

Janna Dedman, MSN, RNC-LRN; Stephanie Abbu, DNP, RN, CNML, Marlee Crankshaw, DNP, RN, CNML

## 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.



VANDERBILT UNIVERSITY  
MEDICAL CENTER

Monroe Carell Jr.  
Children's Hospital  
at Vanderbilt

- 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.

## INITIAL STEPS

- To determine feasibility of implementing CC and the development of a SCN staffing model to care for newborns who require a higher level of care. Initial meetings included nursing, medical, and finance leadership for both the Women's and Children's teams.
- It was determined that the NICU would staff the SCN due to their neonatal expertise.
- Staff from Postpartum and Newborn Nursery were given the opportunity to transfer directly to the newly formed CC Unit, named Mother Baby Obstetrics (MBO), transfer to the NICU or transfer to another unit.

## 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

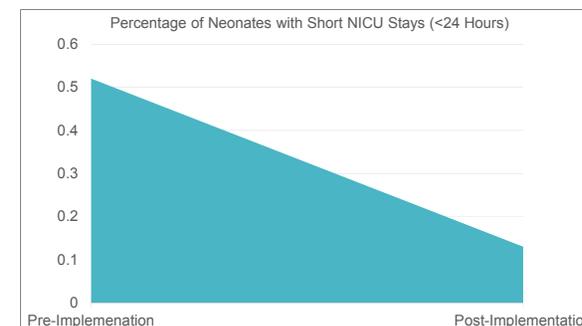
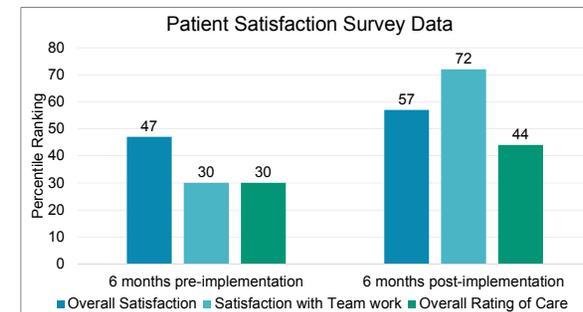
### Couplet

- ≥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 w/ 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



## LESSONS LEARNED

- Collaboration between departments is a must
- A 'go to' person is needed in the nursery space for families and providers
  - Medical Receptionist
  - SCN Shift Leader
- Shift huddles between MBO/SCN key to throughput
- New NICU staff need SCN orientation
- Communication challenges between 2 departments
- Nursery nurse needed to provide maternal respite care
- Newborns experiencing clinical transition issues pose staffing challenges
- Ability to expand clinical criteria for SCN to include:
  - continuous IV fluids
  - gavage feedings
  - <1800 grams birth weight (not requiring respiratory support)

## CONTACT INFORMATION

Janna Dedman, MSN, RNC-LRN      janna.dedman@vumc.org  
 Stephanie Abbu, DNP, RN, CNML      stephanie.n.abbu@vumc.org  
 Marlee Crankshaw, DNP, RN, CNML      marlee.crankshaw@vumc.org