## SKIN TO SKIN IN THE OPERATING ROOM FOR CESAREAN'S

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### **ABSTRACT**

Is there a difference in outcomes with both mother & babies in mothers that deliver by Cesarean Section who experience SSC initiated in the Operating Room (OR) compared to those who do not have SSC after a Cesarean Delivery?

### **OBJECTIVES**

- Review current literature of articles examining outcomes of SKIN TO SKIN CONTACT (SSC) starting in the OPERATING ROOM (OR) for the Cesarean Delivery.
- Explore if SSC can be feasibly initiated in the OR?
- Identification of obstacles



http://birthwithoutfearblog.com/2012/11/28/powerful-labor-gentle-cesarean-breastfed-on-operating-table/



### **METHODS**

- Systematic review of Randomized Controlled studies available through CINHAL from last 5 years and one baseline study (1992).
- Primary studies gathered information through data collection and interview questionnaires. ANOVA, t-tests, Mann-Whitney U tests, & Chi-square were used as appropriate to data collected.
- In some studies 2 data researchers were utilized to validate the same data.
- Studies selected for review had large enough groups to be statistically significant.

#### **RESULTS-OBSTACLES**

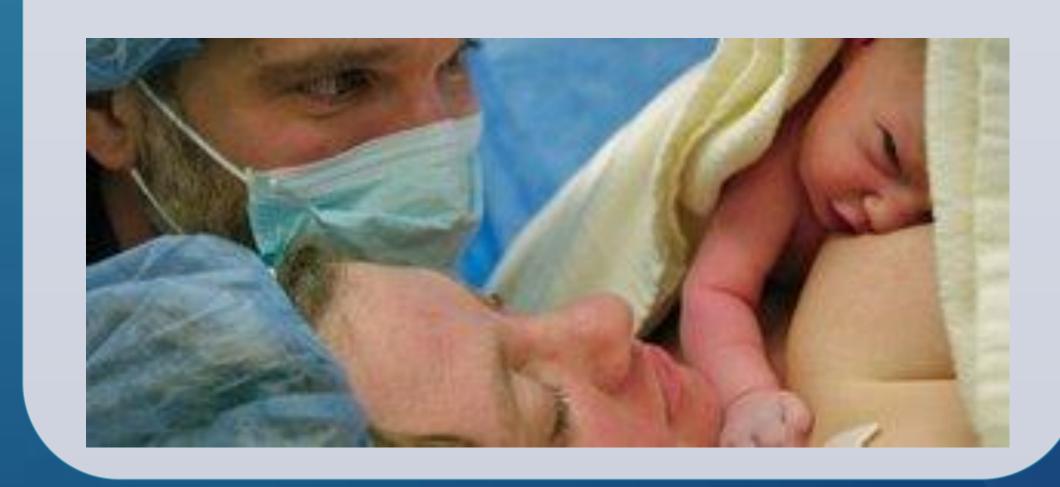
- Inadequate staffing
- Lack of support from obstetricians, anesthesiologists, administration, & staff.
- Space requirements to accommodate mother & baby dyads.
- Fear of the unknown

## **RESULTS-NEONATAL/MATERNAL**

## NEONATAL OUTCOMES of SSC in the OR vs. No SSC in OR

- Vocalization initiated by parent sooner & longer
- Less crying & whining
- Faster shift to a relaxed state
- Breastfed sooner
- Breastfed longer
- More were breastfeeding at discharge
- \*\*\*More were breastfeeding 3 months later\*\*\*
- No hypothermia observed
- Became calmer sooner
- Pre-feeding behaviors were facilitated
- Affects on formula usage showed 74% for non SSC vs. 33% for SSC in the OR, 42% if SSC in first 90 minutes but not in OR.
- Decreased respiratory rate
   MATERNAL QUALITATIVE
   FINDINGS
- BETTER BONDING
- INCREASED MATERNAL SATISFACTION-

"Beautiful, Wonderful, So much better than the time before, at Peace."



### **CONCLUSIONS**

- WITH PLANNING,
   EDUCATION, AND
   ADMINISTRATIVE SUPPORT,
   SKIN TO SKIN CONTACT CAN
   BE INITIATED IN THE
   OPERATING ROOM TO
   IMPROVE OUTCOMES OF
   CESAREAN DELIVERIES
- Further studies can be done to examine more detailed maternal outcomes.

#### REFERENCES

Erlandsson, K., Dslina, A., Fageberg, I., and Christensson, K.(2007). Skinto-skin care with the father after cesarean birth and its effect on newborn crying and prefeeding behavior. BIRTH 34 (2), 430-438.

Gouchon, S., Gregori, D., Picotto, A., Patrucco, G., Nangeroni, M., and Di Guilo, P. (2010). Skin-to-skin contact after cesarean delivery. Nursing Research, 59 (2), 78-84.

Hillan, E., (1992). Maternal –infant attachment following caesarean delivery. Journal of Clinical Nursing, (I), 33-37.

Nolan A. and Lawerence, C. (2009). A Pilot Study of a Nursing intervention Protocol to Minimize Maternal-Infant Separation After Cesarean Birth. *JOGNN*, Vol. 38, 430-422.

Hung, K., Berg, O. (2011). Early skin-to-skin after cesarean to improve breastfeeding. *MCN*, *The American Journal of Maternal/Child Nursing*, 36 (5), 318-324.

Velandia, M., Matthisen, A., Uvnas-Moberg, K., and Nissen, E.(2010). Onset of vocal interaction between parents and newborns in skin- to- skin contact immediately after elective cesarean section. *BIRTH*, (37) 3, 192-204.

#### <u>IMAGES</u>

http://singlemomontherun.com/2012/05/05/skin-to-skin-contact-following-birth-fight-for-it/http://m.steamboattoday.com/news/2011/mar/28/monday-medical-hospital-promotes-mother-newborn-bo/

http://www.nursingcenter.com/lnc/cearticle?tid=1225224

http://inexplicableways.com/2013/08/17/another-family-centered-cesarean-birth/

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