

**Title:**

"Baby Meets World": Implementation of Bedside Transition of the Newborn

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**Session Title:**

Leadership Poster Session 2

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Bedside Transition, Evidence-based Practice and Six Sigma

**References:**

Coleman, S. Y. (2012) Six Sigma in Healthcare, in Statistical Methods in Healthcare (eds F. W. Faltin, R. S. Kenett and F. Ruggeri), John Wiley & Sons, Ltd, Chichester, UK. Melnyk, B. M. & Fineout-Overholt, E. (2011). Evidence-based practice in nursing & healthcare: A guide to best practice. Lippincott Williams & Wilkins: Philadelphia.

**Abstract Summary:**

The implementation of bedside transition of the newborn was essential for the success of Family-Centered Care in the Women's Service. Leadership was challenged to implement this Evidence-based Practice in a culture that was stagnant and resistant to change through the use of Six Sigma methodology.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to define the five components of the Six Sigma methodology in healthcare.	Discussion of the meaning and use of each component of Six Sigma methodology: Define Measure Analyze Improve Control
The learner will be able to identify the importance of utilizing the nursing staff to achieve successful implementation of Evidence-based Practice.	How does leadership involve the nursing staff in the implementation of Evidence-based Practice? Shared Governance, Unit Practice Council, Implementation Teams, EBP Champions, and Team Membership

**Abstract Text:**

Family-Centered Care (FCC), providing for non-separation of mother and infant at birth, has been supported by research for over 30 years. FCC provides an opportunity for the parents to get to know their infant, gain experience in performing infant care and for mother to establish a milk supply for breastfeeding. However, it can take decades to translate evidence into practice and this was true at a large academic medical center where infants were still being routinely separated from their mothers and taken to the nursery for transitional care after birth. Nursing leadership recognized that this practice needed to change. The project aim was to move from traditional nursing practice to one that was evidence-based achieving an optimal level of care for mother and infant.

A new nursing-care model, "Baby Meets World" (BMW), was to be implemented to provide for non-separation of mother and infant including; to carry out transition of the newborn at the mother's bedside and to provide rooming-in during the hospital stay. Nurse leaders led staff nurse implementation teams which were formed to oversee each aspect of model implementation and the nurse leaders actively

participated in assessment, planning and evaluation of the model change. They used Six Sigma methodology throughout the project. Define, Measure, Analyze, Improve and Control were used to gain crucial information regarding the outdated process and to guide the new process planning, development and implementation. Using the Six Sigma Toolbox the staff nurses developed current and future-state process maps, workflows and standards of care. Lastly, the implementation teams used Fishbone Diagrams to expose barriers to the implementation of the new Evidence-based Practice. Staff nurses then completed a questionnaire before and after model implementation to assess nurses' attitude towards the model change, efficacy of the education provided and to measure nurses' perceptions of their input into the model change.

An improvement in the exclusive breastfeeding rate was one indicator of the success of the implementation. In January 2013, six months prior to BMW the exclusive breastfeeding rate at discharge was 27.09%. In June 2013, at the time of the implementation the exclusive breastfeeding rate was 46.67%. In December, six months after the implementation the rate had climbed to 51.62%. Nurses' agreement with the statement "The couplet care model provides the best possible care for infants and their families" increased from 55% (n=40) pre-intervention to 68% (n=47) post-intervention. Agreement with the statement "I am comfortable with the skills I have acquired since implementation of the model in my area" increased from 42% (n= 40) pre- to 80% (n=47) post-model implementation. Nurses' perception of their input being well received increased from 42% (n=40) to 59% (n=47) pre- and post- involvement in the project. A nurse- led initiative can change traditional nursing practice to an evidence-based care model meeting best practice standards.