STEP FOUR

SKIN-TO-SKIN

Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth and any opportunity after.

HIPANGA 4

Me whakangāwari te pā ā-kiri inamata a te whaea ki tana piripoho i muri tonu atu i te whānau tanga, i ngā wā katoa hoki e taea ai i muri atu.

Review date: October 2023

Te Whatu Ora Waitaha commits to adhering to and further incorporating the principles of Te Tiriti o Waitangi, outlined in the breastfeeding/chestfeeding policy, at each review.

PURPOSE

To ensure that all māmā/birth parents* birthing in a Te Whatu Ora Waitaha maternity facility are offered the opportunity to have:

1. Immediate *(within 5 minutes of birth)* and uninterrupted *(for at least 60 minutes and preferably until after the first breastfeed/chestfeed)* skin-to-skin contact in a safe, unhurried environment to support instinctive breastfeeding/chestfeeding behaviours and bonding regardless of birthing method or chosen feeding method (unless contraindicated by mother and/or infant's condition).
2. Where separation of māmā/birth parent and pēpi is required, skin-to-skin contact is to be implemented as soon as possible, and documentation of why this is not possible is made. Where māmā/birth parent is unable to have skin-to-skin contact the non-gestational parent or support person is encouraged to have skin-to-skin contact with pēpi.
3. Continued opportunities for skin-to-skin contact to support breastfeeding/chestfeeding during their postnatal stay in any maternity facility and beyond.

*Given the many and various ways for family creation, consideration needs to be given to the social, cultural, and clinical appropriateness of immediate and ongoing skin-to-skin contact, eg. for adoptive and surrogate parents. Encourage skin-to-skin contact where this is possible.

To ensure that all breastfeeding/chestfeeding māmā/parents are encouraged to recognise cues that their pēpi is ready for their first breastfeed/chestfeed and to support self-latching for this feed. Initiating breastfeeding/chestfeeding within the first hour positively impacts on subsequent feeding progress.

To ensure that all midwives/nurses working with pregnant wāhine/ people and their whānau promote skin-to-skin contact.

RESPONSIBILITY

The breastfeeding/chestfeeding policy and guidelines are applicable to all Tw Whatu Ora Waitaha employees working within maternity services including visiting health professionals and students.

GUIDELINE

DEFINITION: SKIN-TO-SKIN CONTACT

"Skin-to-skin contact is usually referred to as the practice where a baby is dried and laid directly on their mother's bare chest after birth, both covered in a warm blanket and left for at least an hour or until after the first feed. Skin-to-skin contact can also take place any time a baby needs comforting or calming and to help boost a mother's milk supply. Skin-to-skin contact is also vital in neonatal units, helping parents to bond with their baby, as well as supporting better physical and developmental outcomes for the baby."
(*www.unicef.org.uk* - *https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/skin-to-skin-contact/*)

Māmā/parent is alert and responsive to the pēpi.

When māmā/birth parent and pēpi are both healthy and stable, skin-to-skin contact:

- Supports instinctive newborn behaviours (Widstroms 9 stages) and the initiation of breastfeeding/chestfeeding.
- Optimally regulates pēpi's heart rate, respiration rate, temperature, blood pressure, oxygen saturations and blood glucose levels.
- Enables colonisation of pēpi skin with māmā/birth parent's friendly bacteria (feeding the microbiome) thus providing protection against infection.
- Calms both māmā/birth parent and pēpi.
- Promotes bonding through eye contact which stimulates oxytocin release.

SAFETY CONSIDERATIONS

Skin-to-skin will be terminated if either māmā/birth parent or pēpi display signs of compromise.

Care should be taken with the position of pēpi in skin-to-skin contact, ensuring pēpi airway does not become obstructed.

Pēpi will be observed for wellbeing whilst in skin-to-skin contact, including temperature, respirations, colour, and tone.

Pēpi must be positioned in such a way to prevent slipping or entrapment by māmā/birth parent, bed, or bedding.

Administration of medications which alter the ability for māmā/birth parent to maintain pēpi safety will warrant assistance with continuous presence of staff/support person or termination of skin-to-skin contact. Whānau should be aware of the possible effects of any medication prior to administration.

Skin-to-skin contact can be continued during area transfers as long as safety can be ensured. Alternatively, it can be resumed as soon as transfer is complete. This is particularly important for the pēpi who has not yet fed.

FACILITATING SKIN-TO-SKIN CONTACT AT BIRTH

- Whānau should be provided with adequate information to understand the importance of uninterrupted skin-to-skin contact. This knowledge helps prevent unnecessary interruption to the initiation of breastfeeding/chestfeeding due to routine cares that can be delayed.
- It should be communicated to whānau that skin-to-skin contact with the birth parent immediately after birth provides optimal physiological benefits with a positive influence on lactation and initiation of feeds.
- Immediate skin-to-skin contact is promoted for whānau experiencing caesarean section as per the Skin-to-Skin in Theatre Procedure (Ref.2405178).
- Skin-to-skin contact is encouraged to be provided by the non-gestational parent or a support person when the birth parent is unwell, clinically unavailable, or after the immediate postpartum time.
- Immediately after birth, pēpi is placed on the birth parent with maximum skin contact. The room temperature should be a minimum of 24° and pēpi covered with warm covers once dried. This supports thermoregulation and provides privacy. A woollen hat may be placed on pēpi if small, premature of if the room temperature is not optimal.
- Weighing should be delayed until after at least 60 minutes of skin-to-skin contact and ideally until after the first breastfeed/chestfeed.
- Most routine checks and procedures can be safely carried out while the pēpi is in skin-to-skin contact, including administration of Vitamin K.
- Documentation of skin-to-skin contact on the Labour and Birth Summary (Ref.2402825) will include the date, time of initiation, length of skin-to-skin contact and time the first breastfeed/chestfeed was initiated.
- Where skin-to-skin contact was not initiated, or was uninterrupted, clinically justifiable rationale for the delay or interruption will be documented Neonatal.
- Skin-to-skin contact will be encouraged at any time postnatally to aid with feeding issues.
- While pēpi is in skin-to-skin contact, whānau will be provided with verbal information regarding the recognition of early feeding cues. This discussion can later be supported with visual aids including 'Feeding Cues' posters in the postnatal ward and Mama Aroha Reference Cards. The whānau should be informed that crying is a late feeding cue.
- Pēpi may not always feed during skin-to-skin contact but should always be given the opportunity to self-latch. Attempts to hurry or force pēpi to the breast/chest are likely to be counterproductive. Wherever possible, staff should adopt a hands-off approach to breastfeeding/chestfeeding support.
- With discussion, māmā/parents will be encouraged to continue skin-to-skin contact until after the first feed, however māmā/parents can terminate skin-to-skin contact at any time. Whānau should not feel pressured regarding either continuance or termination of skin-to-skin contact.
- Expressed colostrum can be given if pēpi requires nutrition prior to self-latching or if pēpi has not fed prior to transfer home or to postnatal ward (well, term newborn). Staff will teach māmā/parents and whānau how to hand express.
- Skin-to-skin contact can be commenced at any point postnatally and should be encouraged, particularly where this did not occur immediately following birth due to documented, justifiable, clinical reasons. Skin-to-skin contact is beneficial for many weeks and possibly months after birth, particularly for pēpi in neonatal units. (Please refer to the Neonatal Skin-to-Skin Contact guideline – *currently under review*.)

SKIN-TO-SKIN IN THE NEONATAL UNIT

- Pre-term and sick pēpi within the neonatal setting particularly benefit from skin-to-skin contact with māmā/birth parents.
- Benefits for the pēpi include a calming effect, decreased cortisol levels, improved oxygenation levels, stable temperature, and more REM sleep.
- Benefits for the māmā/birth parent include initiation and maintenance of lactation and for non-gestational parents can provide a calming effect and enhanced bonding.
- Skin-to-skin contact is important to be maintained throughout the neonatal journey in all levels of care as can be safely achieved for all pēpi.

AUDIT

Audit is crucial to ensuring high standards of care for māmā/parents and pēpi. Methods may include documentation audit of times and duration of skin-to-skin contact, and interview of māmā/parent and whānau (with consent).