Implementing Skin-to-Skin Contact for Cesarean Birth

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Purpose/Goal

To provide the learner with knowledge of best practices related to initiating skin-to-skin (STS) contact between a mother and newborn during and after cesarean birth.

Objectives

1. Describe the benefits of and recommendations for initiating STS contact in the OR during and after cesarean birth.
2. Explain the concept of baby-friendly, family-centered maternity care.
3. Identify the risks associated with STS contact.
4. Discuss the challenges of initiating STS contact in the OR.

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Margaret M. Boyd, DNP, CNM, has no declared affiliation that could be perceived as posing a potential conflict of interest in the publication of this article.

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ABSTRACT

Early skin-to-skin (STS) contact in the OR facilitates the development of mothering behaviors, breastfeeding success, and newborn adaptation to extrauterine life. A team at my institution performed a quality improvement project to implement a standard of care for STS contact in the OR during and after cesarean birth. Thirty-seven of 50 mother-infant dyads experienced STS contact in the OR or in the postanesthesia care unit. Twenty-five mothers and newborns who experienced STS contact did so on the OR bed. The median time newborns spent engaged in STS contact with their mothers was 42 minutes and 30 seconds. Developing and using a standard of care to implement this evidence-based practice facilitated acceptance of this intervention. Obstacles that staff members encountered included maternal or neonatal instability, equipment problems, and nurse staffing issues. Staff members addressed these obstacles through creative problem-solving. *AORN J* 105 *(June 2017) 579-592. © AORN, Inc, 2017. http://dx.doi.org/10.1016/j.aorn.2017.04.003*

Key words: *skin-to-skin contact, Iowa Model of Evidence-Based Practice, cesarean birth, newborn, maternity care.*

Skin-to-skin (STS) contact immediately after birth enables the development of a connection between a mother and her newborn and enhances maternal-infant attachment. This attachment is necessary for the survival of the newborn, and nature has provided biochemical activators that prime the brain's reward circuitry to increase maternal caregiving behaviors. Hormones known to influence attachment behaviors may be increased by STS contact, which is especially important during the vulnerable newborn period.[1] The birth process stimulates a catecholamine surge that aids the newborn's adaptation to life outside the uterus. After the acute effects of this surge end, stress-related negative consequences may follow (eg, prolonged crying, vasoconstriction). These negative consequences may be counteracted by STS contact.[2]

DESCRIPTION OF THE PROBLEM

Skin-to-skin contact is the positioning of the naked (except for a small diaper) newborn prone on the mother's bare chest, covered with a warm blanket, within the first hour after birth.[3] After cesarean birth in the OR at my facility, the health care team traditionally separated the mother and newborn. However, STS contact between mother and newborn for at least one hour after delivery is now recognized as the optimal postpartum care for both vaginal and cesarean births (if the mother did not receive general anesthesia).[4] Maternal-child health administrators at my institution identified the lack of the opportunity for STS contact during and after cesarean birth as a problem as we began the process of becoming a baby-friendly facility that provides family-centered maternity care.

Family-centered maternity care focuses on the significant transitions that occur during the childbearing year. The principles of family-centered maternity care are based on the ideas that

- the care provided is safe, both physically and emotionally;
- medical expertise is accompanied by compassionate and skillful communication; and

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