Increasing Maternal-Fetal Skin to Skin

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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

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 flyers 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 flyers 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

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