

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







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

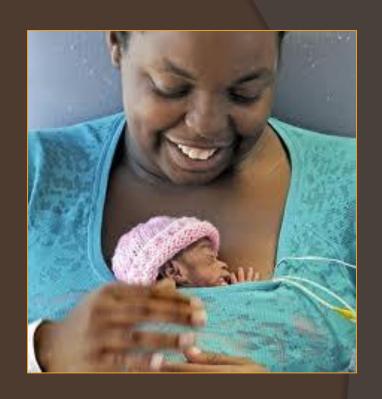
- Touch, warmth, smell stimulate maternal oxytocin release
 - Raises maternal skin temperature - keeps baby warm
 - Decreases maternal stress/anxiety- promotes relaxation
 - Enhances parenting behaviors/facilitates bonding





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 1st 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 1st 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



- Objective to 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....

- 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

- 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

- LDR Process
 - Vaginal births
 - Skin to skin process
 - Initial assessment
 - In room transition- procedures after 1st hour
 - Delayed bath

- LDR Process
 - C-section
 - Skin to skin process- PACU vs. OR
 - Transition location: PACU vs. transition nursery
 - Procedures after 1st hour
 - Delayed bath

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

- 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!