Skin to Skin Care Following Birth Policy

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

**Purpose**
To define the manner in which skin to skin care shall be facilitated for babies immediately following birth and until discharged from either the postnatal ward or Special Care Baby Unit of the Hutt Valley Hospital.

**Definitions**
Skin to Skin care: the baby, dressed only with a nappy and a hat is placed on the mother’s bare chest. Both mother and baby are then covered with a blanket. Kangaroo Mother Care (KMC) is a term that can be used interchangeably with Skin to Skin (S2S) for documentation purposes.

**Scope**
All HVDHB midwives, nurses, medical staff and access holders.

**Principles**
Skin to skin care has been shown in repeated studies to have a multilayered positive effect on the baby, mother and family:

**Skin to skin helps with:**
1. bonding
2. latching and breastfeeding – especially in the baby’s alert period after birth
3. colostrum release
4. ‘baby led’ breastfeeding. Breastfeeding is a programme in the baby’s hindbrain and is baby driven
5. transition from foetal to neonatal life i.e. stabilization of temperature, blood pressure, pulse, oxygen saturation and blood sugar levels
6. comfort - baby cries less
7. pain relief during painful procedures
8. prolonging breastfeeding duration
10. Decreasing baby’s stress hormones after a separation from the mother.
11. Increasing maternal oxytocin levels thus increases lactation, increases temperature of the maternal chest wall and provides a sedating and calming effect for the mother.
Ensure Team Approach
Women, whānau, LMC, and DHB staff must all cooperate to provide post delivery skin to skin care to the infant.

Eligible infants
- Effective for both preterm and term infants
- Baby’s condition is stable and using 40% oxygen or less.
- Parental choice of feeding method is irrelevant i.e.: skin to skin is just as important for formula feeding infants.

How often
- Skin to skin may be practiced continuously or intermittently
- In the postnatal ward - mothers are encouraged to practice skin to skin for a minimum of 4 hours continuously during any one day
- In SCBU – mothers are encouraged to practice skin to skin for entire visit. Ideally the baby would have a minimum of least 1 hour of continuous skin to skin care per day however more is better.

Following a vaginal birth
- The baby is dried and placed naked - tummy to tummy on the mother’s abdomen immediately following birth - both are covered with a warm towel/blanket. Babies face needs to be visible at all times for assessment.
- Hat is placed on baby’s head to reduce ambient temperature loss
- The administration of vitamin K can be delayed to facilitate the first breastfeed or given while baby remains S2S with mother
- Assessments of mother can be completed while S2S is occurring.
- Within 1 hour the baby will ‘breast crawl’ to the mother’s breast to spontaneously latch and breastfeed – may be impaired due to maternal drugs during labour
- Nappy is optional.
- If there are concerns about the baby’s condition he/she will be examined by midwife/Paediatrician on the rescusitaire and returned to the mother for skin to skin once the baby is stable
- Ideally the baby should remain skin to skin until after the first feed has been achieved and for the first hour of life.

Postnatal Ward
- It is recommended for mothers to keep the baby skin to skin as much as possible for the first few days to help establish breastfeeding
- Antenatally the mother can be encouraged to bring suitable clothing from home.
- While baby is skin to skin with the mother, maternal sleep requires continuous supervision.
- If supervision is unavailable - baby should be dressed and moved to sleep on its back in the cot (refer to safe sleep policy). At this time dressed warmly in woolen layers.
• Hutt Valley DHB Policy advises – no partners to stay on postnatal overnight – however exceptions can be made at staff discretion based on clinical judgment of exceptional circumstances.

Breastfeeding – Postnatal ward
• Encourage skin to skin care with babies until breastfeeding is well established
• Babies who are unable to suckle may be fed mother’s expressed breastmilk via cup, spoon or syringe.
• Alternatively the baby with a suck code of 5 may be able to feed with a tube-to breast. (Appendix 1)

Following Caesarean Section
• The baby is examined and dried by the Paediatrician (or delegate) on warmed resuscitaire. If the baby is well she/he can go to the mother. BFHI document recommends skin to skin within 5 minutes following the caesarean birth.
• Place the baby full body skin to skin contact near the mother’s breasts – care being taken not to violate the sterile field.
• Warm blankets/towels are available in theatre for baby and mother
• Place a warmed hat on baby’s head to reduce ambient temperature loss
• Skin to skin can be done with a conscious or unconscious mother (if unconscious, another nominated adult must be in attendance to ensure safety). If the woman has a General Anaesthetic, permission will need to be obtained before surgery, from both mother and anaesthetist to practice skin to skin care.
  If permission has not been obtained for skin to skin care it cannot proceed until after mother is able to respond to the baby and gives her verbal consent.
• When maternal skin to skin is not possible the baby’s father or significant other nominated by the mother, can perform skin to skin care.
• If Midwife is supervising skin to skin and core staff are depleted on Maternity unit a judicious decision needs to be made for return to the ward with the baby for reasons of unit safety.
• Suturing of the mother’s abdomen following the caesarean section can occur happily alongside skin to skin, provided baby is visible at all times.

Special Care Baby Unit
Skin to skin should be promoted with mothers and fathers during all of their visits to SCBU.
Babies are required to be stable and skin to skin should be for a minimum of 1 hours to reduce destabilization of the baby. (It takes 20 minutes to restabilise after moving).
• Baby should be naked apart from a nappy, change nappy and do cares prior to move.
• Mum or dad should be provided with a gown and blanket for coverage, bra and tops should be removed. Ensure parents are prepared with cold drinks, etc…
• Baby should be placed upright midline on the chest and covered with the gown, tube or a blanket. Some chairs recline, making S2S even more comforting for parents and baby.
• Observations and feeds can be provided during skin to skin with minimal disruption.

Benefits – as above and is particularly important for bonding with their parents and stabilization of neonates. Skin to skin is proven to enable earlier feeding, stabilization, faster weight gain and earlier discharge. Future family violence is reduced as both parents become bonded while learning to care for and protect their baby.

**Breastfeeding – Special Care Baby Unit**

Feeding in SCBU is based on cues and readiness of the infant to feed. Skin to skin promotes a natural, optimal environment that encourages the infant to feed. Any neonate that demonstrates cues for feeding should be allowed to attempt to breastfeed.

Premature neonates require more assistance and support to due lack of energy and muscle tone so staff need to be present until mother and baby are able to manage independently. The earlier the education is provided for the mother, the sooner she will be independent with assisting her own baby. This is an empowering time for the mother.

When the baby demonstrates cues that show tiredness, the tube feed top up can be given while the baby is still resting at the breast,

When the feed is complete the baby can then be placed upright, midline on the parent’s chest. This can be an opportunity for mum to express post feed and dad to get a skin to skin moment.

Expressing in SCBU should be encouraged for a minimum of 8 times a day, which needs to continue for up to 44 weeks after discharge to maintain a full milk supply when a mum has had a premature baby. This can be done while the baby is skin to skin, or at the bedside, which will provide physical and visual stimulation for hormone and milk production, enabling better let down reflexes.

**Who Can do Skin to skin care**

- Post Natal Ward - Fathers, grandparents or any other responsible adult of the mother’s choice may also do skin to skin with the baby if the mother is unable to do skin to skin, or if she needs to be relieved for a while.
- Post Natal Ward / Special Care Baby Unit - Provide education for the families/whānau – particularly the father about the benefits of skin to skin for his baby and his relationship with the baby.

**Skin to skin education**

- Provide information to mothers’ antenatally about benefits of skin to skin and demonstrate how to facilitate.
- Continue explanations and demonstrations postnatally and assist mother to facilitate the position with her baby.
- Staff in postnatal and special care provide ongoing education and support about benefits of skin to skin for term/preterm infants.
- Mothers need strong emotional support and practical guidelines for prolonged skin to skin.
**Documentation**
The consent to begin Skin to Skin / Kangaroo Mother Care should be documented in both the mother and the baby’s hospital notes. It is now a MOH requirement that documentation needs to occur in both the mother’s and the baby’s notes of how many minutes, post birth, occurred before baby was placed skin to skin with his/her mother as well as how long the baby remained skin to skin and how long post birth the baby first began to feed.

**Recommended reading**

**References**


Wikipedia (October 2006) Kangaroo care. 
http://en.wikipedia.org/wiki/Kangaroo_care

Bergman, J. Hold Your Prem- A Workbook on Skin To Skin (2010).

**Associated documents and guidelines**
Hospital Clinical Breastfeeding policy, Hutt Valley District Health Board
Guidelines for Bed Sharing, Hutt Valley District Health Board

**Appendix 1**

Suck Codes:
1: can’t be bothered - recovering
2: bounces towards breast but no latch
3: Pops on and off
4. Non-rhythmic feeding long pauses
5. Short rhythmic feed approx. 5 minutes
6. Long rhythmic feed

**Informed Consent**
The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers’ Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).