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The Initiation of Early Skin-to Skin Contact in Caesarean Delivery

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Introduction

The initiation of early skin-to-skin contact (SSC) in vaginal delivery has been practiced in the Prince of Wales Hospital (PWH) for a few years. It is evidenced that the practice was beneficial to both mothers and babies by improving maternal-infant bonding, enhancing mothers to breastfeed successfully, reducing babies crying and keeping baby warmth. However, initiation of early SSC in Caesarean delivery is more difficult as it involves more physical and environment constraints, especially in the limited space in a public hospital. Nevertheless, we continued to strive and promote early SSC in Caesarean delivery. We began to implement it in scheduled Caesarean deliveries since January 2014. Currently we extended our practice to both emergency and elective cases and continued in the recovery room. This paper is to share our experience and report its outcome.

Objectives

1. To illustrate the barriers that were associated with Caesarean delivery during early SSC; 2. To evaluate any improvement from 2014-2015.

Methodology

Babies delivered with stable condition would initiate SSC immediately inside the operating theatre. We have to communicate with the obstetricians and anesthetists in order to get their supports. Moreover, we have to educate our midwives and trainees the feasibility of initiating SSC inside the operating theatre in a way to acquire safety for babies while a sterile field for operation is maintained.

Result

Results: The overall rate of SSC in Caesarean Delivery in PWH was raised from 5% in 2014 to 23% in 2015. The most remarkable changes are found in elective CS and emergency CS, raised from 10% to 39% and from 1% to 8% respectively. In addition, there is a trend of improvement in the rate of SSC in Caesarean delivery under Regional Anaesthesia in 2015. Starting from May 2015, SSC rate in emergency CS reached to a double digit percentage. And started from June to November 2015, a sharp rise in elective CS was observed to more than 40%. **Conclusion:** With active participation from frontline midwives, there is an increasing trend of SSC in the last 12 months, particularly in operative deliveries. However, the practice of early SSC

in Caesarean delivery in PWH is still in a developing stage where more enhancements could be made. The support from families, frontline, management team, obstetricians and anesthetists is crucial for further and continuous improvement.