

# Designing a Program Plan for Implementing Skin-to-Skin Contact (SSC) in the Obstetrical Surgical Suite (OB OR)



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# Disclosures and Objective

- Author: Dr. Jeffrey S. Fouche-Camargo
- Employer: Gwinnett Medical Center
- Disclosures: No relative conflicts of interest; no commercial support or sponsorship received
- Objective:
  - Define a plan to implement skin-to-skin contact in the obstetrical surgical suite

# Setting



# Importance of Breastfeeding

- Most important interventions to reduce global infant mortality:
  - Exclusive breastfeeding for six months
  - Continued breastfeeding for two years

# Breastfeeding Rates

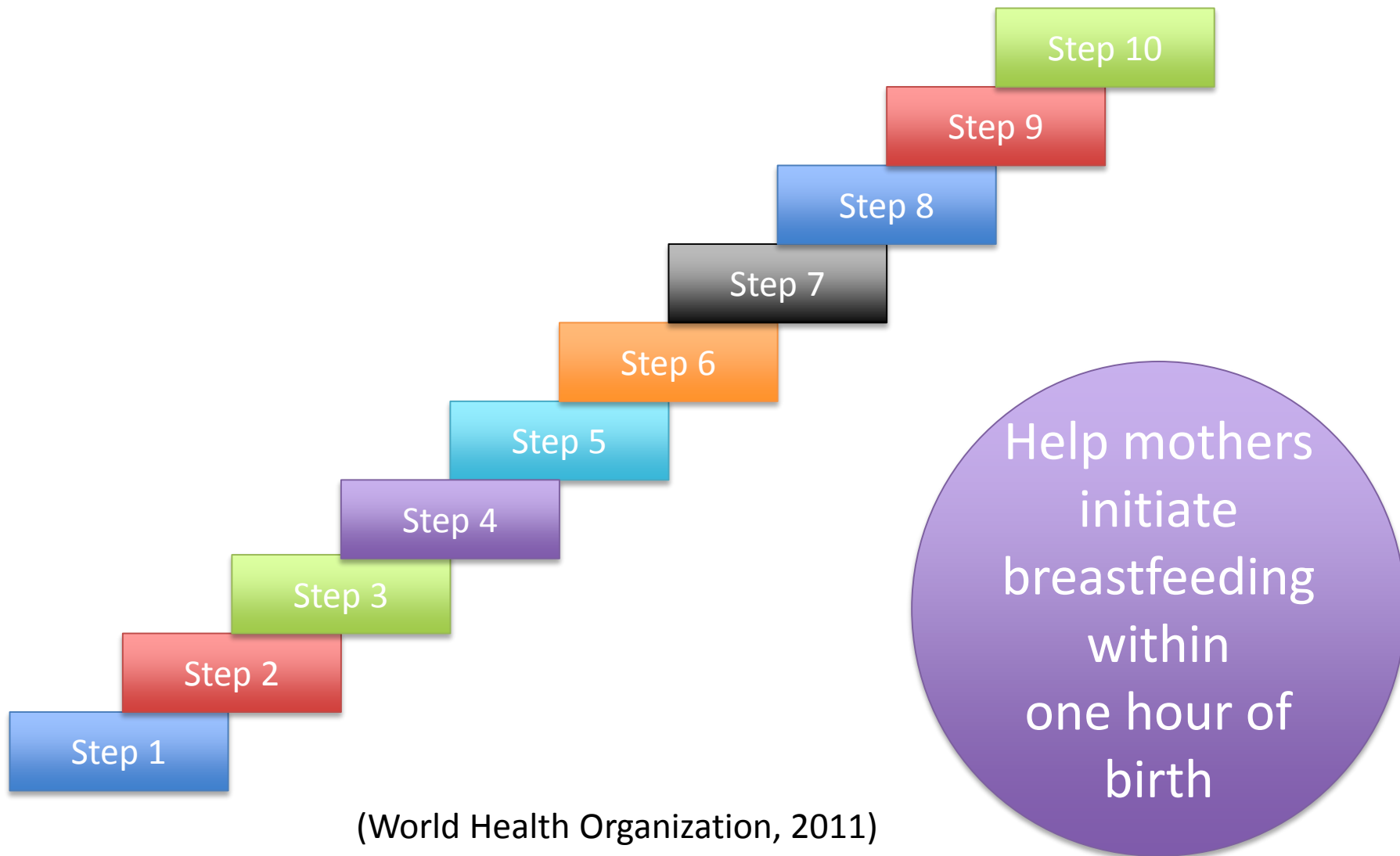
- Exclusive breastfeeding rates in the US and Georgia are distressingly low

Measure	US Rate (2011)	Georgia Rate (2011)	Healthy People 2020 Target
Initiation/early postpartum	79.2%	70.3%	81.9%
Any breastfeeding at 6 months	49.4%	40.1%	60.6%
Any breastfeeding at 12 months	26.7%	20.7%	34.1%
Exclusive breastfeeding at 3 months	40.7%	27.2%	46.2%
Exclusive breastfeeding at 6 months	18.8%	14.5%	25.5%

# Economic Impact of Breastfeeding

- U.S. Healthcare costs would be reduced by:
  - US\$13B if 90% of newborns were exclusively breastfed
  - US\$10.5B at 80% compliance

# Baby-Friendly Hospital Initiative



(World Health Organization, 2011)

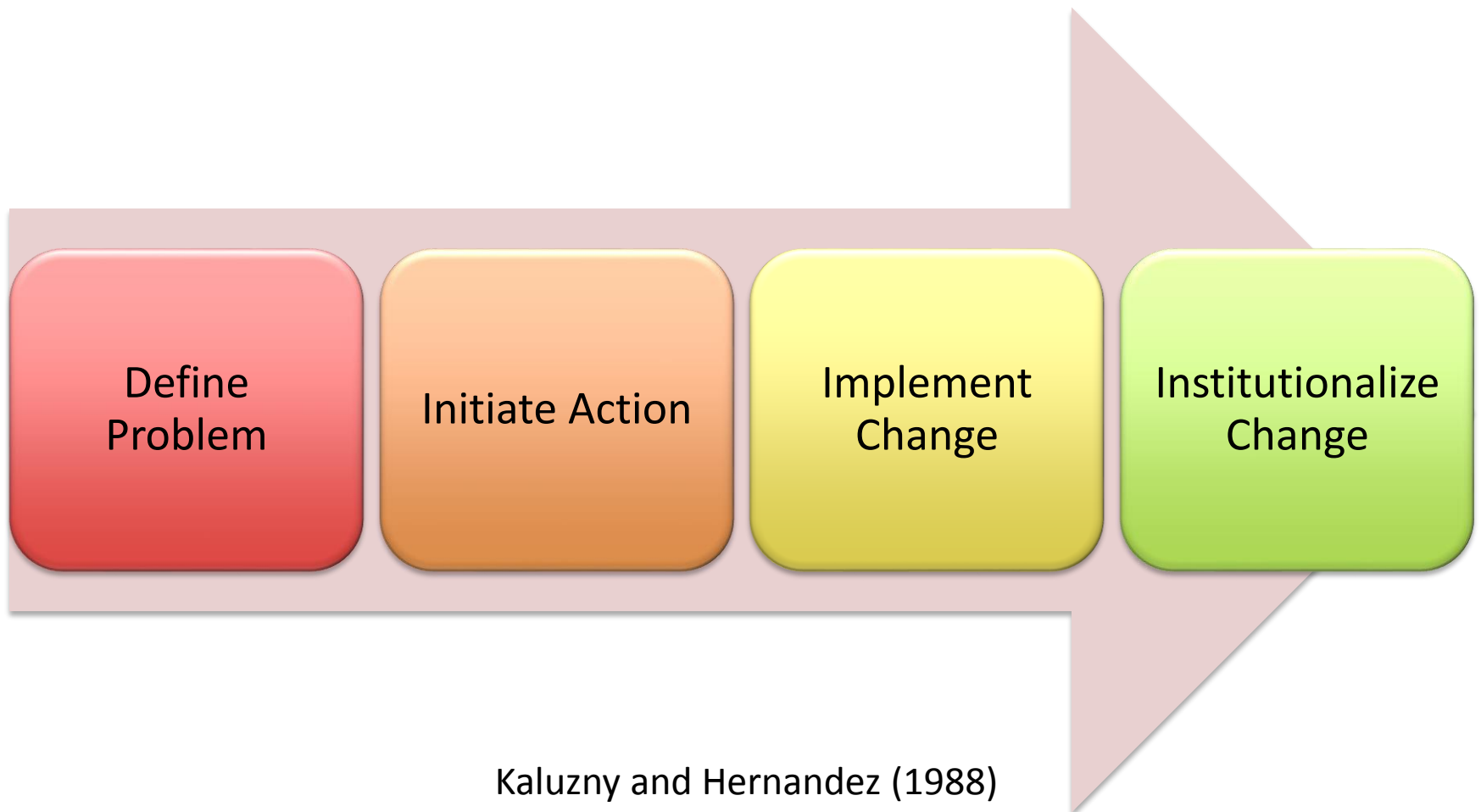
# What Does the Evidence Say About SSC and Breastfeeding?

- SSC improves breastfeeding success and prolongs duration of breastfeeding:
  - A 2012 Cochrane review by Moore, Anderson, Bergman, & Dowswell
  - My own systematic review and meta-analysis (submitted for publication)



# Theoretical Framework

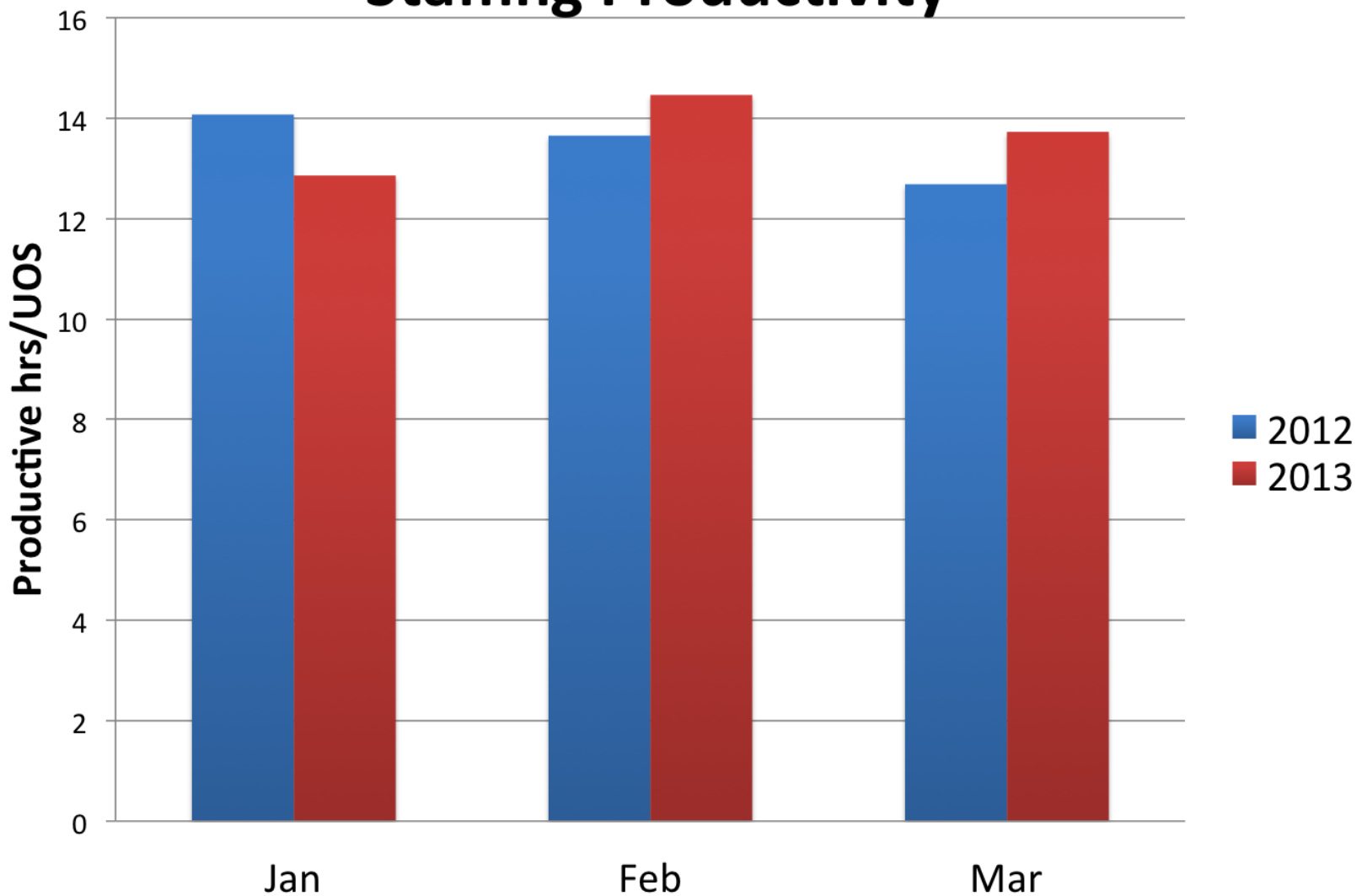
## Stage Theory of Organizational Change



# Program Evaluation of SSC Following Vaginal Birth

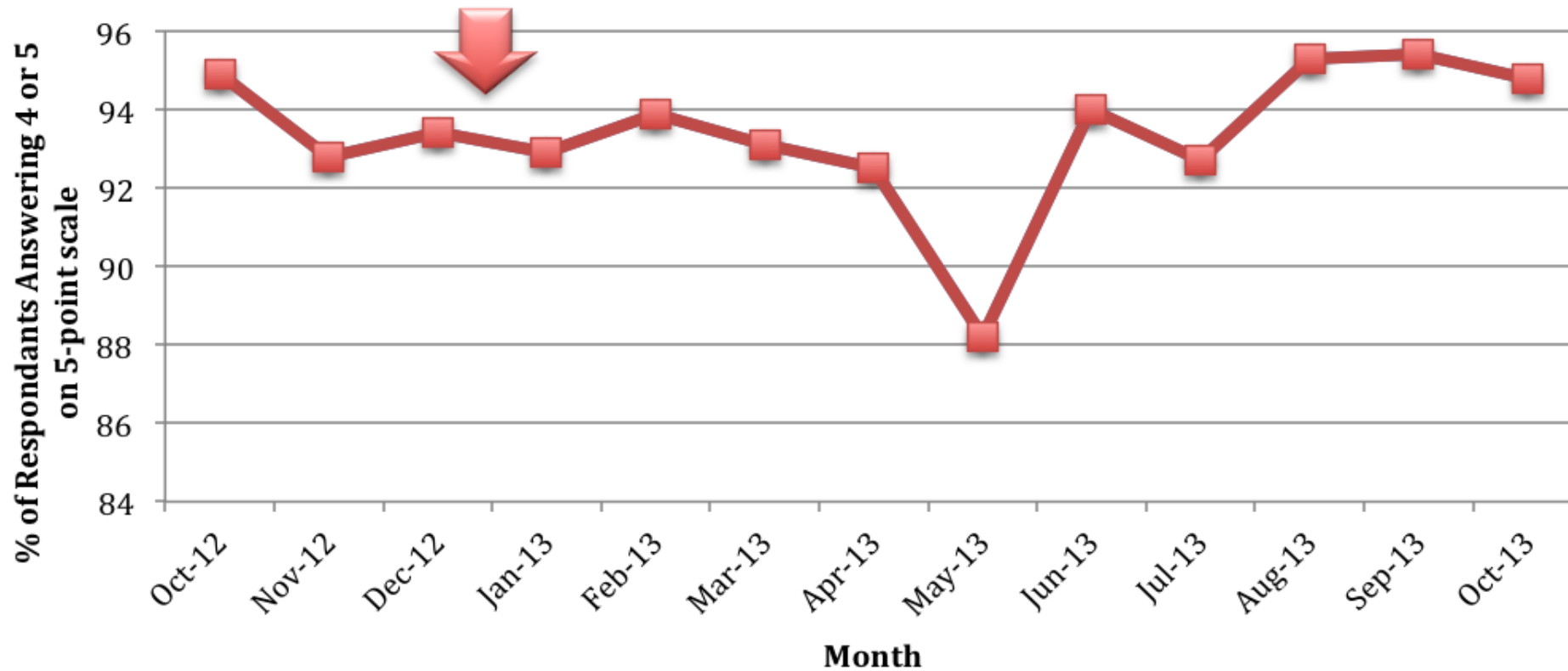
-  Staffing productivity
-  Operational changes
-  Patient satisfaction
-  Breastfeeding rates

## Staffing Productivity



**Analysis:** No significant impact on staffing was realized as a result of implementing SSC following vaginal birth,  $t(2) = 0.458$ ,  $p = 0.69$ .

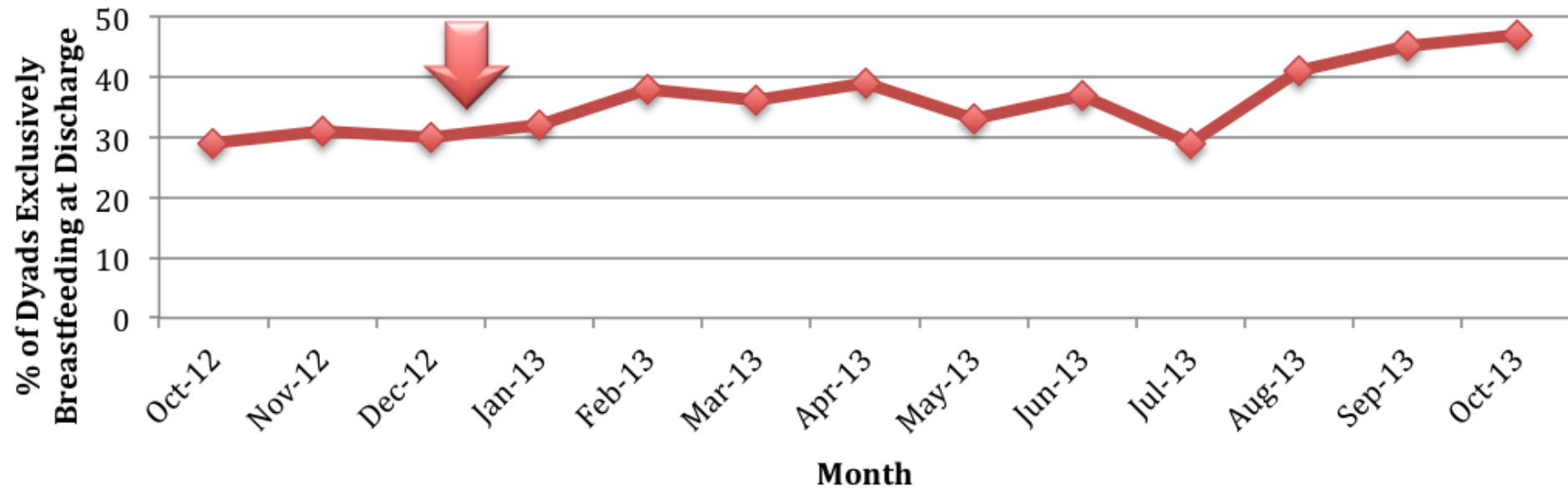
# Impact on Patient Satisfaction



**Analysis:** Patient satisfaction was not significantly different after implementation of SSC,  $t(9) = -0.640$ ,  $p = 0.75$ .

# Impact on Breastfeeding

## Exclusive Breastfeeding



**Analysis:** Differences in exclusive breastfeeding for three months prior to implementing SSC and for ten months after implementation were significant,  $\chi^2(1, N=1232) = 10.53, p = 0.001$ .

# Pre-implementation Planning

- *Force field analysis*
- *SWOT analysis*
- *Algorithm*
- *Education plan*

# Force Field Analysis

## Driving Forces

(Positive forces for change)

Majority of associates are women  
with birth experience

Many OBs supportive of SSC & BF

Nurses comfortable with SSC after  
vaginal birth

Staff motivated to achieve Baby-  
Friendly designation

SSC  
initiated  
in the OB  
OR

## Restraining Forces

(Obstacles to change)

Concerns about sterility of  
field

ECG leads are in the way

Someone needs to help  
hold/watch baby

Physical layout of OR

# SWOT





# Algorithm for SSC in the OB OR



# Education Plan

- Audiences identified
- Multiple modalities
  - eLearning modules
  - 1:1 education
  - Flyers/posters
  - CME activity
  - In-services
  - Huddles

# Process Measure

- Percentage of maternal/infant dyads at  $\geq 36$  weeks without medical complications that received SSC in the OB OR



# Outcomes Measures

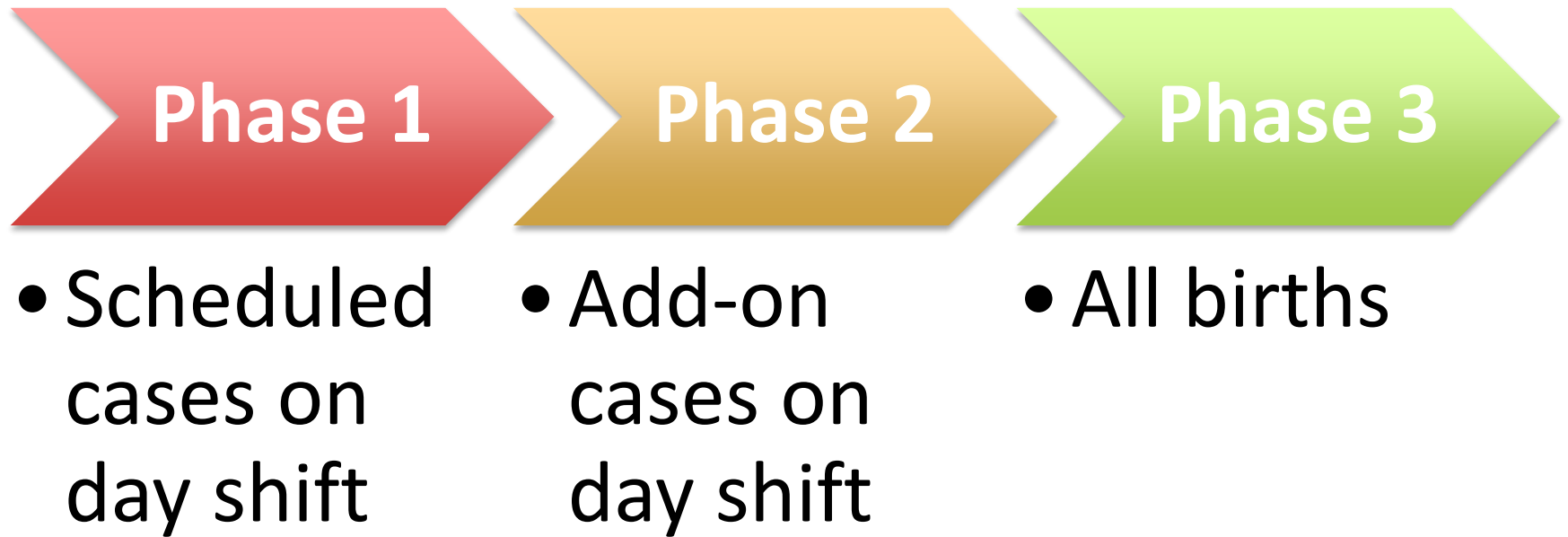
- For patients that delivered via cesarean at  $\geq 36$  weeks without medical complications:
  - the mother's perception of having adequate time to bond with her newborn
  - percentage that exclusively received breastmilk while in the hospital



# Small Tests of Change



# Phased Roll Out Plan



# Implications

- Facility anticipates increase in exclusive breastfeeding
- Baby-Friendly site visit planned for late fall 2015
- Nurse champions planning poster presentation for AWHONN conference
- Healthier moms and babies!

# Acknowledgements

- I would like to thank my committee members, Dr. Murphy and Dr. Inglett.
- I would also like to thank Gwinnett Women's Pavilion for approving this project.
- I would also like to give special thanks to my husband, Victor Camargo-Fouche, and to my children, Tanner and Joshua Fouche, for their continued support and understanding during the program.
- Thanks to Nancy Travis of Family Birth Place at Cape Coral Hospital for the use of the SSC photos; used with permission for educational purposes.



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