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Skin-to-Skin after C-Sections

**Case Study**
A 28 year old patient comes in for a scheduled C-section at 40 weeks gestation because her baby is presenting breech. The transition nurse spoke with the OR team prior to discuss the possibility to initiate skin-to-skin after birth. The nurse then educates the patient on skin-to-skin and obtains consent. After delivery, the infant is observed for five minutes under the warmer then skin-to-skin is initiated and continued for the remainder of the operation.

Patient and nurse report high degree of satisfaction and breastfeeding was successful within one hour.

Patient stated skin-to-skin helped baby latch better and promotes bonding.

**PICOT Question**
In cesarean birth infants, what is the effect of immediate skin-to-skin contact compared with infants that do not have immediate skin to skin contact on the success of breastfeeding following cesarean sections?

**Interventions**
The interventions evaluated in this study promote skin-to-skin contact immediately after cesarean birth for all medically stable mothers and infants as well as the initiation of breastfeeding within one hour of birth.

**Results**
Due to the fact that 33% of births end in cesarean sections (2) our research focuses on the implementation of skin-to-skin contact in the operating room.

“Breastfeeding exclusivity rates may be lower among women who experience cesarean delivery. Implementing skin-to-skin contact in the OR can affect exclusive breastfeeding.” (2)

Our research findings suggest that skin-to-skin contact should be initiated to promote bonding, which leads to higher success rates in exclusive breast feeding. Exceptions to this would be in cases in which general anesthesia was used, the patient is experiencing intra-operative pain, nausea, vomiting, or if the infant is in need of resuscitation. (2)

Lower LATCH scores and lower breastfeeding exclusivity was observed among the healthy infant who did not experience skin-to-skin within the first four hours of birth. (1)

**References**


