Implementing the Couplet Care Model
When Not Every Baby is a “Well Baby”
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BACKGROUND
Couplet Care (CC) is an evidence-based care model in which one nurse cares for both a postpartum mother and her newborn as a couplet. Benefits of one nurse caring for the couplet include: continuity of care, better communication, improved patient education, and decreased duplication of work by nursing staff. The couplet consists of a healthy mother and baby who remain together with nursing care and provider exams occurring in the mother’s postpartum room. CC would not include newborns requiring special care.

AIM
To maximize patient outcomes, a decision was made to change the care model to a CC model.

SETTING
Vanderbilt University Medical Center had a traditional postpartum and Newborn Nursery, with separate nurses caring for the mother and baby.

INITIAL STEPS
- The Newborn Nursery was comprised of infants in 3 levels of care: Newborn, Continuing, and Special Care. Babies in Continuing and Special Care would not meet the criteria for CC.
- The Special Care Nursery (SCN) was created to provide a model of care for babies to get specialized care, yet have the opportunity to room-in with their mothers and avoid a Neonatal Intensive Care Unit (NICU) stay.

IMPLEMENTATION
Couplet Care
- To gain staff support, town hall meetings were held. Work groups were formed to create protocols and workflows.
- To keep couplet dyads intact from the beginning of their hospitalization, nurses in the workflow group designed a Stork nurse position to provide initial newborn care in the delivery room.
- A survey was administered to assess knowledge gaps and develop the education plan which included bedside orientation and didactic classes.
- Post-training, nurses trialed 1-2 couplets per shift gradually increasing to include all patients meeting couplet criteria.

Special Care Nursery
- NICU Shift Leaders trained
- SCN super users were established from NICU nurses
- SCN Resource Manual developed

ADMISSION CRITERIA
Couplet
- ≥37 weeks gestational age
- >2000 grams birth weight
- Blood glucose >40
- Rectal temp >36
- Respiratory Rate <60
- O2 Sat >90%
- Subspecialty issue w/o additional monitoring or consult
- Substance exposed without scoring
- Newborn of mother with Gestational Diabetes Mellitus (not on insulin)

Special Care Nursery
- <37 weeks gestational age
- ≤2000 grams birth weight
- Blood glucose <40
- Rectal temp <36
- Respiratory transition issues including: grunting, flaring, retractions, cyanosis, O2 Sat <90%, Resp rate >60
- Maternal Chorioamnionitis (24 hour Observation)
- Repeated catheterization
- IV antibiotics
- Neonatal Abstinence Syndrome
- Procedure in the freestanding Children’s Hospital
- Isolation precautions
- Newborn of insulin dependent diabetic mother
- Cardiac abnormality
- Genetic syndrome
- Newborn of mother with herpes simplex virus outbreak at time of delivery
- Jaundice requiring phototherapy before 24 hours of age
- At provider’s discretion

OUTCOMES

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