

Increasing Maternal-Fetal Skin to Skin

CHRISTINA D FENDRICK, BSN NURSING STUDENT

JOHNS HOPKINS BAYVIEW MEDICAL CENTER, LABOR AND DELIVERY UNIT; JOHNS HOPKINS UNIVERSITY SCHOOL OF NURSING, BALTIMORE, MD 21205

MENTOR: MELISSA EICHELBERGER, MS RNC, C-EFM

Background

Skin to skin (STS) has become an outcome measure used in hospitals today that are seeking “baby friendly status”. It is the method of holding a newborn directly on mother’s (sometimes father’s) bare skin (Bystrova, 2003).

STS contact done for one hour post-delivery has been shown to reduce crying, improve maternal-infant interactions, lead to successful breastfeeding, and modulate infant vital signs such as temperature (Moore, 2007). Although benefits have been proven, many patients are not educated on the topic, and there are barriers in the hospital setting that inhibit medical professionals from initiating STS with their patients.

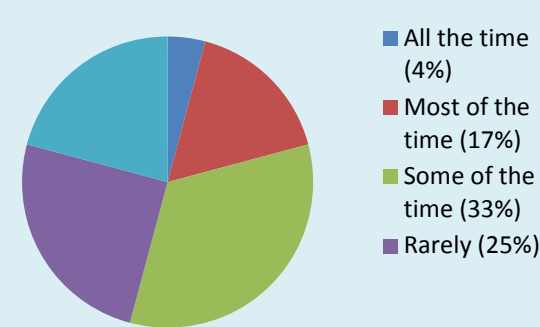
Increased STS contact was chosen as the intervention on Bayview’s Labor and Delivery (L&D) unit to work towards accomplishing the goal of attaining “baby friendly status”.

Objectives

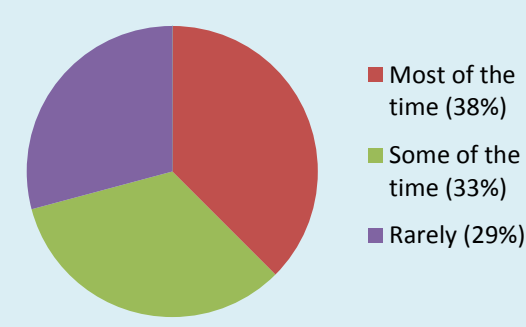
- To educate patients and nursing staff on STS benefits
- To increase the amount of time that parents and their infants demonstrate STS
- To increase nurses’ documentation of STS

The image shows a screenshot of a clinical documentation form. At the top, there are two dropdown menus for 'Date of Delivery' and 'Skin to skin initiated', both set to 5/9/2014. Below these are two time fields: '12:40' and '13:20'. A section titled 'Duration of skin to skin' has a dropdown menu. Underneath, there are checkboxes for 'Reason for absence of skin to skin' with options: 'Mother not medically stable', 'Infant not medically stable', 'NICU admission', 'Parent declines', and 'Other'. A section titled 'If breast feeding, first time' has a dropdown for 'baby placed at breast' and a dropdown for 'to pump', both set to 5/9/2014. Below this are two time fields: '13:20' and 'H:mm'. Another 'Reason for absence of breast feeding' section has the same options as the skin-to-skin section. At the bottom, there are checkboxes for 'Skin to skin contact' and 'Breast feeding', with a note 'Baby B Skin to Skin & Breast Feed'. The form is part of a larger document with tabs for 'Noring', 'Pain Flowsheet', and 'Pain Description'.

How often is SCS utilized to maintain newborn temperature?



How often is the warmer utilized to maintain newborn temperature?



Methods

- 1) Observation of potential barriers to provide STS during vaginal and cesarean deliveries
- 2) Initiated a systematic review of 12 articles using Cochrane Database showing the benefits of STS
- 3) Conducted survey of L&D nurses to identify barriers of STS and areas for improvement on the L&D unit
- 4) Created informational pamphlet for admission packet for parents and nurses on the benefits of STS
- 5) Gave presentation to L&D RNs, CNAs, and lactation consultants on evidence-based practices and results of nurses’ survey including identification of barriers on the unit

Results

A pre-implementation survey on barriers to STS practices was administered to 52% of the L&D nursing staff. It showed that 83% of these nurses said initial assessments mostly take place in the warmer, 83% said that STS was rarely or never used for a cesarean section delivery, and 92% said that STS is important or very important in helping with infant health and maternal bonding. Other barriers that were described in the survey and noted during observation on the unit were fetal distress, maternal condition, education, cesarean section, and unit culture. In order to help reduce some of these barriers, educational fliers and

information were given to the nurses and patients explaining evidence-based practices collected from the systematic review. Nurses were also encouraged to document STS to help encourage its use. To identify the project’s progress, the same fliers will continue to be given out and results will be compared to collect final data.

Conclusion

Staff and patients on the L&D unit were further educated about the benefits of increasing STS proceeding delivery through fliers and discussion, and STS was reported to have increased on the unit through subjective data gathered from the nurses on the floor. In order to see if there is increased amount of STS contact and STS documentation, further surveys must be conducted and results from before and after will be compared.

Future Directions

A post-implementation survey will be given at six months post-educational initiative to determine changes in nursing practice of facilitating STS on the unit.

References

- Bystrova, K., Widström, A. M., Matthiesen, A. S., Ransjö-Arvidson, A. B., Welles-Nyström, B., Wassberg, C., ... & Uvnäs-Moberg, K. (2003). Skin-to-skin contact may reduce negative consequences of “the stress of being born”: a study on temperature in newborn infants, subjected to different ward routines in St. Petersburg. *Acta Paediatrica*, 92(3), 320-326.
- Moore, E. R., Anderson, G. C., & Bergman, N. (2007). Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database Syst Rev*, 3.

Funding Source

The Helene Fuld Leadership Program for the Advancement of Patient Care Quality and Safety

Acknowledgements

Bayview Labor and Delivery Nursing Staff



JOHNS HOPKINS
SCHOOL of NURSING