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Increasing the Rate of Infants Rooming In with their Mothers with Low Acuity Congenital Heart Disease

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Increasing the Rate of Infants Rooming in with their Mothers with Low-Acuity Congenital Heart Disease

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Background

Nearly all infants born in Children's Mercy Fetal Health Center (FHC) are admitted to the CMH NICU, as there are not well-established guidelines for allowing infants to stay with their mothers if they have been prenatally diagnosed with low-risk congenital heart disease.
Maternal/Infant Dyad bonding is important for continued infant development. NICU admissions have been associated with significant caregiver trauma. Preserving the maternal/infant dyad may encourage early bonding, foster breastfeeding and reduce trauma.

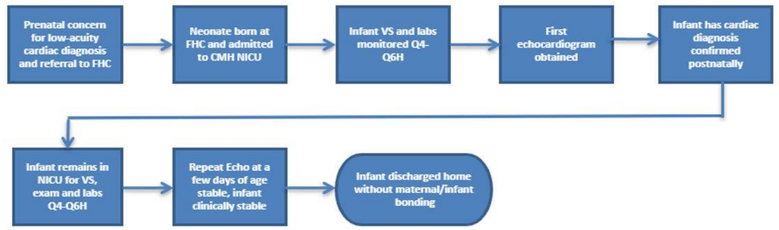

Figure 1. Process Flow Map

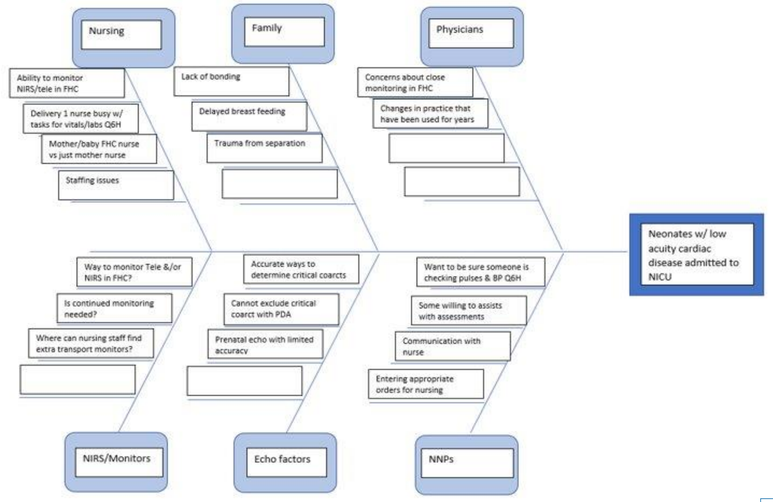

Figure 2. Fishbone Diagram

Setting

The Fetal Health Center is a high-risk delivery center located adjacent to the Children's Mercy Level IV NICU. It delivers approximately 200 infants a year.

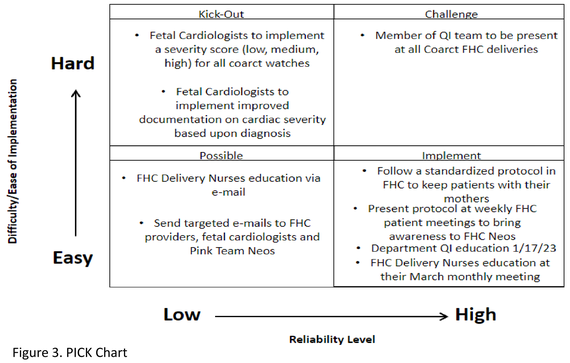

Figure 3. PICK Chart

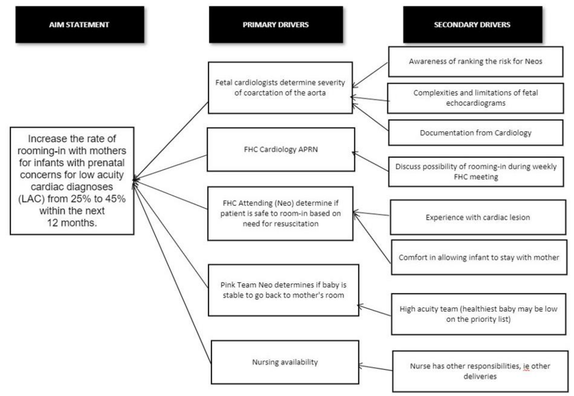

Figure 4. Driver Diagram

Discussion

We were able to increase the number of infants with low-acuity congenital heart disease that roomed-in with their mothers in the CMH FHC without any rapid responses. Two infants that originally roomed in with their mothers did return to the NICU; one for poor feeding and another for hypoglycemia.
Next steps: Continue to evaluate patients to be candidates for rooming in, surveys to nurses, providers and mothers, work with fetal cardiologist to implement severity score in prenatal notes.

Aim

We aim to increase the rate of infants born with low acuity congenital heart disease that room-in with their mothers in the FHC from 27% to 47% by December 2023.

Methods

Standard QI methodology was utilized to clarify the problem and monitor progress.

PDSA 1: Implemented a protocol to help providers identify which infants could room in and provided education.
PDSA 2: The Fetal Cardiac APRN team discusses patient eligibility at weekly FHC meetings.

Process Measures: % of infant rooming-in with their mothers
Outcome Measures: Surveys to nurses and providers
Balancing Measures: Early re-admissions to NICU, Rapid Response Frequency

Increased Rate of Infants Rooming In

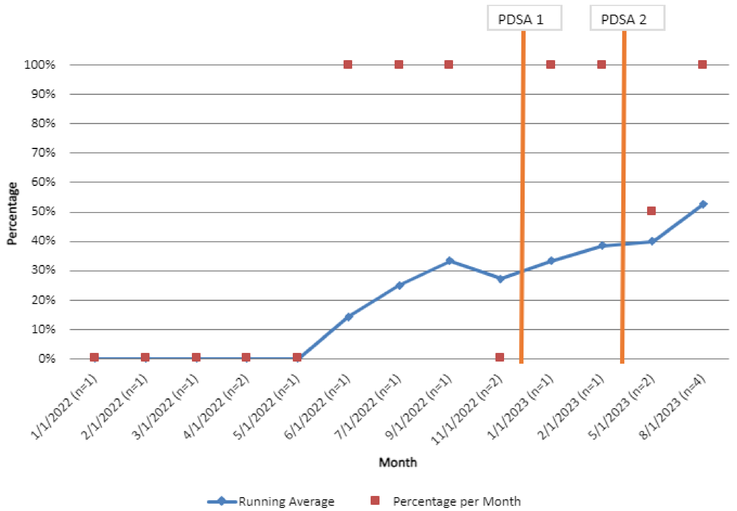

Figure 5. Run Chart

The authors have no financial relationships to disclose.