

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

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

*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.*