The practice of Skin-to-Skin Care should be offered as an option and promoted in all settings for every appropriate maternal/newborn dyad. With the potential for moms to experience an emergent birth outside of the hospital or to require readmission or outpatient visits, supporting our breastfeeding moms and babies goes beyond the initial postpartum period in the inpatient hospital setting. This presentation describes the implementation of Skin-to-Skin Care as a new practice in our Birth Center, and how it was extended throughout the hospital and even into the community setting through collaboration and education. Skin-to-Skin Care training and education has been implemented in hospitals and clinics throughout our system, and has been extended to EMS providers in the community. These strategies have helped our staff and patients, as well as care providers in the field to understand the important benefits that Skin-to-Skin Care can provide to the newborn/baby couplet not only in the hospital, but also in settings beyond our inpatient Birth Center. This practice has helped to normalize breastfeeding for our patients in situations that can be stressful and settings that may be less than optimal, thus promoting the empowerment and protection of the breastfeeding dyad.

**ABSTRACT**

The baby is ok, who needs the warmer?

The learner will be able to:

- Define STS (skin-to-skin) contact
- Identify who can do STS contact
- State the benefits of STS contact for both mothers and infants
- Verbally state how STS was implemented and state positive outcomes since STS was implemented in the Birth Center
- State the Birth Center’s plan to continue to improve STS implementation for future
- State how STS contact can be facilitated on units other than the Birth Center

**BACKGROUND AND METHODS**

**BACKGROUND**

- Couples need support throughout the postpartum period beyond discharge from OB.
- A lack of support for the post-partum couplet was identified in the non-OB hospital settings.
- Newborns admitted after a precipitous delivery were receiving hypothermic with delayed onset of breastfeeding initiation.

**METHODS**

- Presentation on STS for the “Nursing Grand Rounds” quarterly hospital wide education
- Collaboration with the Medical OB Director and the RN, EMS Liaison to develop training in the form of a presentation with hands-on training for EMS in the community and for the orientation of new staff throughout the hospital system.
- Expanding education to the outpatient EMS systems (new freestanding ED, local fire departments).

**BACKGROUND**

- Patients are encouraged to breastfeed and are provided with resources at delivery for breastfeeding initiation.
- Educating all staff in STS, pump use and support, and drug resources for lactating moms.

**INITIATIVES**

**GRAND ROUNDS – QUARTERLY HOSPITAL EDUCATION**

**OBJECTIVES:**

- Define STS (skin-to-skin) contact
- Identify who can do STS contact
- State the benefits of STS contact for both mothers and infants
- Verbally state how STS was implemented and state positive outcomes since STS was implemented in the Birth Center
- State the Birth Center’s plan to continue to improve STS implementation for future
- State how STS contact can be facilitated on units other than the Birth Center

**OBSTETRICAL EMERGENCIES IN THE EMERGENCY DEPARTMENT**

“Your baby is ok, who needs the warmer?”

The learner will be able to:

- Safely assist with a precipitous delivery in the field or in the ED
- Assist with initial Skin-to-Skin at delivery
- Safely assist with a shoulder dystocia
- Be able to identify a cord prolapse and manage care until delivery

**FUTURE GOALS**

1. CHD Birth Center Skills Fair 2017
   - Focus on Skin-to-Skin
   - Support a Mom that is pumping
   - Present on STS for the ‘Nursing Grand Rounds’ quarterly
   - Safely assist with a precipitous delivery in the field or in the ED
   - CHD Housewide Nursing (Education Fair) Fall 2017

**REFERENCES**


EMs personnel and leaders feedback was that they learned tools to be able to apply in their practice. Dr. Chinn (Moorland Reserve ED physician) “I wanted to express my gratitude for your presentation to our local EMS providers earlier this week in New Berlin. The feedback we received from your lecture was phenomenal and I learned several things as well. I appreciate your dedication and commitment to the education of your fellow healthcare colleagues. Please let me know if I can ever be of any help to you at CMH, and I hope to work with you all again in the future.”

150 staff/EMS personnel surveyed. The comments were 100% positive. Scores from 1-5 (1 being poor, 5 being excellent). The scores given to us were an average of 4.8/5.

ED physicians and leaders feedback was that they learned tools to be able to apply in their practice. Dr. Chinn (Moorland Reserve ED physician) “I wanted to express my gratitude for your presentation to our local EMS providers earlier this week in New Berlin. The feedback we received from your lecture was phenomenal and I learned several things as well. I appreciate your dedication and commitment to the education of your fellow healthcare colleagues. Please let me know if I can ever be of any help to you at CMH, and I hope to work with you all again in the future.”