

Benefits of Skin - to- Skin During Transition to Extrauterine Life

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Purpose

The purpose of this project is to study the benefits of skin-to-skin contact between mother and her newborn immediately post-delivery, and study the newborn's transition to extra-uterine life to better change/enhance our practices to benefit our patients and support a baby-friendly atmosphere.

PICO QUESTION

- In neonates delivered as a singlet, at 38+ weeks gestation, vaginal delivery, does skin-to-skin immediately after birth contribute to stabilization of heart rate between 110-160, stabilized respiratory rate, and normothermic temperature?
- P: Newborns/Infants
- I: Skin-to-Skin immediately after delivery
- C: Separating mother and newborn immediately after birth
- O: Easier newborn transition to extra-uterine life

EVIDENCE

- “KC shortly after delivery might be used as a beneficial clinical intervention to reduce the stress associated with birth and to pave the pathway for the increasingly independent self-regulation of the newborn in face of the inevitable extrauterine bombardment with environmental stimulus.”
- “Skin-to-skin care is effective in increasing the body temperature of babies, especially where resources are limited and the environment is cold.”
- “The results of this review demonstrated a statistically significant positive effect of skin-to-skin contact (SSC) on the following primary outcomes: breastfeeding one month to four months postbirth, SCRIP score first six hours postbirth, and blood glucose mg/dL at 75 to 90 minutes postbirth...”
- “In summation, the totality of significant outcomes relating to breastfeeding, infant physiology and maternal neurobehavior supports the use of SSC in the early period after birth.”

EVIDENCE

- “The results of this study show that KC may be beneficial for term infants after delivery. It contributes to the infants’ efforts to regulate themselves in terms of motor system balance and sleep organization during the transition from the womb to the extrauterine environment.”
- “The results of this study show that SSC may imply better thermal regulation in term and nearly term infants. Infants in the SSC group presented a temperature increase in the first few minutes of life with almost no changes in the first 2 h of life, whereas those with standard care showed a progressive reduction in temperature during the same period.”
- “The benefits of skin-to-skin contact immediately after birth for stable mothers and babies is so well documented, it is recommended by all major organizations responsible for the well-being of newly born infants, including The World Health Organization (WHO), the American Academy of Pediatrics (AAP), the Academy of Breastfeeding Medicine (ABM), and the Neonatal Resuscitation Program (NRP).”

BARRIERS & STRATEGIES

Barriers

- Nurses resistant to change
- Perception from mothers
- Additional documentation requirements

Strategy to Overcome

- Present supportive evidence to nurses
- Educate mothers on benefits
- Make documentation requirements simple

Expected Outcome

Increase occurrences of skin-to-skin care in suitable newborns, leading to better transitions to extrauterine life and thus decrease complications related to temperature regulation, heart rate stabilization, and respiratory stabilization.

PROJECT PLANS

- Present research findings to nurses and other care team members on the labor & delivery unit.
- Create a simple, user-friendly documentation tool to increase compliance with skin-to-skin initiative.
- Gather feedback from nurses regarding skin-to-skin initiation and documentation format.
- Adjust/improve skin-to-skin policy and documentation forms to achieve maximum compliance.
- Gather feedback from mothers to share with care team.

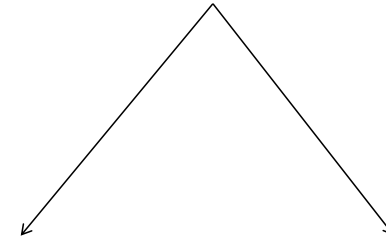
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Make It Happen

Skin-to-Skin Worksheet

Birth of infant: _____



Immediately after birth

Before 15 mins of age

Infants mins of age: _____

Reason for delay: _____

Length of time in Skin-to-Skin with mother: _____

Infants Medical Record Sticker:



Cedar Crest



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