

Competency 6: Implement immediate and uninterrupted skin-to-skin (Step 4).		Performance Indicators: 20, 21, 22, 23, 24	
Knowledge, Skills and Attitudes (KSA) Displayed	Competent	Needs to improve	Comments
<b>Prepared for the consultation</b> <ul style="list-style-type: none"> <li>Staff aware of engaging in meaningful conversations that ENCOURAGES* the patient and family members.</li> </ul>			
<b>Established rapport</b> <ul style="list-style-type: none"> <li>Introduced self and supervisor.</li> <li>Explained reason for communication.</li> <li>Asked permission to continue.</li> </ul>			
C6 PI 20: Demonstrate/explain at least 3 points of how to routinely implement immediate, uninterrupted and safe skin-to-skin between mother and infant, regardless of method of birth.			
<ul style="list-style-type: none"> <li>Naked baby is immediately placed prone on the mother's bare chest and not placed under the warmer or elsewhere before this contact.</li> <li>Baby is not dried before being placed on the mother.</li> <li>When the baby has been placed skin-to-skin, his head and back are well dried to prevent evaporation.</li> <li>Valid for vaginal births or caesareans under regional anesthesia.</li> <li>Baby is assessed while on his mother as the skin-to-skin contact will reduce his stress of being born.</li> <li>Stability of the baby (e.g. absence of apnea, desaturation and bradycardia) is assessed after it is placed on the mother.</li> </ul>			
C6 PI 21: Demonstrate/explain at least 3 safety aspects to assess when mother and baby are skin-to-skin during the first 2 hours postpartum, regardless of method of birth.			
<ul style="list-style-type: none"> <li>Observation of newborn (colour, breathing and free movement of head and chest).</li> <li>Observation of mother (well-being, alertness, pain level).</li> <li>Describe to parents what to observe and who to contact.</li> <li>Observation done regularly by one designated healthcare professional according to written procedure (policy, protocol, procedure or guideline).</li> <li>Support of baby in case of caesarean section, to avoid falls.</li> </ul>			

Knowledge, Skills and Attitudes (KSA) Displayed	Competent	Needs to improve	Comments
<b>C6 PI 22: Describe/list at least 3 reasons why skin-to-skin should NOT be interrupted.</b>			
<ul style="list-style-type: none"> <li>• If skin-to-skin is interrupted:</li> <li>• Hormonal secretion of oxytocin and endorphins has to be re-started later on.</li> <li>• Baby's cortisol will be higher indicating a higher level of stress.</li> <li>• Temperature is not maintained within normal limits, especially if ambient room temperature is cold which will then affect the baby's glycemia (blood glucose level).</li> <li>• There is a risk of microbiome being "contaminated" by germs other than the mother's.</li> <li>• The human innate sequence of the newborn (instinctual pre-feeding behaviours) will be affected.</li> <li>• There will be a delay in the completion of this innate process (instinctual pre-feeding behaviours).</li> </ul>			
<b>C6 PI 23: Demonstrate/explain at least 2 reasons when skin-to-skin could be interrupted for medically justifiable reasons.</b>			
<ul style="list-style-type: none"> <li>• In presence of a critical medical issue.</li> <li>• Mother is not well (fainting, dizziness, etc).</li> <li>• Baby is unstable as per WHO/UNICEF definitions (e.g. apnoea, desaturation and bradycardia).</li> <li>• If a delay or interruption of early skin-to-skin has been necessary, ensure that mother and infant are placed skin-to-skin as soon as clinically possible.</li> <li>• All of the above should be explained in the chart.</li> </ul>			
<b>C6 PI 24: Demonstrate/explain how to maintain skin-to-skin during transfer of mother and infant to another room or other recovery area.*</b>			
OPTION 1 - 1. Keep baby skin-to-skin with the mother, covered with a dry blanket. 2. Make sure the baby is secure. OPTION 2 - 1. Place baby skin-to-skin on the support person, covered with a dry blanket. 2. Return infant skin-to-skin with the mother when the mother is able.			
<b>Ensured mother had sufficient information about breastfeeding</b>			
<ul style="list-style-type: none"> <li>• Covered ALL information on Checklist, sharing evidence-based information accurately.</li> </ul>			
<b>Completed documentation as appropriate</b>			

*Adapted from the Competency verification toolkit - Ensuring competency of direct care providers to implement the baby-friendly hospital initiative. Web annex A - Competency verification form (sorted by domain and competency). \*where applicable*