A Study of Skin-to-Skin Care During Cesarean Deliveries

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Introduction

• Skin-to-skin care (SSC) is the act of placing a naked newborn in the prone position on the bare chest of the mother.
• There are numerous benefits of SSC for both mother and baby. Increased bonding, positive breastfeeding outcomes, improved transition and stabilization of vital signs, decreased cortisol levels, and maternal satisfaction are among those many benefits.
• It is standard practice that SSC be provided immediately after birth for mother-baby dyads who have undergone an uncomplicated vaginal delivery.
• This practice, however, is not standard practice for mothers and infants undergoing a cesarean delivery.

Objective Outcomes Study

• Background: This experimental study is focused on understanding the effects that immediate SSC in the OR has on salivary cortisol levels, vital signs, breastfeeding, and maternal satisfaction.
• Population: This study is being conducted at Baylor University Medical Center and is focused on consenting women who are scheduled to undergo an uncomplicated cesarean.
• Methodology: The intervention group receives SSC immediately after cord clamping and remains skin-to-skin until 2 hours after arriving on the post-partum unit, and the control group receives standard care (mother and baby are initially separated during the surgery and SSC begins after surgery during the recovery period).
• Purpose: To understand the benefits of immediate SSC in the OR and develop a method to implement this intervention as best practice at other hospitals and birthing centers.

Routine Cesarean Section | Gentle Cesarean Section
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Solid curtain between mom and procedure. | Clear OR curtain, OR curtain with window, OR curtain dropped during actual birth of baby.
Immediate separation of mom and baby for mom to finish surgery. | Baby placed immediately skin-to-skin on mother’s chest after cord clamped.
Baby assessed in warmer, separate from mom. | Baby assessed while skin-to-skin on mom’s chest.
Breastfeeding initiated in recovery. | Breastfeeding initiated in the OR.
Bracelets, meds, and footprints done while mother and baby are separate. | Bracelets, meds, and footprints all done while baby is with mother
Weight of baby is taken in OR. | Weight is delayed until after skin-to-skin.

Significance

• By studying the impact of immediate SSC in the OR for cesarean deliveries from both an objective and subjective perspective nurse leaders can discover what is best practice for SSC and can advocate for this intervention to become a standard of care.

Mother’s Fears and Expectations: A Subjective Approach

• Background: This qualitative study is being developed by the research team in order to better understand the mother’s perspective and experience of SSC in the OR during cesarean deliveries.
• Population: The research team is reaching out to birthing advocacy groups to find women who have undergone a cesarean delivery and have received immediate SSC in the OR during the surgery.
• Methodology: A short list of interview questions are being developed focusing on the fears and expectations women had about SSC before receiving this intervention and how those conceptions were actualized during the experience. We plan to use the video call function on the Facebook Messenger app to conduct the interviews.
• Purpose: The goal of the study is to understand how women perceive SSC in the OR during their cesarean deliveries and how this intervention effected their birthing experience.

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