Labor and Delivery C/section Skin-to-Skin Policy

1. Skin-to-skin may be initiated in the OR after consultation with the anesthesiologist who will confirm that the patient is stable with no specific problems that need to be addressed.
2. The patient should be asked if she wishes to do skin-to-skin.
3. There **MUST BE A MIDWIFE OR NURSE DEDICATED TO THE BABY** who can remain at the bedside the entire time the baby is on the mother’s chest and who is also holding the baby. For non-midwife patients, this means that **there must be a second nurse in the room.**
4. If the anesthesiologist requests that the baby be taken off the mother in order to care for her, the nurse/midwife must immediately place the baby on the warmer or allow the father to hold the baby depending upon the situation.
5. Skin-to-skin may be re-initiated in the PACU once the patient is settled, report has been given and the anesthesia team confirms that the patient is stable.