Designing a Program Plan for Implementing Skin-to-Skin Contact (SSC) in the Obstetrical Surgical Suite (OB OR)

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Disclosures and Objective

• Author: Dr. Jeffrey S. Fouche-Camargo
• Employer: Gwinnett Medical Center
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• Objective:
  – Define a plan to implement skin-to-skin contact in the obstetrical surgical suite
Setting
Importance of Breastfeeding

• Most important interventions to reduce global infant mortality:
  – Exclusive breastfeeding for six months
  – Continued breastfeeding for two years

(UNICEF, 2013)
Breastfeeding Rates

- Exclusive breastfeeding rates in the US and Georgia are distressingly low

<table>
<thead>
<tr>
<th>Measure</th>
<th>US Rate (2011)</th>
<th>Georgia Rate (2011)</th>
<th>Healthy Target</th>
<th>People 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiation/early postpartum</td>
<td>79.2%</td>
<td>70.3%</td>
<td>81.9%</td>
<td></td>
</tr>
<tr>
<td>Any breastfeeding at 6 months</td>
<td>49.4%</td>
<td>40.1%</td>
<td>60.6%</td>
<td></td>
</tr>
<tr>
<td>Any breastfeeding at 12 months</td>
<td>26.7%</td>
<td>20.7%</td>
<td>34.1%</td>
<td></td>
</tr>
<tr>
<td>Exclusive breastfeeding at 3 months</td>
<td>40.7%</td>
<td>27.2%</td>
<td>46.2%</td>
<td></td>
</tr>
<tr>
<td>Exclusive breastfeeding at 6 months</td>
<td>18.8%</td>
<td><strong>14.5%</strong></td>
<td><strong>25.5%</strong></td>
<td></td>
</tr>
</tbody>
</table>

(Centers for Disease Control and Prevention, 2014)
Economic Impact of Breastfeeding

• U.S. Healthcare costs would be reduced by:
  – US$13B if 90% of newborns were exclusively breastfed
  – US$10.5B at 80% compliance

(Bartick and Reinhold, 2010)
Help mothers initiate breastfeeding within one hour of birth

(World Health Organization, 2011)
What Does the Evidence Say About SSC and Breastfeeding?

• SSC improves breastfeeding success and prolongs duration of breastfeeding:
  – A 2012 Cochrane review by Moore, Anderson, Bergman, & Dowswell
  – My own systematic review and meta-analysis (submitted for publication)
Theoretical Framework

Stage Theory of Organizational Change

Kaluzny and Hernandez (1988)
Program Evaluation of SSC Following Vaginal Birth

- Staffing productivity
- Operational changes
- Patient satisfaction
- Breastfeeding rates
Analysis: No significant impact on staffing was realized as a result of implementing SSC following vaginal birth, $t(2) = 0.458, p = 0.69$. 
**Impact on Patient Satisfaction**

**Analysis**: Patient satisfaction was not significantly different after implementation of SSC, $t(9) = -0.640, p = 0.75$. 
Impact on Breastfeeding

Analysis: Differences in exclusive breastfeeding for three months prior to implementing SSC and for ten months after implementation were significant, $\chi^2(1, N=1232) = 10.53, p = 0.001$. 
Pre-implementation Planning

- Force field analysis
- SWOT analysis
- Algorithm
- Education plan
Force Field Analysis

Driving Forces
(Positive forces for change)

- Majority of associates are women with birth experience
- Many OBs supportive of SSC & BF
- Nurses comfortable with SSC after vaginal birth
- Staff motivated to achieve Baby-Friendly designation

Restraining Forces
(Obstacles to change)

- Concerns about sterility of field
- ECG leads are in the way
- Someone needs to help hold/watch baby
- Physical layout of OR
Strengths
- Already implemented for vaginal birth
- OB OR is a separate surgical suite
- Nurses motivated
- SSC requested by families
- Some OB and anesthesia providers ready for change

Weaknesses
- Staffing constraints
- Some OB providers not on-board
- Several anesthesia providers not willing to implement
- Some pushback from nurses about “another new change”

Opportunities
- Excellent marketing advantage
- Will help achieve Baby-Friendly designation
- Opportunity to showcase success to other facilities looking to implement

Threats
- Accreditation bodies may have concerns about sterility of surgical field
Algorithm for SSC in the OB OR

1. EGA ≥ 36 weeks
2. No maternal complications
3. Infant dried under warmer
4. Infant stable
5. Infant placed skin-to-skin
Education Plan

• Audiences identified
• Multiple modalities
  – eLearning modules
  – 1:1 education
  – Flyers/posters
  – CME activity
  – In-services
  – Huddles
Process Measure

• Percentage of maternal/infant dyads at ≥ 36 weeks without medical complications that received SSC in the OB OR
Outcomes Measures

• For patients that delivered via cesarean at ≥36 weeks without medical complications:
  – the mother’s perception of having adequate time to bond with her newborn
  – percentage that exclusively received breastmilk while in the hospital
Small Tests of Change

Plan

Act

Do

Study
Phased Roll Out Plan

Phase 1
- Scheduled cases on day shift

Phase 2
- Add-on cases on day shift

Phase 3
- All births
Implications

• Facility anticipates increase in exclusive breastfeeding
• Baby-Friendly site visit planned for late fall 2015
• Nurse champions planning poster presentation for AWHONN conference
• Healthier moms and babies!
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References


