

Competency 6: Implement immediate and uninterrupted skin-to-skin (Step 4).

Performance Indicators: 20, 21

Knowledge, Skills and Attitudes (KSA) Displayed	Competent	Needs to improve	Comments
Prepared for the consultation <ul style="list-style-type: none"> Staff aware of engaging in meaningful conversations that ENCOURAGES* the patient and family members. 			
Established rapport <ul style="list-style-type: none"> Introduced self and supervisor. Explained reason for communication. Asked permission to continue. 			
C6 PI 20: Demonstrate 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"> Naked baby is immediately placed prone on the mother's bare chest and not placed under the warmer or elsewhere before this contact. Baby is not dried before being placed on the mother. When the baby has been placed skin-to-skin, his head and back are well dried to prevent evaporation. Valid for vaginal births or caesareans under regional anesthesia. Baby is assessed while on his mother as the skin-to-skin contact will reduce his stress of being born. Stability of the baby (e.g. absence of apnea, desaturation and bradycardia) is assessed after it is placed on the mother. 			

Knowledge, Skills and Attitudes (KSA) Displayed	Competent	Needs to improve	Comments
C6 PI 21: Demonstrate 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"> • Observation of newborn (colour, breathing and free movement of head and chest). • Observation of mother (well-being, alertness, pain level). • Describe to parents what to observe and who to contact. • Observation done regularly by one designated healthcare professional according to written procedure (policy, protocol, procedure or guideline). • Support of baby in case of caesarean section, to avoid falls. 			
Ensured mother had sufficient information about breastfeeding <ul style="list-style-type: none"> • Covered ALL information on Checklist, sharing evidence-based information accurately. 			
Completed documentation as appropriate			

*Adapted from the Baby-Friendly USA, Inc. "Guidelines and Evaluation Criteria for Facilities Seeking Baby-Friendly Designation, Sixth Edition" and the WHO 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). *ENCOURAGES = Empathize, Non-judgmental, Confirm, Open-ended questions, Use competent skills, Responsive care, Affirm, Give evidence-based information, Empower, and Support.*