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

Christen Lawrie

Martha E F Highfield

Sherri Mendelson

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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<sup>1-2</sup>
  - Designated quiet times may improve outcomes<sup>3-4</sup>
  - “Remarkably high” interruptions to couplets over 12 hours = 1,555 (N=29)<sup>1</sup> & 1,593 (N=30).<sup>2</sup>
  - Mean interruptions = 54:24<sup>1</sup>
  - 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

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2. Morrison & Ludington-Hoe, (2012) Interruptions to Breastfeeding Dyads in an LDRP Unit. *MCN: The American Journal of Maternal Child Nursing*. 37(1). 36-41.
3. Driver, L.R. & Colbert, T. (2010) ‘Shhh...Implementation of Quiet Time on the Mother/Infant Unit’, *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 39(Supplement 1), p. S23.
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## 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<sup>®</sup> 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 Breastfeeding rate:** No significant change (p<.05)

	No Quiet Time	After Quiet Time
<b>Total interruptions</b> at day 9	487	337
<b>Breastfeeding Rates</b>	34%	48%
<b>HCAHPS Patient Satisfaction/ Facility Benchmark</b>		
• Global	<b>82.1/72.7</b>	<b>80.5/72</b>
• Quietness	<b>50.2/59.5</b>	<b>87.4/72.7*</b>
• “Would recommend”	<b>71.3/58.7</b>	<b>86.2/72.2</b>

## 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

christen.lawrie@providence.org