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2nd European

Nursing Congress

International Conference on

Clinical Nursing & Practice

October 24-25, 2019 | Zurich, Switzerland

Advancing in the humanization of care to the pregnant and the new-born: Skin to skin in caesarean section

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Introduction: The current scientific evidence and new knowledge show us that in the new-born healthy and vigorous term, excessive interventionism should be avoided, without, therefore, guarantee the quality of care and safety in the new-born and his mother. Precocious skin to skin contact is a practice with many benefits for the new-born and his mother, but not free of risk, so it must be carried out by professionals who are knowledgeable about the risk factors and highly qualified in their attendance in case of occurrence of unexpected situations.

Objectives:

- 1. Provide the best quality of care
- 2. Application of care based on evidence
- 3. Increase breastfeeding rates at discharge.
- 4. Increase the confidence of mothers in the Hospital.
- 5. Increase deliveries in the Hospital

Material and Method: Creation of skin to skin protocol in the caesarean sections programmed with the support of the management, multidisciplinary team and collaborating services in the implantation

Continuous improvement cycle DEMING

Registration of skin to skin data in scheduled caesarean sections, through the HCE forms.

Results: Modification in lactation results. With the available

data we have gone from 13% of lactation initiated in the immediate puerperium in the scheduled caesarean sections to 52%.

We have received several congratulations in Patient Care, making express mention of this protocol.

Optimization of the use of hospital resources: The puerperal women return to the delivery room in the immediate postpartum, freeing the space in resuscitation for use with surgical patients.

Conclusions: There is clear evidence of an increase in the rates of breastfeeding initiated in the immediate puerperium after skin to skin contact.

There has been an impact on perceived quality, which has yet to be quantified, and which seems to be one of the reasons for the relative increase in the number of births compared to the surrounding hospitals. Excellent point of exchange between Primary Care and Specialized Care, as well as multidisciplinary dialogue.

Speaker Biography

Slivia Evora Lebrero has completed her degree in nursing management of centers and services for dependency from University of Ramon Llull, Spain. She completed her masters Nursing Management from the UDIMA. Currently she is working as a supervisor at the Hospital Universitario del Sureste at Maternal and Child Neonatal Unit.

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