

## ABSTRACT

Skin-to-skin contact following birth has many benefits for both mothers and infants. One significant benefit is the positive effect skin-to-skin contact has on exclusive breastfeeding rates. Research has demonstrated many positive health benefits for infants, especially during the first year of life. Unfortunately, the practice of skin-to-skin contact is an underutilized procedure throughout hospitals in the United States. In addition, exclusive breastfeeding rates are declining, which can negatively affect infant health. The purpose of this MSN project is to increase the practice of skin-to-skin contact in the hospital setting by educating labor, delivery, recovery, and postpartum (LDRP) nurses on the benefits of skin-to-skin contact and breastfeeding. Providing LDRP nurses with knowledge on this topic, will help them to be better prepared to educate their patients on the importance of skin-to-skin contact and breastfeeding. This education should help LDRP nurses to understand the significant connections between skin-to-skin contact and improved rates of breastfeeding.

## PICO QUESTION

In healthy newborn infants (P) does direct skin-to-skin contact of the baby with the mother for the first hour of life (I) compared to drying and wrapping the infant (C) have an impact on exclusivity and duration of breastfeeding (O) throughout the first year of life (T).

## LITERATURE REVIEW

A literature review was conducted, and themes were identified to strength the needs of the MSN project. The three themes were:

1. The benefits of skin-to-skin contact- Early skin-to-skin contact improves exclusive breastfeeding rates during hospitalization stay (1).
2. Initiation and exclusivity of breastfeeding- Mothers who participate in early skin-to-skin contact are more likely to initiate breastfeeding and breastfeed exclusively (2).
3. The role of the nurse in promoting skin-to-skin contact - Nurses should have adequate knowledge, competence, and skills to support and advocate for breastfeeding (3).

# Effects of Direct Skin-to-Skin Contact on Initiation and Exclusivity of Breastfeeding:

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## PROJECT METHODOLOGY

The purpose of this MSN project is to adequately educate LDRP nurses at ORMC on the importance of direct skin-to-skin contact and the benefits it has on breastfeeding. Through continued education, the aim is to increase the practice of immediate skin-to-skin contact following birth. Teaching LDRP nurses about the benefits of skin-to-skin contact will prepare them to educate patients on the value of this practice. Two deliverables have been developed to promote the implementation of this MSN project. The deliverables include an, educational PowerPoint presentation and handout, which will be presented at the LDRP unit staff meeting by the educator.



(Photograph from Google Images, 2021).

## Evaluation

A survey will be administered to the LDRP nurses at three different points to evaluate the success of the change. Each participant's survey will be labeled with a non-identifying code, and they will use the code for each survey they complete.

The survey will first be given before the PowerPoint presentation to measure nursing knowledge and attitudes. Directly after the PowerPoint presentation, the survey will be administered a second time to the same nurses to measure changes in knowledge and attitudes. The survey will also be administered three months after the staff meeting to measure whether the education successfully increased the LDRP nurses' long-term knowledge of the benefits of skin-to-skin contact and breastfeeding and to determine whether nurses were more likely to encourage the practice long-term.



(Photograph from Google Images, 2021).



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## THEORETICAL FRAMEWORK

The John Hopkins Nursing Evidence-Based Practice Model (JHNEBP) was used to facilitate the translation of evidence-based research into nursing practice. Evidence-based research is a vital component of the nursing profession and the foundation of nursing practice. Standard nursing practices must incorporate current evidence to ensure safe, high-quality, and patient-centered care. The model ensures the best patient outcomes by encouraging curiosity about current nursing practices (4).

The model begins by activating the PET (practice question, evidence, and translation) process's systematic approach. The JHNEBP stresses the importance of educating nurses about evidence-based practices to help facilitate these practices throughout healthcare organizations. Adopting the JHNEBP can enhance clinical outcomes by providing nurses with the knowledge and skills needed to use evidence to improve practice (5).

## CONCLUSIONS

Current literature emphasizes the importance of participating in mother-baby skin-to-skin contact following birth. Yet, the incidence of the practice is relatively low. The bulk of the available research suggests that current skin-to-skin contact, and exclusive breastfeeding rates are low. This problem can be addressed through education. It is essential to ensure that nurses are aware of the significance of skin-to-skin contact and its effects on breastfeeding to promote this practice to their patients. This MSN project will provide LDRP nurses with education so they will be prepared to educate patients. When parents are educated on this critical topic in the hospital setting, this can lead to improved exclusive breastfeeding rates, leading to healthier infants.

## REFERENCES

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