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Postpartum Quiet Time Effects on Breastfeeding, Satisfaction, & Interruptions to Couplets

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**Postpartum Quiet Time Effects on Breastfeeding, Satisfaction, & Interruptions to Couplets**

**BACKGROUND –**

- Early exclusive breastfeeding (BF) & high patient satisfaction = quality care indicators
- Women need time & rest to achieve these indicators
- Research suggests
  - Interruptions to healthy postpartum (PP) couplets may interfere with BF & satisfaction\(^1\)\(^-\)\(^2\)
  - Designated quiet times may improve outcomes\(^3\)\(^-\)\(^4\)
  - “Remarkably high” interruptions to couplets over 12 hours = 1,555 (N=29)\(^1\) & 1,593 (N=30).\(^2\)
  - Mean interruptions = 54:24\(^1\)
  - Data from our high census PP unit
  - Below benchmark patient satisfaction HCAHPS scores
  - Below benchmark exclusive breastfeeding rates on newborn screening forms
  - Anecdotal reports of numerous interruptions

**PURPOSE**

**Study Aim:** To examine BF and satisfaction outcomes of a new quiet time new mothers with normal deliveries

**Hypothesis:** Does a daily 2-hour quiet time on a PP unit affect BF rates, patient satisfaction, and total staff interruptions to women with uncomplicated deliveries?

**REFERENCES**


**METHODS**

- **Design:** Quasi-experimental, pre/post study
- **Intervention:** Daily 1300-1500 quiet time with interruptions limited to maternal-requested support person & emergencies
- **Sample:** Convenience sample of rooms occupied by healthy new couplets
- **Setting:** 21-bed postpartum unit in 377-bed Magnet® Recognized facility in suburban southern California
- **Outcome measurements:**
  - Interruptions: Investigator-designed tally form with face validity used by trained observers
  - Patient satisfaction: HCAHPS survey data
  - Exclusive breastfeeding (BF) rates: Newborn screening forms

**RESULTS AND OUTCOMES**

- **Rooms observed:** Pre N=73(15 days); Post N=54(9 days)
- **Total interruptions reduced 31%**
- **Patient satisfaction:** HCAHPS “Quietness” Score improved significantly from 50.2 to 87.4 (p=.0076)
- **Exclusive BF rates:** No significant change (p<.05)

<table>
<thead>
<tr>
<th></th>
<th>No Quiet Time</th>
<th>After Quiet Time</th>
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<tbody>
<tr>
<td>Total interruptions</td>
<td>487</td>
<td>337</td>
</tr>
<tr>
<td>Breastfeeding Rates</td>
<td>34%</td>
<td>48%</td>
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<tr>
<td>HCAHPS Patient Satisfaction/Facility Benchmark</td>
<td></td>
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<tr>
<td></td>
<td>Global</td>
<td>Quietness</td>
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<tr>
<td></td>
<td>82.1/72.7</td>
<td>50.2/59.5</td>
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<td></td>
<td>80.5/72</td>
<td>87.4/72.7*</td>
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<td>&quot;Would recommend&quot;</td>
<td>71.3/58.7</td>
</tr>
</tbody>
</table>

**CONCLUSIONS/DISCUSSION**

- All HCAHPS satisfaction scores remained or rose above facility benchmark after quiet time
- Our outcomes confirm prior research & QI projects that quiet time
  - Reduces interruptions to couplets
  - May improve BF & patient satisfaction
- Anecdotal positive outcomes
  - Women reported being happier with fewer interruptions
  - RNs reported additional time to catch up on charting

**FURTHER RESEARCH/IMPLICATIONS FOR PRACTICE**

- While not results are not generalizable, results support dialogue & research on the following:
  - Any rise in BF rates is clinically (even if not statistically) significant
  - More & longer quiet time intervention studies can confirm document BF outcomes & staff satisfaction
  - Quiet time may raise staff satisfaction
  - Implementing quiet time requires educational & administrative support
  - Maintenance of change requires ongoing QI monitoring of routine BF & satisfaction data

**LIMITATIONS**

- Trained observer/researcher availability
- Small convenience sample in single setting
- Difficult to show direct relationship between intervention and breastfeeding rates

**CONTACT**

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