

Nursing Care for Premature Babies: Quality Improvement

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Quality improvement is a concept that enhances the outcome of the aspect that needs an overview to upgrade. In healthcare, it is a factor that is consistently shifting to maintain the best and most up-to-date improvements. The quality improvement consists of knowledge, skills, and attitude. According to QSEN (2020), knowledge is essential since it analyzes the measurement and variations in the quality of care. QSEN (2020) realizes how healthcare professional students also play a role in the outcome of adequate care. Skills play a role as healthcare workers have clinicians and labs to study to prepare for the real world and seek improvement. The last category discussed within the competency is attitude. QSEN (2020) mentions how attitude is fundamental to the value of care and outcome. It can toggle the variation of the effect of how valuable and how the mood of co-workers affects teamwork. In the article by Kourouma et al. (2021), the study discusses implementing the kangaroo mother care system for preterm newborn babies. The implementation seeks to understand the barriers that prevent its full potential and how to facilitate efficient kangaroo mother care (Kourouma et al., (2021). It impacts the nursing practice as it helps reveal the negative and positive aspects of improving the quality of care provided to newborn babies. It helps nursing practice discover different care areas and how implementing KMC is crucial for premature newborns. The care areas focus on skin-to-skin contact, educating staff and mothers, and support from caregivers (Kourouma et al., (2021). The significance of KMC implementation is to educate the mothers about the importance of this care that premature babies need. Overall, KMC can lead to early discharge due to newborns gaining their health back.

Article Summary

Premature newborn babies are fragile and need careful attention and close monitoring. Implementing kangaroo mother care ensures the baby receives one-on-one contact with either a healthcare professional or their mother. It discusses the negatives and positives of implementing KMC and how it is a low-tech and cost-effective communication (Kourouma et al., (2021). The downfall is from lack of human resources, lack of supply, and father resistance. On the hand, the positive is gaining knowledge, training, and support. It will improve not only the baby's health but the mother's attitude to steer away from anxiety and depression. The primary purpose is to give an overview and explain how KMC upgrades benefit the newborn and mother. The research article relates to the topic as it discusses how KMC facilitates care for premature babies. Healthcare professionals receive continuing education related to premature babies and help new mothers on how to nurture their newborns. Enhancements would be improving personal time by focusing on skin-to-skin contact and education on breastfeeding (Kourouma et al., (2021). KMC participates in a hospital setting after giving birth since its primary focus is on premature babies and ensuring proper care. Nurses and health care professionals do their best to get education on helping premature babies meet their basic needs as skin-to-skin contact.

Furthermore, during the pre-stages, the committee must ensure enough research is done through the committee to get approval. Included in the pre-stages is to have the financial assets to get the supplies needed. Also, proper education among nurse educators ensures that the staff is well trained and prepared for implementing changes. The intra-stage focuses on proper documentation and analyzing data. Teamwork is essential and proper leadership within the nurse educator lends a helping hand if needed. The post-stage is checking the effectiveness of the

implementation and checkups discussing outcomes. Accurate observations if there are any upgrades needed to ensure quality improvement. Scouting for up-to-date data or if more financial assets are needed to continue this improvement. Financially this institution discusses how it was a low-cost-effective intervention (Kourouma et al., (2021). Patient satisfaction would vary between the patient's cultures; some disagreed as they frowned upon the idea of holding their baby across the chest, which can be a form of indecency (Kourouma et al., (2021). Although, patients who did approve were glad to have this experience. First-time mothers need education on the importance of skin-to-skin contact with their newborn babies and tips on breastfeeding properly (Kourouma et al., (2021). KMC gave them confidence and encouraged them to breastfeed and learn the benefits of skin-to-skin contact. Nurses' satisfaction is well-received as they get training and continuing education on how to teach parents about the importance of KMC and demonstration of it. Nurses who are mothers themselves found it more touching as they were able to relate to the mothers with newborns. It would impact the patient's safety as they gained trust in the facility. The parents can observe how the health care professionals are taking their time to communicate thoroughly with parents about their child. It would put the patient at ease and make them feel safe and at peace. It increases nurses' safety as this would form and grow into their continuing education and proper training on new implementations. Overall, KMC is crucial for premature babies, and having adequate support to teach mothers is vital in healthcare.

References

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