

## Skin2Skin Infographic FAQ's for Health Care Providers

### How do we practice Skin-to-Skin safely?

Routine observation must be maintained for both mother and baby while skin-to-skin is in progress (including respirations, baby's colour, temperature, heart rate).<sup>1</sup>

- Remove mother's gown from her chest to expose as much skin as possible.<sup>1</sup>
- *Immediately* after birth place baby vertically between mother's breasts (vaginal birth), or horizontally on mother's breasts (c-section).<sup>1</sup>
- Splay baby's body on mother's chest, so the largest part of baby's flat body is in contact with mother's chest to ensure adequate breathing.<sup>1</sup> Avoid side position.
- Ensure baby's nose and mouth are unobstructed and that baby is free to lift his/her head.<sup>1</sup>
- Dry baby's back and head thoroughly, and place ONE fresh, dry blanket over baby and mother to avoid over-heating.<sup>1</sup>
- Have the partner hold baby's bottom or leg to prevent baby from slipping off the mother's body.<sup>1</sup>

### Why was a clock chosen as part of the infographic?

The clock was chosen to represent the importance of baby's first hour. This is *not* intended to promote "timed feedings", but rather symbolizes the natural, instinctive progression of behaviour that most newborn babies undergo to locate the breast in the first hour. Medical interventions during labour, (i.e. analgesia) can affect this normal newborn behaviour.<sup>2</sup>



### Can Skin-to-Skin be helpful during painful procedures?

Research has shown that skin-to-skin appears to reduce the pain response to common procedures including heel stick, venipuncture, and injections. Studies show that signs of pain (physical and behavioural), support the use of skin-to-skin.<sup>3</sup>

### Can partners help if the mother is unable?

There is little evidence to support benefits of partners performing skin-to-skin if the mother is unable to do so. Some research does indicate that the baby has more control of body temperature when placed on the father or partner, than if bundled and placed in an isolette.<sup>4</sup> A single study did demonstrate enhanced paternal interaction, when the newborn is placed on the father's chest, which assists with pre-feeding behaviours.<sup>5</sup> In the event of ESSENTIAL separation of mother and baby, the father can facilitate the development of infant's pre-feeding behaviour in this important period of the newborn infant's life.<sup>6</sup>

## Should Skin-to-Skin continue after the 1<sup>st</sup> hour?

Skin-to-Skin contact beyond the immediate postpartum period continues to benefit all babies and mothers. Skin-to-skin is a strategy that can be helpful in encouraging a baby to latch, promotes attachment, and can be a comforting strategy used to soothe a baby at any age. It has also been shown to improve mother's mood during the first 2 months, and contributes to increased breastfeeding rates at 3 months.<sup>7</sup>

## Is there a benefit to delaying procedures in the first hour?

All regular and necessary assessments and procedures can be completed while the baby is on the mother's chest and should be encouraged to be performed while baby is skin-to-skin. Routine medication, erythromycin and vitamin K, can be delayed until after the first hour.<sup>8</sup>

### References:

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