

**Experiences and Beliefs  
of Healthcare Providers regarding  
Mother-Newborn Skin-to-Skin  
Contact (SSC) following  
Cesarean Birth:  
Why is this not the 'Norm'?**



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# Background

Why do so many hospitals struggle in the operating room?



# Why do a study?



# Methodology

## Qualitative Descriptive Design

### *Sample:*

Purposive, interprofessional

12 participants



# Methodology

## Data Collection

12 semi-structured interviews (face-to-face and telephone)

15-30 minutes in length

Audio taped and transcribed verbatim

## Data Analysis

Inductive content analysis

Open coding of transcripts by two researchers; consensus



# Results

The Operative Environment

Safety

Working as an  
Inter-professional Team

Willingness & Buy-in



# Operative Environment and Safety

OR

Mother

Infant

Sterility



# The Operative Environment

*“Sometimes it’s so cramped at the head of the woman, her partner, and myself basically don’t fit. So I’ve found that to be a bit of a challenge at times, so how can I squeeze in, but I don’t want to touch the stuff that I am not allowed to touch. I find sometimes, I am extremely conscious of the space and it’s a very small space at her head”- Midwife*



# Safety

*“The only part that makes me nervous is that mom is lying there with her arms out and the baby is kind of teetering on her chest and her support person is there and is kind of making sure things are safe. I’m not there the whole time for that so I’m kind of expecting between the partner and anesthesia, they are making sure that this baby is not going to fall off her chest.” -*

*OBCU Nurse*

# Working as an Inter-professional Team

Roles and Responsibilities

Hierarchical Structure

Negotiating



# Working as an Inter-professional Team

*“I think it’s a little bit of relationship and trust building. As long as the anesthetist trusts that the whole process will stop as soon as is medically necessary, that is crucial, because it does absolutely interfere with their work and I think the second thing is that you need to have a dedicated nurse there for the duration of the CS, and then who is low risk? That’s a really good question. Because the obese patient is probably not low risk from an anesthesia perspective, and that’s 30% of your population done...gone”- Obstetrician*

# Working as an Inter-professional Team

*“This [SSC] may be a worthwhile initiative and good depending on the circumstances. I wouldn’t want to see this as an obligatory process at all costs. I don’t want people to lose sight of what is important around patient safety for the sake of SSC in CS. I believe obstetricians and anesthesiologists should get the final say as to whether SSC can happen” -Anesthesia*

# Willingness & “Buy-in”

Overcoming Barriers

Resistance to change

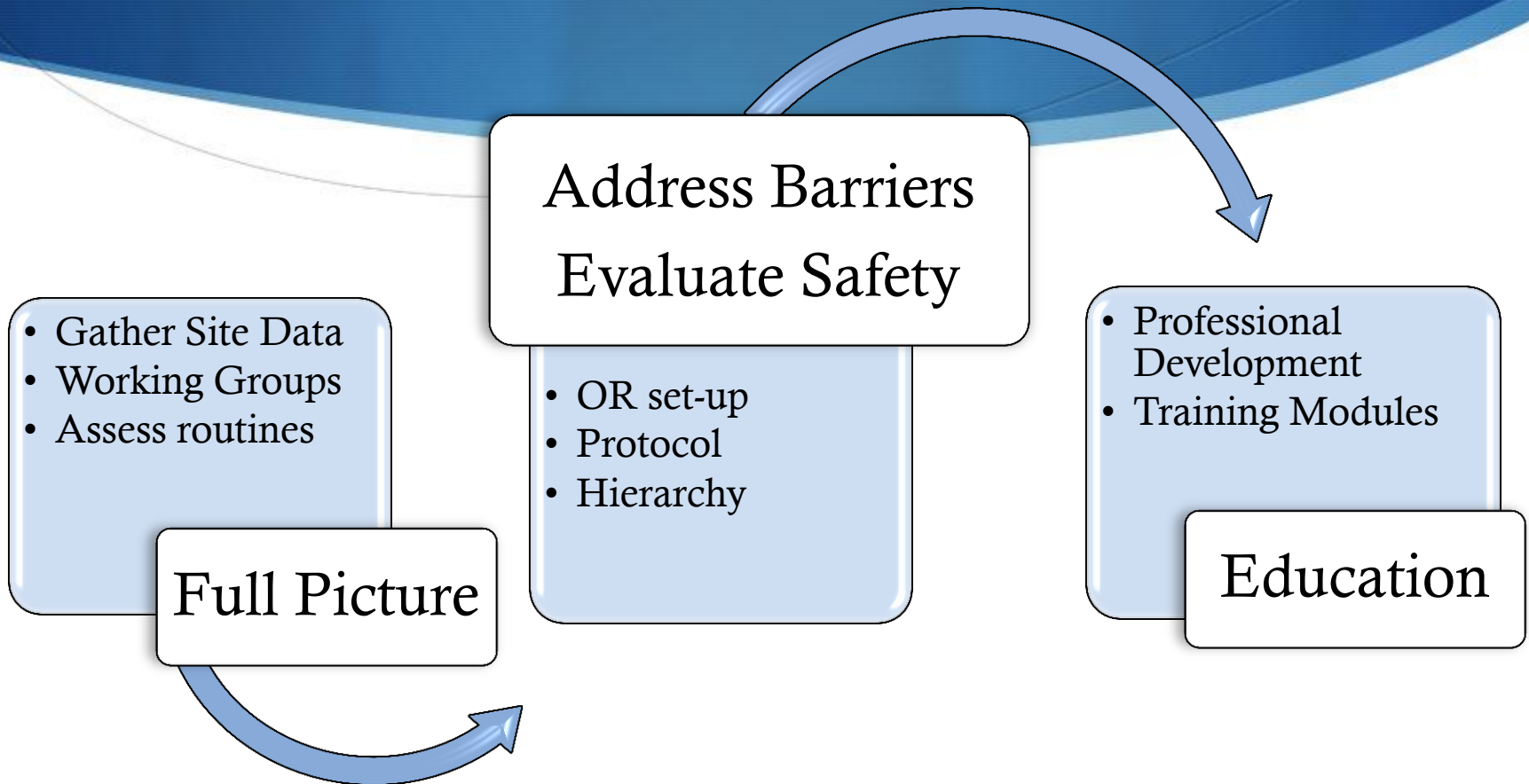
Routine practices

Knowledge of skin-to-skin benefits

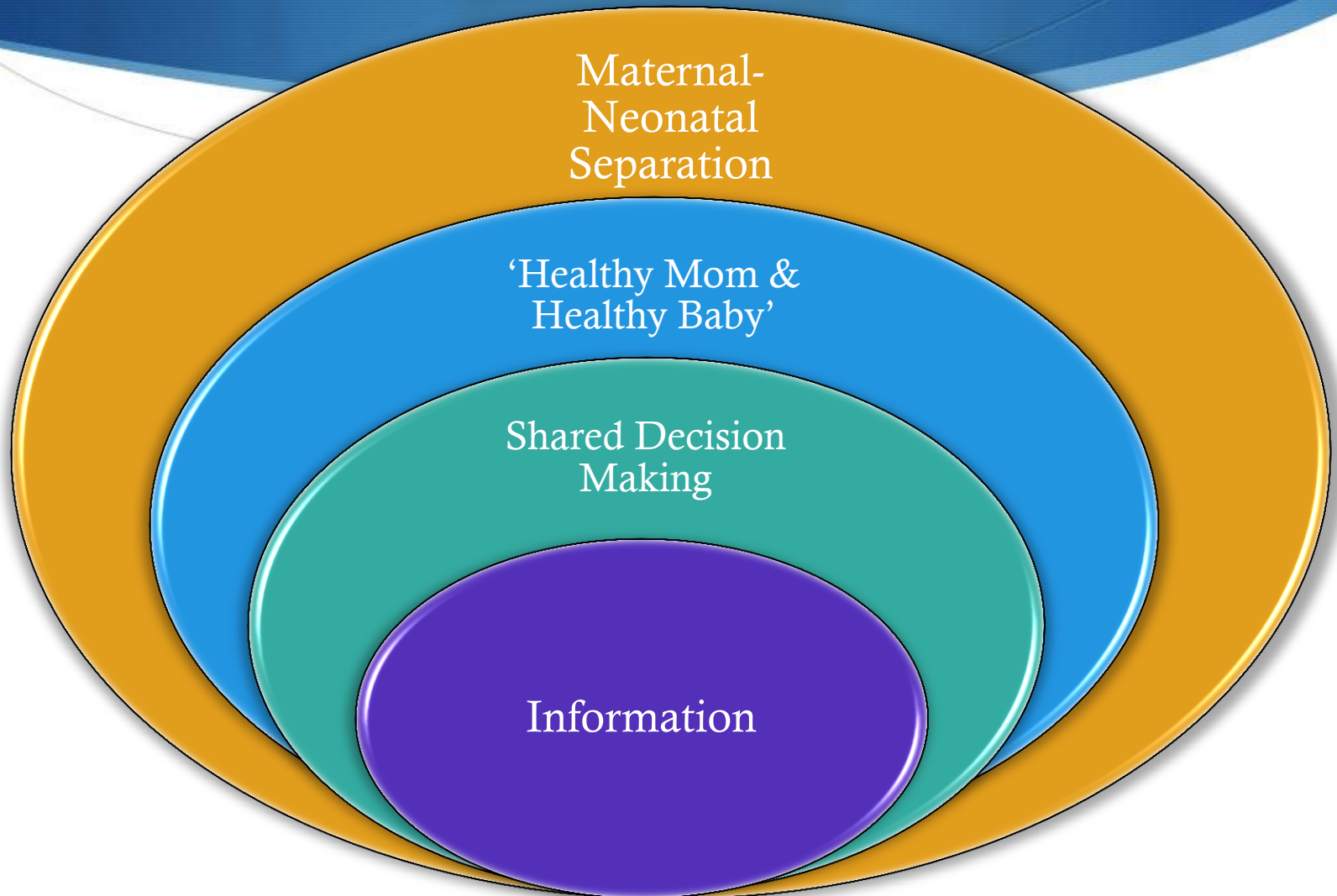
Workload and institutional concerns



# Implementing SSC



# The Full Picture





Maternal-Neonatal Separation Matters!

# Questions

