

TABLE 1 EIBF (Problem analysis, PDSAs, Indicators used, Sustenance measures)							
AIM	Problem Analysis (Outcome)	Change Idea Tested PDSAs	PDSA Outcome	Outcome of Implementing Change idea (Scale up)	Measures taken for ensuring sustenance	Balancing measure	Monitored Indicator
Early Initiation of Breast Feeding (EIBF) with in 1 hour	1. Mother & normal Newborn separated at birth  2. Delay in transfer of mother from LR to the post-delivery observation room	<b>PDSA 1</b> Early transfer of mother to a side room in less than 30 mins of delivery	PDSA Successful, advantages early mother and newborn together, still some mothers had difficulty feeding new-born	Both PDSAs then tested in both delivery points across different shifts.  Consensus was in easy replicability.  However, it did require the in charge on duty to supervise, data documentation was variable.	Emphasis on voluntary reporting, compliance improved.  Addition of a column in Labor room register, indicating time of first breast feed	-----	% Of Normal newborn receiving breast feed within one hour of birth = Total nos. of newborns breast fed within one hour of birth / Total nos. of normal newborn delivery X 100.  Data reviewed weekly to bi weekly collated on monthly basis
		<b>PDSA 2</b> Can Birth companion be asked to ensure breast feeding baby within one hour after birth? <i>Both Tested for 1 week each</i>	PDSA successful, nurse on duty could easily ensure EIBF despite more deliveries				
		<b>PDSA 3</b> PDSA 3 Initiating breast feeding on delivery table itself Tested over 1 week	PDSA abandoned. Required continuous presence of delivery assisting nurse by mothers' side				

TABLE 2 DCC (Problem analysis, PDSAs, Indicators used, Sustenance measures)							
AIM	Problem Analysis (Outcome)	Change Idea Tested PDSAs	PDSA Outcome	Outcome of Implementing Change idea (Scale up)	Measures taken for ensuring sustenance	Balancing measure	Monitored Indicator Collection
Delayed cord card clamping (DCC) after 1 min.	1. No Knowledge 2. Procedural challenges?  <i>Both nurses and doctors used to forget to do DCC as they used to separate newborn immediately after birth.</i>	<b>PDSA 1</b> Remind the delivering team to clamp cord after 1min in normal del.	Variable success, took long time	Variable compliance due to Change of delivery teams	Policy for DCC formulated and sensitization done.	Hypothermia detected by touch method at one hour of birth.	Percentage of Delayed Cord Clamp = Total nos. of normal deliveries with cord clamp after one minute / Total nos. of normal deliveries in labor room X 100  Data reviewed weekly to bi-weekly collated on monthly basis
		<b>PDSA 2</b> Do cord clamping after drying on mother's abdomen	Difficult to dry on mother's abdomen, procedure variability, Requires more PDSAs for testing drying and giving Skin to skin care on mother's abdomen.	Multiple PDSAs required for testing & standardization of drying on mother's abdomen, doing delayed cord clamp and providing skin to skin care. Due to change of staff and transfers.	Addition of a column in Labor room register, for delayed cord clamping (Voluntary reporting)		

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<b>Skin to Skin Contact (SCC) with in 1 hour</b>	1. Acceptability by mother and delivery team. 2. How to do it? 3. No existing standard operating protocol. 4. High delivery load, shortage of staff 5. How to do Pre delivery counselling.	<b>PDSA 1.</b> Predelivery counselling of Mother for Skin-to-skin care	It took 12 weeks for developing and testing Counselling Protocol	Counselling SOP framed; it was now convenient to take verbal consent.	After standardization and SOP formation, compliance is optimum over last 18 months	Acceptability by mother and delivery LR team	Percentage of SSC = Total nos. of normal deliveries with SSC / Total nos. of normal deliveries in labor room X 100  Data reviewed weekly to bi-weekly collated on monthly basis
		<b>PDSA 2.</b> Developing SOPs for Skin-to-skin care.	It took longer time, variable compliance, challenges faced  (a) the minimum duration of baby on mother's abdomen. (2-5mins max)  (b) position of keeping baby on mother's abdomen  (c) how to prolong duration of baby on mother's abdomen for recommended duration of 1 hour.	Both nurse and mother understood the process of newborn care to be followed.	8 - 12 months in developing SOP which was feasible and could be followed. Sensitization of all teams was also done.		
		<b>PDSA 3.</b> Minimising the duration of Skin-to-Skin care on Delivery table & continuing it in post-delivery observation room.	This PDSA was successful, as it ensured mother with baby were comfortable in observation room, with supervising family member. & Nurse was free to attend other duties.	--	Keeping new born over mother's abdomen resulted in significant improvement in the practice of the Delayed cord cut in the delivery room.		