Moms, babies to stay together in couplet care at new Children's Hospital
By Karen Robinson
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Come this fall, mothers giving birth at the new John R. Oishei Children's Hospital will be closer than ever in the first few days of their little one's new life.

It's called couplet care.

A modified form of it began earlier this year at Women & Children's Hospital of Buffalo. And in November, it will be in full swing when the new hospital opens on the Buffalo Niagara Medical Campus.

Janet Nordling, director of women's services at Women & Children's Hospital, oversees labor and delivery, as well as mother-baby antepartum, OB/GYN Centers, family planning clinic and the Regional Perinatal Center of Western New York and community women's clinics.

Nordling is no stranger to Children's Hospital. It's where her nursing career first took root as a staff nurse in the neonatal intensive care unit in 1983. In February, she circled back to Children's Hospital from Winchester Medical Center, Valley Health System, in Virginia.

She spoke to The Buffalo News recently as part of an ongoing series of interviews ahead of the move of Children's Hospital from Bryant Street to the Medical Campus in November.

Q: How have core women's services changed in recent years?
A: There are periods where people tend to want more natural births and then we go through periods where we tend to have a high rate of women requesting other. Breast and bottle feeding swings back forth. Of course, breastfeeding is extremely supported right now. We are on our journey to become a baby-friendly hospital, which is a designation that really promotes breastfeeding.

Q: Tell me about what couplet care is since it was recently implemented.
A: This is another change in maternity services. In the olden days, women would labor and then they would give the mom a general anesthesia right before she's about to deliver. This was back in 1950's and late '40s. Women would labor and then right before the baby was born, they'd be put under general anesthesia. They would whisk the baby away. Then in the 1960s, they stopped that practice and started to have women be awake while having their babies. It was still Mom would have the baby and the baby would be taken to the nursery. There's been a trend in the last 20 years, of trying to keep the mom and baby together all the time.

What couplet care is is that you keep the mom and baby together all the time. Rather than bringing the baby to the nursery to do all those tasky things, the nurse goes to the baby with the mom. So, our nurse will, after the baby is born, do all the things that she needs to do in the delivery room and then she'll put the baby with the mom, skin to skin, because there's a lot of research that says that placing a baby skin-to-skin immediately after delivery increases bonding, it helps with breastfeeding, it calms the baby, it will warm the baby better than any kind of warming lights we put them under. The goal is to have the baby on the skin with mom, try and get the breastfeeding started right away.
Q: How long has couplet care been offered at Children's in this form?

A: We've always done a form of couplet care. But the separation right after birth was a little bit more challenging because we were on separate floors. We decided the benefits of keeping mom and baby together are so beneficial not only to the baby, but also mom's comfort with taking care of the baby. Research has shown that moms feel much more confident and comfortable leaving the hospital with their baby when they've been with their baby the whole time in the hospital. We've started in January with our training, and we're doing sort of a modified couplet care right now.

Q: How will the transition to Oishei be with couplet care?

A: This is a major change in our process flow. Staff are going to have to be comfortable in a space and to change processes. It was really important that we started it early so that staff get very comfortable with it, so that by the time we move to the new hospital, we'll have had this sort of under our belt. Mother and baby will be on the eighth floor, and labor and delivery is on the second floor.

Q: What has patient feedback been on the modified couplet care?

A: We have mixed reviews. I think we're really trying to provide some prenatal education. Sometimes people have this vision in their mind of when they're having their baby, they'll send the baby back to the nursery and let them get some sleep. Sometimes, it's like 'Oh, I have to keep the baby in the room with me all the time?' Most people want the baby in their room. They really don't want their baby not to be with them. ... Anytime we've explained what the research shows and the benefits, patients really understand, and say 'Oh, that makes sense.'... Our goal is to really provide community education and prenatal education so that people are prepared for it, so they know what to expect and so they know the baby will stay in the room with them. It's all about expectations.

Q: What other new changes could you highlight at Oishei?

A: We have an OB/ED, which is an emergency department for pregnant women who are triaged. Currently that's in Labor and Delivery. At Oishei, it will actually be in the emergency department, but it's going to be staffed with labor and delivery nurses. It's going to be down in the emergency department.

Our operating rooms are all going to be combined. A lot of places will have their operating rooms in the labor and delivery suite. The labor and delivery unit is right next to the main OR and will be connected. That's the ability to share resources and supplies and equipment, and keep it all centralized.

Q: With the big move, how will you be delivering babies at the current Children's and at the same time, opening a new hospital with delivering babies?

A: That level of detail we're in the process of working on right now. I've already visualized it in my mind. I've already moved a labor wing before. We'll keep staff in both areas, so anybody in early labor or who is stable, will be moved. And then anybody who is in active labor, we will deliver at Children's, here, and then transfer to Oishei after their baby is born and they are stabilized.

Q: How many babies can you accommodate being born at one time?
A: It can get pretty crazy sometimes. In a perfect world, it would be great if we delivered a baby every hour or so. We actually have, within 20 minutes apart, babies born every day, it seems like. There are times where we’ll have a Cesarean section going on, and somebody delivering, and somebody walking in, and they’re ready to deliver, too.

http://buffalonews.com/2017/05/02/janet-nordling-childrens-hospital-q/