Resolution # 1

**IN SUPPORT OF PROMOTING SKIN-TO-SKIN CONTACT IMMEDIATELY FOLLOWING CAESAREAN DELIVERY**

**SUBMITTED BY: Grand View University**

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WHEREAS, “”Although every member of the patient care team can receive education and speak to the benefits of early Skin to Skin Contact (SSC) for mother and infant, implementing this practice takes a coordinated effort. There are numerous barriers to overcome, particularly for women undergoing cesarean births.” (Brady, Bulpitt, & Chiarelli, 2014, p. 488); and

WHEREAS, The World Health Organization (WHO) recommends a cesarean

section rate of not more than ten to fifteen percent. Currently the

United States is at 31.1%. With the United States having this high

of a rate, there is a hindrance on immediate skin-to-skin bonding

after delivery (Chalmers, et al., 2010, p. 45); and

WHEREAS, “Implementing immediate, continuous, and uninterrupted skin-to-

skin care following the birth requires the staff to understand the

mother and baby as a unit” (Brimdyr, et al., 2012, p;. 150); and

WHEREAS, “Early skin-to-skin contact is well known to influence the interaction

positively between mother and infant in women after vaginal

delivery. As a result of early skin-to-skin contact, infant’s regulation

of emotions, stress reactivity, metabolic adaptation, social and

cognitive development, and future interaction between mother and

infant are promoted” (Velandia, Matthisen, Uvan-Moberg & Nissen,

2010, p. 193); and

WHEREAS, Spradlin (2009) described the implementation of a couplet care program for families after a cesarean birth “Touching and massaging the infant stimulates breathing, provides warmth, and serves to rub the fatty vernix caseosa into the skin, which may prevent dehydration. Nipple contact stimulates release of oxytocin into the mother’s blood stream, which results in uterine contractions, expulsion of the placenta, and inhibition of postpartum bleeding. (p. 554); and

WHEREAS, Fathers participating in Kangaroo Care afforded an opportunity for being close to their infants as well as allowing the father to feel in control and like they were doing something good (Blomqvist, Frolund, Rubertsoon & Nygvist, 2013); and

WHEREAS, “The newborn period is uniquely distinguished by the inseparable

relationship a mother has with her infant” (Kearvell & Grant, 2010,

p. 79); and

WHEREAS, “Mothers and babies should not be separated after delivery unless

there is a concern about the health or safety of either the mother or

baby” (Spradlin, 2009, p. 553); therefore be it

RESOLVED, That Iowa Association of Nursing Students (IANS) encourages nursing students and nurses in OB/mom baby/L&D units to become

educated on skin-to-skin bonding after caesarean delivery; and be further;

RESOLVED, That IANS encourages nursing programs to include education about skin to skin contact, especially after cesarean delivery in school curriculum,

and be it further;

RESOLVED That IANS encourage hospitals to incorporate education on the

importance of skin-to-skin contact immediately following a caesarean delivery; and be it further

RESOLVED, That IANS encourages nurses to put more of an emphasis on the

importance of mother baby bonding immediately following a

caesarean delivery by publishing an article on the IANS website; and be it further

RESOLVED, That IANS send a copy of our resolution to the Iowa Nurses

Association, the Iowa Hospital Association, the Iowa Chapter of the Association of Women’ s Health, Obstetric and Neonatal Nurses, and all other organizations deemed appropriate by the IANS board of directors.