

Safe skin-to-skin contact between mother and baby
Procedure and important notes
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Benefits of skin-to-skin contact between mother and newborn at birth are internationally recognized (Dumas, 2002 to 2016). This is why this practice is encouraged within Step 4 of the Baby-Friendly Initiatives (www.breastfeedingcanada.ca) and within Accreditation Canada (www.internationalaccreditation.ca). Studies showed that this contact should be immediate and uninterrupted for all babies for the first one to two hours at birth or preferably until end of first feed. Skin-to-skin is also encouraged in the postpartum period with both mother and partner to facilitate expression of prefeeding behavior, breastfeeding, and bonding.

However, skin-to-skin should be practiced under safe conditions to ensure baby's well-being during these critical hours of life. Some babies died while skin-to-skin, at birth or shortly after (Dageville et al., 2008; Fleming, 2012; Pejovic & Herlenius, 2013; Thach, 2014). Those authors agree that in those occasions, minimal security rules were not followed.

Supervision of the newborn

Until skin-to-skin immediate contact with mother was recognized as the best practice to adopt, supervision of the newborn was realized by the nurse while baby was on the warmer in the birthing room or in the partner's arms while waiting for the return of the mother who had a caesarean section.

This same type of close supervision should now be made while the newborn is on the mother in the birthing room or in the operating theater. Observation is made for both mother and baby together rather than separately. Health professionals are accountable to check that the newborn is breathing adequately, that its skin coloration is good, and that he can freely move his head and chest.

How to ensure safety of skin-to-skin at birth by vaginal route or by caesarean section?

- Before birth, parents are informed that their baby will be immediately placed directly on his mother's chest as soon as he is born as this is the safest transition from utero.
- It is important to make sure that the mother's gown is completely removed at birth so to have as much place as possible for the baby to expand its body on the mother's chest.
- As soon as he is born, the baby is directly placed on his mother's nude chest *without drying him first*.
- Baby is vertically placed within the mother's breasts (after vaginal birth) or horizontally on mother's breasts (at caesarean section). It is important to make sure that the largest part of the baby's flat body is in contact with the mother's chest. *Avoid side position so that the newborn is not curled up which impedes optimal breathing.*
- Make sure the newborn can easily breathe by his nose and mouth and that his secretions move freely without suctioning airway.
- Make sure baby can easily lift head and chest by himself at all times.
- Baby's back and head are then thoroughly dried.
- All wet blankets are removed and replaced by only *one warm and dry blanket* to avoid overheating mother/infant dyad but to minimize evaporation from baby's skin.
- For both mother's and baby's comfort, keep umbilical cord long so that the hemostats are not placed between mother and baby.
- For safety reasons, at caesarean section, ask partner to place hand directly on the baby's bottom or to firmly hold baby's thigh to avoid slipping.

- Then, health care professionals make close observation of baby's breathing and skin color without disturbing the new family intimacy. It is recommended that one health care professional is being made responsible and accountable for observation of both mother and baby.

Safe skin-to-skin after the birth period

Benefits of skin-to-skin continue after the immediate two hours from birth. Parents should be informed of the benefits as well as the risks of non-optimal skin-to-skin contact on the baby's health and well-being.

Risk factors of unsafe skin-to-skin and cosleeping are known. Parents should understand them adequately in order to act the safest way possible, at the hospital or at home :

- Adequately choose sleeping or resting surface : no soft mattress; no water bed; no sofa or resting chair unless fully awake
- Pay attention to the parent's position when the baby is placed skin-to-skin: make sure the parent is not resting flat on his or her back because this would then place the baby in the known unsafe prone position; resting/sleeping surface of the parent should be raised at 30-45 degrees.
- Remove soft bedding around baby : pillows; cushions; pay attention to bedrails or bed place by a wall
- Risk factors in the parent himself : obesity; mother's large breasts; smoking even if not in the presence of the baby; drug or medication use; very tired parent risking lack of vigilance. Parent holding the baby is awake.

The most important is information to parents that should be clear and concrete, prenatally as well as postnatally. Yes, some babies died while in skin-to-skin contact with a parent. But babies also died while swaddled or bundled in a cot, some with a normal blanket, some others with wearable blanket or swaddling wrap (McDonnell & Moon, 2014). Internationally identified risks linked with such practices are similar : unsafe rest/sleep surface; bedding and objects in the bed; secondary smoke; non-breastfed infant; overheating baby or his surroundings; very tired parent.

Birth is a very special event in the parents' life. This experience should be a positive and opening one; this is often linked with the attitudes and practices of health professionals present at birth. It is a privilege to be present when a human being is being born but it is also an accountability and a responsibility imperative to be shared by all healthcare professionals involved. Professional supervision should be constant and all opportunities should be taken to inform parents to support them in this new experience in their family life.

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