

SKIN-TO-SKIN CONTACT



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Care immediately after the birth of your Baby

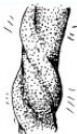
After the birth of your baby, we encourage you to keep your baby close to you. If you and the baby are well, we would not rush to cut the baby's umbilical cord as your baby will still be receiving blood supply from the placenta and this will benefit the baby in the long term.

Best Practice – wait at least 5 minutes before clamping and cutting the umbilical cord.

- A baby gets additional 30% of its circulating blood from the cord and placenta
- Decreased risk of anaemia with increased iron stores
- Increased iron stores may enhance infant's neurological development
- More oxygen to vital organs through increased haematocrit
- More stem cells which function as the building blocks for the immune system, promoting long-term health
- In preterm infants, decreases the risk of intraventricular haemorrhage, late-onset of sepsis, necrotising enterocolitis and blood transfusions
- For the mother, less intervention promotes natural physiology of birth and may prevent complications in delivering the placenta

Optimal Cord Clamping

Advised by:
MERCER et al (2007)
WHO (2007)
NICE (2014)



WAIT!



OK!



- ↓ Risk anaemia 30%
more blood
- ↑ Haematocrit
- ↑ Stem cells
- ↑ O₂ to vital Organs

best practice 5 minutes

Evidence-based, cost-effective, safe and simple

The first hour after birth is often referred to as the 'golden hour'. This is a special time when you and your baby can get to know each other, and the mother and baby should not be separated if everything is well. We will encourage you to hold your baby 'skin-to-skin'.

What is skin-to-skin contact?

Skin-to-skin contact straight after birth is where a baby is held close, naked (or in a nappy), usually on the mother's bare chest, ensuring the baby can breathe easily and is covered with a blanket, for one hour or as long as the mother desires, (WHO, 2007). Skin-to-skin contact triggers baby's inbuilt natural behaviour to seek out food and helps with mother and baby bonding.

When should skin-to-skin contact start?

Early skin-to-skin contact should start immediately or as soon as possible after the birth. Your midwife will help you achieve this in a safe and comfortable way. Key safety points to remember: A dry naked baby is placed onto the mother's warm and dry chest. Baby's head will be turned to the side so that the baby's nose, mouth and airway are free and enable baby to breathe easily. You can look into your baby's eyes and get to know each other. Warm towels or blankets are placed securely over the baby, and a hat is placed on the baby's head. Cuddle your baby snugly. We will ask your partner/supporter to observe and help you.

Research suggests that this first contact between the mother and baby is extremely important and as long as your baby is healthy, other activities such as weighing and dressing can wait (NICE, 2006).

What are the benefits of skin-to-skin contact?

A baby's natural habitat is being close to its mother. When a baby is taken away from this natural habitat, it shows all the signs of being under great stress (UNICEF, 2011). There is growing evidence that shows in addition to reducing this stress, there are numerous benefits for mother and baby when engaged in skin-to-skin contact such as:

- Helping the baby to relax after the birth experience and promoting early feeding behaviour such as rooting and seeking out the breast
- Keeps baby warm and calm
- Stabilises baby's heart rate, breathing and blood sugar levels
- Baby is colonised by the same beneficial bacteria (Microbiome) as the mother, building up an initial immune system

- Promotes the release of prolactin (mothering hormone) in the woman to stimulate breast milk production and oxytocin which is another hormone that promotes wellbeing in the mother and helps release the milk (let down)
- Helps with the first feed
- Babies who engage in skin-to-skin contact, cry less and for shorter periods
- Babies latch well onto the breast and breastfeed exclusively for longer
- Skin-to-skin contact increases feelings of affection in mothers by allowing for that period of bonding
- Builds a mother's confidence in looking after her baby
- Decreases maternal breast engorgement (painful buildup of milk)
- Decreases the chance of postnatal depression
- Can reduce the risk of the mother bleeding after birth

If you wish, your birthing partner may also take part in skin-to-skin contact with the baby if for any reason you are unable to (WHO 2007).

Please remember, starting from the first golden hour of birth, skin-to-skin can be given by either parent for up to weeks after birth. It is a good way of bonding between the parent and the baby.

References:

1. National Institute for Health and Clinical Excellence (2007) Intrapartum Care: Care of healthy women and their babies during childbirth.
2. National Institute for Health and Clinical Excellence (2006) Routine postnatal care of women and their babies.
3. United Nations Children's Fund (2011) Skin-to-skin contact [Online]. Available at: <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/skin-to-skin-contact/>
4. World Health Organisation (2007) Early skin-to-skin contact for mothers and their healthy newborn infants Available at <https://extranet.who.int/rhl/topics/newborn-health/care-newborn-infant/early-skin-skin-contact-mothers-and-their-healthy-newborn-infants>