

University of Arkansas, Fayetteville

ScholarWorks@UARK

---

The Eleanor Mann School of Nursing  
Undergraduate Honors Theses

The Eleanor Mann School of Nursing

---

5-2021

## Tiny Tusks Internship: The Relationship Between Skin-to-Skin Contact and Breastfeeding Success and Duration

Katlin Daniel

Follow this and additional works at: <https://scholarworks.uark.edu/nursuht>



Part of the [Maternal, Child Health and Neonatal Nursing Commons](#)

---

### Citation

Daniel, K. (2021). Tiny Tusks Internship: The Relationship Between Skin-to-Skin Contact and Breastfeeding Success and Duration. *The Eleanor Mann School of Nursing Undergraduate Honors Theses* Retrieved from <https://scholarworks.uark.edu/nursuht/156>

This Thesis is brought to you for free and open access by the The Eleanor Mann School of Nursing at ScholarWorks@UARK. It has been accepted for inclusion in The Eleanor Mann School of Nursing Undergraduate Honors Theses by an authorized administrator of ScholarWorks@UARK. For more information, please contact [scholar@uark.edu](mailto:scholar@uark.edu).

**Tiny Tusks Internship: The Relationship Between Skin-to-Skin Contact and Breastfeeding  
Success and Duration**

Katie Daniel

Eleanor Mann School of Nursing, University of Arkansas

NURS 498VH: Honors Internship/Service Learning

Dr. Johnson and Dr. Scott

April 14, 2021

### **Introduction**

I was an intern for Tiny Tusks Breastfeeding and Infant Support during my junior and senior year at Eleanor Mann School of Nursing (EMSON), 2020-2021. The mission and goal of Tiny Tusks is to advocate and promote the normalization of mothers breastfeeding in public areas, in addition to offering a clean space for mothers to utilize at Arkansas athletic events. Tiny Tusks is focused on promoting awareness of the benefits of breastfeeding along with the goal of eliminating the stigma that revolves around women who breastfeed in public spaces. Although there are many health benefits for a mother and baby who breastfeed, society isn't very accommodating to mothers who are on their breastfeeding journey. This experience allowed me to immerse myself within my community through my volunteer work at the athletic events and the Covid-19 mass immunization clinics. I believe that this internship has prepared me for my future professional career as an ICU nurse through my ability to advocate and provide resources for those I am caring for. This experience taught me how to meet my community where they are at and help in whatever way possible, even if it isn't exactly in the way that I thought it would be. I have learned how to be adaptable and assess the needs of those around me. With these new skills, I believe that I will benefit greatly in my future career as an ICU nurse. This will enable me to be a better advocate for my future patients, assess the needs of not just my patient but also their family, and provide resources to fit the needs of my future patients and their families. Through my internship with Tiny Tusks, I expanded my ability to communicate with others, educate, advocate, and provide resources for those around me. I believe that this internship was an important experience for me because it pushed me to get more involved in my community and become more aware of the needs of those around me. Being in the nursing profession, especially in this last year, I have recognized the importance of being involved in my community and helping in any way I can for the greater good of those around me.

Through this internship, we provided mothers a clean and safe space to breastfeed in private that included a rocking chair, a sanitized changing station, and bottled waters. Additionally, we educated the people in the community about the benefits of breastfeeding and various other topics that included infant and children health. We also provided fun activities for children to utilize while stopping by our booths which included coloring books, temporary hog tattoos, and a variety of fun stickers. Our job as Tiny Tusks leaders was to make women with infants and children feel supported and encouraged by our dedication to meeting their needs at a variety of Arkansas athletic events. Additionally, through the Covid-19 vaccine clinics, we educated those in our community about the vaccine, any potential side effects, and ways that they can report any adverse effects through V-Safe technology. I administered many vaccines and talked with those in my community to further assess how others were feeling during this trying time. Many people asked me my opinion on the vaccine regarding those with complex medical histories or for pregnant and breastfeeding moms. Through my Tiny Tusks internship, I was able to share my knowledge about the vaccine and promote vaccination to those who were hesitant.

### **Barriers and Lessons Learned**

Through 2020-2021, there were many challenges that we as Tiny Tusks had to overcome. The main challenge we faced was the athletic events getting cancelled or allowing restricted attendance. In the fall semester of 2020 athletic events that we were able to attend were sparse. At the athletic events that took place, there were substantially less people attending. This resulted in decreased use of our facilities and in turn, less opportunity for advocating and educating participants. However, instead of giving up and disregarding this internship with the excuse of Covid, we persevered. We got creative and continued to try to reach those in our

community. At the football games in fall 2020, we walked around the stadium with a sign to remind those attending to wear their masks. We also reached out to any mothers with infants or young children to educate them on where the Tiny Tusks room was and where she could find our resources. We continued to reach those in our community to educate them about our resources and to advocate for mothers with infants and young children. Another way that we overcame this challenge was by participating in various Covid-19 mass immunization clinics. I volunteered at multiple clinics and assisted in giving vaccinations to people in my community. I promoted the Tiny Tusks program by wearing the Tiny Tusks shirt and I also informed many people about the vaccine. I saw a need for education in our community regarding the Covid-19 vaccine and pregnancy. I educated people about how the vaccine was not contraindicated in pregnant mothers or mothers who are breastfeeding. This topic was brought up a lot during these clinics and I tried my best to provide adequate resources and knowledge about the pros and cons of receiving the vaccine as a pregnant or breastfeeding mom. Another large obstacle that I faced throughout this internship and this last year has been the lack of face-to-face mentorship. I really value receiving face-to-face guidance as a way of making sure that I am staying on track. However, through this last year face-to-face mentorship was not an option. We attended zoom meetings often, but the most frequent source of communication was through email. Through this experience, I learned the importance of taking initiative and asking questions to receive the mentorship that I needed throughout this process. I believe that this internship has taught me how to take initiative and seek help when I am confused or in need of assistance. Before Covid-19, I would have relied heavily on face-to-face instruction to get me through complicated assignments; However, through this internship and the adjustments that were made along the way, I have learned how to stay on track by better organizational skills and by taking the initiative to communicate with my

mentors when I need assistance. Although this year was different and very challenging in many ways, I feel that it brought out a lot of good in this program. We learned to adapt to the needs of our community and stayed active in meeting those needs. We helped administer thousands of vaccinations through the mass immunization Covid-19 clinics and met the people in our community. While some shared feelings of anxiety, some shared feelings of hopefulness and relief. Through this process, I advanced my knowledge and skills in the field of community health. I learned to recognize the dire needs of those in my community, and I worked tirelessly to meet those needs through many hours of volunteering and being active in my community. I also learned the importance of communication and how to use other resources to better fulfill my needs from my mentors throughout this process.

### **Objectives**

- Strengthen systems thinking, ethical reasoning, communication, and problem-solving skills that will translate into professional practice.

I met this objective through my volunteer work at the Covid-19 clinics and at the Arkansas athletic events. The vaccine clinics required a large amount of teamwork, communication, and leadership. Since these events were put together via volunteers, it took a lot of collaboration and good communication skills to effectively get everyone on the same page and create a system or flow that provided efficient and safe vaccine administration. Through this experience, I was able to achieve this objective since I was collaborating with all healthcare professionals to provide safe and efficient vaccine administration. Additionally, I strengthened my communication and problems solving skills through the vaccine clinics and athletic events. At the drive-by Covid-19 clinic, I developed a solution that increased the efficiency of the flow of the clinic. I developed the solution in which the nursing students would walk ahead of the tents to the lines of cars that

were waiting and assist with the paperwork before the cars ever reached the tents. This allowed the patients to drive up to the tents and receive the vaccine having their paperwork already completed and prepared. This solution saved a lot of time and became a more efficient way to get the job done. I believe that I met this objective throughout my two years of volunteering and interning at the athletic events and at the vaccine clinics.

- The student will spend a minimum of 120 hours in selected health care area and is expected to learn and fully participate in all aspects of the internship/service-learning role.

I met this objective through completing 120 hours for my internship. Although I had to utilize my online resources and complete modules to meet this requirement, I did dedicate 120 hours of my time towards this internship program (see appendix). I participated in all of the athletic events, Covid-19 vaccine clinics, and online meetings in order to achieve this objective. While at the athletic events and vaccine clinics, I was very proactive in seeking opportunities that I could help others. I completed all of the tasks that were expected of me.

### **Literature Review**

Breastfeeding is known to be beneficial to infants, children, and mothers. It is recommended by the World Health Organization that infants should be breastfed exclusively for the first 6 months with continued breastfeeding in addition to other appropriate foods for up to 2 years of age (Breastfeeding Report Card, 2020). In 2017, it was reported that about 84% of infants breastfed in the first few days of life, but only 58% were breastfeeding at 6 months (CDC, 2021). This statistic sheds light on the need for further interventions in order to increase the number of infants who are breastfed initially and continued to be breastfed for at least 6 months.

Researching and implementing evidence-based care that assists mothers in successful and maintained breastfeeding is essential in providing quality care to mothers and infants. Therefore, the primary goal of this literature review is to explore how nurses can better implement skin-to-skin contact after birth to increase the success and duration of breastfeeding.

## **Methods**

### ***Study Design***

This is a literature review of ten journal articles that support the application of skin-to-skin contact for improving the success and duration of breastfeeding among mothers. Journal articles were retrieved by systematically searching CINAHL and PubMed databases. While searching these databases, the Boolean phrases “skin-to-skin” or “skin-to-skin contact” and “breastfeeding” were used to find the articles relevant to my topic. Additionally, the sources were filtered for full text articles, peer reviewed, and published within the last five years (2016-present) to discover the most relevant articles for my research topic.

### ***Inclusion/ Exclusion Criteria***

To qualify for this literature review, the articles must meet these following criteria: A) the journal article topic is about breastfeeding; B) skin-to-skin contact intervention is discussed within the journal article; C) the article is available in a full text version; D) the article is published within the last five years; E) the article is peer reviewed. On the other hand, studies were excluded if A) the interventions explained within the article did not fall within the nursing scope of practice, B) the studies included interventions unrelated to skin-to-skin contact, and C) studies did not explore the relationship between skin-to-skin contact and breastfeeding.

### ***Search Results***



Ten articles were selected through the search of PubMed and CINAHL complete. Of the selected articles, nine were chosen from PubMed and one article was chosen from CINAHL. Initial search results on PubMed populated 509 results. Articles were sorted through using the inclusion and exclusion criteria stated above until nine articles remained. The initial search results from CINAHL resulted in 308 articles. The inclusion and exclusion criteria were applied once more to narrow the search down to one article. Among the ten different articles, one was a statistical analysis, seven qualitative studies, one survey design study, and one retrospective cross-sectional study.

## **Results**

### ***Benefits of Skin-to-Skin Contact***

One of the articles found that women who experienced skin-to-skin contact immediately or within ten minutes of birth were more likely to have breastfed successfully during the first feed and were more likely to be breastfeeding at one to four months after birth (Moore et al., 2016). Another study concluded that exclusive breastfeeding occurred more in the group of newborns which received skin-to-skin contact with breastfeeding in the first hour after birth (Carneiro et al., 2019). It was also found that skin-to-skin contact helped to raise the glucose levels and body temperature of the infants as well (Moore et al., 2016). This study validated that skin-to-skin contact is valuable and can increase the health and wellbeing of the baby in addition to increasing the success of breastfeeding. This article also stated that since we can clearly see that skin-to-skin contact impacts the success of breastfeeding, this intervention could be especially important for mothers who undergo a cesarean delivery or to low-birth-weight infants (Conde-Agudelo & Díaz-Rossello, 2016). Low birth weight infants are proven to benefit greatly from skin-to-skin contact rather than conventional neonatal care with greater success at

breastfeeding (Conde-Agudelo & Díaz-Rossello, 2016). Since low-birth-weight infants are more susceptible to infection, illnesses, and poor nutrition, skin-to-skin contact was explored compared to that of conventional neonatal care (Scime et al., 2019). It was found the skin-to-skin contact for low-birth-weight infants improved nutrition through successful breastfeeding, decreased hypothermia, decreased illness, and decreased infection risk (Conde-Agudelo & Díaz-Rossello, 2016).

One study was conducted on women who underwent a cesarean delivery and examined their outcomes regarding breastfeeding after having skin-to-skin contact in the operating room (Guala et al., 2017). It is known that cesarean deliveries usually result in a lower rate of breastfeeding as compared to those who deliver vaginally. This study showed a significant association between skin-to-skin contact and an increase in breastfeeding rates at discharge. This study also found that the increased rates of breastfeeding were maintained over three to six months postpartum (Guala et al., 2017). For this reason, this study was conducted to shed light on the importance of initiating skin-to-skin contact with women who undergo a cesarean delivery in order to increase the rates of breastfeeding success for mothers despite the form of delivery.

### ***Barriers to Implementation***

These studies have all indicated that there is a significant correlation between the use of skin-to-skin contact immediately after birth to the success and duration of breastfeeding along with many other health benefits to the mother and baby. Throughout the articles, barriers to achieving skin-to-skin contact after delivery were addressed in order to detect ways in which we can overcome these barriers. One study used process mapping of the births that occurred at a Baby-Friendly hospital to further evaluate the use of skin-to-skin contact that occurs after deliveries. This study found that of the 84 women observed who were medically uncomplicated

with full-term newborns, 31 of the 84 newborns did not receive immediate skin-to-skin contact after vaginal delivery as planned (Cadwell et al., 2018). This study further highlighted that there are barriers in the healthcare setting at all hospitals, including the Baby-Friendly hospitals, which need to be addressed. Some barriers that prolong the initiation of skin-to-skin contact include infants being wrapped or dressed before given to the mom or being placed under warmers to better regulate their temperature (Moore et al., 2016). Another large obstacle for achieving skin-to-skin contact occurs when the mother undergoes a cesarean delivery (Guala et al., 2017). The lack of knowledge and application from nurses further establishes a barrier for the initiation of skin-to-skin (Haxton et al., 2016). Assessing and understanding these barriers that limit skin-to-skin contact immediately after delivery is important for nurses to determine ways that we can better implement this intervention into practice for all mothers despite the differences in the form of delivery.

### ***Implementation in the Hospital Setting***

Another important aspect to skin-to-skin contact is implementation. Although we may know the benefits of breastfeeding and how skin-to-skin contact can impact breastfeeding success, implementation through the staff can be a barrier for successful application of this seemingly easy intervention. One article explored how to implement this evidenced based practice into nursing care efficiently (Haxton et al., 2016). This article stated that the first step to successful implementation was educating the nurses about the benefits of early skin-to-skin contact. It was found that many labor and delivery nurses were unaware of the vast benefits of initiating skin-to-skin contact which resulted in the barrier of the implementation. Another article suggested that the education should include a review of the newborn's instinctive behaviors and the nine stages that the infant will experience after birth. The article states that parents are

oftentimes fascinated with the instinctive behaviors and having a better understanding of those behaviors increases the likelihood that they prioritize skin-to-skin contact in the first hour after birth (Widström et al., 2019). It was also determined that procedures such as bathing, weight, measurements, eye prophylaxis, and administering intramuscular vitamin K could be safely delayed for a later time in order to prioritize the skin-to-skin contact (Haxton et al., 2016). In addition, the newborn assessment could be done while the baby was in skin-to-skin contact with the mother. These articles explored how nurses and the healthcare staff could better implement skin-to-skin contact and how to overcome many of the barriers that prevent immediate skin-to-skin contact. Another study further indicated that health services need to strategically address the institutional processes that prolong or interrupt skin to skin contact and breastfeeding in the healthcare setting in order to overcome these barriers (Allen et al., 2019).

### **Discussion**

The journal articles covering skin-to-skin contact for newborns have highlighted that this intervention has a great impact on the breastfeeding success and duration for mothers and their newborn babies. Additionally, it was found that skin-to-skin contact positively impacts other aspects of newborn's health while also increasing the mother's birthing satisfaction (Kahalon et al., 2021). These studies identified possible barriers for implementation of skin-to-skin contact and how the healthcare team can overcome these barriers to ensure early skin-to-skin contact can happen in most cases. Being able to identify these barriers and understand various actions that the healthcare team can do to eliminate these factors is a major component to incorporating this evidenced based practice into the normal routine for labor and delivery healthcare.

These studies are limited by small sample sizes. Many of the studies stated that a larger sample size would allow for more accurate representation of the studies conducted. Larger

sample sizes would allow for more data and more evidence related to the interventions that were tested. Additionally, women who volunteered to be in the studies who thought they would have a vaginal delivery would sometimes end up needing an emergency c-section in which the intervention of skin-to-skin contact was not initiated. With deliveries being unpredictable at times, it limited some of the data that was able to be used for each of the studies. While there are many studies that have data supporting the significance of immediate skin-to-skin contact for vaginal deliveries, there are some gaps for cesarean and instrumental deliveries. Since these deliveries can be emergency situations, skin-to-skin contact is not the priority intervention. In these cases, skin-to-skin is often not implemented. This indicates a need for further research involving skin-to-skin contact for cesarean and instrumental births and how it could assist those infants in their breastfeeding success and impact their overall wellbeing.

There are many indications for incorporating evidence-based practice that promotes the initiation of skin-to-skin contact for newborns. First, skin-to-skin contact is proven to positively impact the success and duration of breastfeeding. Second, it has been shown to positively impact the birthing experience for the mother. Lastly, skin-to-skin contact is an easy cost-efficient intervention that has various positive impacts on the mother and baby.

## References

- Allen, J., Parratt, J. A., Rolfe, M. I., Hastie, C. R., Saxton, A., & Fahy, K. M. (2019). Immediate, uninterrupted skin-to-skin contact and breastfeeding after birth: A cross-sectional electronic survey. *Midwifery*, 79, 102535. <https://doi.org/10.1016/j.midw.2019.102535>
- Breastfeeding report card. (2020, September 17).  
<https://www.cdc.gov/breastfeeding/data/reportcard.htm>
- Cadwell, K., Brimdyr, K., & Phillips, R. (2018). Mapping, measuring, and analyzing the process of skin-to-skin contact and early breastfeeding in the first hour after birth. *Breastfeeding Medicine : The Official Journal of the Academy of Breastfeeding Medicine*, 13(7), 485–492.
- Carneiro Saco, M., Pereira Coca, K., Oliveira Marcacine, K., de Sá Vieira Abuchaim, É., & Freitas de Vilhena Abrão, A. C. (2019). Skin-to-skin contact followed by breastfeeding in the first hour of life: Associated factors and influences on exclusive breastfeeding. *Texto & Contexto Enfermagem*, 28, 1–12. <https://doi.org/10.1590/1980-265X-TCE-2018-0260>
- CDC: Frequently asked questions. (2020).  
<https://www.cdc.gov/breastfeeding/faq/index.htm#:~:text=Top%20of%20Page-,How%20long%20should%20a%20mother%20breastfeed%3F,for%201%20year%20or%20longer.>
- Conde-Agudelo, A., & Díaz-Rossello, J. L. (2016). Kangaroo mother care to reduce morbidity and mortality in low birthweight infants. *The Cochrane Database of Systematic Reviews*, 2016(8), CD002771. <https://doi.org/10.1002/14651858.CD002771.pub4>

- Guala, A., Boscardini, L., Visentin, R., Angellotti, P., Grugni, L., Barbaglia, M., Chapin, E., Castelli, E., & Finale, E. (2017). Skin-to-skin contact in cesarean birth and duration of breastfeeding: A cohort study. *The Scientific World Journal*, 2017, 1940756. <https://doi.org/10.1155/2017/1940756>
- Haxton, D., Doering, J., Gingras, L., & Kelly, L. (2016). Implementing skin-to-skin contact at birth using the Iowa model: Applying evidence to practice. *Nursing for Women's Health*, 16(3), 220–230. <https://doi.org/10.1111/j.1751-486X.2012.01733.x>
- Kahalon, R., Preis, H., & Benyamini, Y. (2021). Who benefits most from skin-to-skin mother-infant contact after birth? Survey findings on skin-to-skin and birth satisfaction by mode of birth. *Midwifery*, 92, 102862. <https://doi.org/10.1016/j.midw.2020.102862>
- Moore, E. R., Bergman, N., Anderson, G. C., & Medley, N. (2016). Early skin-to-skin contact for mothers and their healthy newborn infants. *The Cochrane Database of Systematic Reviews*, 11(11), CD003519. <https://doi.org/10.1002/14651858.CD003519.pub4>
- Scime, N. V., Gavarkovs, A. G., & Chaput, K. H. (2019). The effect of skin-to-skin care on postpartum depression among mothers of preterm or low birthweight infants: A systematic review and meta-analysis. *Journal of affective disorders*, 253, 376–384. <https://doi.org/10.1016/j.jad.2019.04.101>
- Widström, A. M., Brimdyr, K., Svensson, K., Cadwell, K., & Nissen, E. (2019). Skin-to-skin contact the first hour after birth, underlying implications and clinical practice. *Acta Paediatrica* (Oslo, Norway: 1992), 108(7), 1192–1204. <https://doi.org/10.1111/apa.14754>

### Appendix

Date	Hours	Description
2/15/2020	4 hours	Basketball Game: I set up the Tiny Tusks booth and informed any breastfeeding moms or moms with young children of the space that we have provided for them. I also provided pamphlets and information to my community about infant and children health topics.
2/21 /2020	4 hours	Gymnastic Meet: I set up the Tiny Tusks booth and informed any breastfeeding moms or moms with young children of the space that we have provided for them. I also provided pamphlets and information to my community about infant and children health topics.
3/4 /2020	4 hours	Basketball Game: I set up the Tiny Tusks booth and informed any breastfeeding moms or moms with young children of the space that we have provided for them. I also provided pamphlets and information to my community about infant and children health topics.
9/22/2020	1 hour	Honors Meeting: I participated in the discussion regarding my honors project.
10/17/ 2020	6 hours	Football Game: I set up the Tiny Tusks booth and informed any breastfeeding moms or moms with young children of the space that we have provided for them. I also provided pamphlets and information to my community about infant and children health topics. I also walked around the stadium reminding attendees to wear their mask.
11/21/2020	6 hours	Football Game: I set up the Tiny Tusks booth and informed any breastfeeding moms or moms with young children of the space that we have provided for them. I also provided pamphlets and information to my community about infant and children health topics. I also walked around the stadium reminding attendees to wear their mask.
12/12/2020	9.5 hours	Football Game: I set up the Tiny Tusks booth and informed any breastfeeding moms or moms with young children of the space that we have provided for them. I also provided pamphlets and information to my community about infant and children health topics. I also walked around the stadium reminding attendees to wear their mask.



12/20/2020- 4/20/2021	40 hours - 15 hours of research - 15 hours of putting the video together - 5 hours of video editing	I researched preventing the spread of illness in children. I found 10-15 reliable sources and created a PowToon video on my information. This PowToon video project required a lot of time since this technology platform was completely new to me. I created a video that was over 2 minutes long and can be used for years to come in the Tiny Tusks program.
1/19/2021	1 hour	Honors Meeting: I participated in the discussion regarding my honors project.
1/19/2021	2 hours	NWA Breastfeeding coalition zoom meeting: I actively listened to this meeting and participated in the chat box during this zoom call.
1/20/2021	4 hours	Covid-19 Vaccine clinic: I administered over 35 Pfizer vaccines to my community. I also provided education and resources to those in my community regarding their newly administered vaccination.
2/24/2021	4 hours	Basketball Game: I set up the Tiny Tusks booth and informed any breastfeeding moms or moms with young children of the space that we have provided for them. I also provided pamphlets and information to my community about infant and children health topics.
2/26/2021	6 hours	Covid-19 Vaccine clinic: I administered over 35 Pfizer vaccines to my community. I also provided education and resources to those in my community regarding their newly administered vaccination.
3/10/2021	2 hours	The Doctors Mom Podcast: I actively listened to this podcast.
4/19/2021	15 hours	I completed: Screening Guidelines and Preventive Healthcare Programs Continued Education (8 hours) Healthy Pregnancy Continued Education (5 hours) Infection Control- COVID-10 and Emerging Policies in Healthcare Continued Education (2 hours)
5/19/2021	8 hours	CHEERing for CHAMPions virtual conference: I will attend this conference and actively listen and engage in the activities and communication.