

Reference/Standard: Final Report: Maternal/Newborn Advisory committee, Mother Baby Diad Work Group, Ontario 2011	Number: OBS.4.19.1	Effective Date: December 2012 Revision Date: 01/04/2013
	Approval: Surgical Committee	

SKIN TO SKIN CARE IN THE OR SETTING

Standard Statement:

To implement skin to skin care (SSC) following caesarean birth to optimize transition from fetal to neonatal life for healthy term infants.

Policy/Procedure:

The circulation nurse is to establish prior to surgery if the patient consents to skin to skin care.

ECG leads are to be placed on the back and side after spinal insitu.

Position patient as per usual c-section, arms on arm boards until birth, straps optional.

Skin prep will extend from mid thigh to xyphoid process.

Warming device should be in place over maternal chest until commencement of skin to skin. The newborn will be dried and placed on maternal chest with hat and diaper on and be covered with warm blankets.

Infant to be handed over to maternity nurse for admission and assessments while mom is transferred to PACU. When the mother is deemed stable, skin to skin care is to resume.

The support person and bassinette to be in PACU. If the support person is not available, the maternity nurse can stay in PACU until the transfer to ward if workload allows.

Rationale:

If the patient does not consent, respecting her wishes is best practice.

Chest is to be free of obstacles to facilitate skin to skin care.

Arms to be free for holding infant.

Breasts are to remain prep free to facilitate breast feeding and skin to skin care.

Minimize heat loss for mom and babe.

This brief interruption is necessary for the safety of the mom and babe. If the newborn temperature is < 36.0° C, the infant should be placed skin to skin in the PACU for 30 minutes. If after 30 minutes the temperature remains < 36.5° C rectally, then the newborn requires warming.

The recovery room nurse is to attend to the operative patient and cannot be responsible for the infant. Another person must be present to ensure the safety of the infant.

Policy/Procedure:

If the support person and the maternity nurse are unavailable, attempts should be made to find an available nurse from another area to sit in PACU while bonding occurs.

Once the mom is discharged from PACU, transfer to the maternity ward with babe in arms.

Rationale:

At all times mother/baby should be treated as a unit.