
EVALUATING A PRACTICE CHANGE INITIATIVE TO
IMPROVE SKIN-TO-SKIN CARE AFTER CESAREAN
DELIVERY

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OBJECTIVES

At the conclusion of this presentation, the learner will:

- Describe the maternal and neonatal benefits of early skin-to-skin care practices from the literature review
- Examine the workflow process changes implemented to initiate an evidence-based practice change in a small community-based hospital
- Describe the purpose and outcomes related to the implementation of a practice change initiative aimed to reduce maternal-newborn separation after operative delivery

CONFLICTS OF INTEREST

- None



PURPOSE OF DNP PROJECT

- Evaluate a practice change initiative aimed to decrease separation of mothers and their newborns after Cesarean delivery on the practice of early skin-to-skin care and breastfeeding initiation within the first hour of life.

BACKGROUND/SIGNIFICANCE

- Baby Friendly Hospital Initiative (launched in 1991) part of WHO and UNICEF
- Keystone 10 Hospital Initiative : PA DOH (launched in 2014)
- The Birthplace at Riddle:
 - implement practice change initiative to improve proximity of maternal-newborn dyads after Cesarean section delivery
- Vaginal delivery vs Cesarean delivery: differences in newborn proximity immediately after birth

- Practice change provided newborn admission procedures to occur in PACU with mother to promote proximity and skin-to-skin care and BF initiation within first hour of life

BABY FRIENDLY HOSPITAL INITIATIVE AND KEYSTONE 10 INITIATIVE

10 STEPS TO SUCCESSFUL BREASTFEEDING

- 1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
- 2. Train all health care staff in skills necessary to implement this policy.
- 3. Inform all pregnant mothers about the benefits and management of breastfeeding.
- 4. Help mothers initiate breastfeeding within one hour of birth.
- 5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
- 6. Give infants no food or drink other than breast milk unless medically indicated.
- 7. Practice “rooming-in.” Allow mothers and infants to remain together 24 hours a day.
- 8. Encourage unrestricted breastfeeding.
- 9. Give no pacifiers or artificial nipples to breastfeeding infants.
- 10. Foster the establishment of breastfeeding support groups and refer mothers to them upon discharge from the facility or clinic.

OBJECTIVES OF LITERATURE REVIEW

To examine the practice of early skin-to-skin care and early breastfeeding initiation in the clinical setting.

To explore the evidence of early skin-to-skin practices through published literature.

To develop a literature review of current peer reviewed manuscripts on early skin-to-skin care and breastfeeding practices.

To identify gaps in the literature for future research proposals for translation of EBP into practice.

METHODS FOR LITERATURE REVIEW

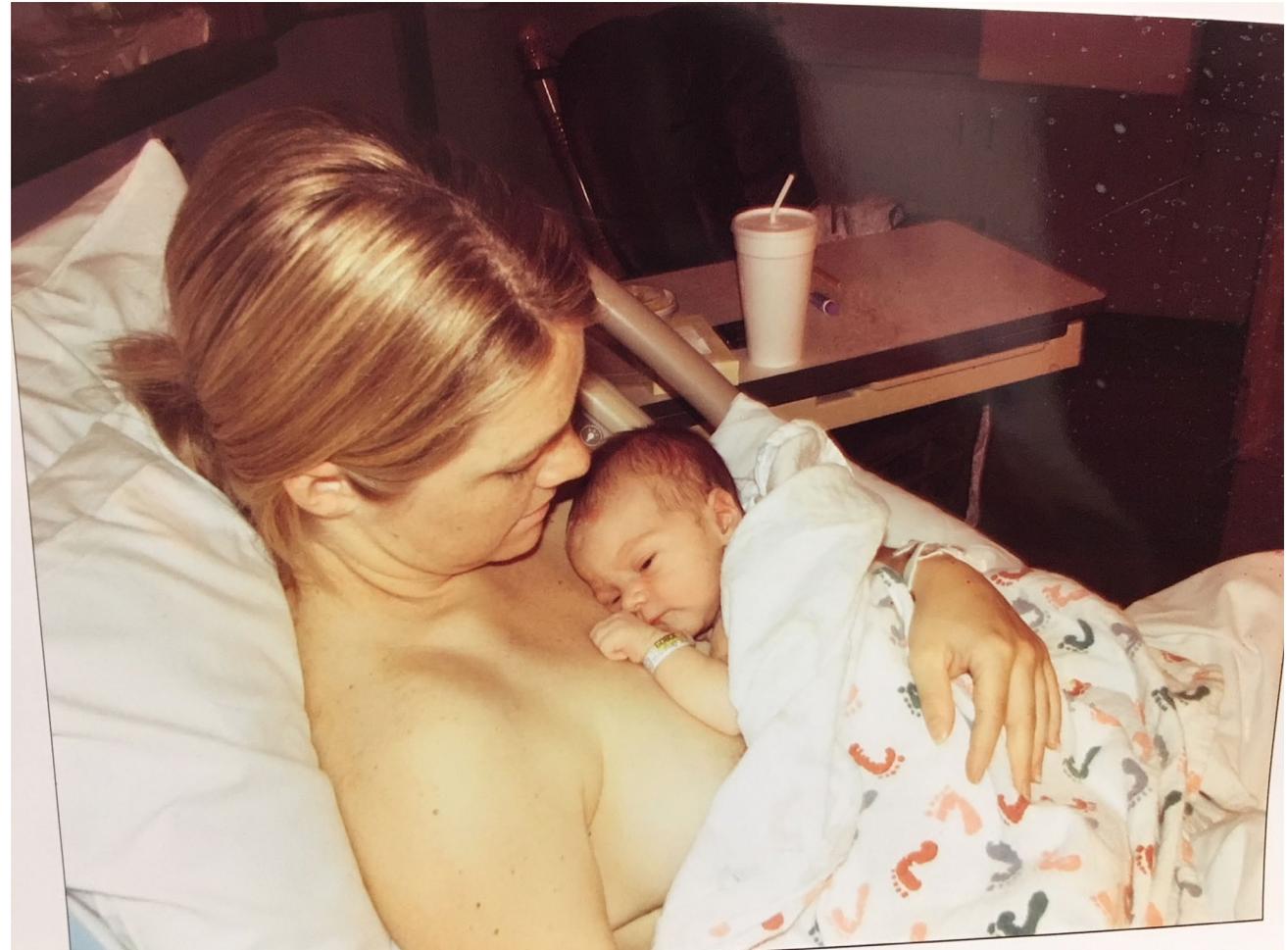
- Database search: CINAHL, PubMed, Ovid, and MEDLINE
- Search terms: kangaroo mother care (KMC), skin-to-skin care (SSC), Cesarean delivery/Cesarean section, maternal-newborn proximity, and Baby Friendly Hospital Initiative (BFHI).

Inclusion criteria

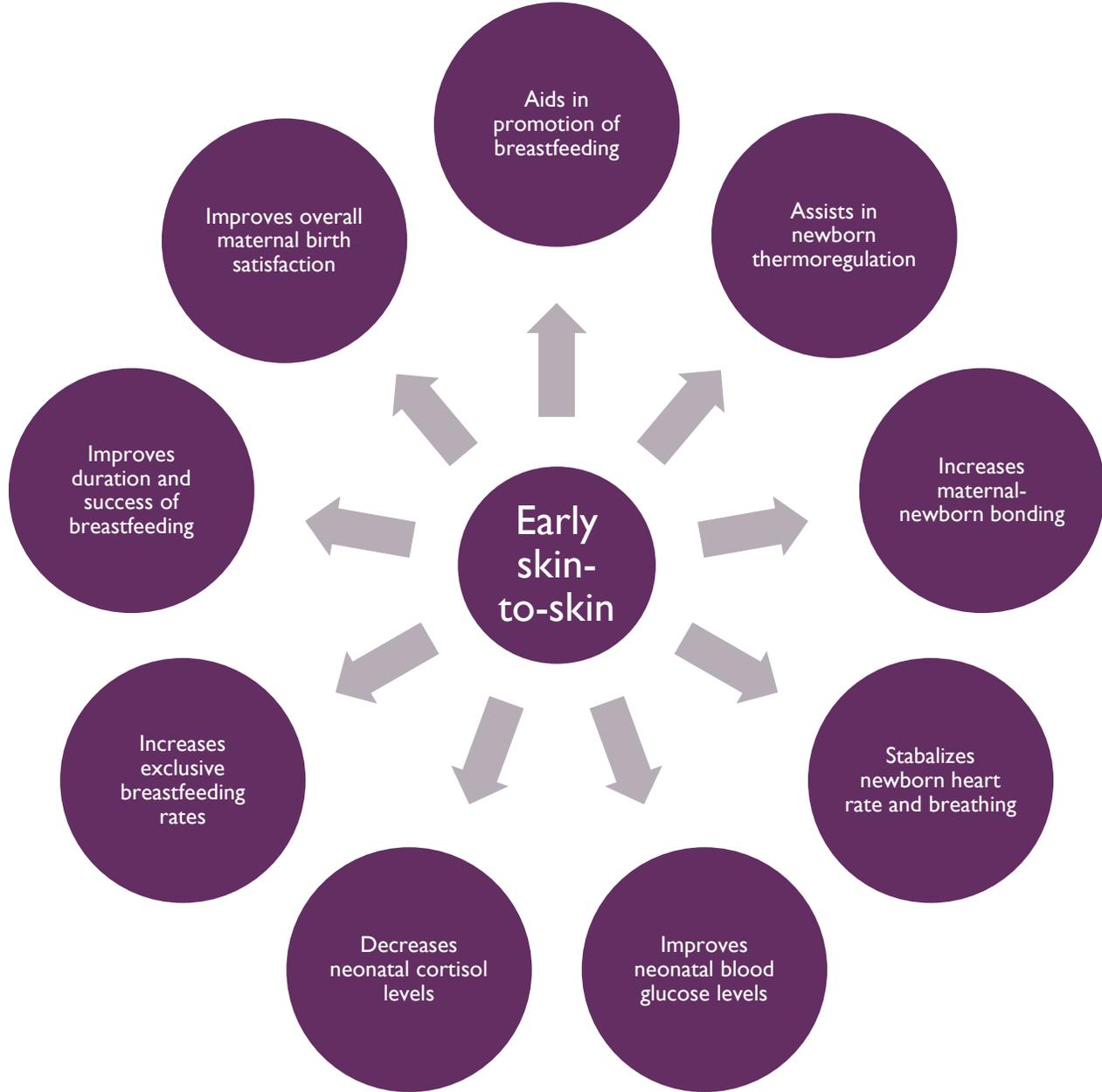
- Published 2007-2015; Text in English
- Healthy/Well maternal-newborn dyads
- Cesarean section mode of delivery

RESULTS OF LITERATURE REVIEW

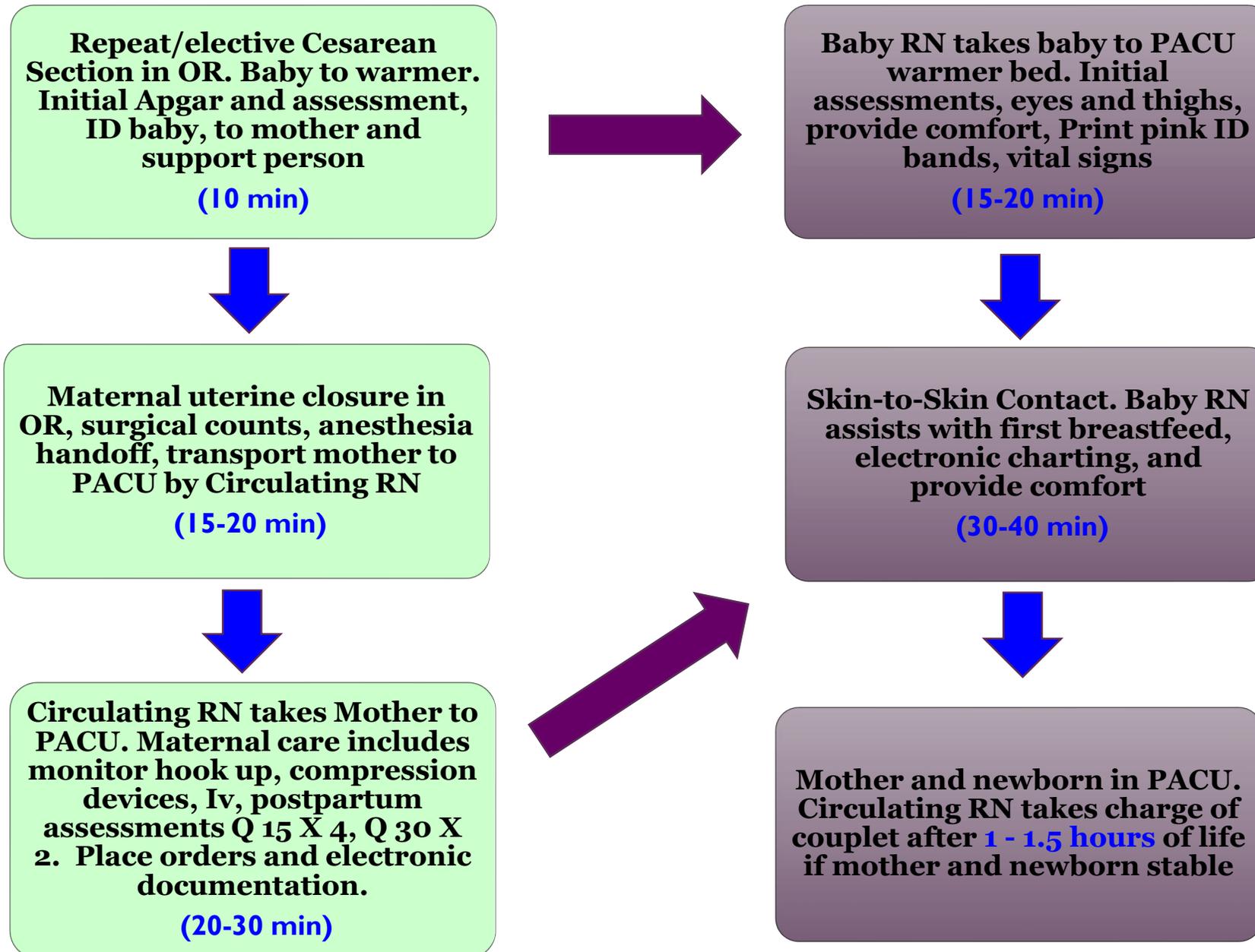
- 276 articles
- 48 used for project
- implementation projects
 - further evidence of support,
- randomized controlled studies
 - provide rigorous scientific evidence
- systematic literature reviews
 - assess any gaps in the current literature.



Benefits of Early Skin-to-Skin Care: Review of Literature Synthesis



Workflow Process Map: Promoting maternal-newborn proximity after Cesarean delivery



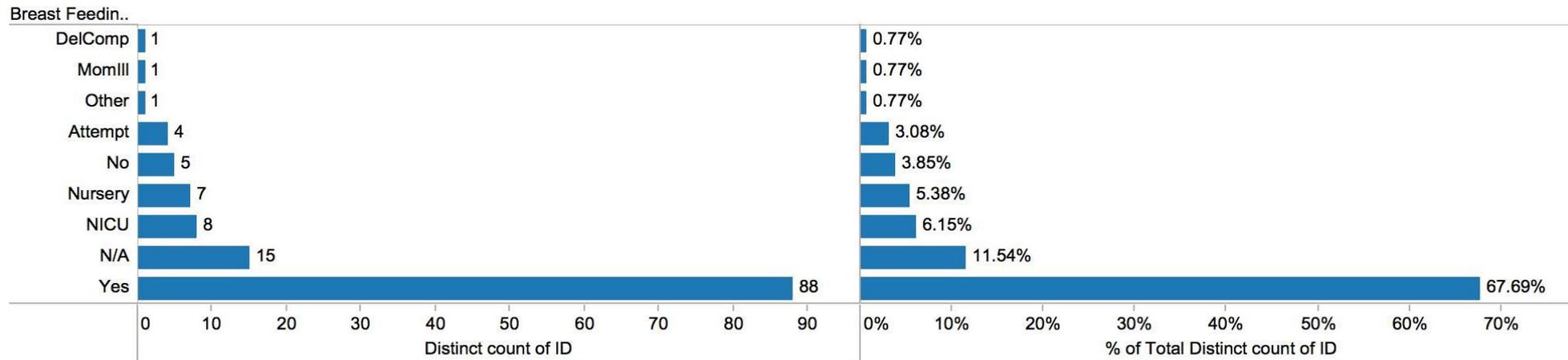
METHODOLOGY OF EVALUATION OF CHANGE

- Three months prior to and three months post January 15 practice change to recover mothers and newborns in PACU following Cesarean section
- Secondary data collection
- Chi-square test to compare pre and post data of:
 - Early skin-to-skin practices
 - Breastfeeding initiation within first hour of life
- Total numbers = 137

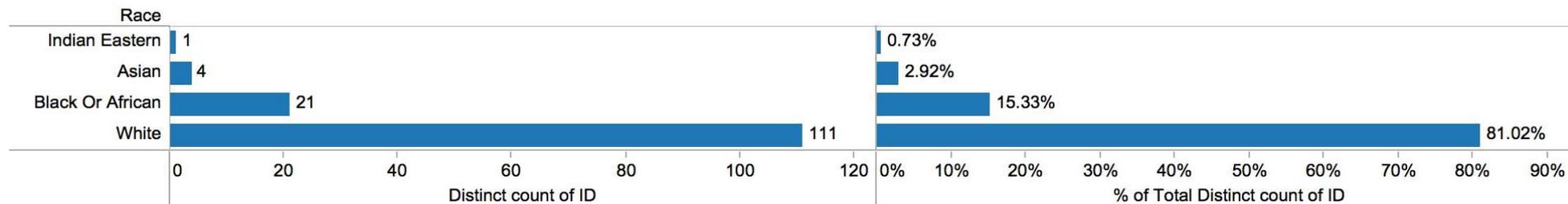
PATIENT RACE DEMOGRAPHICS

BREASTFEEDING INITIATION

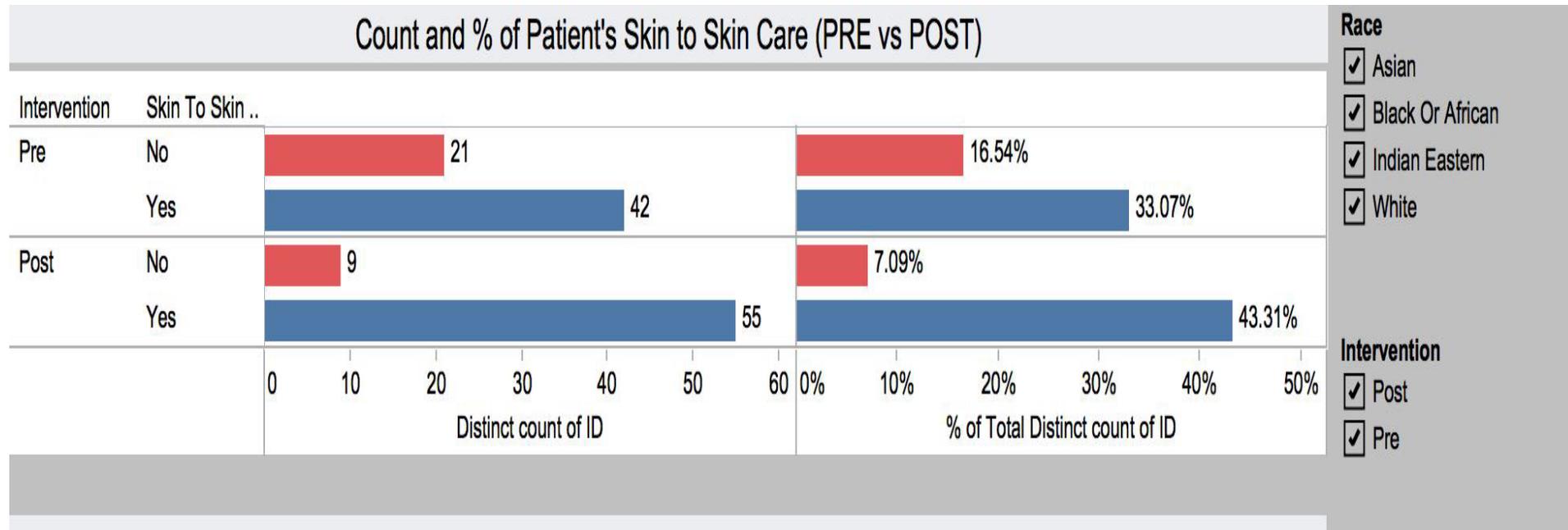
Count and % of Patient's Breast Feeding (Initiated)



Count and % of Patient's Race



RESULTS: DOES PROXIMITY OF MOTHER-INFANT DYADS R/T EARLY SKIN-TO-SKIN PRACTICES



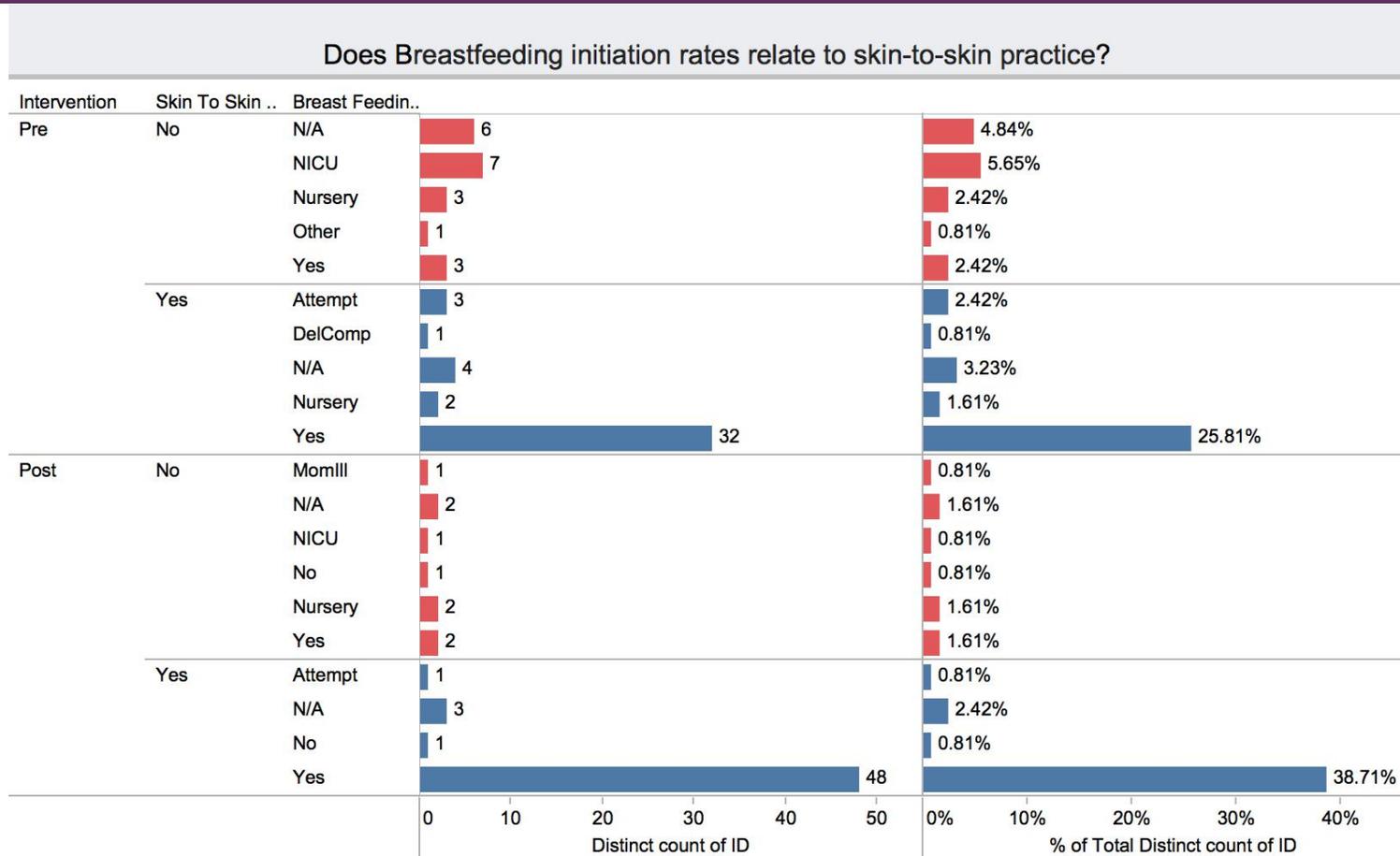
N= 127

Pre-intervention= 63

Postintervention= 64

Missing data count = 10

RESULTS: BREASTFEEDING RATES R/T EARLY SKIN-TO-SKIN PRACTICES



Intervention
 Post
 Pre

Skin To Skin
■ No
■ Yes

Multilevel Descriptives

N=130
 Missing data=7
 Pre =63
 Post= 67

ANALYSIS

Early skin-to-skin practices

- alpha significance level of .05
- The result of the analysis was significant
- $\chi^2 (1, N = 127) = 6.53, p = .01.$
- The postintervention group had significantly more early skin-to-skin contact than did the preintervention group.

Breastfeeding initiation within first hour

- alpha significance level of .05
- The result of the analysis was significant
- $\chi^2 (1, N = 130) = 5.63, p = .02.$
- The postintervention group had significantly more successful breastfeeding initiation than did the preintervention group.

Small sample size

- Small suburban hospital with average of 25 Cesarean deliveries per month
- 3 months prior and 3 months post implementation studied
- Missing data

Secondary data collection

- Healthcare system-wide electronic medical record platform change during post-intervention data collection
- Some data needed to be obtained by manual collection of chart and delivery book review

Nurses on the unit may have been motivated to promote early skin-to-skin care and breastfeeding initiation

- May have bias post-intervention to promote skin-to-skin and breastfeeding

LIMITATIONS

CONCLUSIONS

1

Validates the research supporting maternal-newborn proximity immediately after birth and early skin-to-skin care practices to improve breastfeeding practices.

2

Translated EB research into practice:
Of those maternal-newborn dyads who practiced skin-to-skin care, most experienced successful breastfeeding initiation during the first hour of life.

3

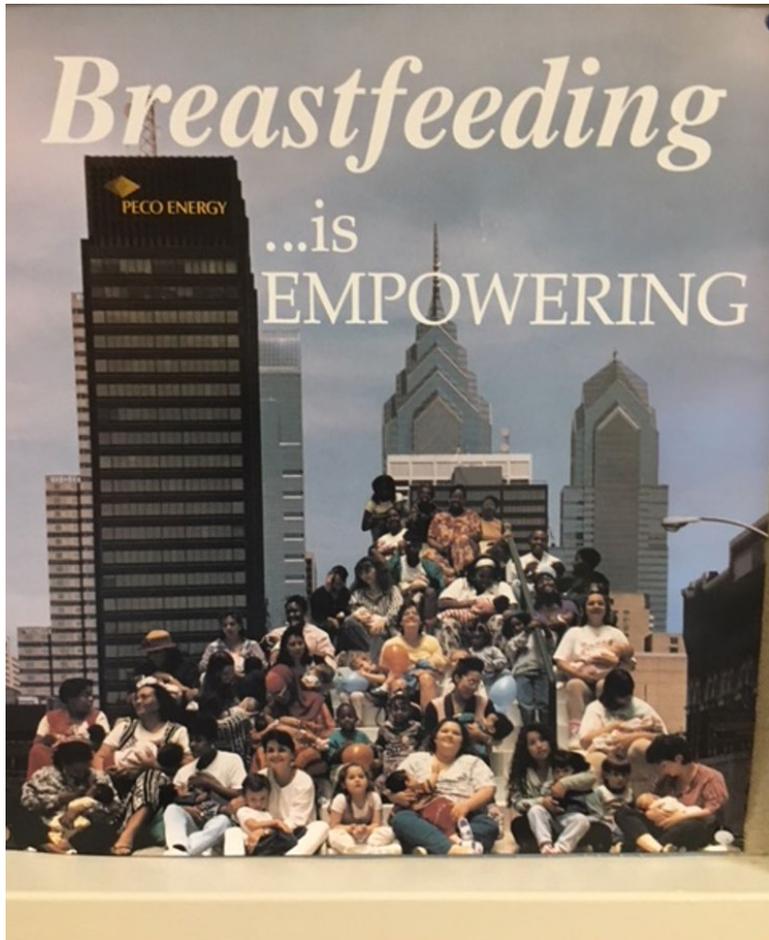
Provided evidence that a small practice change after Cesarean delivery improved skin-to-skin practices and early breastfeeding initiation.

Mode of delivery should not hinder skin-to-skin care practices

FUTURE DIRECTIONS

- Examine of the relationship between early skin-to-skin care practices and maternal ethnicity
 - In the current study setting, secondary data, including maternal ethnicity, is being collected by electronic charting. Therefore, current data can be used for this and similar analyses.
- Examine early skin-to-skin care and breastfeeding initiation rates among primary Cesarean section patients compared with mothers undergoing repeat Cesarean section.
- Examine staff attitudes and beliefs regarding early skin-to-skin practices to further elucidate the role of the nurse in promoting early skin-to-skin care and breastfeeding initiation.
- Maternal-newborn separation practices should be examined in all birthing facilities to identify barriers to the implementation of practices to minimize separation, especially after operative deliveries.

QUESTIONS?



- Thank you
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