Skills Competency

Skin-to-skin care for all infants and parents

Competency 6 and Step 4 address immediate and uninterrupted skin-to-skin. The following are the performance indicators that measure the staff competency or ability:

Explain at least 3 reasons why immediate and uninterrupted skin-to-skin is important for the mother.	Explain at least 3 reasons why immediate and uninterrupted skin-to-skin is important for the infant.	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.
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.	List at least 3 reasons why skin-to-skin should NOT be interrupted.	Explain at least 2 reasons when skin-to-skin could be interrupted for medically justifiable reasons.

Knowledge – what to do; Skills – how to apply Knowledge; Attitude – Know when to apply skills within an appropriate ethical framework

Skills displayed	Yes/No	K, S, A	Comments
Prepared for the consultation • Can list all topics to be discussed • Gathered teaching aids • Reviewed mother's/parent's relevant obstetric notes			
Established rapport • Introduced self and supervisor • Explained reason for communication • Asked permission to continue			
Ascertained mother's/parent's knowledge and feelings about skin-to-skin contact using: • open questioning • reflective listening • reflected feelings			
Built on self-confidence by: • acceptance of their knowledge and attitudes • praising what was right. • providing new information using simple language. • offering opportunities for questions			
Confirmed the mother's/parent's understanding using: • open questions about information given • reflective listening and clarified answers provided			
Ensured mother/parent had sufficient information about skin-to-skin contact Covered ALL information on Checklist, sharing evidence-based information accurately			
Completed documentation as appropriate			

Name/ID: _____

Date Completed: _____

Checked by: _____

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