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Bringing Relationship-Based Care to Life: Reducing Nursery Admission with Skin-to-Skin in the Operating Room

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Objective Statement:

Decrease newborn admissions to the level II nursery.

Significance & Background:

Skin-to-skin, an evidence-based care practice, validated through extensive research. Skin-to-skin was implemented in February of 2013 during vaginal deliveries with a significant decrease in level II nursery admissions. Due to this improvement, the Partnership Council voted to institute this practice within cesarean sections.

Purpose:

To improve neonatal outcomes as evidenced by reduced admissions to the level II nursery. Relationship based care will be supported by improving bonding within the familial unit through transforming the cesarean section from a surgery to a delivery, as evidenced by patient satisfaction scores.

Intervention:

The benefits of skin-to-skin are supported by evidence and endorsed by the National Association of Neonatal Nurses (NANN) and the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN).

In February of 2013, clinical nurses at a community hospital's Family Maternity Center initiated uninterrupted skin-to-skin immediately after delivery as a means to encourage bonding. In April of 2014, the practice was later expanded to cesarean deliveries.

RNs noted a decrease in level II nursery admissions related to respiratory distress, blood sugar instability and thermoregulation difficulties. The nursing team hypothesized that the reduction in nursery admissions was related to the new nursing practice of placing newborns skin-to-skin with mom or dad immediately after uncomplicated deliveries.

The team conducted a literature review, collected and analyzed data related to newborns at risk for respiratory distress, blood sugar instability and thermoregulation difficulties.



"This team turned my surgery into a delivery."

Evaluation Strategy:

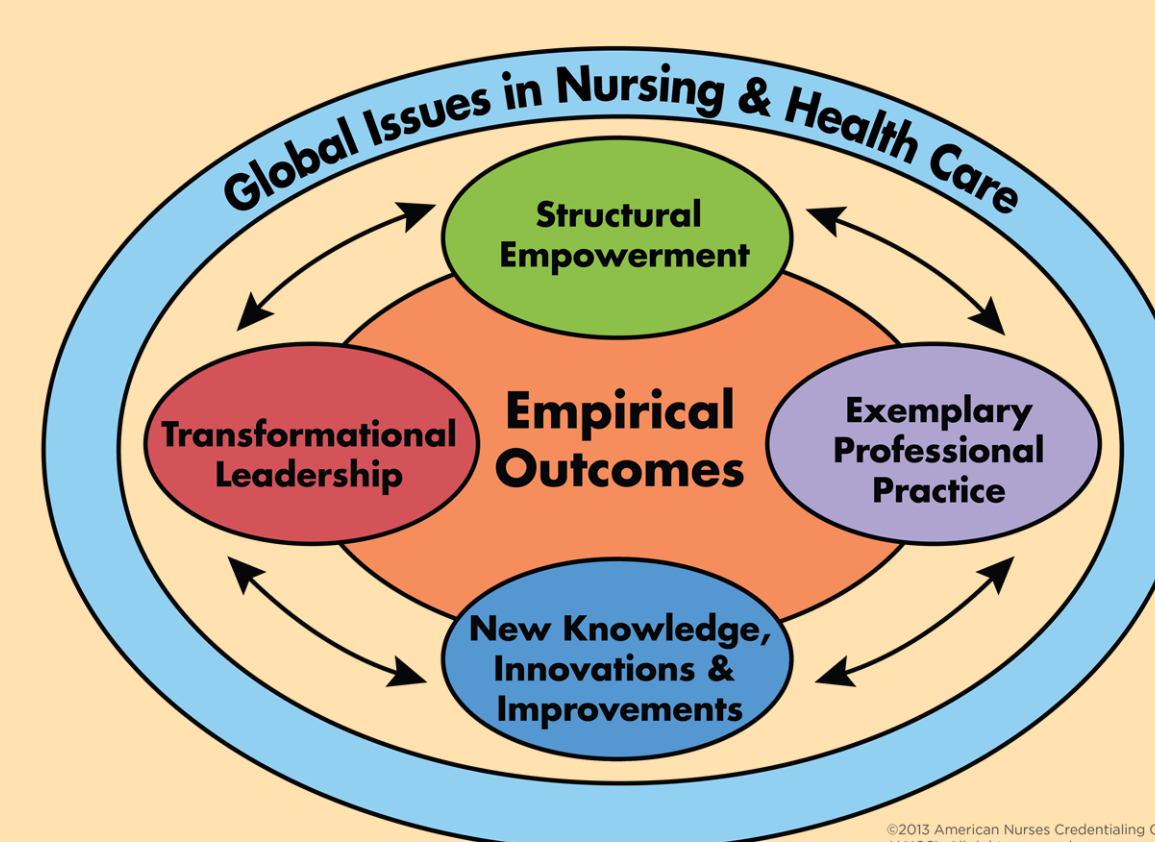
A retrospective data analysis, over a three year period, was conducted on level II nursery admissions for:

- respiratory distress,
- blood sugar instability and
- thermoregulation difficulties.

A data comparison was completed to discover the impact on newborn outcomes as measured by the percent of level II nursery admissions for both vaginal and cesarean deliveries.

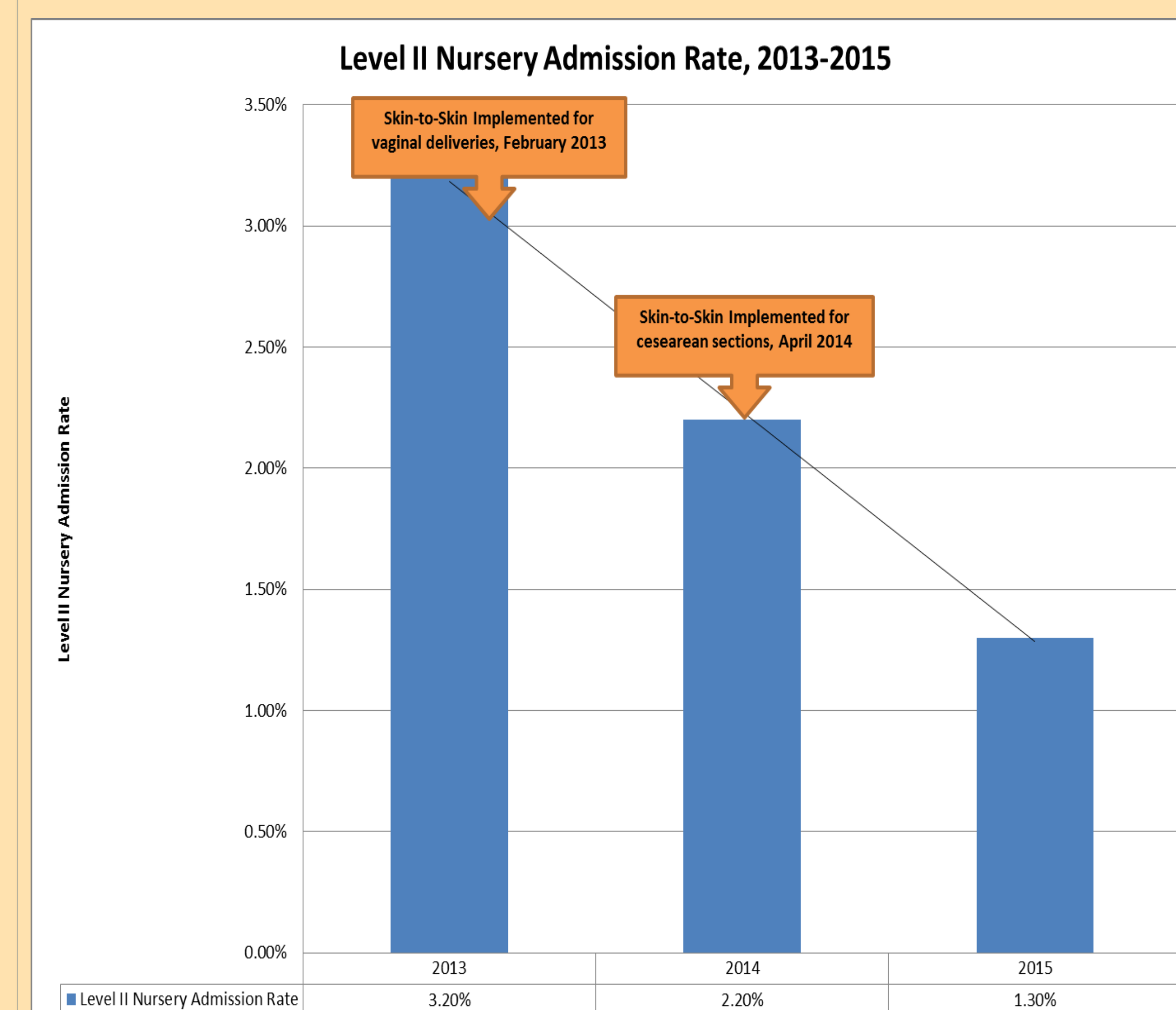
Conclusion and Implications:

Following data collection, a steady decrease from 2.9% to 1.3% of all newborn deliveries becoming level II admissions, after implementing the practice of placing newborns skin-to-skin immediately after birth.



Findings:

Analysis of level II admission rates validates the practice of skin-to-skin smoothing the transition to extra uterine life and result in a reduction in respiratory distress, blood sugar instability and thermoregulation difficulties in otherwise healthy newborns.



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