



Increase Timeliness of Skin-To-Skin Post Cesarean to Increase Exclusive Breastmilk Feeding Utilizing The USBC Toolkit

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Background

- The cesarean section dyad is a vulnerable population
- Suboptimal breastfeeding is associated with increased morbidity and mortality that is preventable with breastmilk feeding.
- Exclusive breastmilk-feeding (EBF) at discharge by mother's choice, by local audit, found disparity by mode of birth:
 - 5% EBF in the cesarean section dyad
 - 78% EBF in the vaginal birth dyad
- Exclusive breastmilk feeding for 6 months in 90% of the US population could prevent 911 deaths and save 13 billion per year. (Bartick & Reynolds, 2010; Gulotta, C. 2017)

AIM

- Increase timeliness of skin-to-skin care for the post-cesarean dyad to increase exclusive breastmilk feeding at discharge to 30% over 8-weeks

Planned Improvement

Methodology

Rapid Cycles: 4 in 8 weeks

PLAN

DO

STUDY

ACT

Followed by:

Analyze

Disseminate

Contextual

Develop team skills

Improve resource availability

Discuss staffing resource options

Plan leadership and provider participation

Interventions

Implement Skin-to-Skin in the OR

Shared Decision Tool

Right-care Checklist

Team Confidence Events

Data Analysis

Intelligence Data by facility by mode of birth

Audits: Checklist Charts Survey's

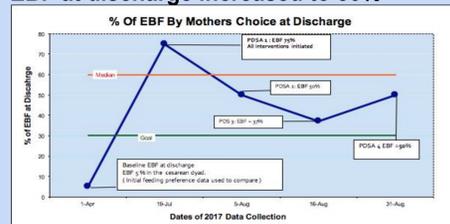
Data entered in excel

Data placed on Run charts

Results

Aim outcome measure results:

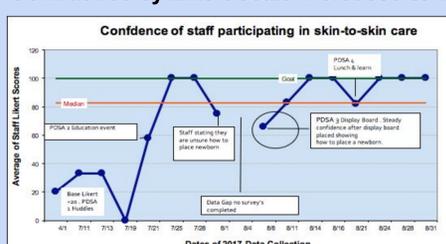
EBF at discharge increased to 50%



- Patients receiving SSC with desire to EBF (n=20):
- Result associated with all PDSA cycles and interventions:
 - EBF at discharge of 50% (n=10), 20% above the goal.
- Contextual element associated with success:
 - Decision making by leadership to prioritize SSC tech in the OR
 - Shared decision making helped prioritize feeding in 1st hour

Team outcome measure results:

Confidence by Likert scale increased to 100%



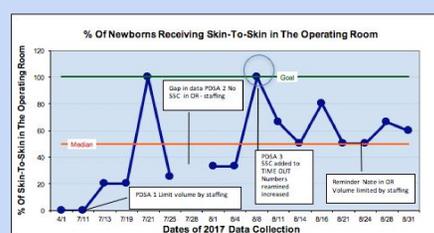
Display board in PDSA 3 associated with steady confidence by data and personal communication reports

- Contextual element associated with success:
 - Team skills in placing a newborn
 - Team having clarity in role assignment prior to event

Skin-to-skin in the operating room process measure results:

(data on implementation days and offered only to scheduled cesarean section births (n=62))

Percent of women who received SSC increased to 54% (n=34)



TIME OUT added to the workflow in PDSA 3 associated with staff following through with the plan for SSC.

- Reason by % SSC was not done for the other women (n=28)
 - Staffing 54%
 - NICU admission 21%
 - Additional sedation 14%
 - Maternal Nausea 10%
- Contextual element associated with success and restriction of SSC:
 - Leadership decision making for staffing assignments

Balance measure:

The mean newborn temperature in the operating room was 98.3F

- Results: 100% of the newborns maintained a temperature above the 97.3F minimum set by the facility with a mean temperature of 98.3F
- Contextual element associated with success:
 - Resource availability of warm blankets, diapers, hats and thermometers in each room.

Measures

Process measures and data collection tool:

- Increase the % of staff who engage in tests of change over time to 50%. Tool- staffing sheet.
- Increase the % of patients who use the shared decision-making tool over time. Tool: Use of form by checklist box.
- Increase the % of timely skin-to-skin encounters in all the OR's over time. Tool: Checklist and daily schedule.
- Increase the % of completed checklists over time to 100%. Tool: Checklist audit.

Outcome measures and data collection tool:

- Increase the mean team score of staff that feel confident participating in skin-to-skin care in the OR to 100%. Tool: Likert scale survey form.
- Increase the percent of patients who breastfeed in the 1st hour to 100%. Tool: Chart audit and checklist.
- Increase the mean 1st latch score of post cesarean newborns after timely SSC to 10. Chart audit and checklist.
- Increase the % of patients who receive the right care of timely SSC and document it to 100%. Tool: Chart audit and checklist.

Balance measure and data collection tool:

- The mean temperature of newborn who had skin-to-skin encounter in the operating room will be above the 97.3F minimum set by the facility. Tool: Chart audit and checklist.

AIM measure and data collection tool:

- Increase timeliness of skin-to-skin care for the post-cesarean dyad to increase exclusive breastfeeding to 30% over 8-weeks. Local chart audit.
- Accuracy: Data collected twice weekly and placed in excel and displayed in run charts. Personal efforts were made to preserve accuracy of data collection and dissemination.

Conclusion Lessons Learned

Key Points:

- This is desired by 100% of the women.
- Staffing plans correlate with outcomes.
- Inclusion of SSC plan in the TIME OUT correlates with outcomes.

Next steps for spread on the unit:

- Use the training power point and competency to complete training for all staff.
- Consider staffing one dedicated person for SSC in the OR- each day

Sustainability for the unit is possible utilizing sustainable items:

- Standard Workflow, Competency, Education power point, Data tool by mode of birth.

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