

### **Abstract Title:**

Increasing Early Skin to Skin of the Extremely Low Birth Weight Infant through a Multidisciplinary QI Effort

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### **Abstract Description:**

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Background: Early and frequent skin to skin care (SSC) between parent and infant has been shown to improve short and long term outcomes after preterm birth, including shorter duration of mechanical ventilation and hospitalization as well as improved weight gain and parental coping. Recent evidence suggests the most unstable infants get the most benefit, yet these infants are not consistently offered the treatment intervention due to multiple barriers in clinical practice.

Objective: Aim was to identify barriers and implement a multidimensional approach to increase SSC in the first 72 hours of life amongst infants born < 28 weeks and <1000 grams (ELBW) to 80% in one year.

Methods: The study was set in a 58-bed level IV NICU at an academic children's hospital. A multidisciplinary team of neonatal providers, nurses, and respiratory therapists collaborated to identify barriers to SSC and develop interventions. Baseline assessment included retrospective review of data from the electronic medical record regarding time from birth to first SSC for each identified infant-parent dyad. Data is collected and evaluated on a monthly basis by our Small Baby Unit QI team.

Intervention: The multi-pronged intervention included education for bedside providers regarding the evidence for SSC as a neuroprotective and medical intervention, a readiness checklist for nurses and parents to complete prior to first SSC, development of a video for

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parents and providers to watch prior to SSC with best practices and specifically teaching a parent-led standing transfer practice, and a simulated mannekin with ETT and IV lines for parents to practice before first SSC.

Results: The number of ELBW infants who received SSC in the first 72 hours of life increased from 0% prior to intervention to an average of 69% in the last 8 months, with the most recent months being 75-100%.

Conclusions: Implementation of a multidimensional, multidisciplinary intervention for reducing barriers to early SSC in ELBW resulted in rapid adoption of the practice at the bedside and high, sustained rates of SSC in the first 72 hours of life without identified negative short term consequences. Follow up is underway to evaluate longer term benefits of this practice.