



# **CHAMPS: SKIN TO SKIN A BEST PRACTICE IN NEWBORN CARE**

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# Upcoming CHAMPS Wednesday webinars

- ◎ **Why Not Just One Bottle?** Understanding the Risks of Supplementation 3/25; 11-noon CST(CST): Lori Feldman-Winter MD
- ◎ **Changing Minds and Moving On** 4/22: Anne Merewood PhD MPH IBCLC
- ◎ **How to Avoid Just One Bottle** 5/13: Lori Feldman-Winter MD
- ◎ **Rooming in – Are you really?** 6/10: Anne Merewood PhD MPH IBCLC

# Upcoming CHAMPS events

- Mississippi Delta CHAMPS conference: Wed March 4, Greenwood MS
- Presentations at the ABM's: What every physician needs to know about breastfeeding: Mon March 2, Jackson
- THIS FALL: conferences for CHAMPS hospitals: Oct (NOLA); Nov (Jackson)

# Skin to skin

- Why skin to skin?
- Evidence behind skin to skin
- How to do skin to skin
- UMC experience
- PDSA
- Questions and answers

# Why skin to skin?

- Skin to skin contact between mother and infant is normal mammalian and primate behavior
- It promotes maternal infant contact for bonding, breastfeeding, and survival





COMMUNITIES AND HOSPITALS  
ADVANCING MATERNITY PRACTICES

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# Skin to skin – a natural, predictable process

- Neonates progress through a documented, predictable series of behaviors during skin to skin
- Crawling, leg pushing, visual identification of the nipple, ‘snuffling’, head bobbing, self attachment

# Mothers also react

- ◎ Touch, warmth, smell stimulate maternal oxytocin release
  - Raises maternal skin temperature - keeps baby warm
  - Decreases maternal stress/anxiety- promotes relaxation
  - Enhances parenting behaviors/facilitates bonding





# Skin to skin



- Maintains infant glucose levels
- Maintains infant body temperature
- Leads to improved neurobehavioral development
- Boosts maternal confidence

# Research and protocols

- ⦿ Skin-to-skin contact during cesarean can be implemented
- ⦿ Immediate/early s2s post cesarean section increases initiation, decreases time to 1<sup>st</sup> breastfeed, reduces formula supplementation in hospital, increases bonding and maternal satisfaction, maintains newborn temperature and reduces newborn stress

# Research and protocols

- All conference registrants will receive study/documents including a skin to skin protocol for post cesarean

# WHO recommended/ Baby-Friendly required

- Immediate skin to skin for vaginal births
- “When mother can respond” for cesareans
- Uninterrupted skin to skin contact for at least the first hour of life
- Procedures delayed
- Monitor infant in skin to skin
- No need to rush 1<sup>st</sup> feed



# How do we do this?

- Usually baby has hat and diaper
- Baby dried off if desired
- Place infant prone and vertically between breasts
- Skin of baby in contact with mom's skin
- Place warm blankets over baby and mom
- No blanket between mom and baby



# Cesareans....



- ⦿ Involve anesthesiology....
- ⦿ Help place or reposition monitoring probes
- ⦿ Prepare baby and mother just as for vaginal birth
- ⦿ Ensure drapes do not encroach on surgical field
- ⦿ Encourage, and reposition baby after transfer as needed



- Both hands free
- Plenty of space
- Help close by



# Obese patients



- Tip OR table head up, make room and release arm restraints
- Provide additional support if room is tight under drapes





# Dads can do this too!

- Mother, father or support person
- All infants (not just breastfeeders)



# What happens next?

- Have a plan!
- Mom hugs baby for transfer from OR table to bed
- Mom and baby to room together....

# The UMC experience

- ⦿ Journey initiated by OB nurse educator
- ⦿ Multidisciplinary group involved in initiative
  - Challenges and strengths
- ⦿ Administrative support and oversight
  - Pediatrics vs. OB/Gyn
- ⦿ Physician Champions
- ⦿ BUY IN BY ALL STAKEHOLDERS



# The UMC experience

- ◎ Policy and guideline development
  - Site visit to hospital with similar demographics
  - Evaluation of processes and workflow
  - Inclusion vs. exclusion criteria
- ◎ Staff education and Training
  - Nurse educators
  - Lactation consultants



# The UMC experience

## ◎ LDR Process

- Vaginal births
  - Skin to skin process
  - Initial assessment
  - In room transition- procedures after 1<sup>st</sup> hour
  - Delayed bath

# The UMC experience

## ◎ LDR Process

- C-section

- Skin to skin process- PACU vs. OR
- Transition location: PACU vs. transition nursery
- Procedures after 1<sup>st</sup> hour
- Delayed bath

# The UMC experience

- ◎ After skin to skin in LDR, what next?
  - Transfer to the mother-baby unit
  - Full assessment
  - Pediatrician evaluation
  - Lactation consultants

# The UMC experience

- ◎ What if Mother has some transient problems after birth?
  - Transition in nursery
  - Communication between teams: OB & Peds
    - Timing of transfer
    - Designated support person





# Skin to skin is perfect for PDSA

- Start with vaginal
- Do one with optimal team support
- Learn from the experience
- For more on this come to our Delta conference!

