Where's my baby? Improving patient experience in obstetric theatres

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Introduction

- Early 'skin to skin' contact after birth is recommended to improve the psychological wellbeing of mother and baby, facilitate bonding, thermoregulation and breast-feeding[1,2].
- This can be a challenge in obstetric theatres. Neonates born by caesarean section often require assessment and life support before being weighed, having their cord cut and receiving injections.
- This process can take up to 20 minutes, during which time, the new mother is undergoing surgery often unable to see, hear or understand what is happening to her baby.
- This quality improvement project uses a simple baby monitor device to enhance mother-baby contact and improve patient experience during elective caesarean section procedures.



Results

- Thirty-five patient experience surveys were collected over a one-month period.
- Feedback was collected from 15 mothers who were able to view their baby on the video monitor.
- All 15 patients (100%) reported that the baby monitor improved their theatre experience.
- No adverse or negative impacts were reported.
- Feedback was also collected from 20 mothers who were not offered the video monitor service;
  - 67% reported they would have liked the opportunity to see their baby on the monitor
  - 14% reported that they would decline
  - 19% patients were unsure

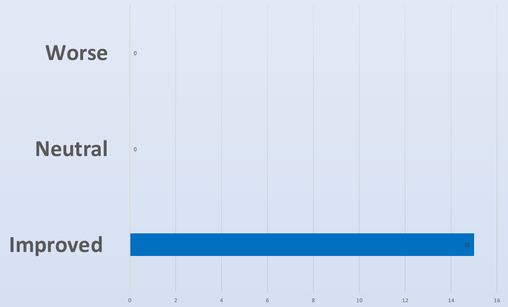


Methods

- Expectant mothers undergoing caesarean section were offered the chance to view their new-born baby on a wireless, closed loop, video baby monitor.
- The device does not record, transmit or remember any information, it is purely a live feed between mother and baby during the mother's caesarean section.
- The service was not offered to patients if there was any foetal compromise or neonatal doctors were present.
- Patient's theatre experience was followed up 24 hours later via an anonymous online survey. Accessed via QR code:



Impact on patient theatre experience



Conclusions

- This quality improvement project demonstrates a simple, low-cost measure to improve mother's experience during caesarean section.
- The project was universally well received by patients, partners, midwives, obstetricians, anaesthetists and theatre staff.
- The scope of the project was limited to elective caesarean sections where there was no foetal compromise.
- We plan to explore the use of the baby monitor in emergency caesarean sections and to evaluate whether it can help to improve mothers' birth experience in cases where there are concerns about neonatal compromise.

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References
1. NICE. Caesarean Birth Clinical Guideline [NG192]. 2021. https://www.nice.org.uk/guidance/ng192
2. Benton M, Salter A, Tape N et al. Women's psychosocial outcomes following an emergency caesarean section: A systemic literature review. BMC Pregnancy Childbirth 2019; 19: 535

Images: 1. Vtech 2. iStockphoto

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