



SE2EO – Professional Development

SE2EOa: Provide one example, with supporting evidence, of an improved patient outcome associated with an evidence-based change in nursing practice that occurred due to a clinical nurse's or clinical nurses' affiliation with a professional organization.

- *Patient outcome data must be submitted in the form of a graph with a data table.*

Example SE2EOa: Increasing the Rate of Exclusive Breastfeeding in the Labor and Delivery (L&D) Unit through the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Evidence-Based Practice for "Uninterrupted Skin-to-Skin Contact for One Hour" After Delivery

Problem

Breastfeeding is critical for achieving global goals on nutrition, health and survival, economic growth, and environmental sustainability. Immediate skin-to-skin contact and early initiation of breastfeeding after the delivery are two closely linked interventions for the benefit of the newborn because they lead to the production of a milk supply which is critically important for successful breastfeeding.

Taghreed Hawsawi, MSN RN, Staff Nurse 1 (SN1) is a clinical nurse on L&D. Taghreed is an instructor on the Baby-Friendly Hospital Initiative (BFHI) course at KFSHRC-J. She observed that the practice of uninterrupted skin-to-skin contact for at least one hour was not consistently applied. Standard #4 of the BFHI deals with facilitating immediate and uninterrupted skin-to-skin contact and supporting mothers to initiate breastfeeding as soon as possible after birth.

In March 2019, the rate of Exclusive Breastfeeding upon discharge from the L&D unit was 46%.

Goal Statement

Increase in the rate of exclusive breastfeeding of healthy newborns born via vaginal or cesarean delivery in the L&D unit at KFSHRC-J.

Participants

The participants comprised the L&D Unit Council and other invited partners in the interdisciplinary team as shown in Table SE2EOa.1: Skin-to-Skin Contact Project Team below.

Table SE2EOa.1: Skin-to-Skin Contact Project Team

Name & Credentials	Job Title	Department
Taghreed Hawsawi, MSN RN	SN1, Clinical Nurse, Team leader	L&D
Evelyn Baltazar, BSN RN	SN1, Clinical Nurse UC Chair	L&D
Maram Bahashwan, BSN RN	SN1, Clinical Nurse UC Chair	L&D
Norhayati Aminudin, BSN RN	SN1, UC Co-Chair	L&D
Claire Decusin, BSN RN	SN1, Clinical Nurse	L&D
Mariam Al Darurah, BSN RN	SN1, Clinical Nurse	L&D
Annie Gatbonton, BSN RN	SN1, Clinical Nurse	L&D
Mariam Husein, BSN RN	Head Nurse	L&D
Fagma Stemmet Dip.N RN	Nurse Clinician	L&D
Noha AlHarazi BSN RN	Clinical Instructor	Nursing Development and Saudization
Afaf Tawfic, M.D.	Consultant	Obstetric Department
Alya Alkaff, M.D.	Consultant	Obstetric Department

Description of the Intervention

Taghreed is a Certified Lactation Consultant and a member of the following professional associations: International Lactation Consultant Association (ILCA) and AWHONN.

In April 2019, Taghrid recommended to the Unit Council that the standard for both professional associations should be started to promote exclusive breastfeeding on the unit by improving the practice of skin-to-skin contact following delivery.

AWHONN Nursing Care Quality Measures #3: *Skin-to-Skin is Initiated Immediately Following Birth* and #4: *Duration of Uninterrupted Skin-to-Skin Contact* recommends the immediate commencement of skin-to-skin contact between the mother and the new born after birth because skin-to-skin contact is known to have a positive impact on promoting breastfeeding.

Unit Council Implementation

The Unit Council formed the Skin-to-Skin Contact Project Team with the aim to increase skin-to-skin contact and initiation of breastfeeding practices leading to an improvement in exclusive breastfeeding rates upon discharge from the L&D.

Taghreed led the Skin-to-Skin Contact Project Team. She reviewed AWHONN, WHO, UNICEF, and Baby-Friendly Initiative resources for evidence and guidelines regarding skin-to-skin contact practices in the delivery room to guide the project team. Like the AWHONN standard, she found that the Center for Disease Control of Infection (CDC) Maternity Care Practices Support of Breastfeeding recommended skin-to-skin contact should be implemented for all healthy term new-borns, regardless of feeding methods, immediately after birth.

<https://www.cdc.gov/breastfeeding/data/mpinc/supporting-evidence.html>.

The evidence showed that skin-to-skin contact improves breastfeeding outcomes and mother-infant bonding. The benefit to the newborn is increased cardio-respiratory stability, blood glucose levels, and infant thermoregulation. (Cleveland, 2017), (Moore et al. 2016).

The Skin-to-Skin Contact Project Team reviewed the benefits of uninterrupted skin-to-skin and initiation of breastfeeding in the first hour after delivery, based on the evidence from AWHONN, CDC, WHO, UNICEF, and Baby-Friendly Initiative shared by Taghreed.

The project team decided to change practice to ensure skin-to-skin contact and initiation of breastfeeding in the first 60 minutes of every delivery.

The following interventions were implemented in L&D from April 2019 to June 2019.

New Practice introduced:

- Skin-to-skin contact to begin immediately, irrespective of method of delivery.
- Initiation of breastfeeding in the first 60 minutes, irrespective of method of delivery.
- After a cesarean section with general anesthesia, skin-to-skin contact and initiation of breastfeeding should begin only when the mother is sufficiently alert to hold the infant.
- Uninterrupted skin-to-skin contact be maintained for at least 60 minutes.

Education of Mothers:

- Mothers were educated to support uninterrupted skin-to-skin contact for the first 60 minutes.
- Mothers were provided with support to develop their knowledge and understanding of how to enable the baby to attach and suckle at the breast.

- Mothers were informed that even if they were unable to initiate breastfeeding during the first hour after birth, they should persevere and be encouraged to provide skin-to-skin contact and breastfeed as soon as they were able.

Education of Nurses:

- Nurses were educated on the benefits of uninterrupted skin-to-skin and initiation of breastfeeding in the first hour after delivery in an in-service education program.

New Practice audited:

Data on skin-to-skin breastfeeding initiation was collected using an audit tool in April 2019, as seen in the Figure SE2EOa.1: Skin-to-Skin/Breastfeeding Initiation Data Collection Form.

Skin-to-Skin (STS) / Breastfeeding Initiation

Maternal & fetal history:

Mother's choice	Exclusive breastfeeding	Mixed	Formula
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skin to skin for (60 min)	Done	Not done	Not applicable
Breastfeeding initiated within first hour			
Delayed cord clamping for (1 min)			

Exclusion criteria for STS:

1. Mothers under general anesthesia
2. Preterm newborns who will be admitted directly to NICU (34 wk. and below).
3. Any newborn with comorbidities.
4. When mothers require ICU
5. Cases done in main OR (upstairs).
6. Any newborn requires further observation after the initial assessment

Mode of delivery	SVD	Scheduled C-section	Instrumental delivery	Emergency C-Section
Anesthesia type	Regional		General	
Newborn transferred to	NNN		NICU	
Time newborn transferred				

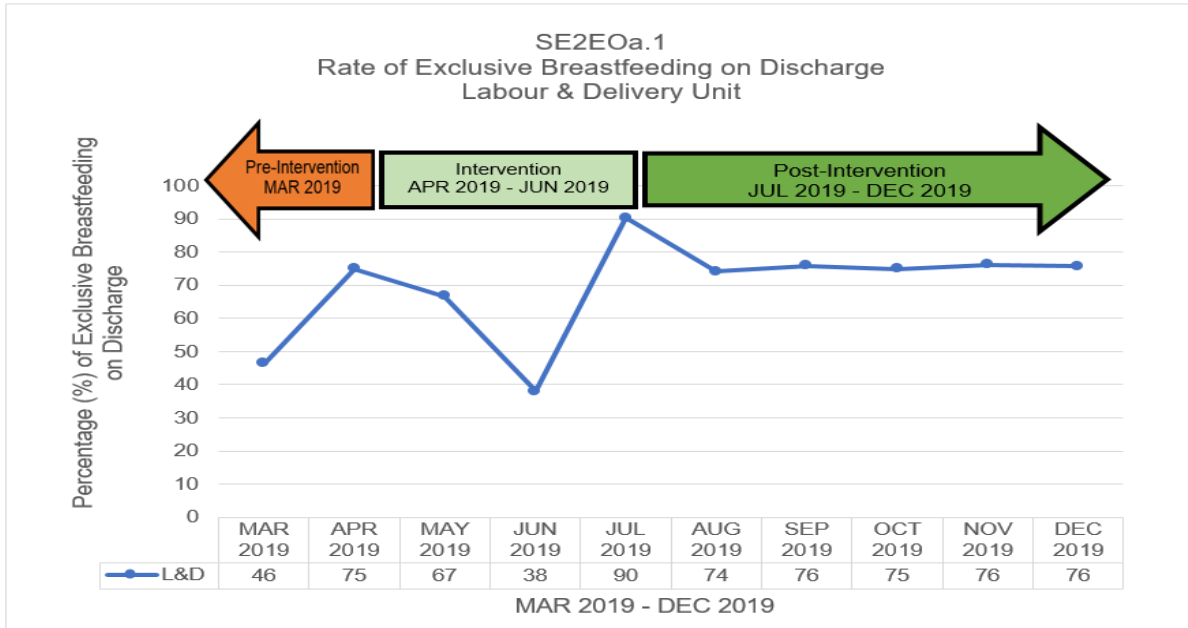
Comment

Nurse signature:

Figure SE2EOa.1: Skin-to-Skin (STS)/ Breastfeeding Initiation Data Collection Form

Outcome

Exclusive breastfeeding rates improved in the L&D unit following the implementation of the change in practice to ensure immediate and uninterrupted skin-to-skin contact and initiation of breastfeeding in the first 60 minutes after delivery, as shown in Graph SE2EOa.1 below.



Graph SE2EOa.1: Rate of Exclusive Breastfeeding on Discharge

References

Cleveland, L., Hill, C. M., Pulse, W. S., DiCioccio, H. C., Field, T., & White-Traut, R. (2017). Systematic review of skin-to-skin care for full-term, healthy newborns. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 46(6), 857-869.

Moore, E. R., Bergman, N., Anderson, G. C., & Medley, N. (2016). Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane database of systematic Reviews*, (11).

The Center for Diseases Control of Infection Prevention Maternity Care Practices Supportive of Breastfeeding <https://www.cdc.gov/breastfeeding/data/mpinc/supporting-evidence.html>