EuroSciCon

6th International Conference on

Advance Nursing Practice

June 21-22, 2018
Paris, France

J Nurs Health Stud 2018, Volume: 3
DOI: 10.21767/2574-2825-C3-009

QUALITY IMPROVEMENT PROJECT ON INITIATION OF EARLY SKIN TO SKIN CONTACT AND BREASTFEEDING AT BIRTH AMONG BABIES BORN BY CAESAREAN SECTION

Arti Maria
Dr. Ram Manohar Lohia Hospital and PGIMER, New Delhi, India

Background: WHO recommends early initiation of breast feeding (EIBF) by one hour after birth followed by exclusive BF until six months. EIBF reduces neonatal and infant mortality rate through achieving higher rates of sustained exclusive BF. Rates of exclusive BF are at best about 50% sustainability is a problem. EIBF rates are only 41% in India although 80% of the deliveries are institutional (Data source: NFHS4, 2015-16). Immediate/early skin to skin contact (SSC) at birth is core to achieve EIBF. Caesarean section (CS) accounts for 20-30% of all institutional deliveries. BF rates at 6 months after CS are decreased compared to after vaginal deliveries (VD). However 6 month BF rates are similar for CS and VD if EIBF is achieved among CS. It is true that SSC and EIB fare virtually non-existent among CS babies. It was hypothesized that achieving SSC among CS may impact improvement in BF rates.

Method: QI team was formulated consisting of doctors and nurses. The eligibility criteria are mother under spinal anaesthesia, baby who does not require resuscitation at birth, a tool was made to collect the baseline data on 7 consecutive CS over 2-3 days, after analysing the data, it was showed that no initiation of SSC and EIBF was done at the time of birth in caesarean section

Aim Statement: To increase rates of early initiation of SSC and breastfeeding from 0% to 80% in 8 weeks (4/5/17 -4/7/17)

Conclusion: Skin to skin contact at birth and early initiation of breast feeding following caesarean births was possible through collaborative effort anaesthetic, obstetric as well as the neonatal team. It is feasible, safe and achievable in most cases where mother received spinal anaesthesia and baby did not require resuscitation at birth. It requires deliberate and proactive efforts on part of the team to achieve this. It is necessary that mothers are counselled and communicated beforehand so as to be prepared to initiate SSC at birth in operating room. A standardised counselling template in local language was developed and found useful for this purpose. The challenge that remains is to be overcome the logistic and HR issues involved to achieve uninterrupted SSC for at least one hour or until the baby has initiated direct BF.

artimaria@gmail.com