

Quality Improvement: Initiating Protected Sleep Time to Improve Postpartum Patient Satisfaction and Reduce Postpartum Fatigue

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Abstract

Background: Sleep disruption in postpartum women leads to fatigue with resulting increased risk of depression, anxiety, and decreased patient satisfaction (Giallo et al., 2015). Existing evidence shows a link between sleep disruption, fatigue, and postpartum depression. Research suggests interventions aimed at minimizing sleep disruption may result in reduced maternal fatigue, with resulting increased functioning and decreased risk for anxiety and depression (Doering et al., 2017).

Local Problem: Staff on the mother-baby unit at a regional military medical center identified sleep disruption as a causal factor increasing patient fatigue and decreasing satisfaction with their hospital experience (A. Biggs-Roberts, personal communication, February 1, 2020).

Methods: Using the theoretical framework of Roy's adaptation model, nursing staff on the mother-baby unit assisted mothers in recognition of interrupted sleep and fatigue as a barrier to successful adaptation to changes encountered in the postpartum period.

Intervention: Protected sleep time was implemented in this quality improvement project to improve maternal sleep, decrease fatigue, and increase patient satisfaction. The project occurred in three phases from September 2020 to March 2021.

Results: This QI project reduced mean disrupted sleep scores by 10% and 17% in the first and second PDSA cycles respectively. The intervention reduced mean fatigue scores by 26% in the first PDSA cycle and 32% in the second PDSA cycle.

Conclusion: The QI project confirmed the hypothesis in current literature: provision of a routine consisting of several uninterrupted hours of sleep at night decreases disrupted sleep and fatigue (Doering et al., 2017).