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### BIOGRAPHY

Jean Du Plessis is the Head of Service of Neonatology at Fiona Stanley Hospital, Perth, Western Australia. He is also an adjunct associate professor at University of Notre Dame, Fremantle. In addition to long standing clinical career, he also possesses excellent administrative and diplomatic skills and has track record of successful delivery of high quality patient care to the population of South Perth. Du Plessis has been closely involved with University of Western Australia. He is current investigator of various clinical trials running in the neonatal unit. His research interests include innovations to improve neonatal health care.

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### SAFE PRACTICE – A PATIENT CENTRED INITIATIVE IN AUSTRALIA TO PROMOTE SKIN-TO-SKIN IN THE EARLY HOURS AFTER BIRTH. FROM PILOT TO PRACTICE

**S**kin to skin or 'Kangaroo Care' (KC) soon after birth is a well-established practice in Australia with many benefits like mother-baby bonding, thermoregulation and promoting breast feeding. While majority of newborns tolerate it well, some may become compromised with serious consequences. Supervision for KC in the first few hours after birth is crucial time for both mother and her baby but also poses challenges to workload of midwifery staff in a busy birthing suite. A prior audit from our centre revealed only 21% compliance with paper-based observation chart for newborns in the immediate postpartum period. The objective of this study was to improve vigilance for newborns receiving KC soon after birth.

**Methods:** This quality assurance activity (SAFE- Saturation Assessment for Early Hours) was undertaken in a maternity unit of tertiary hospital. All babies receiving KC had continuous pulse oximetry monitoring after birth for the first hour. A cross sectional survey was performed to collate feedback from midwifery staff and the mothers. Data was analysed qualitatively and quantitatively.

**Results:** Response rate to survey was 80% for midwifery staff and 71% for mothers. Most midwifery staff received the practice positively and felt more reassured about the baby's status. The survey identified gaps in maternal knowledge about risks and benefits of KC. Overwhelming majority of staff recommended instituting this practice at other centres.

**Conclusion:** Continuous pulse oximetry in the first hour is a simple non-invasive and innovative approach to improve vigilance for all newborns receiving skin to skin care soon after birth. The success of this initiative lead to the implementation of two hours of continuous pulse oximetry monitoring for all babies at our institution.