

Providence

Providence Digital Commons

Articles, Abstracts, and Reports

6-2024

Quiet Time on Family Maternity Center

Deanna Conley
Providence

Shelbie Clement
Providence

Follow this and additional works at: <https://digitalcommons.providence.org/publications>



Part of the [Maternal, Child Health and Neonatal Nursing Commons](#), and the [Obstetrics and Gynecology Commons](#)

Recommended Citation

Conley, Deanna and Clement, Shelbie, "Quiet Time on Family Maternity Center" (2024). *Articles, Abstracts, and Reports*. 8911.

<https://digitalcommons.providence.org/publications/8911>

This Presentation is brought to you for free and open access by Providence Digital Commons. It has been accepted for inclusion in Articles, Abstracts, and Reports by an authorized administrator of Providence Digital Commons. For more information, please contact digitalcommons@providence.org.

Quiet Time on Family Maternity Center

Deanna Conley MSN, RNC-OB and Shelbie Clement BSN, RNC-OB

Background

Interruptions during the postpartum stay negatively affect birthing parents by interrupting breastfeeding, sleep, and bonding time with baby. Literature strongly supports quiet time during the postpartum stay. Quiet time has shown to improve exclusive breastfeeding rates, decreases emotional and physical exhaustion, increase nurse satisfaction, and decreases nursing stress.

Purpose

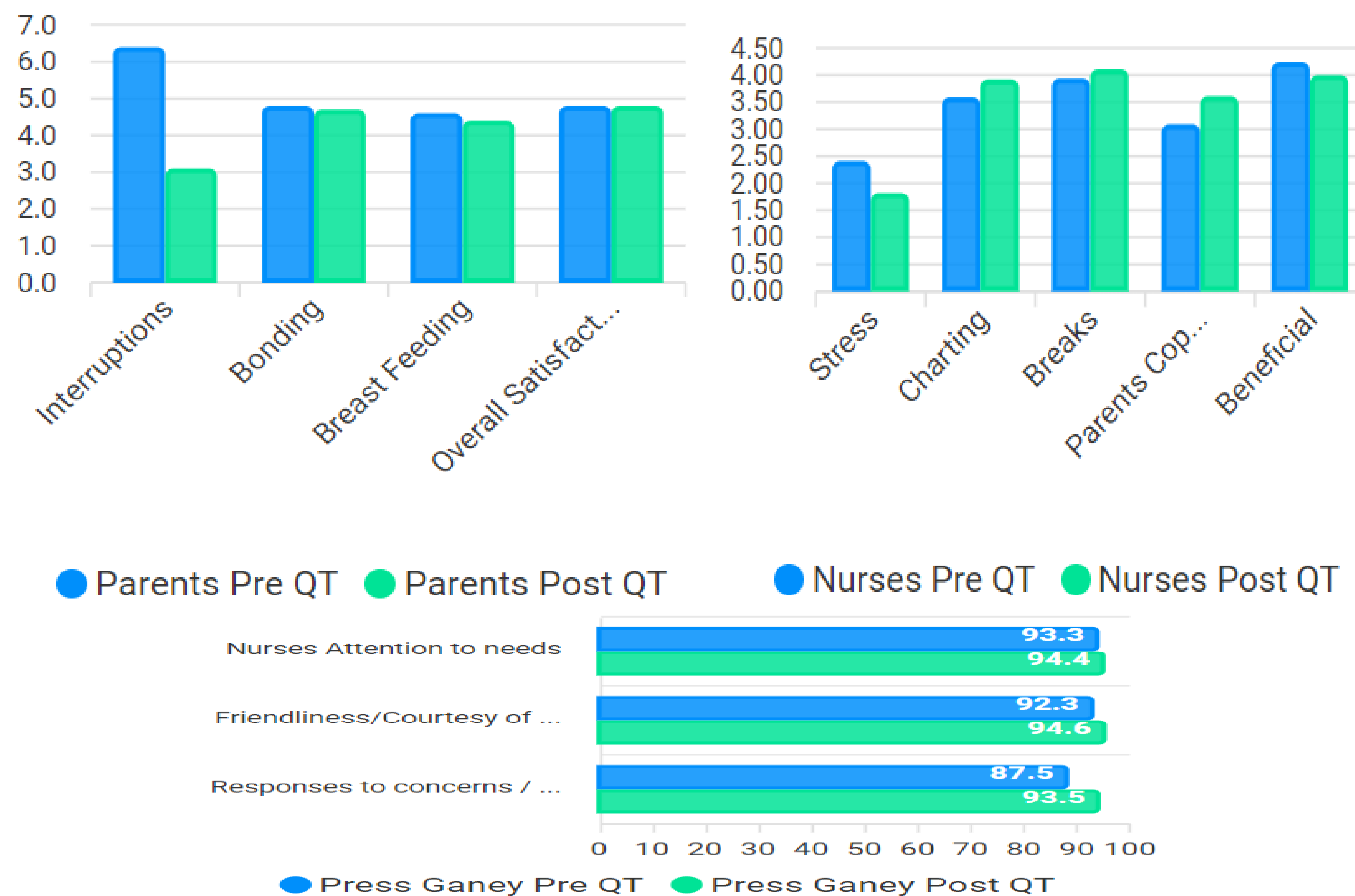
The purpose of this study was to determine if the institution of quiet time would improve bonding, breastfeeding, and overall patient satisfaction. As well as show a reduction of charting time, stress levels, and increased ability for nurses take lunch breaks.

Methods

Nurses and patients on a 20 bed LDRP unit completed pre/post quiet time surveys, and Press Ganey scores to compare the number of interruptions, bonding, exclusive breastfeeding, and overall satisfaction and stress levels.

Results

A total of 48 patients and 34 nurses completed the pre survey and 38 nurses and 38 patients completed the post survey. While instances of interruptions were reduced, satisfaction remained relatively the same.



Discussion

- Education to unit and ancillary staff is key to success.
- Upgraded lighting on unit to dimmers. Dimmed lighting during quiet time.
- Patient participation high.
- Staff buy-in challenging.

Implications for Practice

- Sustain Quiet Time on LDRP unit through conversation with staff and patients.
- Culture shift necessary for best practice.
- Potential spread hospital wide.
- Consider adjusting Quiet Time hours based on shift care routines.

Acknowledgments

FMC Unit Based Council and Management