

# Assessing Interventions for Overcoming Perceived Barriers in Nursing Best Practice: Implementing Skin-to-Skin Care

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## Introduction

Skin-to-skin contact (SSC), or the placing of a newborn directly onto the caregiver's bare chest, is widely recognized as evidenced-based best practice for both mothers and newborns. However, despite knowing the benefits of SSC, nurses often do not implement this intervention due to physical, medical, and behavioral barriers. The purpose of this project is to examine barriers to initiating SSC and explore nursing interventions for improving the incidence of SSC in the challenging contexts of the clinical setting.

### **PICO Question**

P: Nursing

I: Acknowledging nursing barriers to SSC and examining implementation strategies C: Institutions that have formally addressed nursing barriers through a SSC implementation model O: Overcoming the nursing barriers to SSC

implementation

Question: What are specific nursing barriers to implementing SSC and what nursing interventions are effective in overcoming these barriers to improve the incidence of SSC?

# **Methods**

A literature review was conducted using the following research databases: PubMed, CINAHL, EBSCOhost.

Search terms included: *skin-to-skin,* kangaroo care, nursing barriers, nursing implementation

#### **Results**

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Article	Major Findings
Haxton et al. [1]	<ul> <li>Established framework to guide practice change</li> <li>Formulated concrete interventions to overcome barriers: documentation changes and staff education</li> <li>Increase in breastfeeding initiation rate from 74%-84%</li> <li>Found need for initial infrastructure before initiation of SSC interventions</li> </ul>
Kearvell & Grant [2]	<ul> <li>The nurse is an important facilitator in SSC; nurses must be supportive of SSC practices for program to succeed</li> <li>Adequate staffing is crucial for the initiation of SSC</li> <li>Nurses require initial education to safely and effectively provide SSC</li> </ul>
Mangan & Mosher [3]	<ul> <li>•Must examine current NICU/OR culture as well as technological and physical barriers to SSC</li> <li>•Practice changes must involve the interdisciplinary team</li> <li>•Team education/hands-on training to improve SSC is crucial</li> </ul>
Nolan & Lawrence [4]	<ul> <li>The experimental group reported earlier breastfeeding, lower newborn respiratory rates, increased newborn temperatures, and decreased maternal pain and anxiety, but data was not statistically significant</li> <li>Clinically significant because the study demonstrates safe implementation of a nurse-driven intervention to improve SSC care</li> <li>Nurse staffing was critical</li> </ul>
Stikes & Barbier [5]	<ul> <li>Benefits of SSC: reduced maternal stress and PPD, improved milk production and successful breastfeeding, improved cardiorespiratory stability and thermoregulation</li> <li>Nursing barriers include concerns of infant safety, difficulty determining infant readiness, overstimulation of infant, lack of SSC, time management, lack of physician support, clinical concerns, patient size, lack of equipment</li> <li>Program implementation resulted in 8% increase in staff participation in SSC and 31% increase in number of SSC events per month. Clinical concerns about doing SSC reduced from 98% to 56%</li> </ul>

# References

[1] Haxton, D., Doering, J., Gingras, L., & Kelly, L. (2012). Implementing Skin-To-Skin Contact at Birth Using the Iowa Model. Nursing For Women's Health, 16(3), 220-230. doi:10.1111/j.1751-486X.2012.01733.x

[2] Kearvell, H., & Grant, J. (2010). Getting connected: how nurses can support mother/infant attachment in the neonatal intensive care unit. *Australian Journal Of Advanced Nursing*, 27(3), 75-82.

[3] Mangan, S., & Mosher, S. (2012). Challenges to Skin-to-Skin Kangaroo Care: Cesarean Delivery and Critically III NICU Patients. *Neonatal Network*, 31(4), 259-261. [4] Nolan, A. & Lawrence, C. (2009). A pilot study of a nursing intervention protocol to minimize maternal-infant separation after cesarean birth. *Journal of Obstetric, Gynecologic and Neonatal Nursing*, 38, 430-422. DOI: 10.1111/j.1552-6909.2009.01039.x

[5] Stikes, R., & Barbier, D. (2013). Applying the plan-do-study-act model to increase the use of kangaroo care. *Journal Of Nursing Management*, 21(1), 70-78. doi:10.1111/jonm.12021 from CIHAHL, search terms kangaroo care and nursing

#### **Discussion**

Our review of the literature uncovered several themes and strategies to improve the implementation of SSC. Studies suggest an initial assessment of current institutional practices and policies should be performed and compared to the current evidence-based guidelines to establish a baseline for practice change. Early staff education on the benefits of SSC and hands-on training for nurses should occur to foster a positive outlook on providing SSC and increasing nurse comfort in implementation. Adequate staffing and collaboration with the patient is required for early SSC to occur. Finally, successful implementation of SSC should be based on an established framework that examines concrete steps to overcome the existing barriers to providing SSC.

#### Conclusion

Nursing is in a unique position to both initiate practice change and oversee the implementation of nurse-driven initiatives to improve the incidence of early SSC and improve patient outcomes.

Based on the findings, recommendations include examining current staff education and institutional SSC policies, incorporating "handson" simulations involving the interdisciplinary team, and providing support and encouragement to parents.



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