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Background

Uninterrupted skin-to-skin care (SSC) for 2 hours after birth is recommended for optimal outcomes of mother and term/late preterm infants

Benefits in stable preterm infants include reduced hypoglycemia and stress and improved: cardiorespiratory stability; temperature regulation; breastfeeding success

Despite evidence, this practice is not being offered to stable late preterm infants. Currently, the standard of care for this population is direct transfer to NICU immediately/shortly after birth

Indicators of Success

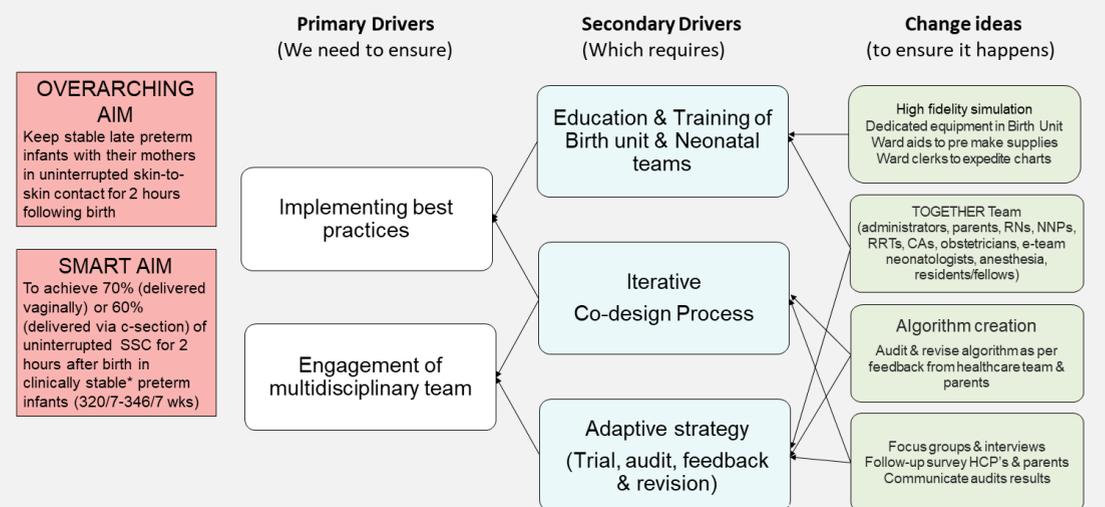
In medically stable preterm infants (32-34^{6/7} weeks' gestation), uninterrupted SSC with their mothers (or delegate) until at least 2 hours following birth will be:

1. Initiated in greater than 90% of infants born vaginally
2. Initiated in greater than 60% of infants delivered via C/S
3. Continued in greater than 70% of infants during transport between Birth Unit and the NICU
4. Initiated in greater than 60% of infants who require minimal respiratory support (nasal canula / CPAP)
5. Associated with normothermia, stable blood glucose, and receiving mother's own milk within first 48hrs & at discharge

Lessons learned

- Advocate for parents & babies to be together
- Share our successes & disseminate our findings
- Continue audit & feedback to foster change
- Monitor impact on workload & staffing challenges
- Continue to leverage collaborations between families, clinicians, and researchers

Interventions



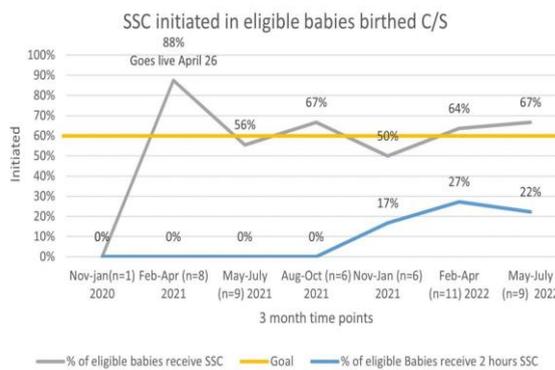
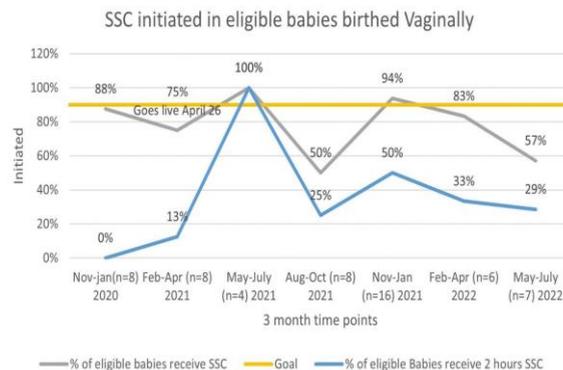
*infants are considered stable if they received <1 min of positive pressure ventilation, 5-minute Apgar score >7, and no worsening respiratory distress

Results

Over the study period (Oct 11, 2021- July 20, 2022), a total of 107/166 late preterm infants were eligible

Of 77 (72%) who initiated SSC, 28 (36%) received full 2 hours and 38 (49%) >30 min of SSC. There were no increased concerns regarding normothermia or blood glucose

100% of infants with > 30 minutes of SSC received mothers' own milk within 48 hours and at discharge compared to 79% of infants with 0 or < 30 minutes of SSC



Join us in keeping moms & preterm babies together. Let's be the first in Canada to lead the way!

Infant birth 32-34 6/7 weeks

Warmer NRP → **Mother/Birthing person stable if:**

1. has not had a general anesthetic
2. clinically stable
3. agrees to skin to skin care

Infant stable if:

1. No greater than 1 min of intermittent positive pressure ventilation
2. 5 min Apgar score greater than 7
3. No significant respiratory distress

Immediate SSC NRP → **yes** → **Initial vital signs (TPR) ECG leads and SaO2 monitor applied**

Admitting process to NICU initiated through usual systems

If infant still on warmer place SSC → **ECG and SaO2 monitor connected**

Notify beta for assessment and decision to remain SSC. *Decision to end SSC to be made in consultation with beta.

Chart brought to BU (*NICU ward clerk)

Infant put on CPAP only if infant shows signs of respiratory distress. Asymptomatic infants do not require prophylactic nasal CPAP

Notify back up E-team (RN & RRT) & Clinical leaders of decision to remain on BU AND discuss plan for 2 hour coverage

Vital signs (TPR) every 30 minutes and initiation of admission documentation (*Neonatal team)

If pending anticipated births within 2 hours (E-team) to coordinate with clinical leader, possible handover of infant observation in birth unit to alternative provider to observe for short term or until the 2 hours SSC is complete

If emergency or unanticipated birth (Back up E-team) will respond to stat call. Dependent on comfort of BU Nursing staff, (E-team) may attend stat call, then immediately return to observe infant

Infant fed within 1 hour of birth. Options: *direct breastfeeding, drops/syringe feeding of colostrum, via gavage using DDHM (pasteurized donor human milk)** (5-10ml based on gestational age and feeding readiness scores) *obtained through FNICU/BU supply

Infant glucose checked at 2 hours following birth (NICU Staff)

After 2 hours of skin to skin with mother, infant transferred to NICU if possible in SSC. Admitting v/s documented and signover given to accepting NICU nurse

MOM LINC
Impacting outcomes in newborn care
Mechanisms, Outcomes, and Mobilization of moms made. Lecturers/mentors in newborn care

Questions or comments can be directed to:
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Impact for Practice Change

Our team adopted a philosophy of keeping mothers & babies together & established a sustainable paradigm shift in traditional neonatal care, consistent with best practices. We plan to measure impact on parents. We participated in RCT of implementing SSC for 2 hours in early preterm infants (28-32 weeks) **TOGETHER MINI**

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