Couplet Care

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Introduction

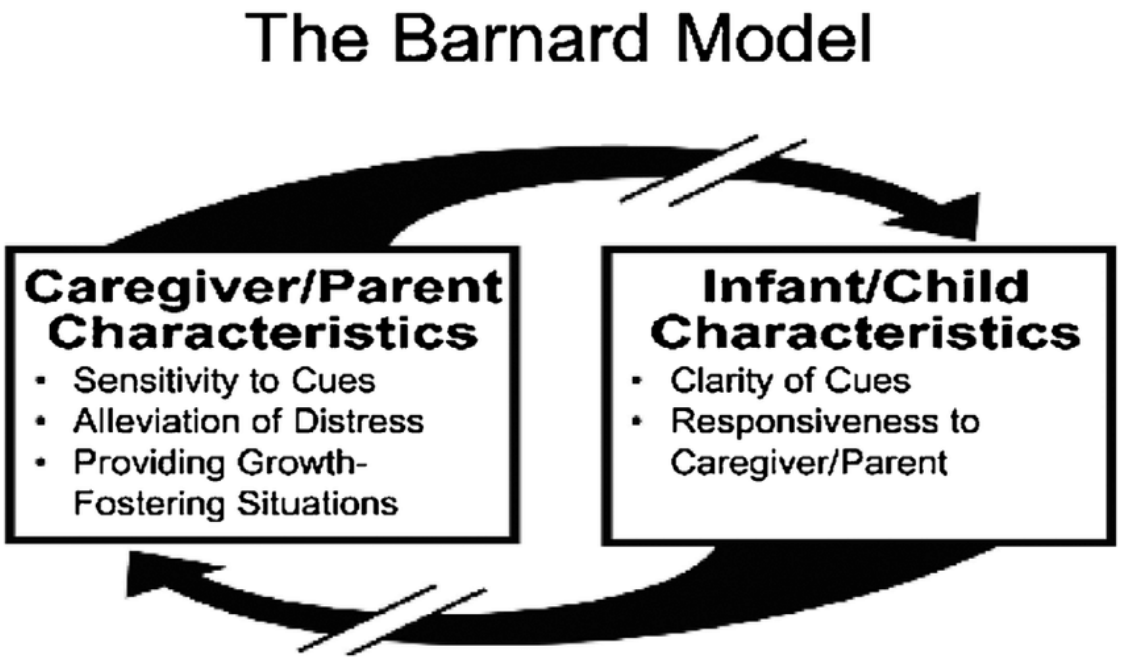
Having a baby is one of the hardest, most stressful, most rewarding things a woman can do. When a woman goes to a hospital's maternity unit to have her child, she is counting on the nurses, the doctors, and everyone else involved in her care, to keep her and her child safe and well taken care of. She is also expecting all members of the interdisciplinary team to provide her and her child the best possible care. Nurses are the ones providing care for a large majority of a patient's stay. So, how can nurses provide the best care possible to mothers and their newborns?

For years, the way women and their newborns have been taken care of has stayed the same. A pregnant woman is checked onto the labor and delivery unit, she has her baby, the baby is taken care of in the nursery, and the mother is transferred to the postpartum unit where she is taken care of separately. The reality of this way of care is the mother and baby are separated from each other for a big part of the hospital stay. Here lies the issue. It is crucial that newborns spend more time with their mothers in the duration of their hospital stay. Their first few days of life is an important time for them to spend bonding with their mother and father. This is also an important time for the mother and the father to learn how to properly take care of their new infant.

Over the last several years, many maternity units have been adopting a new way of care called couplet care. Couplet care is family-centered care in which the mother and the baby stay together from childbirth until discharge. (Emory-Decatur, 2019) Maternal-infant separate is minimized as much as possible. As soon as a baby is born, they are dried off and placed skin-to-skin with the mother. This helps the baby regulate his or her breathing, heartbeat, temperature, and more. This also is the perfect time to try breastfeeding. Throughout the mother and infant's stay in the hospital one nurse cares for both of them, thus the term "couplet" care. Assessments,

first bath, 24-hour testing, and all other testing for the infant is done in the room with the mother present as much as possible. This form of care allows the parents and infants to stay together as much as possible. It also allows the parents to learn so much more about how to properly care for their child.

The Barnard Model



Dr. Kathryn Barnard developed the Child Interaction Theory. In the 1970s Barnard had a goal to make the connection between the earliest communication/touch and the way humans develop socially, emotionally, and behaviorally. She found that infants learn different cues from their parents at birth. These cues allowed them to know if they were safe or not. She found that the interaction between the caregiver/parent, infant, and environment all played a role in how the infant would develop. (Qaiser, 2014) The model above shows how each one can feed off of the other. “Healthy child development is dependent upon the parent/caregiver responding to signals from the child in a loving and dependable manner, starting from the moment of birth.” (Qaiser,

2014) Couplet care fits in so well with this theory. Couplet care is all about allowing the infant to connect with the mother and stay where the mother is as much as possible. This involves all three, the environment, caregiver, and infant. The infant being with its parents for the first several hours postpartum versus in a nursey could have enormous effects on how that infant initially begins to grow and develop.

Research

"Couplet Care: The Magic Within" is a research article about a hospital that wanted to make the transition from traditional separate care of the mother and the baby to couplet care. First, they wanted to see how patients responded to the new type of care. For the initial hours after the child was born, the labor and delivery nurse continued to care for the mother and a newborn specialty nurse came into the room to care for the baby but the mother and baby always stayed in the same room. When the mother was transferred to the postpartum unit, her and the baby were cared for by the same nurse. All the care for the mother and the baby were done in the same room. They compared satisfaction of patients who received the traditional separate care and the new form of care, couplet care, through a phone survey. Parents who received couplet care reported feeling "more confident in caring for their newborns." (Brenneman, 2014) Staff satisfaction and unit relationships also improved. Plus, there was a large decrease in the number of tachypneic and NAS (neonatal abstinence syndromes) admissions to the NICU.

In the article, "Patient Family Centered Care: It's More Than Open Visitation" a facility used a patient advisory council as well as key hospital employees to rebuild a facility focused on Patient-Family centered care. In this new facility they wanted to design their women's health unit around couplet care. This kept the mother and infant from ever being separated during their stay. It also increased safety and security of the infant. They also redesigned their patient

education to explain the reasoning and benefits of couplet care. Follow-up surveys and phone calls were made to previous patients and they reported being extremely satisfied with this new way of care. (Abney-Roberts, 2012)

"Development of Couplet Care Education" is an article about a facility that made the decision to switch to couplet care based off evidenced-based research. They found that couplet care provides an environment that supports healthy newborn attachment and a healthy newborn lifestyle. In the process of switching to couplet care, they highlighted the importance of educating staff on what couplet care is and why they were changing to that form of care. Providing this education helped decrease pushback from staff as well as staff barriers to the change. The research also showed that the staff were ultimately happier with the change and more prepared for the change because of the education they received. (Backus, 2017)

Proposed Policy

At Murray Calloway County Hospital they practice the traditional form of nursing care on their maternity unit. Their labor and delivery, nursey, and postpartum units are all completely separate units and the nurses like it that way. Nurses on these units are specialized in that specific form of care. An example being their nursery nurses are specifically specialized in the care of newborns. They do not have a specific policy for the way they care for their patients on their maternity unit. There are many problems that stem from this traditional form of care. Nurses are not trained in other areas, babies spend less time with their mothers, communication between units is lacking, and an understanding and appreciation of what each unit does is lacking. Based off other couplet care policies, I created a new policy that could be used at Murray Calloway County Hospital for their maternity unit.

Policy: Postpartum Couplet Care

Immediately after birth the baby is dried off and placed skin-to-skin with the mother. The mother and baby stay in the delivery room for recovery for two hours after the infant is born. During this recovery time the mother is cared for by the same delivery nurse as before and the baby is cared for by a nursey nurse. All care for recovery is provided in the initial delivery room where the mother and baby stay together.

When the initial two hours is over the mother and infant will go to the postpartum unit together where they will be provided couplet care. One nurse will be responsible for the care of both the mother and the baby. The parents/caregivers will be encouraged to keep the baby in the room as much as possible. All assessments, baths, and testing for the baby will be done in the room unless indicated otherwise. This form of care will be continued until discharge.

Implementation

Education

Murray Calloway County Hospital is moving toward changing to couplet care on their maternity unit. Unfortunately, some of their staff are not so welcoming to the idea. Education is one of the most important parts of the change. I would recommend the supervisor responsible for implementing the change, to come up with a presentation about couplet care, similar to the one I presented to some of their staff, and make it apart of the required education for this transition. This presentation should entail videos about couplet care, research about other hospitals that have switched to this form of care, reasons why this form of care is beneficial, and how this form of care will be implemented in this facility. The education should also include hands-on training for all of the nurses on how to perform couplet care. There should also be a time for the nurses to

express their feelings about the change in a respectful way. Many facilities who have made this change have had pushback from staff as to be expected. (Backus, 2017) So, if there was a way staff could talk about the change it could release some of that tension and ease some of their strong emotions towards the change.

Making the Transition

A date should be planned for the first time couplet care is to be provided. On that date, the first patient that comes in for a delivery should receive couplet care. With this being a smaller hospital with very few births each day, this form of care can solely be how patients are cared for after the set date.

When a pregnant woman is admitted to the maternity unit to have her baby she will be taken care of by a labor and delivery nurse. When the baby is crowning the nursery nurses (2) will be called to come in the room. As soon as the baby is born one of the nursery nurses will be right up next to the mom, drying the baby off, getting a diaper on, putting on the necessary bands, placing baby skin-to-skin with the mother, getting Apgar scores, checking the temperature, and checking respirations and heart rate. While this nursery nurse does this, she relays her findings to the other nursery nurse who is recording everything. In the case of a cesarean birth, the nursery nurses go back to the operating room as soon as the procedure is about to begin.

For the first two hours the mother and baby stay in the labor and delivery room. The mother is continually cared for by the labor and delivery nurse and the baby is checked on by the nursery nurse. Every 30 minutes for two hours the baby's respirations, heart rate, and

temperature are checked. The baby does not get its weight and other measurements done until almost the end of the two hours unless the parents request otherwise.

When the two hours are over the nursery nurse will call the postpartum nurse to give report on the infant and the labor and delivery nurse will call the same postpartum nurse to give report on the mother. The mother and baby are then transferred together to the postpartum/mother baby unit. The postpartum nurse will care for the mother and the baby for the rest of their stay until discharge. This includes all assessments, assistance to the restroom, diaper changes, assistance with feeding, vital signs, etc. All tests that need to be done on the baby can and should be done in the room with the mother present unless requested otherwise.

Patients will need to be educated on couplet care. This will allow them to know why things are being done a certain way and other details about their hospital stay. The feedback from patients will be the most important part about making this transition. The supervisor in charge of this transition will need to come up with a survey, regarding this form of care, for patients to fill out before they leave the hospital. This survey should also provide a comment section for any additional comments or recommendations. These surveys should be reviewed each week and the data should be documented. At the end of every quarter the data should be assessed so the unit knows what is working, what is not working, and what they could do better.

Conclusion

Patient care is constantly evolving. Research studies find more and more ways to improve care every day. From this research, couplet care appears to be the best form of care for mothers and infants but, in a twenty years, there could be a new form of care that is researched and found to be the best way to care for mothers and infants. It is important for nurses to be open to change

and realize that it is a part of being a nurse. They need to ultimately remember that their job is to provide the best possible care for their patients and if that means old habits must change, they need to learn and know how to do that.

Resources

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