Newborn Hypothermia: Improving Thermoregulation in Term Neonates
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Problem: A change of practice to encourage parental bonding by minimizing separation of mother and newborn resulted in an increased incidence of hypothermia in our term newborn population.

Evidence: Guidelines for Perinatal Care recommendations from the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists for a stable newborn is immediate and sustained skin-to-skin contact. The World Health Organization: Pregnancy, childbirth, postpartum and newborn care: A guide for essential practice recommends skin-to-skin contact for at least two hours.

Strategy: An admission log was utilized to collect data including birth time, time of last recorded temp prior to transfer to nursery; last temperature prior to transfer; admission time to nursery; admission temperature. Data was collected on 416 neonates over a 12 week period from June 14 to September 6, 2008. Processes were evaluated for potential impact on heat loss and thermoregulation.

Practice Change: Improve parental involvement and participation in care of the transitioning term neonate while reducing incidence of mild to moderate hypothermia.

Evaluation: The data revealed need to assess current practices to identify causes of heat loss. Two locations of concern were identified: delivery room practices and transfer process to the admission nursery:

Results: 32% of term neonates with initial Apgar score above 7 at 1 and at 5 minutes experience hypothermia (defined as less than 36.4C or 97.6F). 13% of neonates experienced moderate hypothermia (defined as 35.9 to 32C or 96.6 to 89.6F). Actual recorded range was 94.9 to 97.5F.

Recommendations: The Family Centered Care Task Force recommends changes in care delivery model with elimination of routine transfer of the neonate to an admission nursery; reallocating of staffing from nursery to delivery room.

Lessons learned: A staff-led committee with patient outcome focus can initiate major change in care delivery. The process is neither smooth nor easy, but requires motivated, committed and empowered nurses. Staff buy-in for change is primary challenge.
Bibliography:


