Implementing Maternal-Infant Skin-to-Skin Contact Following Caesarean Birth : BFHI Step 4

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Introduction & Background

The global Baby-friendly Hospital Initiative (BFHI) was initiated in 1989 by the World Health Organization (WHO) and the United Nations Children's Emergency Fund (UNICEF).

Skin-to-skin contact is Step 4 of the Ten Steps to Successful Breast feeding.

It is implemented through the Baby Friendly Hospital Initiative-a platform to improve maternity care practices.

It is supported by a body of research demonstrating the positive impact on the infants health & is the social norm for infants born vaginally.[1]

Aims & Objectives

Aim: To implement maternal/infant skin-to-skin contact following caesarean birth, and to thereby increase the organisation's practice to the national standard of 80%

Objectives:

1.Increase compliance from 0% to 60% for infants born by caesarean section.

2.Increase the combined standard of infants delivered vaginally and by caesarean section to 80%-National standard.

References

1) Cadwell, K. & Turner-Maffei, C. (2009). Continuity of care in breastfeeding. Best practices in the maternity services. London: Jones and Bartlett Publishers.

2) Burnes, B. (2009). Managing change (5th ed.). London: Prentice Hall.

3) HSE (2008). Improving our service: A user's guide to managing change in the Health Service Executive. Dublin: HSE Organization Development and Design.

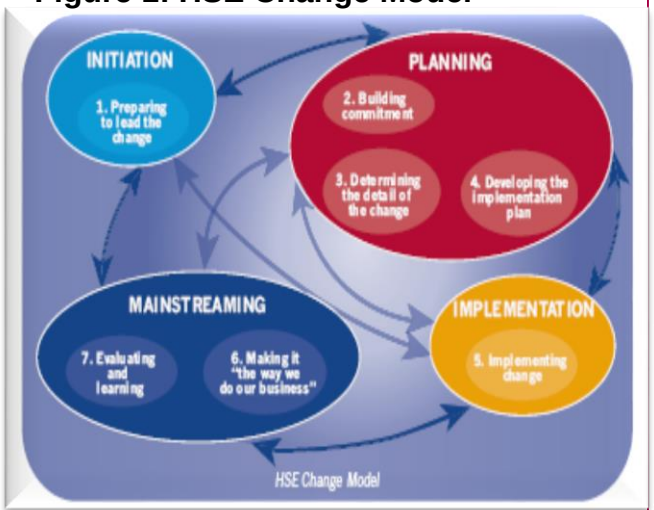
4) McCaffery, P. (2010). The higher education manager's handbook (2nd ed.). London: Routledge.

Change Process

The Change Process had Three Interlinked Elements[2]

1. **Aims & Objectives**-clarification of the problem
2. **Planning-** establishing a team & a strategy
3. **Stakeholder Engagement**-creating a willingness to change

Figure 1: HSE Change Model



The HSE change model was used as a framework to design a strategy to plan, implement and evaluate the practice change and its impact on the organisation[3]

Challenges'

1. People
Organisation culture & attitude is locked into the beliefs, values and norms of each person in the organisation i.e. "the way things are done around here". Dissonance and defiance are reduced by stakeholder involvement from the onset. [2]

2. Practice
Caesarean birth is surrounded by the symbols of medical power, moving this experience of child birth away from a personal, social event to a medical one.[1]

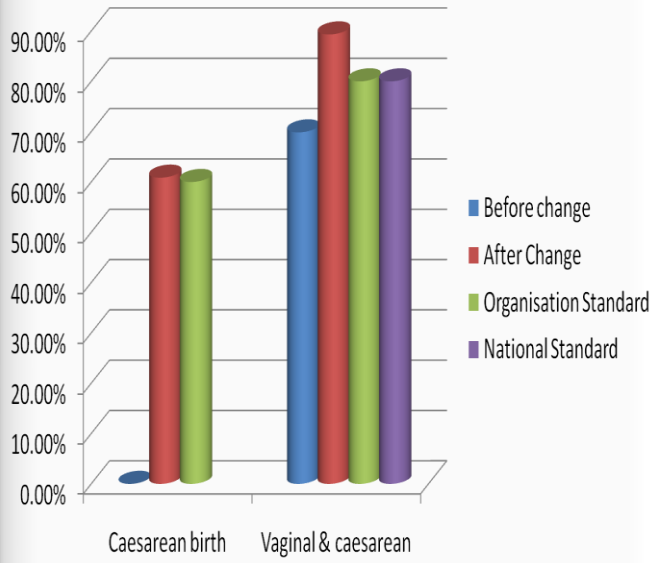
3. Environment
Midwives play a pivotal & key role in maternity care. [1] Yet midwives are not allocated to the operating theatre and recovery room where mothers give birth by caesarean section & receive immediate post delivery care. During this time mothers & infants are separated for 2hrs.

Evaluation

Formative &Summative assessment .

Data analysed Jan- 2011 to May 2012

Figure 2.**Outcome**



Organisational Impact

A high level of organisation learning was achieved. Individuals underwent difficult changes involving unlearning old ways of thinking and the redrawing of their cognitive maps-the way they perceive and make sense of the world around them. [2]

Through this learning the organisation has developed the ability to adapt quickly and appropriately to demands for change in the delivery of healthcare [2]

Conclusion

The success of this project lies in the approach taken. Learning from change was supported by encouraging initiative & risk using experiential learning as a tool.

To gain commitment of others to change, one first challenged ones own assumptions, attitudes and mindset, to develop an understanding of the emotional and intellectual processes involved. [2]

Acknowledgements

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Abstract

This poster presents one organisation's journey through a planned change process after a deficit in practice standards for skin-to-skin contact was identified. This is Step 4 of the Ten Steps To Successful Breastfeeding. The Baby-Friendly Hospital Initiative aims to implement the Ten Steps into maternity care organisations. Skin-to-skin contact means "lying the naked infant prone on its mother's bare chest" immediately following delivery[1]. This practice is the social norm for infants born by vaginal delivery, but despite overwhelming evidence of the benefits, was not practiced following caesarean birth. The organisation where this change process occurred is a baby-friendly accredited organisation and has therefore committed to maintaining national standards. The HSE Change Management Model[2] provided a framework to guide the change process. Quantitative data collection identified just over 60% of infants born by caesarean delivery had immediate skin-to-skin contact and the overall standard reached was 83%. Qualitative data proved the benefits of changing practice to service users and providers; "I had my baby close to my skin yesterday after my section, it felt so wonderful, bottle feeding him doesn't feel right, can I breastfeed him…" "I feel so good today, they didn't take the baby away this time…breastfeeding is going really well…..do you remember my last baby wouldn't feed for days… she was so unsettled and cross…" Midwives acknowledge that the challenges previously faced when supporting infants to breastfeed following caesarean delivery have been reduced "don't they feed so well in the recovery room, we don't have to worry about them when they come up to the ward" . Experiential learning provided the medium to safely support changes to clinical practice.

1.Cadwell, K. & Turner-Maffei, C. (2009). Continuity of care in breastfeeding. Best practices in the maternity services. London: Jones and Bartlett Publishers.

2. HSE (2008). Improving our service: A user's guide to managing change in the Health Service Executive. Dublin: HSE Organization Development and Design.

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