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%

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

Outcomes

Leadership Journey

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

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

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

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

“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”