



Assure immediate and sustained skin-to-skin contact between mother and baby after birth.

- A.** Babies are placed skin-to-skin immediately after vaginal delivery if stable.
- B.** Babies are placed skin-to-skin as soon as both mom and baby are medically stable after a C-section delivery.
- C.** Babies allowed to breastfeed before any interventions are performed, such as measurements, bath, glucose sticks, footprints and eye treatment.
- D.** If mother and baby are separated after birth due to a medical condition, the baby is placed skin-to-skin as soon as possible after they are stable.
- E.** In all to the above circumstances, once the baby is placed in skin-to-skin contact, the baby remains there continuously until after the first feeding.

Healthy term newborns enjoy the best outcomes when placed skin-to-skin with their mothers immediately after birth.

Early and extended maternal-infant contact has been found to stabilize breathing, heart rate and glucose levels. It helps to regulate infant temperature, improve infant state organization, and colonize the infant with the mother's normal flora. This early contact facilitates infant-maternal bonding and has long-term effects on the duration of breastfeeding.

As a newborn begins feeding after birth, oxytocin is released in the mother, helping to contract the uterus and slow bleeding. In the newborn, the first colostrum they receive begins to move the digestive tract, helping to pass the meconium.

In the event of a cesarean birth, babies should be placed skin-to-skin as soon as mom and baby are stable - ideally within 30 minutes.

If mom and baby are separated for other medical reasons, skin-to-skin should occur as soon as they can safely be together again. Skin-to-skin care should be encouraged for all moms and babies, regardless of feeding method, for the physiological stability and bonding it fosters. Skin-to-skin contact is helpful throughout the hospital stay.

Safety with skin-to-skin care

Contraindications for skin-to-skin care are rare. However, there are safety concerns that should be discussed. Most safety concerns relate to lack of observation of the infant or mother-infant dyad during the transition time immediately after delivery. Staff supporting the dyad must be vigilant in observing the infant who is skin-to-skin. If there are any signs of distress, they should be separated promptly.

PRACTICE 4



Safety with skin-to-skin care continued

The biggest concern immediately postpartum is SUPC (Sudden Unexpected Postnatal Collapse), a condition that results in temporary or permanent cessation of breathing or cardiorespiratory failure. Most of these events, but not all, are related to suffocation or entrapment which can occur due to distraction and lack of careful observation. Parents can be distracted (e.g., by their phones) or become too sleepy to stay awake. Staff can get busy and fail to maintain careful observation. The combination can result in unsafe conditions for the infant and can also sometimes result in falls in the hospital.

Feldman-Winter and Goldsmith (Pediatrics 2016) offer the below suggestions for safe positioning of the newborn skin-to-skin:

Components of Safe Positioning for the Newborn While Skin-to-Skin

1. Infant's face can be seen
2. Infant's head is in "sniffing" position
3. Infant's nose and mouth are not covered
4. Infant's head is turned to 1 side
5. Infant's neck is straight, not bent
6. Infant's shoulders and chest face mother
7. Infant's legs are flexed
8. Infant's back is covered with blankets
9. Mother-infant dyad is monitored continuously by staff in the delivery environment and regularly on the postpartum unit
10. When mother wants to sleep, infant is placed in bassinet or with another support person who is awake and alert

Resources:

- Feldman-Winter, Lori and Goldsmith, Jay P., "[Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns.](#)" *Pediatrics*, September 2016, 138 (3).
- [The Magical Hour](#) – explanation of the 9 instinctive stages; video available for purchase.
- Academy of Breastfeeding Medicine, [Protocol #5- Peripartum BF Management](#)
- [Texas Ten Step video](#)
- [Texas Ten Step Toolkit](#) from the Texas Department of State Health Services, Nutrition Services Section
- Handouts on many useful topics can be found at [Lactation Education Resources](#).
- Global Health Media – [video of the "Breast Crawl"](#). You can also find other videos here that are available to download for free
- Good handouts for parents and staff can be found at [Carolina Global Breastfeeding Institute](#).
- From the Baby Friendly Hospital Initiative, "[Guidelines and Evaluation Criteria](#)" **Interim version**, for hospitals having assessments through 12/31/22. Appendix D.