The Woman, Mother and Child Centre
of
„Máxima Medisch Centrum“
Veldhoven, The Netherlands

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Background

Máxima Medisch Centrum decided to create a new building, the Woman Mother and Child centre (1999)
Introduction

- MMC is a non-academic teaching hospital
- Since 2000 development of Obstetric High Care (OHC)
- 2400 deliveries/year
- 18 bed Level 3 Neonatal Intensive Care Unit (NICU) (no surgery)
- 400 admissions /year
The Netherlands

• High grade of centralisation

• Maxima Medical Centre is 1 of 10 Perinatal Centres

• Intensive Care (IC) function for 5 regional hospitals (almost 10,000 deliveries / year)
First a vision has been created

**Family Centred Care (FCC)**

- Keep mother and child together on all levels of care (healthy, MC, HC, IC)
  - Mother and child will be treated and receive care together
  - Father and other relatives are always welcome
  - No visiting times
- Single(-family) rooms
- Facilities and comfort for families
Why Family Centred Care?

- Possible benefit in health
  - Length of stay
  - Percentage breast feeding
  - Bonding
  - Infection control, …

- Results from patient survey:
  Patients from MMC had a need for
  - Rooming-in and a joint stay
  - Privacy
  - Facilities for „Kangaroo care“ (skin-to-skin contact)
Family Centred Care
is it new?

„Should mother and child room-in together?“

JACKSON, EDITH B. M.D.

AJN The American Journal of Nursing:
January 1946 - Volume 46 - Issue 1 - ppg 17-18
Developing the vision

Multidisciplinary workgroups with members of all disciplines (medical, nursing, management, technical, board, …)

1. Theoretical concept - What is the background?

2. Desktop research - What is already known?

3. Visits to other hospitals: - What did others before?

   Hillerod (Denmark), Diaconessenhuis Utrecht (Netherlands), St. Vincent Rocourt/Luik (Belgium)

4. Own insights - How do we want to implement this?
Planning and Realisation

- **2000-2006:** Vision, culture and design of building
- **2006-2009:** Preparation of construction (architect, workgroups)
- **12/2009-05/2012:** Process of Construction
- **11/2011:** Opening children’s department & MC neonatology
- **05/2012:** Opening NICU, Obstetric High Care, outpatients department and delivery department
Neonatal Maternal Care (MC)

Neonatal Intensive Care Unit (NICU)

Obstetric High Care (OHC)

Delivery

afdeling gynaecologie

afdeling NICU
Changes Necessary due to Family Centred Care

- Integration of delivery department, maternity ward and partly medium care neonatology ward
- (Partly) Integration of the departments NICU and OHC
- Rooming-in is not a service but a part of the concept
- Stimulating care participation of the parents (selfcare)
- We are simulating a home situation not „being a hotel“

samenzorgdragen
Challenges

• Logistics and workflow are different

• Advanced monitoring and alarm systems (patient safety) needed

• Flexibility stops at a certain point, due to costly infrastructure (future?)

• Culture and behavior are main issues

• Collaboration of obstetric and neonatal teams!
NICU opened 2012

- 22 bed-places
- 9 single, 5 twin, 1 triplet room
- One family per room

• Rooms with more bed-places are for twins or mother and child
• Every room has sleeping facility
The NICU

Family room for twins

Parents

samen zorg dragen
Partners are necessary

- Technical University in Eindhoven (research)
- Regional companies which are specialized in healthcare (development)
- Industry as strategic partners
- Participation Ronald McDonald foundation:
  - Living room project in the building
  - Guesthouse for parents or other relatives
- Patients (parents)
Conclusions

• In the settings of MMC Family Centred Care has shown improved short-term outcomes.

• Family Centred Care is a challenge for all caregivers.

• For successful implementation collaboration of all parties (policy, healthcare, industry and patients) is necessary.

• Implementing a new vision is really change management.

Thank you very much.