



SE2EO – Professional Development

SE2EOb: Provide one example, with supporting evidence, of an improved patient outcome associated with the application of nursing standards of practice implemented due to a clinical nurse's or clinical nurses' participation in a nursing professional organization.

- *Patient outcome data must be submitted in the form of a graph with a data table.*
- *Participation in a professional organization may include membership, conference attendance, etc.*

Example SE2EOb: Increasing Exclusive Breastfeeding Rates Upon Discharge in the Obstetric/Gynecology Unit by Promoting Rooming-In, Based on Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Guidelines

Problem

In 2018, the model of practice used in the Obstetric/Gynecology/Normal Newborn Nursery (OB/GYN) unit at KFSHRC-J involved separating infants from their mothers after birth. This contributed to a low rate of breastfeeding while in hospital and upon discharge. The rate of exclusive breastfeeding on discharge was 22% in June 2018.

Goal Statement

To improve the rate of exclusive breastfeeding on discharge from the OB/GYN unit at KFSHRC-J.

Participants

The participants comprised the OB/GYN Unit Council and other partners in the interdisciplinary team, as shown in Table SE2EOb.1 below.

Table SE2EOb.1: 24-Hours Newborn Rooming-In Project Team

Name & Credentials	Job Title	Department
Sondos Badghaish, MSN RN	Staff Nurse 1 (SN1), Clinical Nurse, Acting Patient Educator	OB/GYN
Taghreed Hawsawi, MSN RN, RM	SN1, Clinical Nurse	Labor and Delivery

Rosalinda Redaza, BSN RN	SN1, Clinical Nurse, Co-Team Leader	OB/GYN
Maria Lourdes Bosque, BSN RN	SN1, Clinical Nurse, Co-Team Leader	OB/GYN
Annabella Evangelista, BSN RN	SNI, Clinical Nurse	OB/GYN
Judelyn Martija, BSN RN	SNI, Clinical Nurse	OB/GYN
Erla Ventura, BSN RN	SNI, Clinical Nurse	OB/GYN
Liza De Losangeles, BSN RN	SNI, Clinical Nurse	OB/GYN
Layla Arafat, MSN RN	Head Nurse	OB/GYN
Afaf Saleh, BSN RN	Nurse Clinician	OB/GYN
Mohammed Qabajah, BSN RN	Program Director	Nursing Specialty Services
Saad Al Saedi, M.D.	Consultant	Pediatric Department
Afaf Tawfic, M.D.	Consultant	Obstetric Department
Saeed AlZahrani	Head	Safety and Security Department

Description of the Intervention

The OB/GYN Unit Council initiated a Performance Improvement (PI) Project in July 2018 with the title: *To Improve the Rate of Exclusive Breastfeeding Upon Discharge*. Many supporting activities took place after the intervention period.

Under the PI project umbrella, a 24-Hours Newborn Rooming-In Project Team was formed to examine the application of nursing standards of practice and best practices concerning newborn rooming-in. The team used the Johns Hopkins Evidence-Based Practice Toolkit to guide the process. The PICO question was, “Does having the newborn rooming-in with the mother improve the rate of exclusive breastfeeding rate upon discharge from the hospital?”.

The project team included clinical nurse Taghreed Hawsawi, MSN RN, RM, a member of the AWHONN. Taghreed reviewed AWHONN, WHO and UNICEF, Baby-Friendly Initiative resources, and scientific journal articles from the Journal of Obstetric, Gynecologic & Neonatal Nursing (JOGNN) and Nursing for Women’s Health (NWH) for evidence and guidelines as regards rooming-in throughout the day and night until discharge.

Rooming-in is necessary to enable mothers to practice responsive feeding, as mothers cannot learn to recognize and respond to their infants’ cues for feeding if they are separated from them (Suzuki, 2013). Rooming-in may improve early exclusive breastfeeding, reduce infant stress, and increase mother-infant bonding (Jaafar, Ho, &

Lee, 2016). In addition, early separation may interfere with mother-infant interaction during breastfeeding and lead to poorer mother-infant interaction during breastfeeding (Dumas et al., 2013).

Based on the recommended standards from AWHONN and best evidence, the team recommended the implementation of 24-hours rooming-in for all new infants as the clinical condition permits. The following interventions were completed from July 2018 to December 2018:

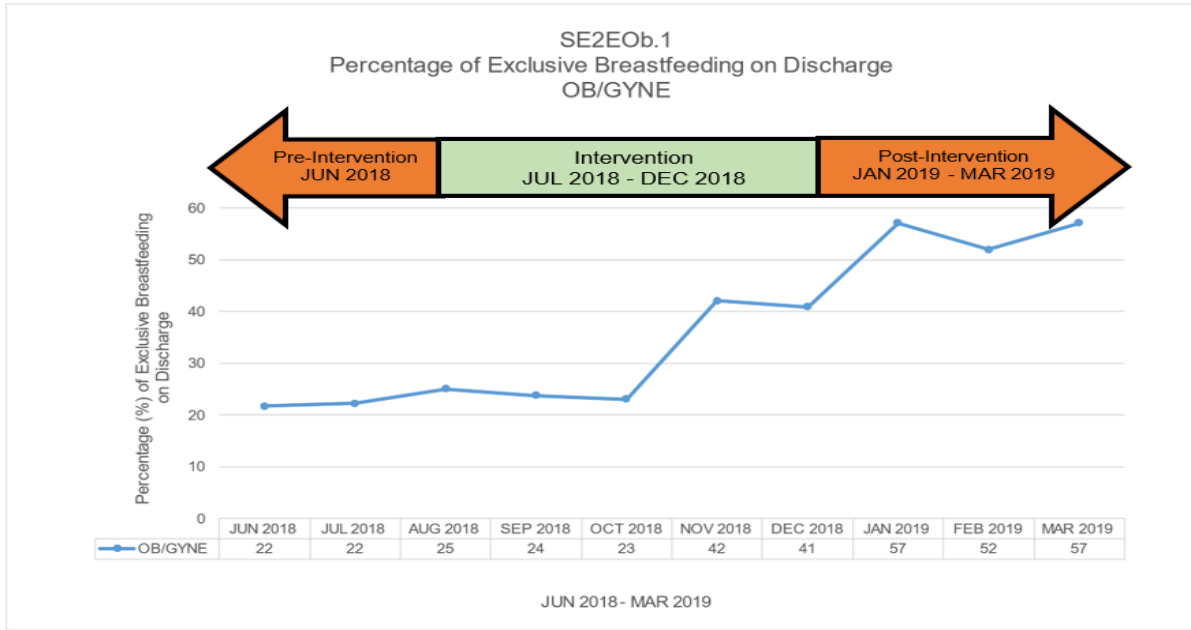
- A unit specific Standard Operation Procedure (SOP): NA-J-OB/GYN/NNN-02: Care of Mother and Newborn Infant during Rooming-In, was developed and approved by the project team and published on July 29, 2018.
- Nurses were educated on the new Standard Operating Procedure during August 2018.
- An internal memo for “Implementation of New Project: Newborn Rooming in” reference (OBG-J/248/39) and a memo announcing the project go-live (OBG-J/242/39) were released on August 18, 2018.

The change in practice from the “separation model” to the “24-hours newborn rooming-in” was fully implemented from July 2018 to December 2018.

All interventions were completed from July to December 2018.

Outcome

This change in practice related to rooming-in led to an increase in exclusive breastfeeding upon discharge, as shown in Graph SE2EOb.1 below.



Graph SE2EOb.1: Rate of Breastfeeding Upon Discharge

References

Dumas, L., Lepage, M., Bystrova, K., Matthiesen, A. S., Welles-Nyström, B., & Widström, A. M. (2013). Influence of skin-to-skin contact and rooming-in on early mother–infant interaction: a randomized controlled trial. *Clinical nursing research*, 22(3), 310-336.

Jaafar, S. H., Ho, J. J., & Lee, K. S. (2016). Rooming-in for new mother and infant versus separate care for increasing the duration of breastfeeding. *Cochrane Database of Systematic Reviews*, (8).

Suzuki, S. (2013). Effect of early skin-to-skin contact on breast-feeding. *Journal of Obstetrics and Gynaecology*, 33(7), 695-696.