Skin to Skin in the Operating Room

The 3 S's for Safety!

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Skin to Skin in the Operating Room

I have no disclosures to make today regarding this presentation.

I will be using words such as mother, breastmilk, and breastfeeding throughout my presentation. Please know that these words can be changed to birth parent, human milk and chestfeeding as needed.

Objectives

- Explain the benefits of skin to skin for both the mother and baby
- Describe the steps to implementing skin to skin in the OR
- Explain what the 3 S's are in order to promote a safe Operating Room skin to skin experience
- Describe some barriers of skin to skin in the OR
- Determine if skin to skin in the OR has helped with increasing exclusive breastfeeding stats at Carroll Hospital.

Benefits of STS For Infant

- Stabilizes baby's temperature
- Stabilizes baby's respirations & heart rate
- Increases glucose levels
- Prevents hypoglycemia
- Reduces stress hormones
- Regulates blood pressure
- Gets colonized with same bacteria as the mother – helping immune system
- Attachment – instinctive breastfeeding
- S-t-s done for formula babies too!

Benefits of STS For Mother

- Reduces maternal bleeding-contracts uterus
- Reduces risk of postpartum depression
- Increases milk production/increases oxytocin
- Promotes psychological well being/bonding
- Increases pain tolerance
- Increases confidence
- Often a mom who originally chose to formula feed may change her mind when baby latches independently

Implementing skin to skin in the Operating room

- We tried this before many years ago–operating room to small–lack of room for nurse to hold baby, support person and physicians. Constant complaining from staff and providers with the new change–so we stopped.
- Remodeled our unit, then covid hit and we never tried again
- One of our charge nurses who is an IBCLC asked all 3 providers (PEDS, OB and Anesthesia) in the OR with her if she could try skin to skin with the current patient that had a c-section. They agreed and they did do STS with that patient.
- It went well, so we went into planning mode to see if we could trial STS more.

Implementing skin to skin in the Operating Room

The Lactation staff came up with the 3S's to safe skin to skin in the OR

We teach the 5S's to the Happiest Baby on the Block book to help with calming a fussy baby–so that is where the 3S's came from

The 3 S's to Provide Skin to Skin In the OR– Safety FIRST

- **Infant will still go to warmer FIRST for assessment before moving forward with the 3 S's.**
- **S-situation (Does mom want to do skin to skin in the OR? Is it an emergency c-section?)**
- **S-staff (Can a nurse be dedicated to help hold the baby on the mom the ENTIRE time?)**
- **S-safety (Is it safe for mom and baby? Are Anesthesia, OB, and Peds ok with beginning skin to skin from a safety/medical standpoint?)**

Implementing skin to skin in the Operating Room– Lactation discussions

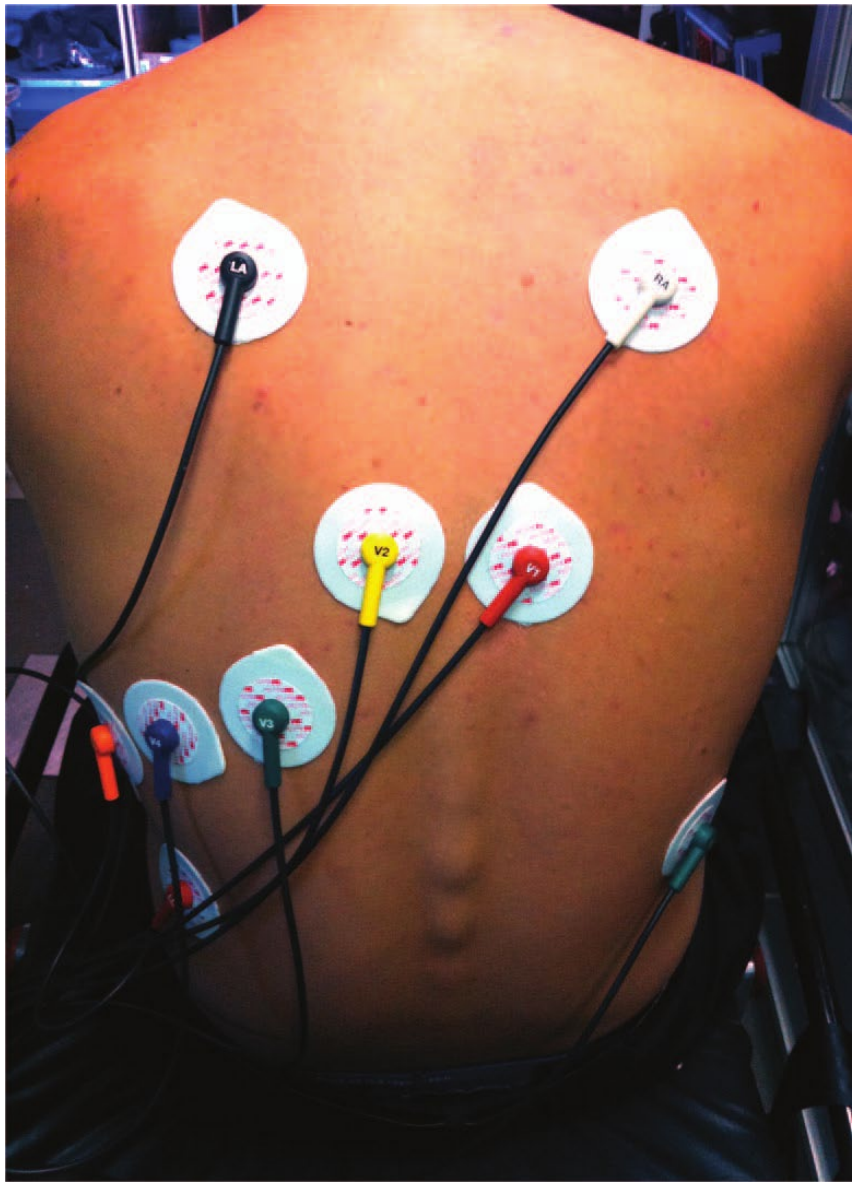
- Discussed that we would need all departments on board and that SAFETY WAS OUR TOP PRIORITY
- Discussed that the heart monitor leads would need to be adjusted to the back
- Discussed that the baby would go to the warmer first for assessment
- Discussed that the baby must be held, supported and monitored by the nurse the whole time
- Discussed that the baby would be removed from mother when it was time for the tap block to be done

Implementing skin to skin in the Operating room– Teaching to staff

Spoke with Heads of Departments: Peds, OB and Anesthesia. They were willing to try and they provided the education to their staff, so everyone was on board with the new trial. We really did not get much push back this time.

IBCLC – educated the staff through staff meetings, powerpoints and demos in the OR.

Skin to skin policy was updated with the 3S's to safe skin to skin in OR



Preparing Mother for Skin to Skin

- Place the LA and RA leads on the mother's upper back area
- Educate patient and support person about what skin to skin is, benefits of skin to skin for mother and baby, and importance of this family centered experience.

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3 S's Approved and skin to skin can begin!

- Infant is across mom's chest – WITH HAT AND WARM BLANKETS
- Nurse is supporting the baby at ALL times
- Nurse is able to see the infant well to assess for any breathing issues

Time for Block and then transferring mother to PACU–Remove baby from mother

Baby removed from mother's chest and transported with the support person to PACU.

The support person can continue to do skin to skin if desired or as soon as mother is in PACU and stable skin to skin should be restarted.

Documentation of Skin to Skin

01

Add a start and end time for OR skin to skin.

List in comments-why skin to skin was not done in the OR

02

When Skin to skin is restarted in PACU-document another start time and end time.

Skin to Skin in OR

Average time skin to skin in OR is about 10-15 minutes

Starting in September, started to look at reasons why the mother was not doing skin to skin in OR with new added documentation.

- Unstable Mom
- Unstable Baby
- Mother Refuses

Who is supporting the baby?

Baby nurse or charge nurse is who is supporting the baby at our hospital.

There are times when we do not have enough nurses due to other unit demands to provide skin to skin in the OR. Overall, we have found that the baby or mom is unstable, or mother refuses are the top reasons skin to skin is not done in the OR.

How many of our Mothers did skin to skin in Operating Room?

September	36%--12 Mothers
October	43%--12 Mothers
November	39%--9 Mothers

- The mothers stable enough to do skin to skin in the OR are so happy and excited, especially if they are a repeat c-section and did not get that experience before.
- Our thoughts are it may not look like a lot of Mothers, but if even one Mother gets the benefit of skin to skin in the OR, then we feel we have accomplished our goal. Some have even nursed in the OR during this process.

Skin to Skin

All Births– 2024– Started Skin to Skin in OR in June 2024

SKIN TO SKIN-- ALL BIRTHS	Jan	Feb	March	April	May	June	July	August	September	October	November
Overall skin to skin in first hr of life	75%	89%	76%	75%	76%	87%	79%	78%	80%	77%	82%
Unstable C/S and SVD not skin to skin in first hr of life	17	8	15	14	18	8	11	15	14	14	10
Refused STS and educated	2	1	3	2	0	0	2	6	4	2	2
No documentation of skin to skin in first hr of life	0	0	0	0	0	1	3	0	0	5	2

2024

53.6% Jan-May

58.5% June to Nov

Overall Rate of Exclusive Breastfeeding	55%	57%	54%	48%	54%	68%	62%	62%	51%	52%	56%		
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov		
Overall skin to skin in first hr of life	75%	89%	76%	75%	76%	87%	79%	78%	80%	77%	82%		

78% Jan- May

80.5% June to Nov

Overall Exclusive Breastfeeding Rate to Skin to Skin 1st hours of life

	Exclusive Breastfeeding Rate	Skin to skin First hour of life
2022	54.3%	74%
2023	55.6%	77%
2024 (not including Dec)	56.3%	79%

Thank you

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