

TITLE: The Effects of Implementing a Minimal Stimulation Protocol on the Transfer of Near-Term Infants to Tertiary Medical Centers

Authors: Susan Stiver RN, Abby Garlock RN, BSN Women's and Children's Services

Institution: Cleveland Regional Medical Center, Shelby, NC 28150

Problem: The purpose of this study was to evaluate the effects of implementing a Minimal Stimulation Protocol for infants delivered near-term, 34 to 37 6/7 weeks gestation, in a Community Hospital Setting. Does implementing a Minimal Stimulation Protocol for near-term infants with respiratory distress reduce the number of transfers to Tertiary Medical Centers?

Methods: Retrospective Data collection served as the control group and Concurrent Observational Data was the interventional study group. Sample size was 62 and selection for the study was based on specific inclusion/exclusion criteria. Each infant admitted to Level III Nursery for respiratory evaluation and/or support was considered for the study and each received the benefits of the Minimal Stimulation Protocol. This study was conducted from September 2007 until January 2010.

Results: Near-Term Infants responded most favorably to the implementation of a Minimal Stimulation Protocol as demonstrated by increased number of direct transfers into our Level I Well Baby Nursery, a significant decrease in discharge delays, and a reduced number of transfers to Tertiary Medical Centers. Our most significant result rose out of the subgroups looking at discharge delays. Of the minimal stimulation group 15 (50%) had no delay in discharge, 15 (50%) had a discharge delay related to a secondary diagnosis. No babies in the minimal stimulation group had a discharge delay related to feeding intolerance, weight gain issues or for social reasons. (p value 0.037)

Perinatal: Evidenced-based studies have documented patient outcomes indicating that the implementation of a Minimal Stimulation Protocol has been beneficial in Tertiary Medical Center Neonatal Intensive Care Units nationwide. This study not only validates the direct benefits for the near-term infants but also indicates that such a Protocol implemented in Community Hospital settings has the potential for improving patient outcome, promoting parent-infant bonding, and reducing the number of transfers to Tertiary Medical Centers.

TITLE: The Effects of Implementing a Minimal Stimulation Protocol on the Transfer of Near-Term Infants to Tertiary Medical Centers

Problem: The purpose of this study was to evaluate the effects of implementing a Minimal Stimulation Protocol for infants delivered near-term, 34 to 37 6/7 weeks gestation, in a Community Hospital Setting. Does implementing a Minimal Stimulation Protocol for near-term infants with respiratory distress reduce the number of transfers to Tertiary Medical Centers?

Methods: Retrospective Data collection served as the control group and Concurrent Observational Data was the interventional study group. Sample size was 30 and selection for the study was based on specific inclusion/exclusion criteria. Each infant admitted to Level III Nursery for respiratory evaluation and/or support was considered for the study and each received the benefits of the Minimal Stimulation Protocol. This study was conducted from September 2007 until January 2010.

Results: Near-Term Infants responded most favorably to the implementation of a Minimal Stimulation Protocol as demonstrated by increased number of direct transfers into our Level I Well Baby Nursery, a significant decrease in discharge delays, and a reduced number of transfers to Tertiary Medical Centers. Our most significant result rose out of the subgroups looking at discharge delays. Of the minimal stimulation group 15 (50%) had no delay in discharge, 15 (50%) had a discharge delay related to a secondary diagnosis. No babies in the minimal stimulation group had a discharge delay related to feeding intolerance, weight gain issues or for social reasons. (p value 0.037)

Perinatal: Evidenced-based studies have documented patient outcomes indicating that the implementation of a Minimal Stimulation Protocol has been beneficial in Tertiary Medical Center Neonatal Intensive Care Units nationwide. This study not only validates the direct benefits for the near-term infants but also indicates that such a Protocol implemented in Community Hospital settings has the potential for improving patient outcome, promoting parent-infant bonding, and reducing the number of transfers to Tertiary Medical Centers.