Implementing the Mother-Baby Model of Nursing Care Using Models and Quality Improvement Tools

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"Congratulations, it's a boy!" Historically, this comment is followed by a nurse swiftly bundling up a newborn and whisking him off to the newborn nursery. His mother is then moved to the postpartum unit where she's allowed minimal visitors, and time with her newborn is limited. Fortunately, advocates for mother-baby nursing recognized that this approach isn't ideal for women or newborns.

Abstract: As family-centered care has become the expected standard, many facilities follow the mother-baby model, in which care is provided to both a woman and her newborn in the same room by the same nurse. My facility employed a traditional model of nursing care, which was not evidence-based or financially sustainable. After implementing the mother-baby model, we experienced an increase in exclusive breastfeeding rates at hospital discharge, increased patient satisfaction, improved staff productivity and decreased salary costs, all while the number of births increased. Our change was successful because it was guided by the use of quality improvement tools, change theory and evidence-based practice models.
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