Title:
A DNP Project: Improving Skin-to-Skin in the O.R. Following a C-Section

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Barriers to change, Leading by observing and Skin-to-skin in the O.R.

References:
American Academy of Pediatrics. (2012). Executive summary: Breastfeeding and the use of human milk. Pediatrics, 129, 600-603. Gregson, S., Meadows, J., Teakle, P., & Blacker, J. (2016, January). Skin-to-skin contact after elective Cesarean section: Investigating the effect on breastfeeding rates. British Journal of Midwifery, 24(1), 18-25. Moore, E., Anderson, G., Bergman, N., & Dowswell, T. (2012). Early skin-to-skin contact for mothers and their healthy newborn infants (Review). The Cochrane Collaborative, 1-107. Moran-Peters, J., Zauderer, C., Goldman, S., Baierlein, J., & Smith, A. (2014, August/September). A quality improvement project focused on women's perceptions of skin-to-skin contact after Cesarean birth. Nursing for Women's Health, 18(4), 294-303.

Abstract Summary:
Skin-to-skin (STS) contact between mother and newborn provides benefit to both, and improves breastfeeding rates. STS in the O.R. after a C-section needed improvement. As a DNP evidence based practice (EBP) project, this nurse leader set out to determine where the barriers actually were by spending time in the O.R.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to identify barriers to placing newborns skin-to-skin in the operating room following a C-section.	I. Importance of skin-to-skin after delivery important a. For the newborn b. For breastfeeding
The learner will be able to describe how to lead change by incorporating new ideas to change existing processes.	II. Identifying barriers to skin to skin in the O.R. after a C-section delivery a. Staff nurse perspective b. Mother perspective c. Observations from the O.R.
	III. Leadership lessons learned

Abstract Text:

Studies conducted for more than ten years have described how placing a newborn on their mother's bare skin immediately following birth provides both physiologic and psychological benefits for the newborn and the mother (Moran-Peters, Zauderer, Goldman, Balerlein, & Smith, 2014, p. 296). In a Cochrane review of thirty four studies it was demonstrated that skin to skin, (STS) contact immediately after delivery provides the newborn with improved stabilization of the heart rate, respiratory rate, blood oxygen saturation, blood glucose levels, and temperature consistency (Moore, Anderson, Bergman, & Dowswell, 2012, p. 5). A secondary outcome is when a mother and newborn were provided STS contact immediately after delivery is the improved outcomes with breast feeding rates (Moore et al., 2012, p. 12).

According to the World Health Organization (WHO), newborns have improved health outcomes when being fed exclusively with breast milk (Moran-Peters et al., 2014, p. 298). The American Academy of Pediatrics position on newborn feeding is that breastfeeding and human milk should be considered the normative feeding for newborns (American Academy of Pediatrics, 2012, p. 600). In the Moore et al 2012 Cochran review, when newborns were placed STS after delivery the overall rate of breast feeding was both higher, and for longer duration than the mother newborn couplet who did not experience STS (Moore et al., 2012, p. 12).

The experience of STS contact after vaginal delivery is consistently in the 70th percentile within our organization. However baseline data on chart reviews on all women who delivered by a C-section revealed that only 20% had STS in the O.R. in January 2016, and 24 % in February 2016. This organization is not alone in this trend. Research supports this trend in the United States, and the UK, with obstacles being identified as lack of interdisciplinary collaboration in the O.R. at the head of the bed with anesthesia, lack of support from the obstetrician performing the surgery, and nurses being more task focused than experience focused when in the OR (Gregson, Meadows, Teakle, & Blacker, 2016, p. 25).

As part of a DNP EBP project the first goal was to identify barriers to STS in the O.R. Steps taken included chart audits, meeting with Labor & Delivery leadership and nursing staff. Meeting with shared governance counsels, speaking with nursing and scrub staff, and spending time in the O.R. and watching the C-sections learning the process and observing for barriers.

Barriers identified and action steps taken included enhanced communication to clarify the expectation of when STS could occur in the OR. Refocusing staff nurses to the experience of STS after a C-section. Setting realistic time frames and documentation consistency have all improved the C-section STS rates.

The outcome measurements are not yet complete however, the outcomes to date for April 2016 outcome demonstrated a STS rate in the O.R. as 50% which is a 30% improvement from this project.

Lessons learned is that sometimes leaders need to get back in scrubs, get back to the bedside to fully understand why best practices are not being implemented. Also, acknowledgement of the many tasks bedside nurses are expected to perform and document which can distract from the patient experience.

Next steps are to continue monthly data collection. Offer reminders at huddles and staff meetings to enhance the patient experience through shared communication.

In the future STS will continue to be a focus and will be correlating STS with exclusive breastfeeding rates