Skin to Skin in the Operating Room for Cesareans

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SKIN TO SKIN IN THE OPERATING ROOM FOR CESAREANS

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ABSTRACT
Is there a difference in outcomes with both mothers & babies in mothers that deliver by Cesarean Section (SSC) initiated in the Operating Room (OR), compared to those who do not have SSC after a Cesarean Delivery?

BACKGROUND
Benefits of immediate SSC in the Vaginal Delivery have been well documented. Cesarean Deliveries have had separation times of up to several hours.

OBJECTIVES
• Review current literature of articles examining outcomes of SKIN TO SKIN CONTACT (SSC) starting in the OPERATING ROOM (OR) for the Cesarean Delivery
• Explore if SSC can be feasibly initiated in the OR?
• Identification of obstacles

RESULTS-REPORTED OBSTACLES
• Inadequate staffing.
• Lack of support from obstetricians, anesthesiologists, administration, & staff.
• Space requirements to accommodate mother & baby dyads.
• Fear of the unknown.

RESULTS-NEONATAL
NEONATAL OUTCOMES of SSC in the OR vs. No SSC in OR
• Less crying & whining
• Faster shift to a relaxed state
• Breastfed sooner
• Breastfed longer
• More were breastfeeding at discharge
• More were breastfeeding 3 months later
• No hypothermia observed
• Became calmer sooner
• Pre-feeding behaviors were facilitated
• Decreased respiratory rate

RESULTS-MATERNAL QUANTITATIVE/QUALITATIVE
Affects on formula usage showed 74% for non SSC vs. 33% for SSC in the OR, (42% if SSC in first 90 minutes but not in OR).

CONCLUSIONS
• WITH PLANNING, EDUCATION, AND ADMINISTRATIVE SUPPORT, SKIN TO SKIN CONTACT WITH THE MOTHER OR FATHER CAN BE SAFELY INITIATED IN THE OPERATING ROOM TO IMPROVE OUTCOMES OF CESAREAN DELIVERIES AND BREASTFEEDING RATES.
• Further studies can be done to examine more detailed maternal outcomes.

REFERENCES

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