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

Follow this and additional works at: https://digitalcommons.centracare.com/articles
Part of the Other Medicine and Health Sciences Commons

Recommended Citation
Erickson, Melissa MSN ed, BSN, RNC-MNN, PHN and Dumonceaux, Patricia MSN, PHN, CIC, "Reduction of Surgical Site Infections After Cesarean" (2017). Articles. 67.
https://digitalcommons.centracare.com/articles/67

This Article is brought to you for free and open access by the Posters and Scholarly Works at DigitalCommons@CentraCare Health. It has been accepted for inclusion in Articles by an authorized administrator of DigitalCommons@CentraCare Health. For more information, please contact schlepers@centracare.com.
Reduction of Surgical Site Infections After Cesarean

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 providing evidence-based care and implementing standardized care practices.

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

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.