

# A DNP Project: Improving Skin-to-Skin in the OR following a C-section

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## Purpose

Identify barriers to Skin-to-Skin contact (STS), after a C-section delivery; increase STS and exclusive breastfeeding (BF) rates.

## Evidence Summary

- Newborns placed on their mother’s bare skin immediately following birth provides physiologic and psychological benefits for the newborn and the mother (Moran-Peters, Zauderer, Goldman, Balerlein, & Smith, 2014, p. 296).
- A Cochrane review of 34 studies demonstrated that STS contact immediately after delivery improves stabilization of newborn heart rate, respiratory rate, blood oxygen saturation, blood glucose levels, and temperature consistency (Moore, Anderson, Bergman, & Dowswell, 2012, p. 5).
- STS contact immediately after delivery improves breastfeeding rates (Moore et al., 2012, p. 12).
- Both the World Health Organization (WHO) and American Academy of Pediatrics (2012) recommends human milk as the standard nutrition for newborns.

## Significance of Problem

- Reading Hospital: STS contact after vaginal delivery was consistently in the 70th percentile; however, baseline data for STS contact after C-section was 20th percentile.
- Evidence supports similar trends in both the US and the UK. Obstacles identified included lack of interdisciplinary collaboration in the OR among nursing, anesthesia, and obstetrics, and nurses being more task-focused than experience-focused when in the OR (Gregson, Meadows, Teakle, & Blacker, 2016, p. 25).

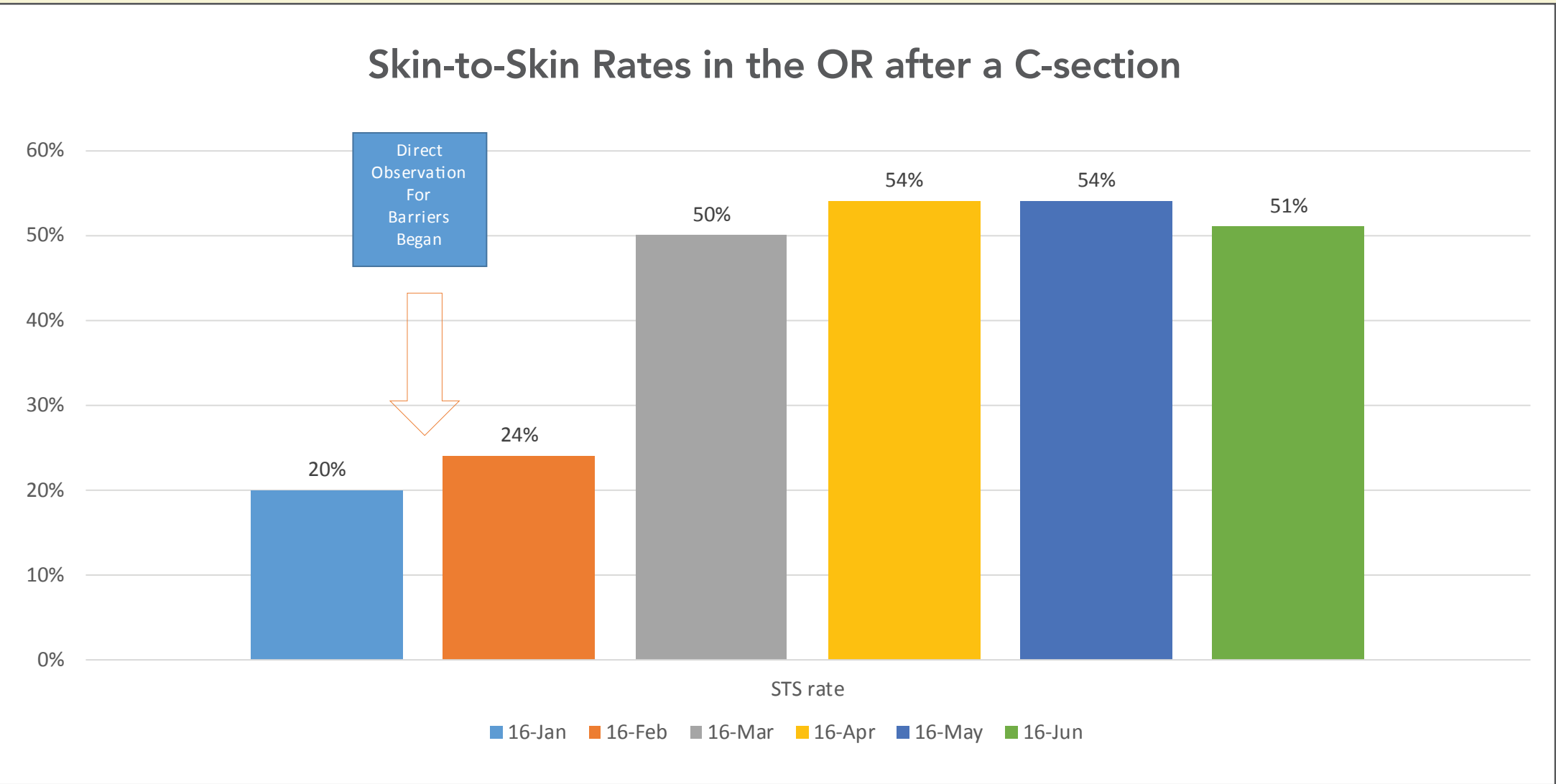
## Method

- Observation of C-section process flow to identify postoperative STS barriers in the OR
- Dialogue with key stakeholders to discuss perceived barriers, share observations, and clarify misperceptions regarding STS in the OR
- Review of charts for data abstraction
- Use of four-step change process to facilitate interdisciplinary care team, patient, and family change of practice



Kelly & Penney, 2011, p. 133

- Results: Skin-to-Skin rates in the OR after a C-section



## Findings

Barriers to STS in the OR after a C-section identified at Reading Hospital were:

- Lack of OR team communication around STS
- Not including the mom in the decision to participate in STS
- Staff focus on tasks rather than patient experience
- Opportunities around interdisciplinary collaboration in the shared goal of STS evidence-based practice changes
- Circulating nurse adds mom’s goal for STS and BF to OR whiteboard communication
- Universal time-out now includes communication to the entire OR team of mom’s desire for STS and BF
- Redefined time frame goal for STS in the OR to align with WHO first-hour-of-life recommendation
- Defined STS exclusion criteria for mom and baby to improve documentation

## Leadership Lessons Learned

First-hand experience of practice, processes, and nursing workflow enables leaders to observe and assess both barriers and drivers for planned change. Facilitating change at the point of care engages leaders in collaboration with front line caregivers to redesign workflow to enhance the patient experience rather than be task focused.