

Marsha Campbell-Yeo, Tanya Bishop, Jennifer West, Cynthia Mann, Lynsey Alcock, Jehier Afifi, Fabiana Bacchini, Britney Benoit, Maxine Bernard, Jon Dorling, Maddie Gallant, Darlene Inglis, Jennifer Jollimore, Stephanie Kimpel, Teri-lyn Holmes-Laursen, Carye Leighton, Helen McCord, Darlene McKinnon, Michelle Nightingale, Tim Sanford, Gail McRae Sly, Heather Scott, Leah Whitehead
Dalhousie University, IWK Health

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

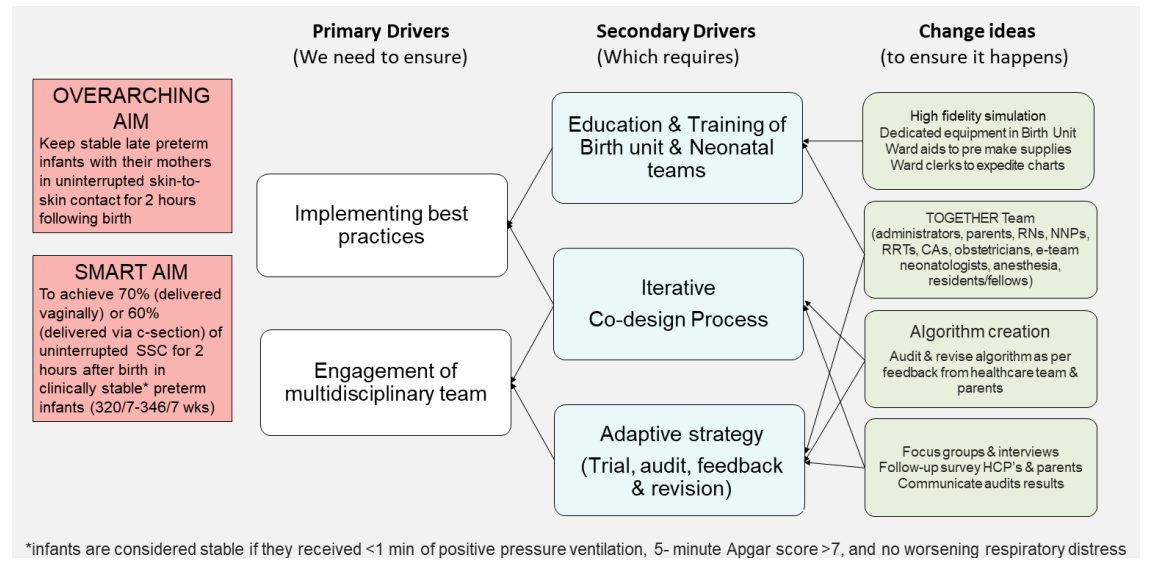
Indicators of Success

- 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

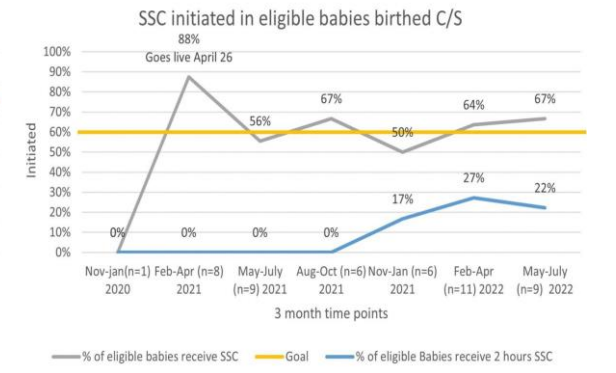
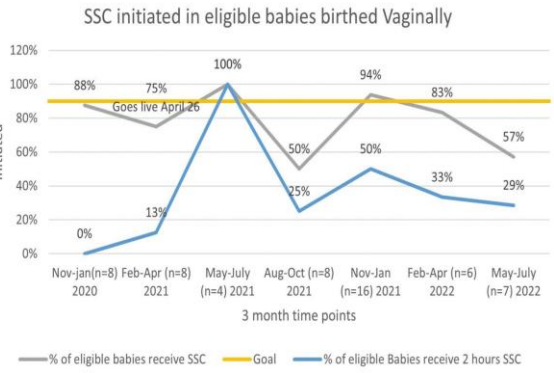


Results

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!

Mothers & babies in delivery room uninterrupted skin-to-skin contact for stable preterm infants following birth

Aim keeping mothers and stable preterm babies together – 2 hours of SSC following birth

Infant benefits improved cardiorespiratory stability/temperature regulation, earlier feeding & breastfeeding success, reduced hypoglycemia

Maternal benefits enhanced bonding, greater maternal affiliation and sensitivity, reduced depression and stress

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

Immediate SSC NRP → **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

no → Unstable → NICU

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. Questions or comments can be directed to: Sarah.Foye@iwk.nshealth.ca | 902-470-8888 Dgr # 1901 or Study DI Marsha.Campbell-Yeo@iwk.nshealth.ca

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**

Contact: Marsha.Campbell-Yeo@iwk.nshealth.ca