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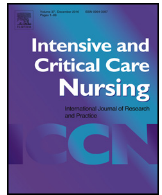

Intensive care nurses' experiences of infants and partners' presence on the postoperative ward after an emergency caesarean section; An interview study

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ABSTRACT

It is evident that immediate skin-to-skin care after birth has the potential to improve breastfeeding outcomes and maternal satisfaction after a caesarean section; hence partners and infants should be present on the postoperative ward.

Objective: To investigate the intensive care nurses' experiences of having the infant and partner present on the postoperative ward after emergency caesarean sections.

Design: Interviews with semi-structured interviews were conducted and analysed using qualitative content analysis.

Setting: The interviews were conducted at a hospital in Stockholm, Sweden; where close to 10,000 births occur each year. After a caesarean section the mother is treated on a postoperative ward for at least two hours. Eight intensive care nurses participated in the study.

Result: The analysis yields the theme '*The challenges of caring for infants on a postoperative unit*' covering the following categories; collision between the intensive care nurse and midwife, responsibility versus knowledge and organisational issues. The study concluded that improved routines and increased continuity between involved clinics could improve care. There is also a need for education for staff involved in caesarean section regarding the benefits of early skin-to-skin care between the mother and her infant.

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Implications for Clinical Practise

- In relation to the families needs, the nurses felt inexperienced and hindered by insufficient knowledge
- Who has the responsibility for the child when present at the recovery room, needs to be very clear for everyone involved.
- There is a need for education among staff involved in caesarean regarding the benefits of early skin-to-skin between mother and newborn.
- Improved routines and increased continuity between involved clinics in caesarean sections could improve care.

Introduction

Skin-to-skin

Implementing skin-to-skin care (SSC); meaning placing the naked infant prone on the mother's bare chest with a warm blanket covering its head and back, has a number advantages for both mother and infant. The benefits of SSC for the infant are sustained body temperature, a more stable blood sugar, and reduced stress (Moore et al., 2012). The positive effects of SSC for the mother are, among other things, increased levels of oxytocin, the calming and feel good hormone, in response to the massage-like movements the infant makes on the breast during the pre-suckling period. These movements may prepare the mother to provide milk and are also a means for attachment to the infant (Matthiesen et al., 2001). If separation between mother and infant is necessary, it causes

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stress in both. An increase in stress hormones activates the autonomic nervous system, leading to increased expenditure of energy (Moore et al., 2012). SSC between mother and infant is not always achieved after a caesarean section (CS), and in those cases SSC with the mother's partner is of great value (Erlandsson et al., 2007). An infant who experiences skin-to-skin contact with the other parent cries less, exhibits calmer behaviour, and sleeps better than infants placed in a separate bed and also engage in more active search behaviour, which facilitates the first breastfeeding even though this occurs later. There are no described negative effects of SSC (Moore et al., 2012). However, early skin-to-skin contact where the infant lies stomach-to-stomach with his mother has been described as a risk factor for apparent life threatening events in the healthy infant during the first hours after birth. Other risk factors were unsupervised first breastfeeding and primiparous mothers (Dageville et al., 2008; Pejovic and Herlenius, 2013). The authors stressed that these findings should not decrease SSC given its many positive effects. Studies show that the first hours represent a particularly sensitive period in the mother-child interaction, both in the long and short term (Bystrova et al., 2009; Dumas et al., 2012). When groups of mothers who had SSC immediately after birth were compared with mothers who were separated from their infant, early separation seemed to interfere with mother-child interaction. Mothers in the separation group were more heavy-handed when they handled their infant at an observation point on day four after birth (Dumas et al., 2012). Bystrova et al. (2009) have also shown that if the infant has skin-to-skin with its mother during the first two hours after birth, the mother shows a higher sensitivity to the infant's signals and the infant has a better self-regulatory capacity at one year of age.

Breastfeeding

Infants who are born by CS experience less breastfeeding than infants born vaginally (Zwedberg et al., 2015a). If an infant is allowed early contact with the mother's skin, the period of exclusive breastfeeding is extended (Dumas et al., 2012). The consequences of caesarean section for the breastfeeding hormonal pattern, combined with delayed skin-to-skin contact, have been observed at breastfeeding sessions two days after birth. Mothers showed a less optimal oxytocin and prolactin pattern specifically, very few pulses of oxytocin and a flat pattern of prolactin, indicating lower milk supply than in women who have given birth vaginally and who have had SSC with their infants (Nissen et al., 1996). A decrease of supplementation feeding has been shown in infants who experience skin-to-skin contact immediately after caesarean birth, compared to infants who are separated from the mother in the operating theatre (Hung and Berg, 2011).

The lower breastfeeding rates after CS may be a result of the increased length of time before the first breastfeed (Hazir et al., 2013; Patel et al., 2010; Prior et al., 2012). The golden standard to facilitate breastfeeding is allowing the infant immediate skin-to-skin contact for at least one hour after birth (UNICEF, 2016). The infant is most likely to follow their instincts and attach to the breast during this period. If left undisturbed most infant follow nine distinct natural steps (Widström et al., 2011). Crenshaw et al. (2012) found that if the infant goes through all of the initial nine steps to the breast it increases the probability of exclusive breastfeeding upon discharge from the hospital. This strategy also increases the total duration of breastfeeding after a normal vaginal birth (Moore et al., 2012). According to a review article by Stevens et al. (2014) SSC had the potential to improve breastfeeding outcomes and maternal satisfaction even after a CS.

Hospitals generally do not enable SSC between mother and infant after CS (Stevens et al., 2014; Zwedberg et al., 2015b). A potential explanation for this is a lack of knowledge regarding its benefits. Midwives are often well-informed of the advantages of SSC, but everyone is not aware of the importance of uninterrupted SSC until the first breastfeed (Cantrill et al., 2004). Many professionals are involved in a CS and there is a challenge in educating all of them about the advantages of SSC. Midwives sometimes find it easier to separate mother and infant due to the lack of knowledge about the advantages of SSC among other professionals in the operating theatre (Zwedberg et al., 2015b). However, there are studies showing a shift in the attitude towards SC. Some are striving towards a more woman-centered care by for example letting the woman have her infant skin to skin immediately after birth (Smith et al., 2008; Armbrust et al., 2016). Impediments that limit SSC in the operating theatre can be overcome according to Hung and Berg (2011) who found that the professionals of the operating theatre were more positive to SSC after undergoing education regarding skin-to-skin contact and it's benefits'.

Intensive care nurses

The responsibility of the intensive care (ICU) nurse following an emergency caesarean section is the postoperative care of the mother. The nurse determines the degree of sedation of the mother, she monitors the circulatory parameters, assesses potential side effects from medication and possible complications from the surgery. The care given during and following a CS in Sweden is interdisciplinary, including several categories of staff: nurses, nurses' aids and physicians. However, the main category is the ICU nurse. She monitors and is responsible for the patients, and delegates tasks to the nurses' aids. Physicians are available for rounds and when and if their medical expertise is needed.

Today, early skin-to-skin contact after a vaginal delivery is the gold standard within Swedish healthcare, yet after emergency caesarean sections, in most hospitals, a routine separation of mother and child remains when the mother is monitored on the postoperative ward.

In the postoperative ward of the hospital were our study was conducted, infants and partners have been allowed to be present to enable early SSC after a CS. This has been routine even during on-call hours, if the child had an apgar score over 7 after five minutes.

The routine of allowing infants in the postoperative unit may affect the work environment of the postoperative units' staff. There is a lack of knowledge regarding the ICU nurses' experiences of having infant and partner present on the postoperative ward. Therefore, our aim was to investigate the ICU nurses' experiences of having infant and partner present on the postoperative ward after emergency caesarean sections.

Methods

This qualitative study was performed with the inductive approach, meaning that the analysis was not based on previous theories or hypothesis. Semi-structured interviews were conducted and content analysis inspired by Graneheim and Lundman (2004) was used to interpret the interviews.

Settings

The interviews were conducted at a hospital in Stockholm where close to 10000 births occur each year. After a CS the mother is treated at a postoperative ward for at least two hours. After planned and emergency CS during daytime (07:00–21:00) the mother is treated on the postoperative ward at the women's clinic.

When emergency CS occurs during on-call hours (21:00–07:00 and weekends/holidays) the mother is treated on the general postoperative ward. If the infant is healthy, he/she and the partner accompany the mother to the postoperative ward. To accompany

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