



## Auricular Point Acupressure to Improve Sleep Quality in Taiwanese Postpartum Women with Insomnia

### Objective

To evaluate the effectiveness of a 3-week auricular point acupressure (APA) in relieving insomnia in postpartum women.

### Design

Nonrandomized controlled trial.

### Sample

Sixty postpartum women reporting poor quality of sleep were recruited in one postpartum center in northern Taiwan from February 2013 to June 2013.

### Methods

We used a quasi-experimental, two-group pretest–post test design and a convenience sampling method.

### Implementation Strategies

The acupoints selected for APA included three acupoints for improving sleep: shenmen, heart, and kidney. APA was administered by a trained registered nurse.

### Results

After 21 days of APA intervention, the experimental group ( $n = 30$ ) experienced significantly less insomnia than the control group ( $5.83 \pm 2.31$  vs.  $8.16 \pm 2.17$ ,  $t = -4.11$ ,  $p = .001$ ) measured by Pittsburgh Sleep Quality Index.

### Conclusion/Implications for Nursing Practice

The preliminary findings of this study showed improvement in quality of sleep suggesting that APA may be a promising treatment for women with insomnia. Nurses interested in complementary therapies should be encouraged to obtain training in APA and to apply it in postpartum care.

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### Keywords

auricular point acupressure  
traditional Chinese medicine  
postpartum insomnia

### Poster Presentation



## “Keep Me with My Mom”: An Evidenced-Based Initiative to Keep Mother and Newborn Together Following Cesarean Birth

### Objective

To standardize practice to allow mother and newborn to recover together following cesarean birth.

### Design

Evidence-based guidelines support postbirth recovery of term, stable, newborns skin-to-skin (STS), with mothers to promote mother–newborn synchrony. The Plan-Do-Study-Act (PDSA) Cycle was utilized to implement our practice change.

### Sample

Preimplementation: 3 months (November 2012–January 2013) retrospective chart review of recovery care, with 42 term stable newborns born by cesarean birth; 14 newborns per month. Pilot: 1 month project (March 2013) to keep mother and newborn together for four selected cesarean births. Implementation: from April 2013 until present keep mother and newborn together for all cesarean births with ongoing monthly retrospective chart review of recovery care following cesarean birth (14 charts per month).

### Methods

Retrospective chart review includes date and time of birth, feeding choice, time of breastfeeding initiation, and time of newborn admission to the nursery. Patient satisfaction questions/comments relevant to the project were obtained from the hospital's patient satisfaction survey. Implementation phase retrospective chart review collected data about documentation of initiation of STS.

### Implementation Strategies

A list entitled *Top Ten Reasons for Keeping Mother and Baby Together Post-Birth* was posted prior to implementation to engage staff and prompt dialogue. Labor and delivery staff, designated as project champions, and the education specialist reorganized the cesarean birth recovery room to safely accommodate mother and newborn. Multidisciplinary in-service education was provided. A pilot project was conducted to identify any barriers. A workflow algorithm was created to highlight changes to staff responsibilities. Staff dialogue continues to share progress, address

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skin-to-skin care  
postbirth recovery care  
cesarean birth  
Plan-Do-Study-Act cycle

### Poster Presentation

challenges and concerns, and offer support and information about keeping mothers and newborns together.

### Results

The length of time mother and newborn stayed together following cesarean birth increased from 35 to 90–120 minutes. The length of time to initiation of breastfeeding decreased from 5 to 2 3/4 hours.

Initiation of STS increased 7% to 57%. Patient satisfaction scores remain consistent at greater than 90%.

### Conclusion/Implications for Nursing Practice

The PDSA cycle can be used to accomplish successful implementation of practice change. Standardized care following cesarean birth should include STS and early initiation of breastfeeding. Unexpected practice improvement may be realized.

## Beyond 39 Weeks: Sustainability in Decreasing Cesarean Rates in Elective Inductions

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### Keywords

elective induction  
Bishop score  
cesarean

### Childbearing Poster Presentation

### Objective

A high cesarean rate led the Perinatal Quality and Safety Committee (PQSC) to investigate opportunities for improvement. We chose to restrict elective inductions by applying evidence-based parameters for selection with the aim of decreasing the cesarean rate.

### Design

The PQSC developed a policy restricting elective inductions to women who were at least 39 weeks gestation with a Bishop score of greater than 7. Evidence has demonstrated that infants born prior to 39 weeks gestation have an increased risk for problems leading to admission to the neonatal intensive care unit. Additionally, women who are induced with a Bishop score greater than 7 have a probability of vaginal delivery that is similar to spontaneous labor.

### Sample

Low-risk, healthy women undergoing elective induction.

### Methods

A standardized process for booking inductions was developed, including a physician request form documenting gestational age, Bishop score, and induction indication. Education was provided and feedback was solicited from nursing and physician staff prior to implementation.

### Implementation Strategies

Charts were audited monthly and feedback was provided to staff. Compliance with the 39-week requirement was high. In the first month, only 50%

of patients induced electively had documented Bishop scores. During 2010 to 2011, compliance with the requirement to record Bishop scores fluctuated between 55% and 90%. Noncompliant physicians were referred to peer review, but this did not always improve performance. In 2012, the PQSC determined that a nurse-driven hard stop at the time of booking was required. Inductions were not booked until the request form was approved by nursing staff. Physicians were informed that if patients presented to the unit who did not meet criteria, they would not be induced.

### Results

Since 2010 there have been no elective inductions prior to 39 weeks gestation. Compliance with the requirement to record Bishop score has improved steadily. The mean compliance per month for 2010 was 75%, and by July 2013, the rate was 96%. The cesarean rate has decreased from 24.4% 6 months prior to implementation to 12.2% post implementation.

### Conclusion/Implications for Nursing Practice

Empowerment of the nursing staff was a significant contributing factor to the success of this initiative. Originally ambivalent, the nursing staff did not want to *police* the attending physicians or contribute to patient dissatisfaction. Hard stops resulted in discharged patients, and several physicians were referred for peer review, but over time compliance with the policy became the norm. Supported by leadership, nurses continue to be a driving force in our evidence-based culture of quality and safety.

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