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# Reduction of Surgical Site Infections After Cesarean

Melissa Erickson MSN ed, BSN, RNC-MNN, PHN  
*St. Cloud Hospital, CentraCare Health, ericksonme@centracare.com*

Patricia Dumonceaux MSN, PHN, CIC  
*St. Cloud Hospital, CentraCare Health, dumonceauxp@centracare.com*

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## Reduction of Surgical Site Infections After Cesarean

Melissa Erickson, MSN Ed, BSN, RNC-MNN, PHN, St. Cloud Hospital, Annandale, MN

Patricia Dumonceaux, MSN, PHN, CIC, St. Cloud Hospital, St. Cloud, MN

### Keywords

infection  
cesarean  
closing trays  
incision care  
wound care  
dressing

### Poster Presentation

### Objective

To decrease cesarean surgical site infection (SSI) rates to less than the National Healthcare Safety Network (NHSN) mean. By decreasing SSI rates, secondary goals included improving the patient experience, decreasing readmissions, and promoting bonding between the mother and newborn.

### Design

A review of the literature from the following was completed: the Collaborative Healthcare Associated Infection Network, the Surgical Care Improvement Project, and the Mayo Collaborative.

### Setting

A regional birthing unit at which approximately 800 cesareans are performed per year.

### Participants

All women who had cesarean births.

### Intervention/Measurements

Thermoregulation, antibiotics administration (pre-op and timing), skin prep (pre-op and intra-op), operating room attire, operating room traffic, hair removal, closing trays, standardized incision care, standardized dressings, environmental cleaning processes, and improved team communication through briefing and debriefing.

### Results

By implementing SSI bundles and evidence-based nursing practices, we saw a greater than 50% reduction in SSIs, which placed the facility rate at less than the NHSN mean.

### Conclusion/Implications for Nursing Practice

The bedside nurse is able to directly affect outcomes related to SSI by the providing evidence-based care and implementing standardized care practices.

## Improving Breastfeeding Exclusivity by Initiating Skin-to-Skin Care Immediately After Cesarean

Lindsay DeLeo, MS, BSN, RNC-OB, IBCLC, Rochester General Hospital, Rochester, NY

### Keywords

skin-to-skin  
gentle cesarean  
exclusive breastfeeding

### Obstetric Poster Presentation

### Objective

To increase breastfeeding exclusivity rates after cesarean by increasing skin-to-skin contact between mother and newborn immediately after birth.

### Design

Retrospective chart review.

### Setting

A 528-bed tertiary care, Baby-Friendly hospital in upstate New York with approximately 2,400 births annually, 800 via cesarean.

### Participants

All women with scheduled and nonemergent cesareans for well infants, defined as >37 weeks gestation, that occurred between August 3, 2015 and December 31, 2015 ( $N = 173$ ).

### Intervention/Measurements

Nursing staff received inservice education on the following: benefits of skin-to-skin for mother and infant, the current process map, implementation of skin-to-skin immediately after operative birth, and parent education. Staff completed a

decisional balance worksheet in a session mediated by a clinical psychologist. This worksheet was presented to leaders with the intent to remove systemic barriers. Lactation staffing was increased and repurposed as transition nurses to facilitate immediate skin-to-skin after cesarean. Data were abstracted from the electronic medical record.

### Results

In 2015 before the project roll out, 31.7% of newborns ( $n = 247$ ) were exclusively breastfed as compared to 42.8% after the project began. During the study period, 56.5% of infants who had skin-to-skin immediately after birth were exclusively breastfed. Of those infants who did not have skin-to-skin immediately after birth, only 35.1% were breastfed exclusively ( $p = .01$ ).

### Conclusion/Implications for Nursing Practice

Immediate skin-to-skin contact after birth as an intervention to improve breastfeeding exclusivity can be replicated in the operative delivery population.