MOTHER-BABY UNIT/NURSERY - STANDARD I - SAFETY

The patient can expect that a safe environment will be provided free from untoward events.

1. Each patient will have a name band on and each patient will be positively identified according to SMH Policy (01.PAT.09) Patient Identification: Inpatient/outpatient before initiation of treatment.
   1.1. Each couplet will have matching name bands that maintain a direct identification system between the mother and infant, along with the Identification Record.
   1.2. An Infant Log will be maintained whenever an infant is not in the presence of the mother or the banded significant other.

2. The patient will be protected from infection and cross contamination according to Infection Control policies.
   2.1. Admission of infants born outside of Sarasota Memorial Hospital will follow Departmental Policy #126.602.
   2.2. Nursing Departmental Policy #126.778 will be followed with regard to visiting on the MBU.

3. As the patient’s condition or nursing interventions warrant, the bed will be kept in the low position with the wheels locked and upper side rails in the up position and call light within reach of patient.
   3.1. A licensed nurse or MST will always be in attendance in the nursery when stable infants are present.
   3.2. Infants should be placed on their back with head turned to one side.
   3.3. For fall prevention, patients will be accompanied by staff for the first two times out of bed and additionally as condition warrants.
   3.4. Bedside report should be performed by nurses at shift change.

4. The nursing staff will provide for the patient’s safety while using electrical equipment.
   4.1. Appropriate shielding and protection will be utilized in use of x-ray equipment.
   4.2. The nurse will provide patient instruction on use of phototherapy equipment i.e. bank lights or biliblanket.
   4.3. The nurse will provide patient instruction on isolette use.

5. An allergy label will be placed on the front of each mother’s chart with “Allergies” or “No Known Allergies” listed as appropriate.
   5.1. “Allergies” or “No known allergies” will be entered into the patient’s electronic medical record (SCM during the admission process and updated as appropriate.
6. If restraints are necessary for the patient’s safety, they will be applied according to hospital policy and nursing procedure.

7. Defibrillators, crash carts, and resuscitation equipment will be checked daily according to Nursing Departmental Policy #126.185, “Maintenance of Emergency Equipment.”
   7.1. Each infant should have a bulb syringe present.

8. All personnel will utilize safety measures during transport.

9. Accuchek meters will be tested daily for quality control according to nursing procedure.

10. Medications will be administered per Nursing policies and procedures.
   10.1. Florida Statutes #383.04 and #383.14 will be adhered to in the administration of Erythromycin eye ointment and the administration of Vitamin K.

11. Nursing staff should review maternal/infant safety measures to prevent maternal/infant falls. Patient should sign safety document after it has been reviewed verifying they understand the information.

12. Umbilical tag or ankle tag should be activated and on infant at all times until discharge home.
   12.1 Umbilical/ankle tags will be monitored electronically upon transfer to MBU.

**MOTHER-BABY UNIT - STANDARD II - NURSING CARE**

The patient will receive nursing care based on the assessment of the patient’s needs by the registered nurse.

1. Patients will be admitted to patient care areas according to their physical and psychosocial needs, unit admission criteria, and bed availability.
   1.1. Admission criteria per Nursing Departmental Policy #126.781 will be followed.
       Should a mother require readmission after initial discharge, Departmental Policy #126.779 will be followed.

2. The patient will be oriented to the room, department, and to their assigned nurse upon arrival.

3. Couplet care includes rooming in with mom and baby and will be practiced by performing most infant procedures, screenings, at the bedside without separating the couplet unless necessary.

4. Admission assessment and reassessments will be completed as stated in Corporate Policy (00.PAT.66) Patient Assessment/Reassessment.

5. The Clinical Manager, Clinical Coordinator or shift communicator will make patient assignments according to Departmental Policy #126.054.

6. Treatments, medications, and IV’s ordered by the physician will be instituted according to guidelines and nursing procedures.

7. Vital signs will be completed as per Corporate Policy 00.PAT.66, unit routine, physician order, or as patient condition warrants.
8. Identified patient needs and subsequent nursing interventions will be evaluated and documented in the EMR using SCM flowsheets.

7.1. To coordinate the adoption process, Departmental Policy #126.774 will be followed.

**MOTHER-BABY UNIT - STANDARD III - PLAN OF CARE**

The patient and/or support persons will be given the opportunity to participate in the planning of their care.

1. An interdisciplinary plan of care will be initiated by the RN on admission and reviewed every shift by the nurse that identifies nursing interventions needed to achieve expected outcomes.

2. The plan is individualized to the patient’s conditions or needs as identified.

3. The plan is developed in collaboration with other health care providers and the patient/support persons as appropriate.

4. Individualized patient care needs are addressed in the nursing care plan. Generic standards of care per diagnosis are available through evidence-based references such as Lippincott, specific professional nursing organization standards, etc.

4.1. The following references will primarily be used for the patients on the MBU: Core Curriculum for Maternal-Newborn Nursing; Guidelines for Perinatal Care; and Perinatal Nursing.

**MOTHER-BABY UNIT - STANDARD IV - EDUCATION**

The patient and/or support persons will receive education that will enhance their knowledge, skills, and behaviors related to their healthcare needs.

1. Patient/support person’s education and instruction for self-care/infant will begin during the admission process and will be ongoing. Documentation will include the teaching plan and patient/significant other response.

1.1. The bedside nurse, Certified Lactation counselor (CLC), Certified Breastfeeding Consultant (CBC), International Board Certified lactation consultant (IBCLC)/educators/Discharge Facilitator will be available to assist with the breastfeeding of mother/baby couplet.

2. Discharge education and planning will begin during the admission process and continue throughout hospitalization.

2.1. Discharge criteria Departmental Policy #126.776 will be followed in conjunction with the use of discharge teaching forms to facilitate the discharge process.

2.2. To facilitate appropriate family adjustment and continuity of care following discharge, staff will utilize appropriate resources.

3. Discharge instructions will be provided prior to discharge home. As patient condition warrants, patient may attend Discharge Celebration offered by Discharge Facilitator for additional review of self and newborn care.

3.1. Discharge education forms #919270 specific to OBS/MBU patients will be utilized.
MOTHER-BABY UNIT - STANDARD V - CONTINUUM OF CARE

The patient will receive care based on the collaborative efforts of Nursing and other health professionals to achieve a continuum of patient care across all settings.

1. A multidisciplinary team, which may include parent/caregiver, other health care professionals, in house, and community wide resources, will be used to facilitate an optimal transition between health care settings and/or home.

MOTHER-BABY UNIT - STANDARD VI - SATISFACTION

The patient and/or support persons will receive the opportunity to communicate their responses to the hospital, illness, or care provided.

1. The Nursing staff will encourage input from the patient/significant other regarding their care

2. The nurse will serve as the patient's advocate when problems and/or complaints arise and pass any patient complaints to Clinical Coordinator, or shift communicator for resolution.

MOTHER-BABY UNIT - STANDARD VII - COMFORT/PAIN MANAGEMENT

The patient will have his/her comfort and pain needs effectively managed.

1. All patients will be provided with an environment conducive to rest/recovery.

2. The patient will have his/her needs for personal hygiene met appropriate to his/her condition.

3. Patient’s comfort level will be assessed and comfort measures/pain management will be provided to meet patient needs as outlined in the standard of care for pain management.

MOTHER-BABY UNIT - STANDARD VIII - PATIENT RIGHTS/INFORMED CARE

The patient will be provided with the information necessary to participate in decisions about his/her nursing care and care provided to their infant.

1. The nurse will assess the patient’s level of understanding and explain nursing treatments/procedures, allowing time for questions.

2. Consent for procedure and patient understanding will be verified prior to implementation. If further explanation is required, appropriate resources will be utilized.

3. Additional information regarding advance directives will be provided as requested by patient/support person.
4. The nurse will respect the patient’s right to refuse and/or limit treatment or procedure and will notify physician.

**MOTHER-BABY UNIT - STANDARD IX - CONFIDENTIALITY**

The patient can expect that confidentiality of information regarding his/her care will be maintained.

1. The patient can expect that the Nursing staff will maintain confidentiality of information regarding his/her care according to hospital policy.

2. Authorized personnel caring for the patient will have access to the medical record.

3. Standards set by the Patient Experience Program will be maintained.

4. Clinical team will maintain confidentiality with patient information.

**MOTHER-BABY UNIT - STANDARD X - CULTURAL/SPIRITUAL VALUES**

The patient will receive considerate and respectful care as demonstrated through our Patient Experience Program consistent with his/her cultural and spiritual values.

1. Patient’s spiritual and cultural beliefs will be considered when planning and implementing care.

2. Patient and family interactions will be conducted in a caring, courteous, professional, and empathetic manner.

Available resources will be utilized to maximize patient/significant other support as needs are identified.

3.1. Perinatal Grief support will be available to the family suffering a fetal/newborn loss with referral to community resources as desired by the family.

3.2. Parent/child bonding will be facilitated.

**Reviewing Authors:**

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Denise Deemer, BSN, RN, MBU

**References:**


### APPROVALS:

Signatures indicate approval of the new or reviewed/revised policy

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<td>Pam Beitlich, Director, Women’s and Children’s Services</td>
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**Committee/Sections (if applicable):**

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**Administrative/Director (if applicable):**

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**Vice President/Administrative Director (if applicable):**

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<tbody>
<tr>
<td>Connie Andersen, Vice President, Chief Nursing Officer</td>
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