Making Cesarean Deliveries more Patient Friendly
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A Patient Focused Delivery
The difference “U” can make!
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Objectives
- Consider the variety of resources of information available to pregnant women.
- Examine the importance of skin-to-skin of newborn after birth.
- Align common goals of the delivery experience.
- Determine concerns in the operating room for nursing and medical staff.
- Identify a patient-focused birth in the operating room.

Available Resources
- Library
- Internet (Facebook, e-mail, Twitter, blogs)
- Family
- Friends
- Birth stories
- TV
- Movies
- Imagination
Simple Truths?
Infant Crying

Crying in the Newborn

- Increases right atrial pressure
  - the foramen ovale opens
  - venous blood mixes w/ oxygenated blood
  - cyanosis results
- Increases intra-cranial pressure
- Initiates a cascade of stress reactions
- Depletes energy reserve

Crying Interferes with the infant's ability to adapt to extrauterine life

Separation of Mother & Baby

- "Stresses" are physical and psychological
- The separation causes a dis-regulation and impacts the structural organization of the brain
- Too sleepy or lethargic
- Incessant crying

The infant develops the ability to better cope with stresses when he is with his mother

Connection allows the infant to expand his or her responses to cope more effectively with different stressors

Attachment = Regulation = Well-being

Skin to Skin & Kangaroo Care

- Baby naked, not wrapped in a blanket

Benefits
- Happier baby
- Normalization of temperature & stability
- Stable heart rate & respirations
- Improved glucose
- Easier start to begin breastfeeding
- More baby to latch w/out help
- Longer length of breastfeeding
- Less likely to cry
- Bonding and imprinting with parents
- Increased weight gain
- Oxytocin surge initiated (decreases bleeding)
- Endorphins released (assists during surgery)

Cesarean Delivery

- C/S rate in the US (2010): 32.9%
- Rates in the United States: 7.1-69.9% in varying hospitals.

UNIVERSITY OF UTAH HEALTH CARE

2004
- Baby Friendly initiative started
- August 24 – 1st baby kept in OR
- Staff & Physicians support family’s decisions on how to care for their babies.
- Foster the best possible environment for successful breastfeeding:
  - Training of nurses to become experts
  - Education to pregnant women (benefits & management of breastfeeding)
  - Significant time in & out of the hospital
  - Formula & pacifier donations are discouraged
  - Baby to breast within 1 hour of birth.

FY2013 Goal

- *Happy, healthy, Mom & Baby*
- Increase the number of babies placed skin to skin in the OR.
- Keep 50% of eligible term infants skin to skin in OR.

Guideline for Skin to Skin in OR

- Term Baby (>37 weeks)
- No Anomalies
- Non-diabetic mother
- No Resuscitation Issues
- No Meconium
- No Chorioamnionitis
Process
- Cesarean begins with regular protocol
- Arms must be free
- Preferable to place IV in non-dominant hand
- Gown unsnapped or untied for access
- Drape slightly closer to surgeons
- Once baby is delivered-pediatricians clean/dry/resus at warmer
- 1 and 5 minute APGARs are assigned and initial evaluation by pediatricians
- Baby is then placed skin to skin on mom or dad by RN.

Process Cont.
- Support person w/ baby to observe newborn all times.
- Support person is instructed on how to watch the newborn.
- OB Physicians
  - Drapes placed a little closer to allow for skin to skin
  - Prompted/reminded baby is on patient's chest
- Circulating Nurse
  - Initial set of vital signs
  - Temperature every 30 minutes
  - Newborn medications (erythromycin ophthalmic ointment & Vitamin K) administered w/in 1 hour of birth
  - Usually done in recovery
  - Communicate frequently w/ support person

Concerns w/ Skin to Skin in OR
- SAFETY (Mother & Baby)
  - Anesthesia
  - No issues
  - OB physicians
  - No issues
  - Pediatricians
  - No issues – if concerned w/ baby it would return to nursery w/ them
  - Circulating Nurses
  - Safety concerns (difficulty of surgery, bleeding, respiratory status concerns of baby)
  - OR procedures (maintain sterility of field, counts, etc)
  - Given the ability to send baby to nursery

Results
- April 2012
  - No measurable data
- July 2012
  - 47%
- October
  - 86%

Impact on breastfeeding duration of early infant-mother contact
- Early contact: 56% vs. 24%
- Control group: 36% vs. 24%
- analyzed from mechanism in recovery using some effective methods (such) a better method of early contact.

The natural caesarean: a woman-centred technique
- BJOG: An International Journal of Obstetrics & Gynaecology
  - Volume 115, Issue 8, pages 1037-1042, 28 JUN 2008
  - DOI: 10.1111/j.1471-0528.2008.01777.x
Patient-Focused Birth

- International Journal of Obstetrics & Gynecology Report
- Cesarean Courage
- Compassion Elective Cesarean Birth

References