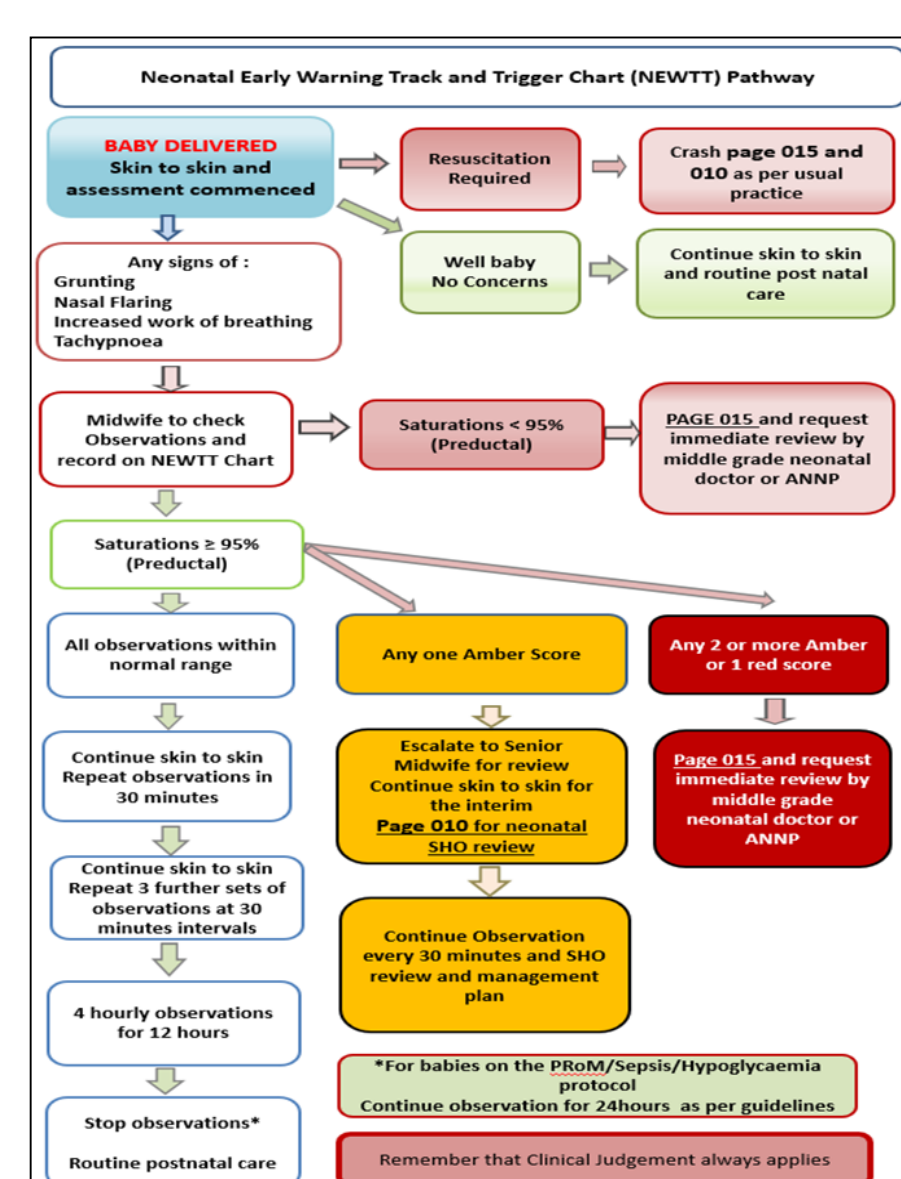
- % reduction in term admission from respiratory conditions.
- Overall reduction in term admission/1000 live births.

### Process measures:

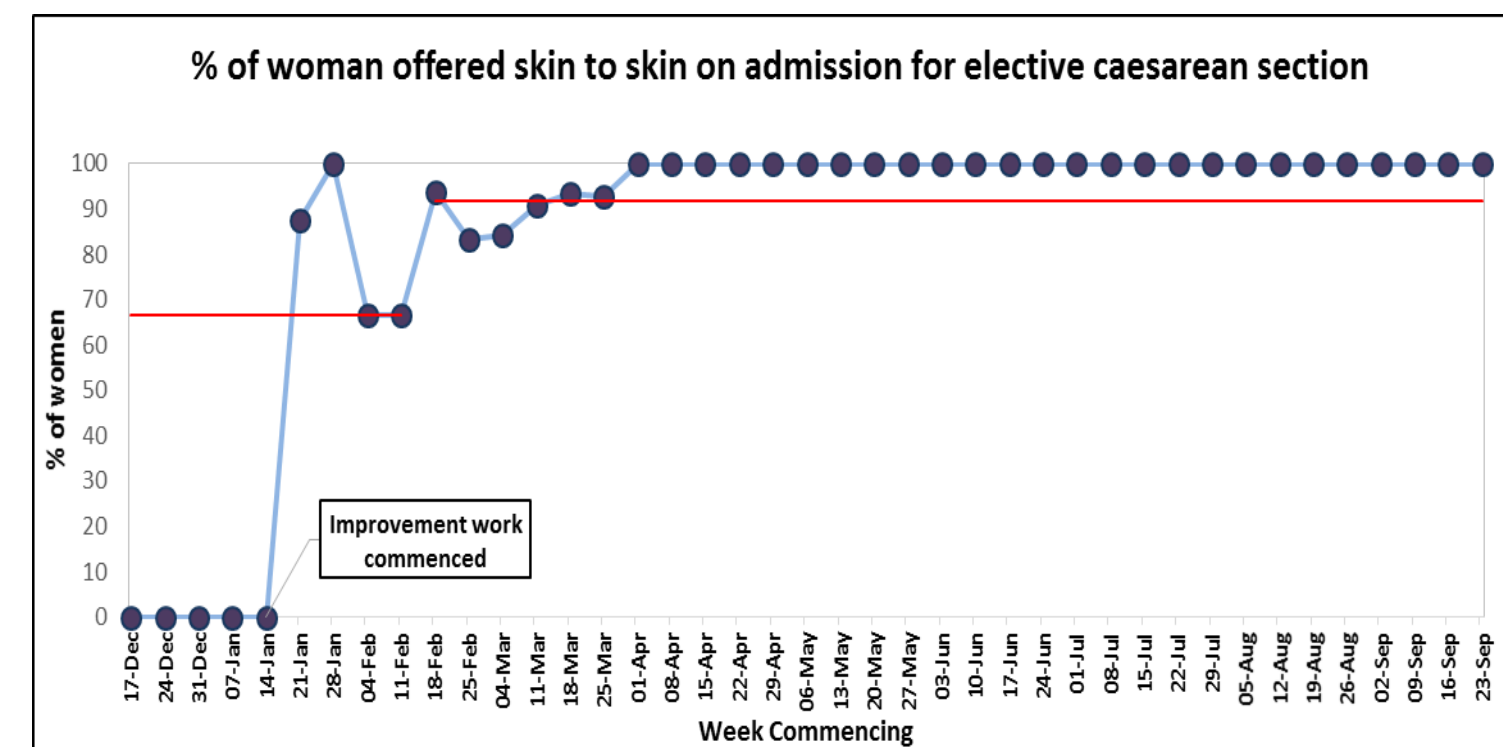
- % Compliance with offering % Compliance with achieving in theatre S2S.

### Balance measure:

- Late diagnosis of pneumothoraces.
- Impact on postnatal staff confidence

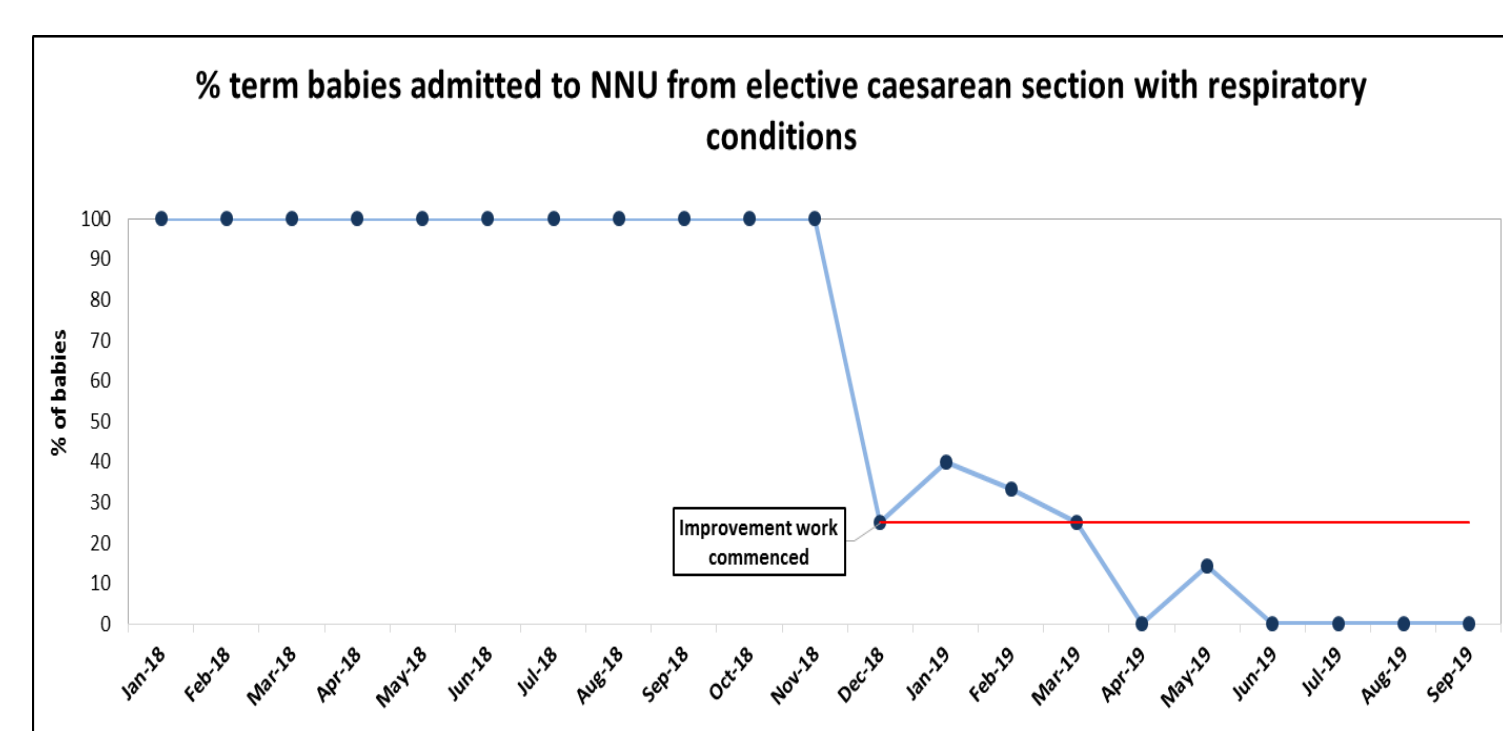
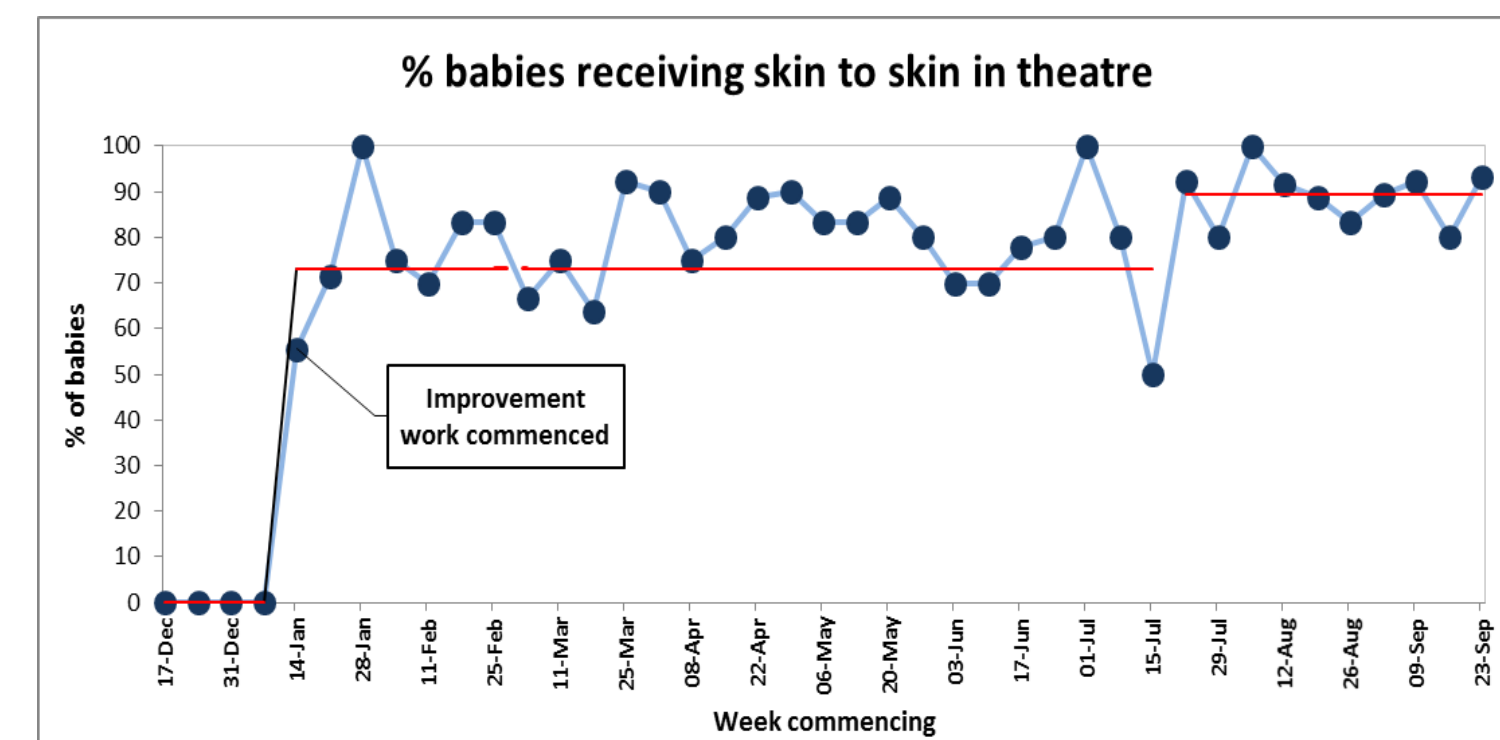


## Results



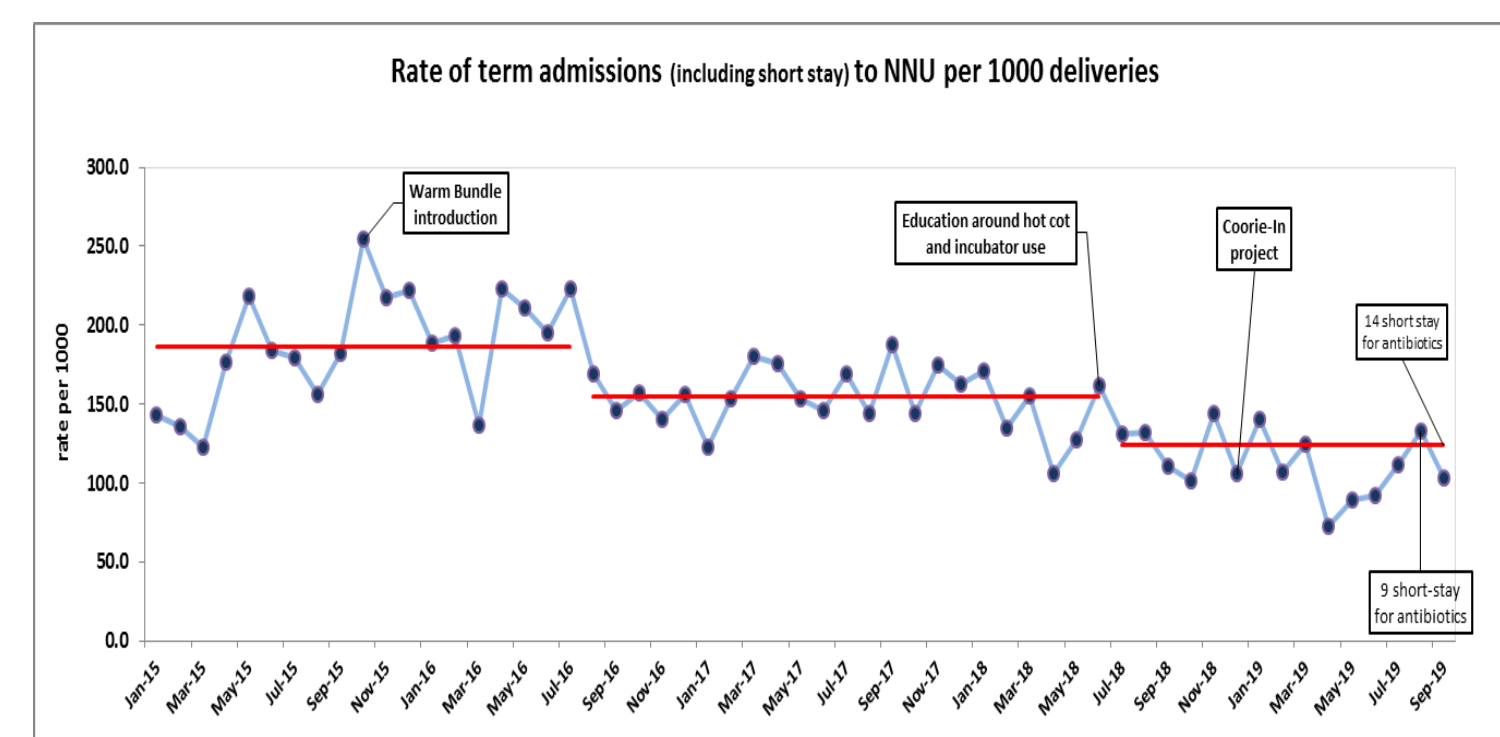
- Prior to December 2018, S2S contact was not offered to women delivering by caesarean section.
- Since implementation in Jan 2019, 100% of women are now offered skin to skin contact in theatre.

- 81% of these women accepted skin to skin and of these women, 82% achieved in theatre skin to skin contact.



- Dec 2017 – Sept 2018: 66 term babies admitted with respiratory conditions following EL-CS
- Dec 2018 - Sept 2019: 42 babies commenced on the NEWTT escalation pathway. 7 were admitted to the NICU for treatment.
- 83% remained with their mum.

- 20% reduction in term admissions (including short stay) to the Neonatal Unit / 1000 deliveries



## Conclusions

Reduction in term admission can be achieved by focusing on changing the culture of routinely separating mothers and babies. By harnessing the beneficial effects of S2S in post natal adaption and instituting pathways that build staff confidence in managing the slowly adapting term infant this positive change can be achieved.

## Scale

The wider impact of our initiative arise due to the real and opportunity cost of these admissions. These extend from the impact of separation on families, to increased staff workload and decreased unit cot capacity.

- Increased parental satisfaction.
- Improved Value management.
- Collaborative working between parents and staff.
- A change in culture and way of thinking.
- Shared learning.
- Up scaling interest and QI capacity.

## Key Learning

- Start small, test quickly, learn faster.
- Understanding current system and processes.
- Identify and build on a shared purpose, address fears to push staff engagement.
- Open conversations, flattened hierarchies
- Regular updates, celebrate small successes.
- Management support is key.

## Challenges

- Avoiding Person dependency
- Staff engagement.
- Resistance to change.

## Patient Feedback

*“While I was waiting to go for my caesarean section, a midwife spoke to us about the skin to skin initiative which I was really interested to hear about. I consented.*

*This was one of the best experiences of my whole life and a memory I will treasure forever. Lying with her on my chest looking up at my face was so magical. I wanted to take the opportunity to say thank you for introducing this new program within Lanarkshire as it was truly amazing!!”*

.....Carolyn Arthur (mum to baby Heidi)

## Next Steps

- Spread changes to emergency caesarean section delivery
- Spread the use of NEWTT and escalation tool in all postnatal areas
- Facilitate ownership by post natal and theatre staff