

Innovative Clinical Practice:
“Heart to Heart” An Evidence Based Delivery Model of Skin to Skin Care at Birth...and
the Institution of the “Sacred Hour” for our families.

It is an **AAP Guideline** that healthy infants should be placed and remain in direct skin-to-skin contact with their mothers immediately after birth until the first feeding is accomplished. The American Heart Association’s 2006 Neonatal Resuscitation Program 5th edition recommends “for all normal newborns, skin to skin care can be used to provide routine resuscitation”. When mother and baby separation is prolonged, infant systems shut down in a “despair” response instinctive for prolonged survival. The “despair” response in withdrawal from mother includes decreased heart rate and temperature and a massive rise in stress hormones.

A staff nurse that provides the dual role of IBCLC in our mother baby care, introduced this quality improvement project in the summer of 2009. After her team produced and presented the evidence and barriers preventing full implementation of skin to skin after births at our facility, the leadership team agreed to adopt this practice as an extension of our philosophy of family centered evidenced based care. Our nurse then led her team members to educate staff, redefine delivery nursing routines that interrupted this practice and fully implement the new model with a celebration start up on Valentines day in 2010. Lapel pins, a staff designed logo, teeshirts, festive decorations, educational pamphlets and signs provided family education for this new birth practice.

The nurses were able to use small cycles of change throughout the next months to refine the processes into a plan of care that they now are sharing with other facilities.

This has been a gift from our hearts to the hearts of our families!

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