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QUALITY IMPROVEMENT PROJECT ON MINIMIZING PERINATAL MORBIDITIES BY IMPLEMENTING A POLICY OF ALLOWING VISITORS TO VISIT PATIENTS IN TERTIARY CARE HOSPITALS IN SRI LANKA.

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INTRODUCTION

The significance of perinatal morbidities, encompassing both maternal and neonatal health challenges during the critical period surrounding childbirth, cannot be overstated. Perinatal morbidities pose substantial risks to the well-being of both mothers and infants, impacting not only immediate health outcomes but also potentially influencing long-term health trajectories.

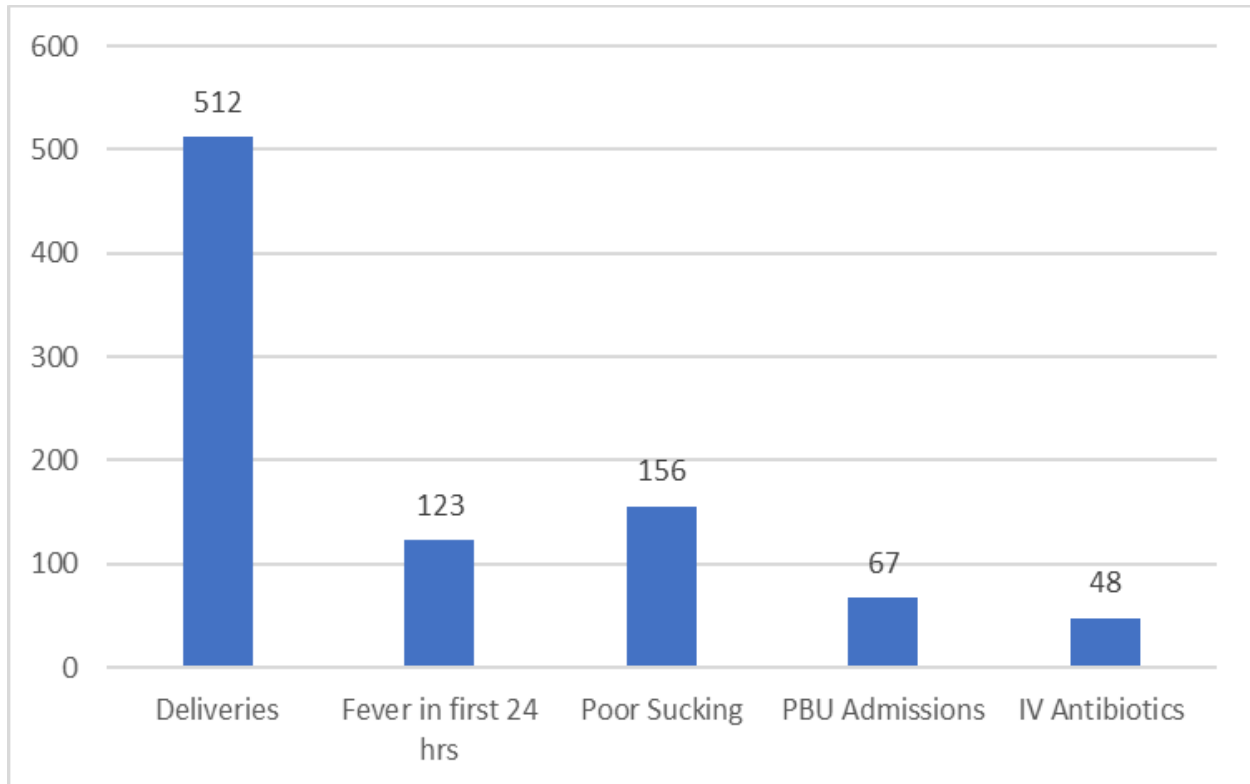
The immediate postpartum period, particularly the first 24 hours, stands as a critical phase in the journey of both mother and newborn. During this time, the infant is navigating the complexities of adapting to a new environment, while the mother is grappling with fatigue, breast discharges, post-vaginal bleeding, discomfort, mood changes, and pain. This vulnerable period demands meticulous assessment, as both mother and baby are at an elevated risk of immunocompromise, necessitating vigilant care in terms of ventilation, feeding, and hydration.

The initial 24 hours post-delivery emerges as a pivotal time frame where the delicate balance of rest and care for the mother and minimal handling for the newborn becomes paramount. However, the cultural context in Sri Lanka introduces a unique challenge – the tradition of numerous visitors during this critical period. This cultural norm, though well-intentioned, may inadvertently expose the newborn to potential risks. Visitors, often arriving via public

transport, may engage in practices such as handling the baby, hugging, and gifting jewelry, contributing to a heightened risk of infection transmission.

In this context, the present audit endeavors to explore the impact of hospital visitation policies, specifically focusing on mitigating perinatal morbidities. By scrutinizing the potential repercussions of extensive visitor interactions during the immediate postpartum period, this audit aims to assess whether intervention in the form of visitor control can effectively reduce the incidence of perinatal morbidities. Addressing these concerns becomes crucial not only for maintaining a hygienic and safe environment for mother and baby but also for aligning hospital practices with the delicate healthcare needs during this high-risk phase.

Figure 1: Pre Assessment



Births that occurred within one month were considered and 30.4% of the total births were identified as poor sucking. 24.02% of infants had fever detected in the first 24 hours. 13.1% of infants were admitted to PBU and 48 of them were given IV antibiotics.

Intervention

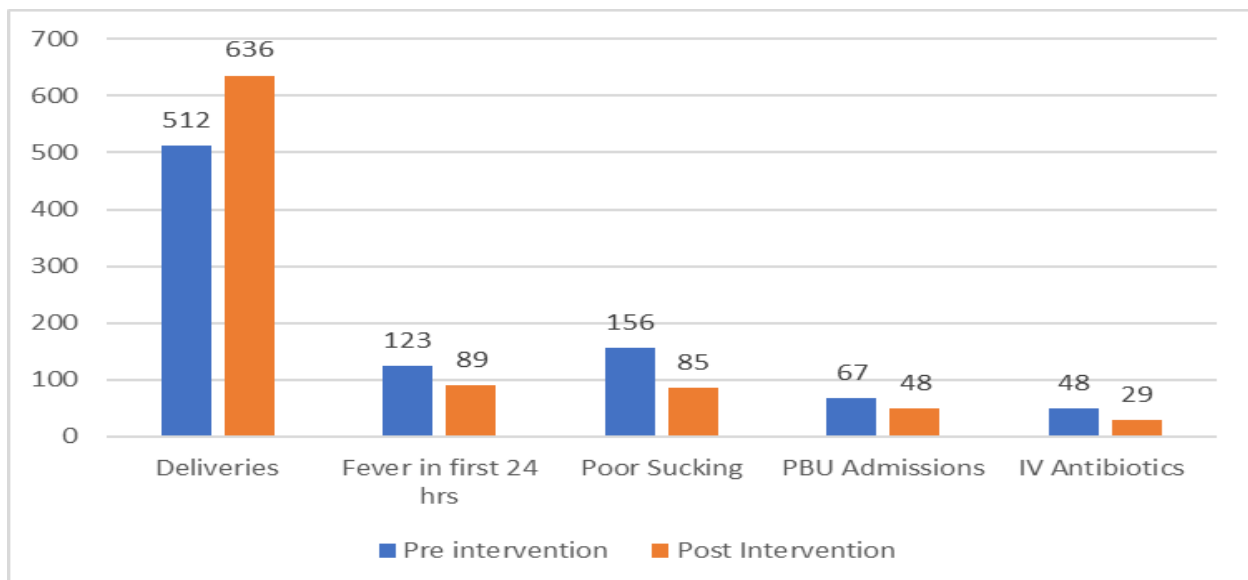
Collaborate with key stakeholders, including healthcare providers, administrators, and patient representatives, to develop a clear and comprehensive policy restricting visitors to the postnatal ward during the first 48 hours post-delivery. The policy should explicitly state that only two visitors are allowed per patient, namely the husband and one additional visitor. Emphasize the importance of this policy in safeguarding the health of both mother and newborn during the critical postpartum period.

Design informative materials (posters, pamphlets) outlining the new policy, its rationale, and the benefits of restricted visitation. Ensure these materials are prominently displayed in the postnatal ward, providing clear guidance for both healthcare providers and visitors. Develop an educational session for parents, emphasizing the significance of the new policy in promoting a healthier environment for mother and baby. Design and distribute special passes to be given to the designated visitors (husband and one additional person).

Implement the visitor restriction policy for a defined period of three months.

Actively communicate and reinforce the policy to both healthcare staff and visitors during this period. Collaborate with hospital staff to collect data on perinatal morbidities, including Post Birth Unit (PBU) admissions. Conduct a comprehensive analysis of the collected data, comparing perinatal morbidities and PBU admissions before and during the intervention period.

Figure 2: Post Intervention Results



Births that occurred within the next one month were considered and 13.3 % of the total births were identified as poor sucking. 13.9% of infants had fever detected in the first 24 hours. 7.5% of infants were admitted to PBU and 29 of them were given IV antibiotics. All measured parameters were significantly improved following the intervention programme. Incidence of fever was significantly reduced ($z=4.3;p<0.001$). Poor sucking was reduced significantly compared to pre-intervention period($z=7.1;p<0.001$). Premature baby unit admissions were significantly reduced($z=3.1;p=0.002$). The percentage of neonates who were given IV antibiotics were significantly reduces($z=2.0;p=0.04$).

DISCUSSION

The findings of this audit reveal a noteworthy outcome, indicating a reduction in Post Birth Unit (PBU) admissions following the implementation of the visitor restriction policy in the postnatal ward. This outcome holds significant implications, demonstrating positive effects across various dimensions of healthcare and patient well-being. The most apparent benefit of the intervention lies in the reduction of healthcare costs associated with PBU admissions. By curbing the need for additional hospital stays, dedicated staff, treatments, and costly antibiotics, the financial burden on the healthcare system is mitigated. This not only promotes resource efficiency but also allocates healthcare resources more effectively.

Reduced PBU admissions translate to a decreased need for specialized care for mothers and newborns, minimizing the strain on healthcare facilities. This not only contributes to more efficient use of medical resources but also lessens the challenges associated with interventions such as difficult cannulations. The dedicated staff can be better utilized to provide high-quality care to those who require more acute attention.

Limiting visitor interactions during the immediate postpartum period positively influences early child development. The reduced risk of infections and complications can contribute to healthier developmental trajectories for newborns. This, in turn, can have long-term implications for a child's overall well-being and future health outcomes.

Ultimately, the implementation of visitor restrictions aligns with a broader goal of reducing periods of hospital stays for both mothers and newborns. This not only optimizes hospital resources but also supports the principles of patient-centered care by facilitating a quicker return to a familiar home environment.

The intervention also yields positive outcomes for maternal psychosocial status. By limiting visitors and creating a more controlled and comfortable environment, mothers experience improved mental well-being. The reduction in external stressors enhances the overall childbirth experience, positively influencing the emotional state of both mother and baby. A decrease in the number of visitors correlates with improved hygiene standards and overall comfort in the postnatal ward. Fewer visitors mitigate the risk of infection transmission, contributing to a healthier environment for both patients and healthcare providers. This, in turn, facilitates more effective recovery for mothers and promotes a safer atmosphere for newborns. The visitor restriction policy enables the possibility of early discharge for mothers, promoting a smoother transition to home care. Additionally, the policy may positively impact feeding practices, as mothers can focus on establishing breastfeeding routines without the disruptions associated with frequent visitors.

In conclusion, the observed reduction in PBU admissions is indicative of the multifaceted benefits associated with visitor restrictions in the postnatal ward. Beyond the immediate financial implications, the intervention positively influences healthcare quality, maternal and neonatal well-being, and overall hospital efficiency. Further research and ongoing evaluation are recommended to refine and sustain the implemented policy for long-term benefits.

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