

Early initiation of breast feeding in Labour room in uncomplicated vaginal delivery Department of G&O Medical college Kolkata. India



Background Context & Problem Statement

- Early initiation of breast feeding in LRO is done in 40% of newborn during 12 hours of day shift and 15% of newborn during 12 hours of night shift following uncomplicated vaginal delivery (baby weight >2 kg)
- Following delivery mothers are shifted on a trolley from labour table after episiofomy repair, cleaning and changing gown and observed for one hour in LRO. No earmarked bed in LRO for breast feeding.
- Babies are kept in a baby room inside LRO after initial
- procedures (drying, cord fie, injections and documentation) Nurses are busy in other scheduled work and cant stand beside trolley for a long time to assist the mothers, otherwise the babies

QI team of G&O dept MCH Kolkata

- · Dr. Somajita-leader
- · Dr. Mallika-analyser
- . Sister in charge (LR) sister Aparna-communicator
- · Sister Parna-analyser
- · Sister Soma-communicator
- · Sister Mita-communicator
- . Co-opted member Msc nursing tutor- M/s Manasi

Aim Statement

We, (QI team of G&O) MCH Kolkata, aim to improve

early initiation of breast feeding (within 1 hour) in labour (uncomplicated) during Night shift

From 15% to 80% by 30.4.2017.

Change Idea(s) & PDSAs

- Increase awareness of junior residents on early initiation of
- One earmarked bed for mother , inside I RO -baby room for table, initiate feeding and after that shifted to the trolley.
- One female attendant to be allowed inside LRO after delivery beside the trolley of the mother and keep an eye on the baby to

Measurements

- Outcome measures:-1.Percentage of new born weighing >2kg and delivered by uncomplicated vaginal delivery had early initiation of breast feeding in LRO
- Process measures:-1. Percentage of new born weighing>2kg delivered by uncomplicated vaginal delivery initiated SSC in LRO
- 2.Percentage of earmarked bed in LRO for BF Balancing measures:-1.Percentage of outside

Analysis & Tools Used

- . Flow chart of delivery and newborn care in LRO
- · Fish bone analysis
- · Pareto chart
- 5 whv

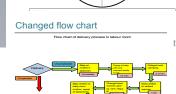








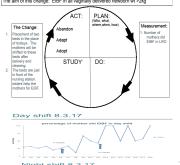
Day shift 15.3.17

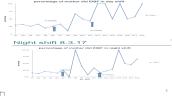








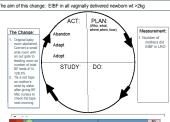












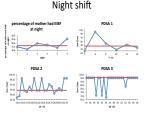


Day shift 3rd PDSA 31.3.17





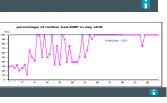


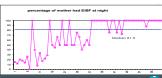




Final measurements

- . 1. Percentage of caregiver can tell the flowchart of delivery correctly=100%
- · 2.Percentage of bed in LR earmarked for EIBF=
- · 3. Percentage of outsider in LR at 12 midnight and 4 am- not applicable, as the staff nurses could provide support to ALL mothers for EIBF







Why do the mothers need supervision?

Why the baby is not given to the mother by nurse?

· Sisters are fewer in number, especially in night shift and hence busy in other work. Mothers need supervision while

breastfeeding which cannot be provided by the busy sisters. In 8am to 8pm shift, supervision is provided by additional staff

· After cleaning and changing gown, mothers are placed on an unrailed trolley. Hence the baby might fall.

EARLY INITIATION OF BREAST FEEDING NOT DONE IN LABOUR ROOM

2. delay in deaning and gown changing by ay

3. delay in suturing by JR

4. haby shifted to the SMCU

Why the mothers are on trolley?

WHY?

Pareto charl

Because there is no earmarked bed for breastfeeding