

The Implementation of Skin to Skin Standardization in the OR Post Cesarean Section

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Published In/Presented At

Apgar, T. Greis, O. McWilliams, S L. Meinhart, V. Seal, B. (2018, November 30th). *The Implementation of Skin to Skin Standardization in the OR Post Cesarean Section*. Poster presented at: LVHN Vizient/AACN Nurse Residency Program Graduation, Lehigh Valley Health Network, Allentown, PA.

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The Implementation of Skin to Skin Standardization in the OR Post Cesarean Section

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Purpose/PICO

- **Project Purpose:** To standardize skin to skin in the OR by educating patients on the benefits and encouraging nurses to routinely implement skin to skin in the OR.
- **PICO Question:** Will the education of patients and encouragement of nurses increase the instances of skin to skin in the OR?
- **P:** Parents and Nurses
- **I:** Patient education prior to C-sections and reminders/encouragement for nurses during the month of August
- **C:** Instances of skin to skin in the OR in July before education
- **O:** Increase in skin to skin occurrences in the OR in September after education

Background/Triggers

- Manager and educator noticed, through chart reviews, that there is a lack of skin to skin done in OR. This is not a new practice, just one that is often skipped over and needed to be reinforced.
- Through verbal communication with patients it is evident that most mothers are often unaware that they have the option of skin to skin in the OR.
- Barriers, including maternal nausea and exhaustion, newborn temperatures, anesthesia workspace, and overall difficulty establishing skin to skin, can be easily overcome to initiate skin to skin contact between mom and baby in the OR.

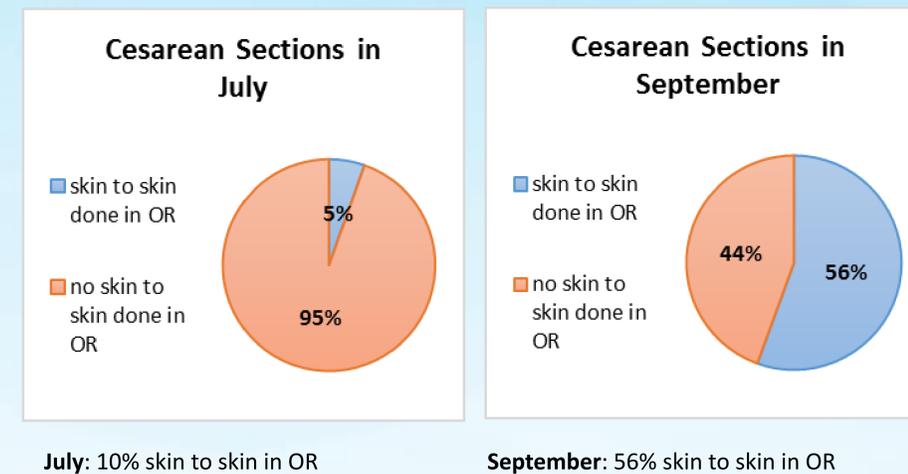
EVIDENCE

- Research shows that skin to skin contact immediately after birth benefits both mom and baby. Benefits include, infant temperature regulation, stabilization of heart rate and respirations, blood sugar regulation, readiness to feed, release of oxytocin in the mother, maternal stress relief, and bonding. Mothers that deliver via Cesarean often miss out on the benefits of skin to skin immediately after birth.
- “Keeping mothers and newborns together after cesarean birth promotes family-centered care and increases satisfaction among women, nurses and obstetric providers, all without incurring huge costs” (Stone, Prater, & Spencer, 2014).
- “The mother's immediate care brings biological benefits to the newborn in both the short and long term” (Ayala, A., Christensson, K., Velandia, M., & Erlandsson, K., 2016).
- “The practice of skin-to-skin (STS) care has been associated with positive outcomes such as successful breastfeeding initiation, early infant stabilization, and breastfeeding at discharge from the hospital” (Sundin, C. S., & Mazac, L. B., 2015).
- “Skin-to-skin may enhance mother–baby attachment, perception of the birth experience, breastfeeding, and maternal perception of pain and anxiety during the surgical procedure” (Sundin, C. S., & Mazac, L. B., 2015).

Implementation Plan/Methods

- Educate couples (28 couples educated in month of September) prior to C-sections about the benefits of skin to skin and that it is not limited to vaginal deliveries.
- Reintroduce the idea of skin to skin in the OR to nurses, including ways to overcome common barriers. Education done by emailing entire Family Newborn Birthing Center with details of project. Email included tips to establish skin to skin in the OR and where to document.
- Provide visual reminders such as posters to emphasize the importance of skin to skin after both vaginal deliveries and C-sections.

Outcomes



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