

EVALUATION OF SKIN-TO-SKIN CONTACT IN NEONATAL WARD FROM PARENTS' AND NURSES' PERSPECTIVES



KCC QEH NICU /SCBU

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Skin-to-skin contact (SSC)

- Developed by Rey and Martinez (1983) in Columbia as an alternative to incubator care (WHO, 2003)
- Initially defined as:
“The care of preterm infants carried skin-to-skin with the mother.” (WHO, 2003)



Benefits on Babies



Physiological

- Cardio-respiratory stability (Aucott et al., 2002)
- ↓ Oxygen requirements (Ludington, Ferreira & Swinth, 1999)
- Maintain stable body temperature (Ludington-Hoe et al., 2006)

Psychological

- ↓ Cry (Ludington-Hoe et al., 2008)
- Longer quiet sleep periods (Ludington-Hoe et al., 2008)

Bonding

- ↑ Parental-infant bonding (Wang YH, Kuo HH, 2006)

Benefits on Parents



Psychological

- ↓ Separation-dependent stress (Feldman R, Eidelman AI, Sirota L, et al., 2002)
- ↑ Confidence in parenting skill (Charpak et al., 2005)

Bonding

- ↑ Parental-infant bonding (Wang YH, Kuo HH, 2006)

Breastfeeding

- ↑ Mother's breast milk volume & Improved success with breastfeeding (Mohrbacher & Stock, 2011)

Feasibility?

Is it feasible to apply in an acute hospital – a crowded neonatal ward without rooming-in service?



On trial SSC program

- SSC program in neonatal ward
- Evaluate



Aims

- To evaluate the concerns of parents & nurses after SSC
- Identify areas for improvement

How to apply SSC in an acute hospital neonatal ward

- Plan
- Do
- Check
- Act



Plan



Set up workgroup on skin to skin care

- Review literature
- Set up a plan for implementation
 - Develop SSC guidelines
 - Preparation of environment
 - Staff and parental education
 - Set a roadmap for implementation

Work schedule

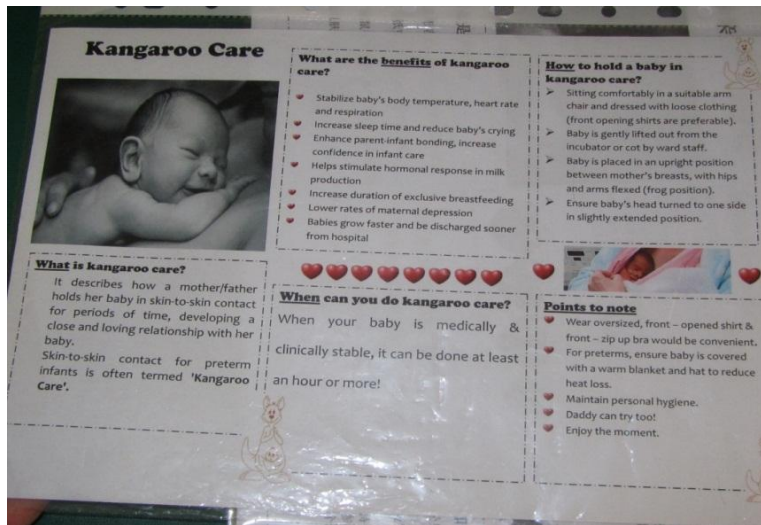
	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013
Workgp meeting							
Review literature							
Design guidelines							
Develop parents' edu materials							
Perform SSC program							
Parents' questionnaires							
Staff survey							
Data analysis							

Do



Parental Education

- Notice Board
- SSC leaflet



Do



Staff Education

- Guidelines on SSC
- Briefing session for nurses
- SSC at least 1 hr by parents
- On trial period for one month
 - Collect feedback
 - Anticipate problems and evaluate
- Develop a record sheet for documentation and data collection

Record and documentation

Please follow up on:

Full tube feeding on:

Discharged on:

Initiation of pumping and Maintenance of milk supply

Initiate pumping ideally 2-4 hours after birth.

Pump ever 2-3 hours
Goal of 8-12 pumps in 24 hrs.

Goal of 350-1000 mLs/24hrs by the end of 1-2 weeks after delivery.

Breast Milk Oral Care
Record every date and number of times oral care is done!

Use only fresh colostrum / EBM
Do NOT thaw milk for oral care.

Do after each time mom pumps!

Skin to Skin Care
Record every date it is done!

Breast assessment
(Pain? Engorgement? Not enough milk? Any other concerns?)

D1									
D2									
D3									
D4									
D5									
D6									
Wk 1									
D8									
D9									
D10									
D11									
D12									
D13									
Wk 2									
Wk 3									
Wk 4									
Wk 5									
Wk 6									
Wk 7									
Wk 8									

Have mom pump when visits.
Have mom or a nurse dressed applicator to milk on the infant's inside checks.
Document in I/O chart

As soon as infant mom hold the infant at least once daily

4/4 mo 5/4 mo 6/4 mo

98

Check



Parental survey performed

- Pre and post study questionnaires were designed
- Collect feedback
- Study parental satisfaction

Staff survey performed six weeks after full implementation

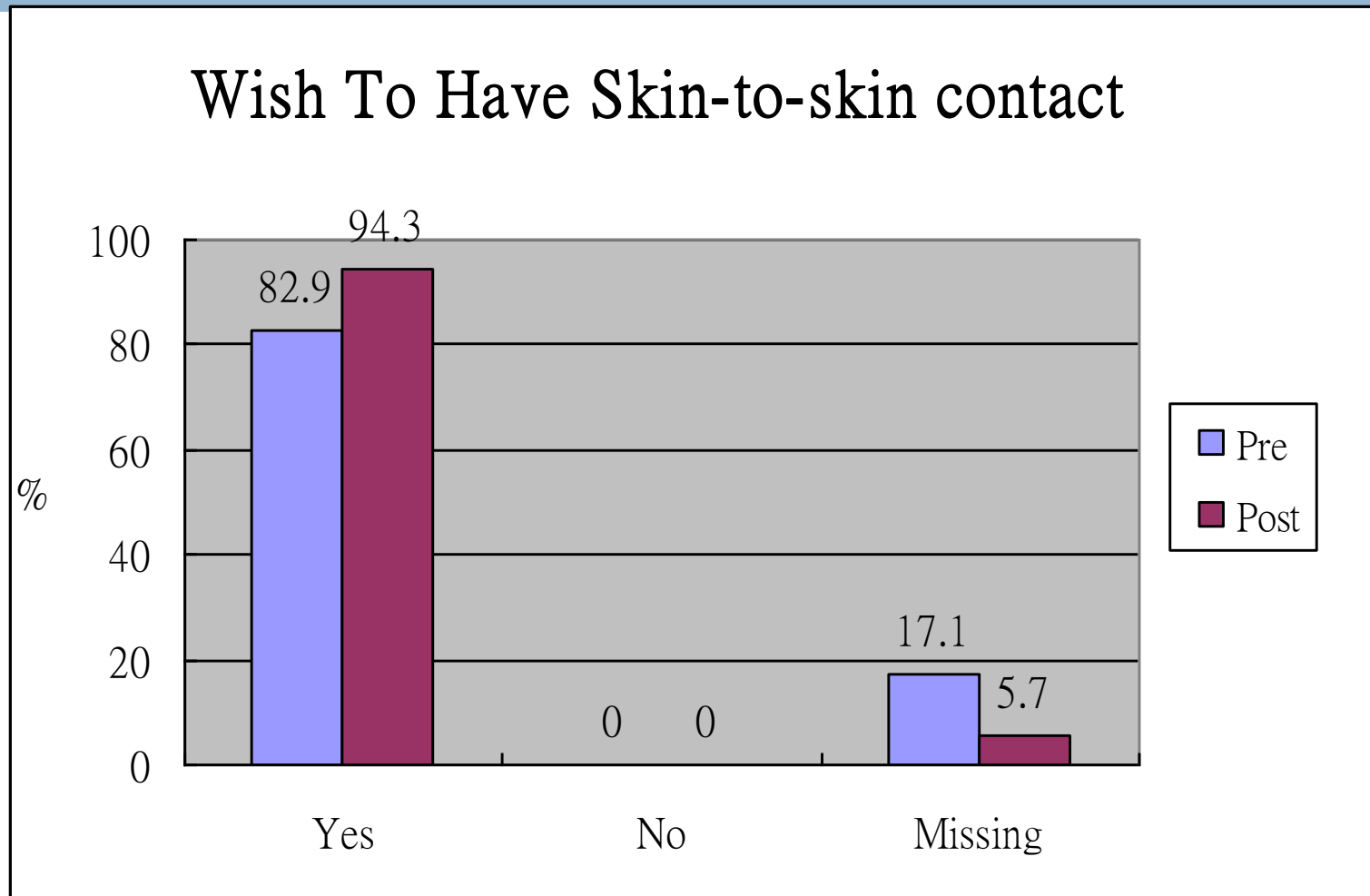
- Collect feedback for improvement

Findings - Parent's perspective

- Total 35 parents completed questionnaires
- 13 of them are father (37.1%)
- This is the first child (85.7%)

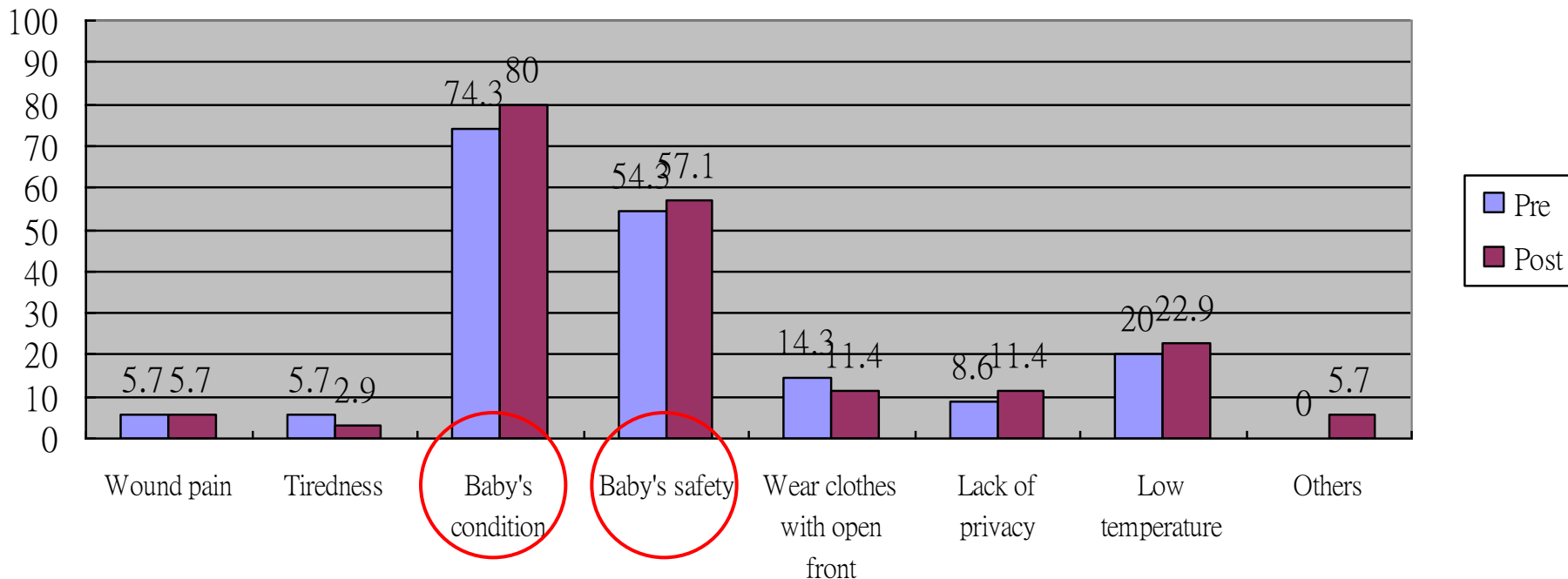


Findings - Parent's perspective



Findings - Parent's perspective

Items of Concern During Skin-to-skin contact



Findings - Parent's perspective

- 100% reported enhance the parental-infant bonding
- All parents agreed SSC was an enjoyable experience
- ↑ confidence in caring babies
(47.1% to 91.5% after SSC)
- Fathers are willing to perform than mothers

Findings - Nurses' perspective

- 33 nurses completed the questionnaires
- 90.9% nurses understood the purpose of SSC
- 81.8% nurses acknowledged that SSC benefited to prematurity babies
- 78.1% nurses reported SSC was worthwhile
- 27.3% nurses reflected that there were not enough resources to support SSC

Act



- Purchase more comfortable arm chairs and footstool
- Replace bed side curtain by ceiling mount curtain
- Extend visiting hours to facilitate SSC
- Enhance clinical observation at bedside
- Organize sharing sessions for staff and parents



Conclusion

- The best incubator is parent's chest
- SSC is an evidence-based practice and had positive impact on parents and babies
- Every neonatal unit should promote SSC for the benefits of both parents and the babies
- Parents and nurses are satisfied with the SSC



Thank You



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