

Preterm Neonatal Care: Quality Improvement

Hayley Barrie

Lakeview College of Nursing

Dr. Ariel Wright

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Quality improvement aims to progress the results of an action by utilizing data to monitor and evaluate nursing practices and implementations with hopefulness for improvement (Houser, 2018). Quality improvement is significant when it comes to nurses' knowledge, attitudes, skills, and behaviors. Furthermore, quality improvement allows nurses to use their knowledge to brainstorm methods or techniques to change the implementation of patient care for the better. Nurses can then use their proficiencies and change some parts of their practice while in a clinical setting. If there is an improvement, the nurse may better value the applied change and feel validated in their nursing role (QSEN Institute, 2020). This paper is about improving the life of preterm neonates, focusing on implementing delayed cord clamping (DCC) instead of immediate cord clamping (ICC). This topic is significant because there is potential evidence that preterm neonates can have improved health outcomes from a change in practice as minimal as a provider waiting to clamp the umbilical cord (Aliyev & Gallo, 2018).

Article Summary

Introduction

This article discusses the implementation of delayed cord clamping (DCC), which is considered nontypical, compared to that of immediate cord clamping (ICC), which is considered standard practice after a neonate is born. Researchers aim to discover evidence that DCC is more beneficial to preterm neonates than ICC. Researchers accomplished this by studying neonates

born before 37 weeks gestation. Researchers wanted nurses to implement DCC instead of the usual ICC. Nurses clamped the umbilical cord after at least one minute after birth. After researchers analyzed the data, the data showed that the Apgar scores in neonates with DCC were higher than those with ICC. The researchers then had the nurses clamp umbilical cords five minutes after birth, and data showed that the Apgar scores for the DCC neonates were higher than ICC neonates. It is vital to research to improve patient's lives by providing the most effective care possible in nursing practice. The topic of improving the quality of preterm neonate care is relevant when implementing DCC instead of ICC. This practice is something a nurse or provider can quickly implement to improve the life of preterm neonates and improve their healthcare delivery (Aliyev & Gallo, 2018).

Overview

This research article relates to improving the quality of preterm neonate care by exploring the Apgar scores of premature neonates who had ICC and those who had DCC. The Apgar scores demonstrate hemodynamic strength, and all neonates receive the score at birth regardless of gestational age. These Apgar scores were collected and scored and then compared. Other outcomes were measured, such as the qualities of the obstetrics team and the degree of clamping. The researchers in the article also developed a survey in which the obstetrics team could respond to questions about DCC implementation. When it comes to the QSEN competencies of quality improvement, this article examines the tactics for change in the processes of preterm neonatal care. In this research, knowledge was reviewed and then presented to the implementation team of nurses and physicians—this knowledge allowed for a change in the process of preterm neonatal care directly after birth. The obstetrics team was then able to change an aspect of a skill they participate in daily. Instead of clamping the cord immediately, they delayed it in some neonates

for one minute and five minutes for other neonates. The health care providers' attitude also helped to make a change in quality improvement for the neonates. The obstetrics team showed a professional attitude when implementing DCC and was aware of potential benefits to their patients. Most nurses surveyed in this study felt that this change is appropriate in improving neonatal care (Aliyev & Gallo, 2018).

Quality Improvement

The implementation of delayed cord-cutting (DCC) can occur in care settings that manage the birthing process. These settings involve women's centers and are involved with the obstetrics department. Healthcare workers, including advanced life support nurses, also aid the operating room and labor and delivery. If the change from immediate cord-cutting (ICC) to DCC is to occur as standard practice, time is the resource needed to be available for implementation. When it comes to pre-implementation, a nurse should make sure that the patient giving birth knows about DCC, and when it comes to post-implementation, the nurse should record the Apgar scores and assess the patient. Financially, there is no additional cost apart from the cost of labor and delivery and neonatal care. After DCC, the neonates Apgar scores went up, and the satisfaction of the neonate and their parents likely increased because of assurance in hemodynamic stability. When it comes to the satisfaction of the nurses implementing this change, after post-implementation of DCC, 92% of the nurses felt that DCC was an appropriate change in the healthcare center that they worked, suggesting that they were pleased with the outcome of the quality improvement implementation. DCC implementation also increases patient safety. It increases Apgar scores linked with decreased health risks for the neonate, resulting in fewer hospitalizations and long-term health benefits. Implementation of DCC could increase nurse safety because if the neonate is healthier due to the hemodynamic stability at birth, there

could be less need for potentially harmful medical implementations such as lab draws or needlesticks (Aliyev & Gallo, 2018).

References

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