



A Simple Solution for a Critical Issue
A Garment to Secure Baby in Skin to Skin Contact
To Prevent
Falls and SUPC Incidents



The Second Skin Swaddle is a Proven TOOL
For
Safety and Non-Separation

“The majority of the falls occurred when the mother fell asleep with the newborn in her arms”.

Preventing In-Hospital newborn Falls: A Literature review

“With the exception of injury sustained during birth, all SUPC incidents can be eliminated that result from postnatal care”. *Susan Ludington Hoe PhD*

- * Clinical research supporting statements begin on page 4
- * Testimonials supporting statements begin on page 7

Benefits of the Second Skin Swaddle

About the ARC design:

- **Length of front completely covers mom and baby with womb-like enclosure to help regulate baby's temperature and blood sugar while supporting the breast crawl**
 - **Non-obstructive design with shorter back section to allows for medical procedures**
 - **Maintains and facilitates, the movements of the baby for the Breast Crawl:**
 - 1. The Center section is an arc cradle to hold baby in position.**
 - 2. The breath-through fabric allows the flexibility for the baby to move in the breast crawl.**
 - 3. The Upper side of the ARC gives flexible expansion to support the lunge in the breast crawl with neck and head while baby makes lunges and has the spring back retension to support a lunge of 5" from moms breast.**
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Postpartum

- Features to help prevent SUPC incidents:
 - Secures the correct position of baby, which is the key to help prevent SUPC incidents
 - The fabric is breathable (ability to breathe through fabric)
 - Stretch of fabric allows the infant to move if breathing becomes restricted
- Supports the "Laid Back Breastfeeding Position" Arc design supports and completely covers mom with baby parallel on the upper side of her breast with nose in a sniffing position
- Baby is secured with mom to prevent passage of baby around the room
- Coverage allows discretion for mom to hold baby in skin to skin contact and breastfeed
- Hospital staff says that moms wear the Swaddle through their entire postpartum stay, therefore mom is always ready to hold baby in skin to skin contact
- Fabric is a comfortable, silky, moisture and water friendly, nylon/lycra blend

We have never had a safety incident with any of our garments in our 14 year history of developing garments for skin to skin contact.

How Birthing Centers are Using and Promoting the Swaddle

Birthing centers are giving one Swaddle Section to each mom in L&D

- Swaddles are worn during mom's entire stay. Nurses say "The Swaddle may get sweaty but dries quickly. A mom has never complained." (Over a 1000 moms have been observed)
- Birthing centers are using Swaddles in OR to position baby. Testimonials from moms have been positive. Moms say the pain level is greatly reduced and they love holding their baby skin to skin immediately after birth.

Birthing centers are giving the second section or recommending the second section of the Swaddle for purchase at facility for:

- Dads or caregivers to safely hold the baby during the postpartum stay and afterward
- Mom can add the second section of the Swaddle for hands free holding
- Twins need two sections in postpartum and one additional for hands free holding
- Two sections to enable mom to pump hands free

In providing the Second Skin Swaddle

You not only have Best Practice but promote the Best Care for mom and baby by:

Extending skin to skin contact

More successful breastfeeding

Preventing falls and SUPC incidents

Providing an operational tool for nurses

Giving the birthing center a marketing edge

Increasing Parent Satisfaction

It would be our honor to partner with you in the advancement and care of mothers and babies

Sylvia Houston, Founder

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Clinical research supporting statements



Excerpts from:

Newborns Experience In-Hospital Falls

Preventing In-Hospital Newborn Falls: A Literature Review

MCN, The American Journal of Maternal/Child Nursing

December 2013, Volume 38 Number 6, p 359 - 366 Tara Matteson MS, RN, CBS, Audery Henderson-Williams MS, RN, Jessica Nelson DNP, RN

Abstract:

In-hospital newborn falls are arguably one of the most under researched and underreported issues for organizations that care for newborn patients. From the few published statistics of in-hospital fall rates, we know that perhaps 600 to 1,600 newborn falls occur annually. Many of these falls can result in injury or even death of the newborn, legal issues for the institution, and severe emotional stress to the caregiver(s) and parents.

Over a 2-year period, Helsley et al. (2010) completed a query of a database of a seven-hospital system. During that time, newborn falls were reported at a rate of 9/22,866 births, resulting in an overall fall rate of 3.94/10,000 births. This fall rate equates to approximately 600 to 1,600 falls each year in the United States (Helsley et al., 2010). The majority of these falls occurred when the mother fell asleep with the newborn in her arms. Close physical interaction between the mother and infant primarily occurs during infant feeding and skin-to-skin contact; hospitals are therefore faced with the challenge of balancing the important aspects of bonding and safety for both the mother and newborn.

Conclusion:

The promotion of newborn safety is pivotal to all institutions who care for this population. Newborn falls are preventable injuries. The confounding variables involved in newborn falls are multifaceted. In order for newborns to remain safe, healthcare professionals must find a balance that supports nurturing, attachment, and bonding among caregivers and newborns along with the prevention of newborn falls. By utilizing existing evidence and expanding upon the current academic literature, researchers can begin to address this preventable injury.

Sudden Unexpected Postnatal Collapse - SUPC

There is a wide range of research results as to the number of SUPC incidents. The fact remains that this is a risk. Below, we will list three references citing the estimated number of incidents.

- 2.6/100,000 Pejovic NJ, Herlenius E. Unexpected collapse of healthy newborn infants: Risk factors, supervision and hypothermia treatment. *Acta Paediatr.* 2013; 102:680-8.
- 38/100,000 Poets A, Steinfeldt R, Poets CF. Sudden deaths and severe apparent life-threatening events in term infants within 20 hours of birth. *Pediatrics.* 2011;127:e869-73.
- 4/1,000 Thach, B. T. (2014, January 30). Deaths and near deaths of healthy newborn infants while bed sharing on maternity wards. *Journal of Perinatology*, 34, 275-279. This research was on the under-reporting of deaths and near deaths of healthy infants during skin-to-skin contact or while bed sharing on maternity wards in the United States

Excerpts from:

Infant Assessment and Reduction of Postnatal Collapse Risk

www.medscape.com/viewarticle/822017

Position of the infant is a key factor in minimizing risk of Sudden Unexpected Postnatal Collapse (SUPC). SUPC is an emerging complication of skin-to-skin.

Dr. Susan Ludington also states that “with the exception of injury sustained during birth, all SUPC incidents can be eliminated that result from postnatal care.”

Ludington-Hoe, S.M., & Morgan, K. (2014-March). Infant assessment and reduction of sudden unexpected postnatal collapse risk during skin-to-skin contact. *Newborn and Infant Nursing Reviews*, 14(1), 28-33. DOI: 10.1053/j.nainr.2013.12.009.

ABSTRACT

To encourage use of skin to skin contact with all healthy term infants during the first two hours of life and throughout their mothers' postpartum hospitalization, an easy, rapid newborn assessment tool, the “RAPP” has been developed to enhance labor and delivery and mother-baby nurses' ability to swiftly and accurately assess newborn physiologic condition. The “RAPP” assessment is being proposed as a way to swiftly evaluate infants' physiologic condition and position.

Dr. Susan Ludington ,PhD, RN, CNM, CKC, FAAN states in the Infant Assessment and Reduction of SUPC Risk During Skin-to-Skin Contact that **“Position of the infant is a key factor in minimizing risk of SUPC”**
Skin-to-Skin Newborn Assessment – RAPP⁶

- R – Respiratory effort (is the infant breathing easily?)
- A – Activity (i.e. asleep, quiet alert, active alert, crying)
- P – Perfusion (Oxygenation and infant's skin color)
- P – Position (Position of head, neck and extremities)

Line 132-137 **R A P P Assessment of Newborn**

P stands for Position (Positioning of the baby is key to preventing suffocation)

The second P stands for **Position**. “**Position** of the head (should be erect in midline not bent) nose and mouth (both should be uncovered and visible) and extremities (extremities should be well flexed when infant is lying prone on his or her abdomen).

Line 214-216 **_ Safe Positioning Checklists**

Several risk factors for SUPC are related to positioning. Identifying positional factors with each mother-infant dyad enables the nurse to provide vigilant monitoring and assure safety of the infants. A checklist for safe positioning has been developed –

Line 234-237 If the infant and provider fall asleep, both need to be continuously monitored/watched so the mother does not roll onto her infant and the infant does not fall over or out or slip into an unsafe position.

Line 264-269 Strategies to **Minimize SUPC risk**

In conclusion, nurses need to apply strategies that can minimize SUPC. First and foremost of these strategies is education of health personnel and family members about safe positioning. Safe positioning education needs to be addressed on a regular and routine basis for staff. Using a safe positioning checklist can help education efforts

Recommendation of using a tube top, slings, or wraps to position the infant

A Comprehensive Evidence-Based Review of Skin-to-Skin (Kangaroo) Care with full-term infants

Susan M. Ludington, Barbara Morrison, Gene Cranston Anderson,

Kangaroo Care's continual use throughout the mother's day can be accomplished using a tube top, slings, or wraps to position the infant near the breast while maintaining maternal modesty as the mother conducts routine postpartal activities. Commercial wraps and tops are available (Kangaroo Care increases oxytocin release in both mother and infant. Oxytocin, in turn, facilitates breastfeeding, bonding, maternal relaxation, uterine contractions, and minimization of stress (Dordevic et al., 2008; Uvnas -Moberg, 2003; Uvnas-Moberg et al., 2005).

Need of continuous skin to skin contact in the birthing center and the first months of life

Excerpts from:

A Comprehensive Evidence-Based Review of Skin-to-Skin (Kangaroo) Care with Fullterm Infants

Susan M. Ludington-Hoe, R.N., CNM, Ph.D., FAAN, Barbara Morrison, R.N., CNM, FNP, Ph.D., Gene Cranston Anderson, R.N., Ph.D., FAAN

Have the mother provide continuous KC until discharge. Mother and infant should remain in KC as much as possible throughout the postpartum stay for improved interactions, development, and breastfeeding (Kent et al., 2012; Vasquez & Berg, 2012). Continue KC as much as possible throughout the first three months of life (Chalmers, O'Brien, & Boscoe, 2009) and use KC as a FIRST intervention for breastfeeding problems (Vazquez & Berg, 2012). Remember, Kangaroo Care is the newborn's playground (Winberg, 2005).

* Please refer to our web site for additional charts and research articles as to the benefits of skin to skin. Under Articles of Interest for Professionals

Testimonials by Nursing Staff on the use of the Second Skin Swaddle:

Lyn Hrivnak of Carolinas Healthcare System has used the Swaddle since August 2013.

You may view the complete Survey on the “Benefits of the Second Skin Swaddle from 14 nurses observing 600 moms” on our web site www.preciousimagecreations.com under “Articles of Information for Professionals”.

How Swaddles are used in hospitals from Lyn Hrivnak of Carolinas Healthcare System

The staff gives one section of the Swaddle to each mom in labor and delivery. She wears the Swaddle section through her postpartum stay. Lyn says some of the Swaddles get sweaty but moms do not seem to mind. They love the touch and feel of the swaddle. .

Comments from staff as to the use in the birthing center

Lack of support has disappeared here since all the staff have seen the benefits first-hand. We are now transitioning babies that would otherwise have gone to NICU for TTN on the mother using the Swaddlers, and most stabilize within the first hour.

Driving home the message that KMC is best for ALL babies regardless of feeding method was an early challenge for both families and staff, but having a TOOL (Second Skin) to give to mother seems to make it more concrete for her and her family that this is an important thing to do. We tell mothers it is the very best thing for their babies, and what mother can say no to that!

Preterm babies need to conserve energy and the swaddle helps them get more skin to skin time for soothing, warmth, and encourages more frequent feedings

The swaddle allows hands-free baby wearing.

We have found that mothers are asking for the swaddles because they have seen other mother who received one here using them out in the community. The swaddles are really catching on because the mothers love them so.

Lyn M Hrivnak RN BSN IBCLC

Lactation Consultant

Mother falls in love with her unwanted baby

Story you will love.

The mother of a one year old gave birth to a child that she did not want. Bonding with her baby was difficult. She said she feared her baby knew how she felt from the sound of her cries. This mother had chosen not to breastfeeding and did not breastfeed her other child.

The nurse gave her the Second Skin Swaddle and helped her put her baby inside, skin to skin. As her baby snuggled against her and calmed, Mom’s face lit up. She smiled as she wrapped her arms around her baby. A short time later she asked for help with learning to breastfeed.

Lyn M Hrivnak RN BSN IBCLC

Mother tells of her experience in the OR

Great comments from rounds this morning---a patient recounted her experience with Skin-to-Skin in the OR during her c/section delivery. She states “I had my first c/section here and it was a great experience. I remember that my husband was the first to hold the baby last time and it was a while before I got to. It seemed the baby cried a lot during the first day. This time, your staff stayed right beside me while I was the first to hold the baby—can’t tell you what that meant to me. I love the swaddler top—helped me to feel more secure holding the baby and I haven’t taken it off!” The patient went on to state that she had less pain this time. The grandmother states “both mom and baby are so calm; we had a great experience last time, but appreciate everything being so much more natural this time.” Patient states she hopes to have a third baby and she WILL be coming to Union!

Lyn M Hrivnak RN BSN IBCLC

Mount Carmel West in Columbus Ohio gave the full set of the Second Skin Swaddle to all moms.

Their grant has now ended and a new grant is being applied for the Swaddles. They gave 852 moms the Swaddle and now that they have run out. Second time moms are asking for a Swaddle.

Moms used one section in L&D and another in Postpartum and were instructed how to use both sections at home.

Courtney Clark at Mt. Carmel Hospital has observed the following in the 3 years of using the Second Skin Swaddle:

- When Mom wears the Second Skin Swaddle, “The Mom goes from very stressed to relaxed.”
- “The Second Skin Swaddle is so useful when the baby is hard to breastfeed and the skin to skin always works.”
- “The skin to skin contact in the Second Skin Swaddle helps to regulate temperature and low blood sugar is increased.”
- Used the Swaddle for a baby withdrawing from drugs.” The Swaddle helped to provide a barrier for him along with skin to skin. It really helped him. He became very calm”.
- Moms are instructed not to get out of the bed with her baby while using just the one piece of the Second Skin Swaddle and are instructed to put her baby in the bassinet when she gets drowsy.

Comments from Laurie Hartmann of Deaconess Women’s Hospital

These comments are from the use of the Cami Carrier. It was used in postpartum for 5 years. This is to give you reference as to the benefits of a garment for postpartum.

Laurie has used our Cami Carrier on the floor at their hospital. Some have been given to moms to take home and some sold for over 5 years.

- There were no safety issues.
- They were very effective on increasing the time spent in Skin-to-Skin Care.
- Some Moms are still wearing babies Skin-to-Skin when they return 2+ weeks later.
- The hospital experiences more effective breastfeeding, less blood sugar issues.
- Babies are happier. We see a decrease in crying of around 80%.
- Babies rest so much better than when babies were swaddled with a pacifier.

Courtney says, “Some Mothers are afraid that they don’t/won’t have any milk. We teach moms that they have everything their baby needs. As mom holds her baby, she gains confidence in her mothering skills. Moms getting babies to latch was easier. To breastfeed, we shift the baby's bottom from upright to an angled position and the baby will begin to root. As the baby does the woodpecker dance, the baby will latch on to the breast naturally”.

We encourage moms to hold their baby 20 minutes before anticipated feeding, if they were not already holding skin to skin. This makes breastfeeding simple in that babies will cycle from sleeping to light sleep to feeding cues.