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REVIEW ARTICLE

Contrast Participation Model and the Traditional Model Rooming-in Care of Neonatal Care

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ABSTRACT Contrast of the participation model and the traditional model of care in rooming effect of neonatal care. **Methods**: 114 cases of early maternal care group to tradition who admitted in our hospital from January 2014 to June 2014 were treated using the traditional way of nursing care. 120 cases of early maternal located to participating group who admitted in our hospital from July 2014 to December 2014 were treated using the participatory model of care. Traditional nursing care group were treated with the traditional way of newborn care, completed by nurses alone. The participating group and their families were adopted early maternal and neonatal nurses who have completed nursing. **Results**: Maternal traditional care group was included reasonable scientific feeding newborns, changing diapers for the newborn, the newborn's umbilical cord care and scientific numerical example of bathing newborns were less than the participating group. Number of maternal adaptation in the traditional care group is an example of the role of mother to the participating group. The number of cases of the traditional care group was more suitable to group together to participate and satisfaction score was less than that of the participating group. **Conclusion**: The both rooming model participation of neonatal care, its human and scientific characteristics can effectively improve maternal care for newborns and their families to improve maternal postpartum depression and mood, which will become the future postpartum. The main mode of care is worth in clinical GF to take forward.

KEYWORDS

Participation mode

Traditional model

Rooming-in care

1.Introduction

Rooming-in refers to placement of mother together with the newborns in a same place after birth of newborns. Mothers leave their infant every day for not more than one hour, compared to the traditional model of care which has a more prominent advantages. Rooming-in can enhance the exchange of feelings between mother and child. Mothers can encourage giving milk earlier, so that infant has adequately breast-feeding. Breast-feeding has a more profound impact for healthy growth of newborns, partly because of early maternal mother. Rooming contribute to maternal newborn nursing experience and learning methods to enhance self-care, universal care-related knowledge, and to lay the foundation for future maternal and child care. In recent years, some hospitals have begun to establish a rooming traditional care model of maternal condition after childbirth maternal separation have been humane improvement [1]. 114 cases admitted in hospital from January 2014 to June 2014 were treated with the traditional way of early maternal care and 120 cases admitted from 1st July 2014 to 31st December 2014 were selected to participate in the adoption of common mode primipara comparison.

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2. Normal information

234 cases of give birth mothers were treated in our hospital from January 2014 to June 2014, age range from 21 to 30 years, mean age was 25.3 ± 1.2 years. All patients were in early maternal-fetal gestational, aged from 38 to 41 weeks, mean gestational age was 40.1 ± 0.5 weeks, including 130 cases of cesarean section, 104 cases of vaginal delivery and no case of obstetric complications.

2.1. Method

114 cases of early maternal care group of traditional are admitted in our hospital from January 2014 to June 2014, and were treated using the traditional way of nursing care. 120 cases of early maternal set common participating in the group which treated in the hospital from 1st July 2014 to 31st December 2014 using the participatory model of care. Traditional nursing care group was treated with the traditional way of newborn care that has done individually by nurses. The nurses has performed neonatal feeding, diaper replacement, umbilical cord care and bath, as well as observation of birth weight, breathing and body temperature. The patient groups and their families were guided by nurses for completed care, maternal care and scientific guidance and education. Maternal supervision for feeding newborns and their families was complete with timely replacement of diapers, the newborn umbilical cord care and bath, while the newborns weight, respiration and body temperature were observed. The participating group and their families were provided with appropriate postnatal care knowledge, health education and prevention of neonatal diseases, maternal anxiety promptly to resolve tension to an optimistic and positive role of mother change. After clear statement on process of the maternal infant care, the baby was transfer to the shower room and was examined by relevant professionals. The relevant considerations were explained in good condition after neonatal screening. The newborn was then transited to the rooming-in room.

2.2. Outcome Measures

Two groups were given care for one week. The ability of newborns to assess maternal care was including reasonable scientific newborn feeding, the way of changing diaper, the umbilical cord of newborn care and bathing. Questionnaire were given on maternal ability to adapt to the role of mother to investigate and to understand the maternal role adaptation of the mother, whereby the ability of the baby's maternal care including breastfeeding, diaper changing, cord care, newborns bathing for neonatal jaundice diseases with a clear awareness and the ability to detect abnormal physiological phenomenon newborns. Mother adapts to breastfeeding and neonatal feeding technology for more skillful, peace of mind and sufficient milk, where maternal and child emotional can exchange closely and fully. The mother role to play is including too much emphasis on the role of mothers for their own and often worried about the baby. The mother role is difficult to quickly adapt to, as the associated feeding newborn care skills and the means to acquire are not strongly alike. A return visit is necessary for maternal discharged after a month, and to survey mothers and their families to understand their level of satisfaction with care, satisfaction scores to the statistics and being compared.

2.3. Statistical analysis

SPSS 18 was used for statistical analysis, with $p < 0.05$ as having test significant differences.

3. Results

3.1. Two maternal newborn nursing competency assessment

Two groups were compared in Table 1 on maternal neonatal feeding, diaper changing, umbilical cord care, bathing and other care ability. Maternal traditional care group were including reasonable scientific feeding newborns, changing diapers for the newborn, the newborn's umbilical cord care and scientific numerical example was newborns bathing which were lesser in the participating group ($p < 0.05$).

Table 1. Assessment of nursing competency in two groups of maternal newborn (case%).

Groups	*n*	Feed	Diapers changing	Cord care	Bath
Traditional care group	114	85 (74.6)	101 (88.6)	100 (87.7)	73 (64.0)
Participating group	120	116 (96.7)	118 (98.3)	115 (95.8)	95 (79.2)

3.2. Adaptability of maternal mother role and satisfaction scores compared to the situation

Questionnaires were given to assess maternal role adaptation capacity in two groups of mothers. The patient was given a survey a month after discharged, to understand the degree of satisfaction of patients in each group in this care model and satisfaction rating score. Results were compared in Table 2. Role of the mother on adaptation of the traditional maternal care group is lesser than the number of cases in participating group ($p < 0.05$). The number of cases in traditional care group has suited of mother role are more than the participating group ($p < 0.05$). The satisfaction scores of traditional care group are lesser than the participating group ($p < 0.05$)

Table 2. Mother role adaptability and satisfaction scores compared to the situation in two groups.

Groups	*n*	Mother role adaptability (case%)		Satisfaction score (points)
		Adaptation	Suited	
Traditional care group	114	98 (86.0)	16 (14.0)	2.42 ± 0.4
Participating group	120	113 (94.2)	7 (5.8)	2.85 ± 0.5

4. Discussion

Participatory model of care was first developed in the Western scholars Oren doctrine in self-care after continuous development has evolved into a new model of care and also in the field of nursing integral content. Self-care includes rehabilitation of their own diseases in self-observation, self-regulation and self-care activities which extend-

ing from the joint participatory model of care from the nature point of view. Self-care is a two-way model which based on the biomedical collection society and psychology related knowledge, as a disease care guideline.

The most fundamental support in the sustainable development of human society is human reproduction. Neonatal is the main driving force of social development of the future. Thus, we need to have a more scientific nursing care model to ensure the healthy growth of newborns. New models of care will appear with the progress and development of human society and increase the demand for neonatal and maternal care. Participation is a new model of care with more significant advantage compared to the traditional model of care. As a new hospital management system, good results are achieved in practical applications. Rooming-in has been widely used not only to enhance the quality of care, increases breastfeeding rates, and also to promote physical and mental health of the newborn development and deepen exchange of feelings between the mother and infant. In this study, joint of participating group and take care model receives relevant maternal nursing under careful guidance. To participate in the care of newborns, the transition of the past involves the caregivers to self-care and participation who greatly contributed to the recovery of the body after the maternity. Infant care experience accumulated guarantees healthy growth of babies.

The traditional maternal care group was provided with reasonable scientific newborn feeding, diapers changing for the newborn, the newborn's umbilical cord care and scientific numerical example of newborn bathing which were lesser than the participating group. The participating group were helped and proper guided by primipara nurses to master the scientific method newborn care and complete the daily care of the newborn independently. The nurses also help in communication between mother and child emotional, so that the early maternal mother role change will be successful completed [2]. However, adaptability of the maternal role for mothers in the traditional care group was lesser than that of the participating group. The number of cases was more than suited to group together to participate, satisfaction score was less than the participating group. Difference between the groups showed statistical significance ($p < 0.05$). Both groups have better mood and less anxiety tension when participated in the early postpartum maternal. Furthermore, this study led to positive significance for postpartum recovery in the newborn care process which can inspire their mother's side and help them adapt better to the role of mother. The satisfaction scores of maternal and their families also proved this point. The participating group in care giving a higher rating and certainly, speaks to women and their families rooming in favor of humane care.

Currently, medical disputes occurred in the traditional care model had led to increasing tense of doctor-patient relationship, especially in the obstetrics and gynecology. The need for neonatal care by specialized nurses is important as mothers and family members are not directly involved even at the initial stage. Some extent exacerbated the tension between doctors and patients as patients are unable to see the newborn. The emergence of patterns of participation for nursing newborn accompanied by maternal or personally involved greatly reduces the maternal sense of mistrust of nurses and nursing mode is more humane. In summary, rooming participation of newborns can effectively improve maternal care for newborns and their families as it has humane and scientific characteristics. The ability to improve maternal postpartum depression and mood will become the main way for future post-natal care and it is worthy of clinical GF to take forward.

Conflicts of interest

These authors have no conflicts of interest to declare.

Authors' contributions

These authors contributed equally to this work.

References

1. Zhang L, Zhang Y. Rooming Bedside Care Model Used in Obstetric Care in the Quality. *Contemporary Nurse: Academic Edition*. 2012;(2):51-52.
2. Liang M, Ma C. Working Together Nursing Model Used In Rooming-in Baby Care. *Nursing Research: Early version*. 2009;23(2):350-351.