

# Skin - To- Skin Contact after Cesarean Delivery (Poster).

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# SKIN-TO-SKIN CONTACT AFTER CESAREAN DELIVERY

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A PASSION FOR BETTER MEDICINE.™



# Background & Significance

- Current cesarean section rate in the United States is approximately 33% (Brady, Bulpitt & Chiarelli, 2014)
- LVHN current cesarean section rate is 34%
- Average time between cesarean section delivery and first skin-to-skin contact at LVHN in September, 2014 through January, 2015 is approximately 82 minutes (according to a review of 10 charts)
- Implementation of Baby Friendly Health Initiative at LVHN which includes immediate skin-to-skin contact
- Patient satisfaction linked to hospital reimbursement

# Purpose

Develop a pilot study intended to decrease the time to skin-to-skin contact after cesarean deliveries on the Labor and Delivery Unit at Lehigh Valley Hospital-Cedar Crest.

# PICO QUESTION

- In women who deliver via cesarean section, how does minimal delay in mother-baby interactions/skin-to-skin compared to newborn being transferred from OR post delivery to MBU affect newborns vitals, breastfeeding rates, patient satisfaction and maternal pain.
  - P – Women who deliver via cesarean section and their full-term newborns
  - I - Minimal delay in mother-baby interaction/skin-to-skin contact post-delivery in the operating room, newborn remains with support person in OR or Recovery Room
  - C – Newborns transferred from OR to MBU following delivery to the newborn nursery for assessment and treatments
  - O – Improved newborn outcomes (respiratory, temperature, blood glucose level), increased rates of breastfeeding, patient satisfaction, decreased maternal pain and anxiety

# TRIGGER

## According to the IOWA Model

- Problem and Knowledge focused triggers

Identification of clinical problem (problem trigger)	National agencies or organizational standards & guidelines (knowledge trigger)	Philosophies of care (knowledge trigger)
Delay in 1 <sup>st</sup> skin-to-skin contact between infant and mom/support person after cesarean delivery	AWOHNN recommends that stable babies remain in the surgical suite with the mother	Baby Friendly Initiative encourages skin-to-skin Improved newborn outcomes Increased rates of breastfeeding

# Significance of trigger and problem

- The current practice at LVHN is for the infant to be brought to the newborn nursery following cesarean delivery and to remain there until the mother is in the PACU/Recovery Room.
- Currently, time between delivery and first skin-to-skin contact averages more than 60 minutes.

# EVIDENCE

- Search engines: CINAHL, Ovid, GoogleScholar
- Key words: Cesarean section, skin-to-skin, gentle cesarean, baby friendly, family-centered care
- Importance of skin-to-skin after delivery, benefits for both mother, partner and infant, patient satisfaction



# EVIDENCE

- Babies are most responsive to skin-to-skin contact in the first few hours after birth (VanDevanter, Gennaro, Budin, Calalang-Javiera, & Nguyen, 2014).
- Despite the numerous benefits to immediate skin-to-skin contact, women giving birth via cesarean section have less opportunity to have this contact in the immediate postpartum timeframe (Moran-Peters, Zauderer, Goldman, Baierlein, & Smith, 2014).
- Immediate skin-to-skin contact helps with newborn adaptation to the extrauterine environment (Moran-Peters et al., 2014).

# EVIDENCE

- Spatial, visual and auditory separation of mother and infant often occurs after cesarean delivery, which is inconsistent with family centered care (Nolan & Lawrence, 2009).
- Infants separated from mothers immediately following delivery cry more (therefore increasing respiratory and heart rates) than infants not separated (Nolan & Lawrence, 2009).
- Early skin-to-skin contact decreases risk of jaundice, reduces the stress of birth, and encourages bonding between mother and infant (Stevens, Schmied, Burns & Dahlen, 2014).

# BARRIERS & STRATEGIES

Barriers	Strategies
RN staffing	Dedicated baby nurse (as recommended by AAP, ACOG, & AWHONN) for all cesarean deliveries who remains with newborn and support person in the OR and Recovery Room
RN education on early skin-to-skin contact	RN education hours
Parent education about early skin-to-skin contact	Antepartum education as part of doctor visits and/or hospital tour
Infant safety in Operating Room (pain and sedation medications used for mothers) and Recovery Room	Reduction of sedation of mothers immediately following surgery, dedicated baby nurse, education
Accommodating newborn needs in the Recovery Room	Adding radiant warmer beds to the Recovery Room, creation of dedicated couplet care space

# Current Practice at LVHN

- After delivery, newborn is briefly introduced to the mother. Newborn and support person go to newborn nursery while mother remains in OR for remainder of surgery.
- Mother is transferred to PACU at conclusion of surgery. Newborn and support person, accompanied by MBU nurse, return to PACU
- Mom and newborn often have a lengthy separation between delivery time and the return to PACU

# PROJECT PLANS

- Evaluate current practice at LVHN on the Labor and Delivery unit for maternal/infant separation following cesarean delivery
- Assess current patient satisfaction with time to skin-to-skin contact after cesarean delivery
- Determine current time interval between delivery time and skin-to-skin contact in cesarean deliveries.
- Develop strategies with nursing staff (MBU, NICU and L&D), physicians, & anesthesia personnel to minimize time interval to skin-to-skin after cesarean deliveries.
- Develop and implement pilot study for decreasing time to skin-to-skin in cesarean deliveries

# IMPLEMENTATION

## 1. Process Indicators

- Documentation of skin-to-skin after cesarean delivery
- Presence of baby nurse
- Infant remains in OR with mother/support person

## 2. Outcomes

- Patient satisfaction – survey on MBU
- Newborn assessment data, including blood glucose levels, temperature, crying
- Time to skin-to-skin interval decreased

## 3. Baseline Data

- Average time skin-to-skin after cesarean delivery is approximately 82 minutes

# IMPLEMENTATION

## 4. Design (EBP) Guideline(s)/Process

### ■ Phase I

- Survey current patients for baseline data including type of delivery, time to skin-to-skin, pt satisfaction
- Gather data on infant assessment post cesarean section
- Document time to skin-to-skin after cesarean delivery

### ■ Phase II

- Educate all staff of the benefits of immediate skin-to-skin after cesarean section
- Preparation and education of parents during the antepartum period about benefits of skin-to-skin and what to expect during a cesarean section
- Address staffing needs to accommodate Baby RN
- Redesign OR to accommodate infant and support person remaining in OR
- Redesign PACU to accommodate infant and support person

### ■ Phase III

- Stable infant remains in OR with assigned baby RN and support person. Baby RN aids in implementation of skin-to-skin contact with mother or support person
- Mother and infant transferred to PACU/recovery room together
- Documentation of time of initial skin-to-skin
- Follow up survey of patient satisfaction, newborn assessment data, breastfeeding rates for cesarean deliveries

# IMPLEMENTATION

## 5. Implemented EBP on Pilot Units

- Implementation of pilot on L&D unit for all scheduled, non-complicated, full-term cesarean deliveries

## 6. Evaluation (Post data) of Process & Outcomes

- Survey postpartum cesarean delivery patients
- Evaluate documented skin-to-skin time for a reduction in overall time

## 7. Modifications to the Practice Guideline

- Stable infants remain in OR with support person and mother during a cesarean section

## 8. Network Implementation

- Only pertains to L&D, MBU and NICU



# Expected Outcomes

- Decreased time intervals for skin-to-skin contact with cesarean deliveries
- Increase length of skin-to-skin contact
  - Regulation of infant temperature
  - Regulation of infant blood glucose
  - Decrease maternal stress and pain
  - Earlier initiation of breastfeeding
- Higher breastfeeding rates
- Increased patient satisfaction

# Practice Change

- Addition of an RN for infant in OR during cesarean sections.
- Infant to remain with mother and support person in the OR after delivery
- Infant and mother transferred together to the PACU/RR at the end of the surgery

# Implications for LVHN

- Increased patient satisfaction with cesarean deliveries
- Increased optimal outcomes for infants after delivery
- Increased staffing needs on the L&D/MBU units
- Optimize hospital reimbursement based on patient satisfaction

# Strategic Dissemination of Results

- TLC learning
- Antepartum education for parents

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# Make It Happen

- Questions/Comments



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