Baby to Mother’s Skin, or Baby to Radiant Warmer
Which practice promotes the best outcome for a healthy, term newborn directly following delivery?
Emily Landis, BSN, RN: Sara Mueller, BSN, RN; Emilie Curcio, BSN, RN; Meredith Collins, BSN, RN
3rd Floor Women’s Health Unit

Introduction
The purpose of the literature review was to examine the evidence regarding our “PICO” question of:

Is placing a healthy term, newborn skin to skin immediately following a spontaneous vaginal delivery versus in a radiant warmer more beneficial in stabilization and promotion of overall well-being of the newborn?

Methods
A literature search and review of the Penn State Hershey George T. Harrell Health Sciences Library search engines: PubMed, and CINAHL, as well as a survey of the current practices of 3rd Floor Women’s Health RN’s in the labor and delivery setting.

Results-Literature
Literature supports skin to skin contact directly following a vaginal delivery of a healthy, term newborn.
Benefits:
• Mother-Newborn bonding
• Initiation of breastfeeding
• Thermo-stabilization
• Pain reduction
• Easier transition to extra-uterine life
• Promotion of antibodies
• Stimulation of oxytocin

Results-Survey
The Labor and Delivery RN’s at Hershey Medical Center provided the following results:

Discussion
There is also evidence which supports the newborn going directly to the radiant warmer. The trend of this practice follows complications such as:
• Newborn Hypoglycemia
• Infant pulmonary distress
• Maternal hemorrhage
• Maternal pain management challenges

Conclusions
The majority of the Labor and Delivery staff at Hershey Medical Center practice “baby to belly” directly following delivery, which is proven to be best for mom/baby stabilization. However, we did find situations in which this evidence based practice is being hindered: staff’s comfort in initiating breastfeeding, busyness of the “task list,” and lack of education/policies.

Recommendations
• Education
  • On breastfeeding and infant outcomes
• Placement of Policies
• Staff support during delivery
  • Gives extra hands to complete tasks

Level of Evidence

<table>
<thead>
<tr>
<th>Level of Evidence</th>
<th>Number of Studies</th>
<th>Overall Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level IV (1[2])</td>
<td>A-</td>
<td></td>
</tr>
<tr>
<td>Level V</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level VI (1 [5])</td>
<td>A-</td>
<td></td>
</tr>
<tr>
<td>Level VII (3[1]3[3][4])</td>
<td>B+, B, A.</td>
<td></td>
</tr>
</tbody>
</table>

References