

Early skin-to-skin after cesarean to improve breastfeeding.

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Source

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Abstract

This article describes a quality improvement project in which early skin-to-skin (STS) contact, in the operating room (OR) and during recovery, was used as an intervention to increase the success of breastfeeding initiation among healthy infants after cesarean, at a large, urban, acute care teaching hospital. The nursing role is key for the intervention, but the program involves the entire perinatal team, including the obstetricians, pediatricians, and anesthesiologists. During the first 3 months of our intervention, the rate of early STS among healthy babies born by cesarean increased from 20% to 68%. The rate of infants who did not get STS contact within 4 hours of birth decreased from 40% to 9%. Nine months after the initiation of the intervention, 60% of healthy cesarean births utilized STS in the OR, and 70% involved STS within 90 minutes of birth. Healthy infants born by cesarean who experienced STS in the OR had lower rates of formula supplementation in the hospital (33%), compared to infants who experienced STS within 90 minutes but not in the OR (42%), and those who did not experience STS in the first 90 minutes of life (74%). We concluded that STS contact was feasible after cesarean and could be provided for healthy mothers and infants immediately after cesarean birth. Perinatal and neonatal nurses should be leaders in changing practice to incorporate early STS contact into routine care after cesarean birth.