## **Oral Defense Announcement**

University of Missouri – St. Louis Graduate School

An oral examination in defense of the dissertation for the degree Doctor of Nursing Practice with an emphasis in Women's Health Nurse Practitioner

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B.S. Nursing, Maryville University, 2019 CLC, Healthy Children Project, 2020

# Implementation of Skin-to-Skin Contact Immediately Post Cesarean Birth: A Quality Improvement Project

Date: July 9<sup>th</sup>, 2024 Time: 9:00am to 9:30am Place: 106 Seton Hall

#### **Abstract**

*Problem:* Skin-to-skin contact implemented within the first hour of a newborn's life improves health outcomes for both mother and infant. One of these health outcomes includes exclusive breastfeeding. The purpose of this quality improve project was to implement an infant securement device within the operating room after cesarean section births to decrease the time to initiate skin-to-skin contact and increase exclusive breastmilk feeding rates at discharge.

Methods: This study utilized a descriptive, observational design and was guided by the Plan-Do-Study-Act framework. A pre-test, post-test design was utilized to compared retrospective and prospective data. The retrospective data was collected to assess the rates of skin-to-skin contact and exclusive breastmilk feeding before the implementation of the infant securement device.

Results: Before the implementation of the device in April, 60 (n = 60) patients qualified. During the implementation in May, 32 (n = 32) patients qualified. The average rate of exclusive breastmilk feeding amongst cesarean section births in April 2024 was 44.6%, in May it was 38.4%. Chi-square testing found that results were not significant (p = 0.456). The average rate of skin-to-skin contact within the first two hours in April 2024 was 55.4%, in May it was 70%. The Fisher's Exact test found that results were significant (p = .014).

Implications for Practice: Findings support the continued use of the infant securement device to improve both skinto-skin contact rates and exclusive breastmilk feeding. Due to uncontrollable delays for the completion of this project, the primary and co-investigators were only able to collect data for a restricted amount of time, limiting the sample size. Additionally, unexpected maternal and/or neonatal instability kept some qualifying mothers from utilizing the device, eliminating them from the study. Finally, this was the first month implementing the device, resulting in some hesitation from the healthcare team.

### **Defense of Dissertation Committee**

Charity Galgani, DNP, APRN, WHNP-BC, Committee Chairperson Michelle Barrier, DNP Jennifer Hawn, DNP