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## Background

- In U.S. 1/3 of all births are cesarean
- Cesarean birth risk factors:
  - Delayed initiation of breastfeeding
  - Early supplementation with formula
  - Early cessation of breastfeeding
  - Decreased milk supply
- Evidence supports early skin-to-skin contact immediately following birth
- *Baby Friendly Hospital* practice is:
  - Infants placed skin-to-skin immediately after delivery
  - Breastfeeding initiated within 1st hour after birth



## Purpose

- Promote *Baby Friendly Hospital Initiative* by increasing:
  - Early skin to skin contact of mother and infant in the operating room
  - Exclusive breastfeeding rates during hospitalization for infants with cesarean birth
- Enhance cesarean birth through immediate bonding of mother and infant
- Infant stabilization on mother's chest

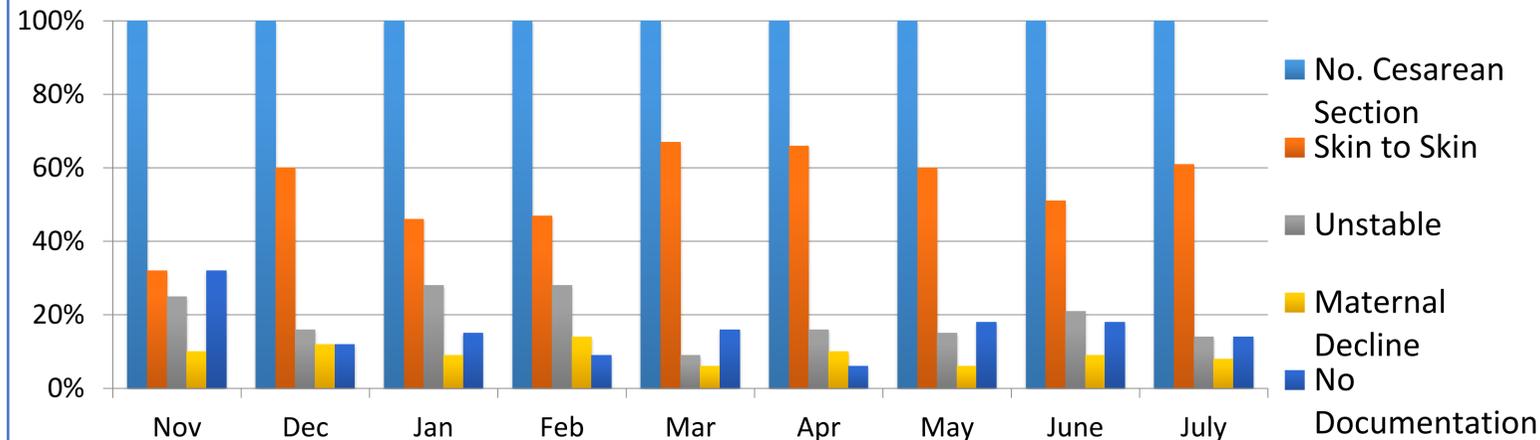
## Methods

- Established new standard for skin-to-skin care
- Educated and implemented staff on new skin-to-skin standard
- Updated delivery record documentation to ensure staff following skin-to-skin standard
- Data collection: Retrospective chart review to monitor rates of skin-to-skin care after standard initiated
- Posted monthly skin-to-skin rates for staff

## Discussion

- Prior to project, mothers and infants with cesarean birth were not placed skin-to-skin on average until one hour after birth
- Over a nine month period, skin-to-skin rates in the OR increased from 0% to 72%
- Success of this project may be partially due to an ongoing departmental staff movement towards encouraging breastfeeding

## Evaluation/Results



\*Additional Findings: Exclusive breastfeeding rates on discharge for all infants that experienced skin-to-skin contact in the OR, regardless of mother's feeding choice, was 53%

## Outcomes

### Benefits to Healthcare Providers and Organization

- Continued progress toward *Baby Friendly* designation
- Anecdotally: Patients expressed greater appreciation for care received by staff
- Registered Nurses (n = 80); Obstetricians (n = 6); Nurse Anesthetists (n = 13); Anesthesiologists (n = 7)
- Promotion of project published in community newspaper

### Benefits to Patients and Community

- Family centered care improved through eliminating separation of mother and infant in the first 2 hours of birth
- 156 mothers and 161 babies all received skin-to-skin

## Leadership Journey

**Model the Way:**  
 Created policies and procedures to support family centered care

**Inspire a Shared Vision:**  
 Initiated long term goal of becoming a Baby Friendly Hospital

**Challenge the Process:** Protocol developed allowing mothers and infants to remain together in operating room

**Enable Others to Act:** Inclusion of physicians and OR staff; entire staff educated on breastfeeding changes & documentation in delivery record

**Encourage the Heart:** Individual staff recognition, transparency of data, positive feedback from families

*"My experience with the MCH Leadership Academy and the implementation of this project has enhanced my professional development and strengths in leadership. It has increased my confidence in the implementation of a quality improvement project that requires multidisciplinary involvement and policy change. I plan to use my newly attained leadership skills to continue with similar research projects and my hospital's goal towards Baby Friendly"*

## Next Steps

- Eliminating all mother and infant separation during first two hours after birth
- Obtaining *Baby Friendly* designation
- Obtain data to identify reasoning behind maternal declination of skin-to-skin