

ICEA Position Paper

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Skin-to-Skin Contact

Position

The International Childbirth Education Association (ICEA) recognizes the benefits of early and frequent skin-to-skin care in the first hours and days after the birth of a baby.

Decades of research demonstrate the benefits of skin-to-skin care for both mother and baby including optimal adaptation to extra-uterine life for the newborn. The International Childbirth Education Association encourages education on the benefits and practices supporting skin-to-skin care being included in basic birth education curriculum.

When in the appropriate habitat, the developing organisms are physically capable & neurobehaviorally programmed to behave in such a way as to provide for its own needs (warmth, food, & nurturance) (Bergman, 2006).

Introduction

In the ideal birth scenario, early skin-to-skin contact/ care (SSC) begins immediately after the birth of the baby. The naked newborn is placed prone on the mother's bare chest, with no diaper, hat or hospital gown (mother's) hindering total skin contact. Research demonstrates that extra tactile, odor and thermal cues provided by SSC may

stimulate babies to initiate breastfeeding more successfully.

Benefits of Skin-to-skin Care

Immediate Skin-to-skin Care

- › thermoregulation and temperature maintenance;
- › temperature synchrony between mother and newborn;
- › cardio-respiratory stability;
- › facilitates self-attachment for breastfeeding;
- › higher blood glucose levels;
- › infant's hands & feet warmed within 90 minutes of initiating skin-to-skin care.

Skin-to-skin Care in the Postpartum Period

For Mother:

- › infant cries 10 times less and for shorter periods than infants in cribs;
- › increased maternal affectionate/nurturing behaviors;
- › enhances effective breastfeeding;
- › less maternal requested time in the nursery; › sleep synchronized with newborn.

For Newborn:

- › apnea reduction;
- › less initial weight loss;
- › positively influences state organization (moving from sleep to awake & back) and motor system modulation (smoothness of movement);
- › more restful natural sleep cycles and more quiet sleep;
- › reduced stress reaction to painful procedures.

“Swaddling was more stressful and potentially harmful than allowing the infant to remain skin-to-skin with his mother” (Kennell & McGrath, 2003).

Kangaroo Mother Care

Kangaroo Mother Care is defined as early and continuous skin-to-skin contact, usually with the mother, to provide the habitat for optimal early adaptation to extra-uterine life. This practice is often used for premature newborns but can also be beneficial healthy full term infants.

Long Term Benefits of Kangaroo Mother Care for Infants and Children

- › fewer infections at 6 & 12 months;
- › smiles more often at 3 months;
- › ahead in social, linguistic, fine/gross motor indices at 1 year;
- › earlier urinary continence;
- › earlier stubbornness;
- › mothers & children were smiling and laughing more in free play;
- › mothers more encouraging and instructing towards children;
- › improved brain maturation;
- › promotes self-regulation;
- › better emotional and cognitive regulatory abilities and more efficient arousal at 3 & 6 months;
- › improved attachment;
- › twice as likely to breastfeed compared to incubator care;
- › shorter length of stay in the NICU.

Obstacles to Skin-to-skin Care

- › lack of parental education on benefits of skin-to-skin care;
- › lack of staff education on importance and techniques;

- › staff buy-in and discomfort with non-technical support;
- › inadequate policies and procedures to support skin-to-skin care;
- › documentation availability in the electronic medical record;
- › disruption with visitors;
- › cultural barriers, i.e., fear of cold, need for rest.

Implication for Practice

“Dr. Bergman challenges us to face the facts and restore newborns to their rightful place: their mothers chest ... This contact has remarkable effects. Breastfeeding is essential for the baby, from the first hour of life and onwards. The key message: Never separate mother and her newborn. The benefits are even more crucial for a premature baby.”
—Dr. Nils Bergman, 2007

Teaching best practices in labor and birth are an integral part of basic education to expectant and new parents. Presentations based on the risk-benefit-alternative principle are effective in helping parent make informed decisions. When educating on skin-to-skin care the above benefits can be discussed, the risks are minimal when care procedures are followed and the alternative which is standard open crib care, carries the risk of separation-stress reaction of crying, unstable vital signs, low blood sugar and increased somatostatin and cortisol levels.

The “how-to’s” of skin-to-skin care education includes:

- › placing the naked newborn directly on the unclothed chest of the mother;
- › for initial skin-to-skin care the baby should be dried while on the chest;
- › both mother and baby covered with dry blankets;
- › initial vital signs and procedures can be accomplished while skin-to-skin;
- › if the mother is unable, the father or support person can do skin-to-skin care;

☞ infants can be transferred to other areas while skin-to-skin.

Later skin-to-skin care can include a diaper on the newborn. Keeping mother and baby skin-to-skin for at least 60-90 minutes facilitates breastfeeding in the first days. Mothers can also use skin-to-skin care for calming in the first weeks and months.

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