Skin to Skin Education

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SKIN TO SKIN EDUCATION

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BACKGROUND

- Skin to skin is not occurring in all appropriate deliveries for at least one hour
- Newborns are being removed from skin to skin despite it being the best, recommended practice
- Skin to skin should occur immediately at birth by placing the infant directly on the mother's chest for at minimum one hour

P I C O

- **P**- OB RNs w/ a lack of skin to skin education
- **I**- RN education on skin to skin education
- **C**- lack of RNs implementing skin to skin
- **O**- Skin to skin after standard vaginal deliveries without complications

EVIDENCE

Skin to skin has been shown to…

- Infant temperature stability
- Promotes newborn/maternal bonding
- Blood glucose stability
- Soothing for infant
- Helps with the transitional period for newborn
- Promotes breastfeeding

OUTCOMES

- Initial surveys completed in January revealed boundaries including
- 1.) Pediatricians wanting baby removed from skin to skin to do an assessment
- 2.) Nurses being unsure how to position babies skin to skin
- 3.) Nurses having questions about skin to skin benefits

- EPIC chart audit reveals the following data

Month	Uninterrupted Skin to Skin (percentage)
January	57%
February	80%
March	92%
April	85%
May	86%

*Excluding instances such as where infant requires special intervention, mother refusing, cesarean sections

- Education was completed from February to April
- Worked with management, doctors, technical partners, and all nurses to eliminate barriers such as example #1

IMPLEMENTATION

- Anonymous surveys provided to all 15 nursing staff
- Determining skin to skin barriers/education gaps from surveys
- Ongoing education to all staff in morning huddles, through approved unit posters, and emails from February to April
- Post surveys of all 15 nursing staff to determine effectiveness of education; increase in education to almost 100% was shown through the post survey

NEXT STEPS

- Begin creating a policy for skin to skin in the operating room during cesarean sections

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