

## Skin-to-skin contact and initiating a close relationship for all mothers and babies in hospital

### Key Points

- All mothers to have skin-to-skin contact with their baby immediately or as soon as possible after birth, irrespective of chosen method of feeding.
- Staff should be vigilant when in the bays and frequent checks should be made to ensure the well-being of the mother and baby who are having skin-to-skin.
- All mothers should be informed of the benefit of early and frequent skin to skin for their baby, especially brain development; regulation of heart rate, breathing and temperature.
- Partners are also encouraged to have regular skin to skin contact with their baby for all the same health benefits to baby and for developing the parent/ baby responsive relationship.

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### Abbreviations

KMC	Kangaroo Mother Care
TCU	Transitional Care Unit

### Contents

1.0 Rationale .....	2
2.0 Normal behaviour in the term healthy infant at birth .....	2
3.0 Skin-to-skin contact between the mother and baby .....	3
4.0 How to offer skin-to-skin in the immediate postnatal period .....	4
5.0 Monitoring .....	6
6.0 Communication .....	6
7.0 Equality Impact Assessment.....	6
8.0 References.....	7
Full version control record.....	8

## 1.0 Rationale

- All babies will be given to their mother to hold, in uninterrupted skin to skin contact, as soon as possible after birth, in an unhurried environment for as long as the mother wishes. This will allow baby's instinctive behavior of breast seeking to develop and offer a safe space to allow an opportunity for the mother's nurturing to emerge.
- All mothers will be encouraged to offer the first breastfeed in skin contact when the baby shows signs of readiness to feed. The aim is not to rush the baby to the breast but to be sensitive to the baby's instinctive process towards self-attachment.
- The opportunity to offer a breastfeed when the baby shows signs of wanting to feed should be available, even for mothers who intend to bottle feed. With her baby in her arms, beginning to show an interest in feeding at the breast, the mother may feel she wants to try breastfeeding and staff should be sensitive and open to this possibility.
- When mothers choose to formula feed, they will be encouraged to offer the first feed in skin contact. Ensure babies remain warm when bottle feeding in skin contact, as less of the baby's body will be in close contact with the mother than when breastfeeding.
- Babies requiring resuscitation at birth should be given the opportunity to have skin to skin contact with their mothers when their condition is deemed stable.
- Skin-to-skin should last for at least one hour, until the baby has had a breastfeed or until the mother wishes to end it <sup>[1]</sup>.
- Those mothers who are unable (or do not wish) to have skin contact immediately after birth, will be encouraged to commence skin contact as soon as they are able, or so wish.
- If skin to skin is interrupted for any reason, it should recommence as soon as possible. In the meantime, the partner should be supported to have skin to skin with the baby.
- If the baby does not feed in the immediate postnatal period, despite skin contact with his mother, then the mother and her baby can be transferred to the postnatal ward in a chair, still in skin-to-skin contact. If this is not possible or not wanted by the mother, then resumption of skin-to-skin contact should be encouraged on arrival on the postnatal ward.

All mothers should be informed of the benefit of early and frequent skin to skin for their baby, especially brain development; regulation of heart rate, breathing and temperature; initiation of breast seeking behaviour. Mothers should be encouraged to soothe and comfort their baby and they should understand that responding to the baby's needs by observing for hunger cues or feeding for comfort does not spoil the baby but offers a natural way of ensuring their well-being and growth. This is known as responsive feeding <sup>[1]</sup>.

## 2.0 Normal behaviour in the term healthy infant at birth

Babies are naturally programmed to follow a unique process which leads to a first breastfeed. If they achieve this successfully it is very likely that they will recall this at subsequent feeds, making these significantly easier, known as imprinting. When observed, all babies follow the same pattern, although some take longer than others. Observed behaviour of babies who are placed skin-to-skin on their mother's chest after birth:

- cry briefly – a very distinctive birth cry
- then the baby will enter a stage of relaxation, recovering from the birth
- then the baby will start to wake up

- then begin to move, initially little movements, perhaps of the arms, shoulders, and head
- as these movements increase, he/she will actually start to crawl towards the breast
- once he/she has found the breast and therefore his/her food source, he/she will tend to rest for a little while; often this can be misinterpreted as the baby not being hungry or not wanting to feed
- however, after his/her rest he/she will start to familiarise themselves with the breast, perhaps by nuzzling, smelling, and licking before he/she finally attaches and feeds
- once he/she has suckled for a period of time, he/she will come off the breast and fall asleep

All babies follow this process, providing it is not interrupted by, for example, taking the baby away to weigh or the mother going for a shower. Interrupting this process before the baby has completed this sequence or trying to hurry him/her through the stages, is counterproductive and may lead to problems at subsequent breastfeeds. If there are concerns about the baby's need for food, the mother can be encouraged to express some colostrum to give to him/her <sup>[1]</sup>.

### 3.0 Skin-to-skin contact between the mother and baby

- Encourages mother and baby interaction and initiation of a close relationship
- Calms and relaxes both mother and baby <sup>[1]</sup>
- Keeps the baby warm through regulating the infant's temperature <sup>[1]</sup>
- Regulates heart rate and breathing in the baby <sup>[1]</sup>
- Stimulates feeding behaviour <sup>[1]</sup>
- Enables the mother to respond to her baby's feeding cues
- Encourages reluctant feeders
- Stimulates the release of hormones (prolactin and oxytocin) to support breastfeeding and mothering <sup>[1]</sup>
- Enables colonisation of baby's skin with the mother's 'friendly bacteria', thus providing protection against infection <sup>[1,3]</sup>
- Preserves energy and accelerates metabolic adaptation in the baby <sup>[4]</sup>
- Reduces the production of mucus in the baby's stomach <sup>[5]</sup>
- Promotes brain development for the baby <sup>[1]</sup>

Partners are also encouraged to have regular skin to skin contact with their baby for all the same health benefits to baby and for developing the parent/ baby responsive relationship. Skin to skin with partners has been shown to reduce the incidence of anxiety and depression in the partners <sup>[10]</sup>.

#### 3.1 Skin to skin for bottle feeding parents

A prolonged period of skin-to-skin contact should be encouraged for all mothers and babies, irrespective of chosen method of feeding. For the parents who have chosen to bottle feed, skin to skin contact remains an important way to not only support the bonding process but also to support their new baby's adaptation to the world.

- Encourages parent and baby interaction and initiation of a close relationship
- Calms and relaxes the parent and baby <sup>[1]</sup>
- Keeps the baby warm through regulating the infant's temperature <sup>[1]</sup>
- Regulates heart rate and breathing in the baby <sup>[1]</sup>
- Stimulates feeding behaviour <sup>[1]</sup>
- Enables the parents to respond to their baby's feeding cues

- Encourages reluctant feeders
- Stimulates the release of hormones (prolactin and oxytocin) to support mothering [1]
- Enables colonisation of baby's skin with the parent's 'friendly bacteria', thus providing protection against infection [1,3]
- Preserves energy and accelerates metabolic adaptation in the baby [4]
- Reduces the production of mucus in the baby's stomach [5]
- Promotes brain development for the baby [1]

Therefore, offering the first bottle feed in skin contact is encouraged and parents are encouraged to continue offering feeds in skin to skin contact as often as possible. Extra precautions may be needed to ensure that babies remain warm when bottle feeding in skin contact as there will be less of the baby's body in close contact with their mother than when feeding from the breast [1]. Parents should be guided to be the main carers when bottle feeding their baby, this is to help support the development of a close and responsive relationship between parents and babies [1].

#### 4.0 How to offer skin-to-skin in the immediate postnatal period

- Dry the baby
- Place skin-to-skin with the mother
- If the baby is born in theatre, either by instrumental delivery or caesarean, skin to skin with the mother should be commenced as soon as possible after birth with particular attention to keeping baby warm in the colder theatre environment by using hat and blankets.
- For all skin to skin, ensure the baby's head is supported so that the infant's airway does not become obstructed and discuss this with parent(s) so they are better able to continue skin to skin safely [9].
- Place a warm towel or blanket over both of them. If the baby is very small, or for all babies born in theatre, a hat is recommended
- Ensure the baby cannot fall on the floor

#### 4.1 Safety considerations (Skin to skin)

Vigilance as to the baby's well-being is a fundamental part of postnatal care immediately following and in the first few hours after birth. For this reason, normal observations of the baby's temperature, breathing, colour and tone should continue throughout the period of skin-to-skin contact, in the same way as would occur if the baby were in a cot (this includes calculation of the apgar score at 1 and 5 minutes following birth). Care should always be taken to ensure that the baby is kept warm. Observations should also be made of the mother, with prompt removal of the baby if the health of either gives rise to concern.

**Staff should have a conversation with the mother and her companion about the importance of recognising changes in the baby's colour or tone and the need to alert staff immediately if they are concerned.**

It is important to ensure that the baby cannot fall onto the floor or become trapped in bedding or by the mother's body. Mothers should be encouraged to be in a semi-recumbent position to hold and feed their baby. Particular care should be taken with the position of the baby, ensuring the head is supported so the infant's airway does not become obstructed.

## Mothers

- Observations of the mother's vital signs and level of consciousness should be continued throughout the period of skin-to-skin contact. Observing the mother for maternal pyrexia and sepsis.
- Mothers may be very tired following birth, and so may need constant support and supervision to observe changes in their baby's condition or to reposition their baby when needed.
- Many mothers can continue to hold their baby in skin-to-skin contact during perineal suturing. Providing they have adequate pain relief. However, a mother who is in pain may not be able to hold her baby safely.

**Babies should not be in skin-to-skin contact with their mothers when they are receiving Entonox or other analgesics that impact consciousness.**

## Babies

- Checking that the baby's position is such that a clear airway is maintained. Observe respiratory rate and chest movement and listen for unusual breathing changes in the baby's condition sounds or absence of noise from baby.
- Colour: The baby should be assessed by looking at the whole of the baby's body, as the limbs can often be discoloured first. Subtle changes to colour indicate changes in the baby's condition.
- Tone: The baby should have a good tone and not be limp or unresponsive
- Temperature: Ensure the baby is kept warm during skin contact.

**Always listen to parents and respond immediately to any concerns raised**

### 4.2 Skin-to-skin contact between mother and baby on the postnatal ward

- Place skin-to-skin with the mother, nappy on
- Ensure the baby's head is supported so that the infant's airway does not become obstructed and ensure parental understanding of the importance of this.
- Place a warm towel or blanket over both of them. If the baby is very small, a hat is recommended
- Ensure the baby cannot fall on the floor
- Ensure the mother has access to the call bell
- On handing over care of the mother to another member of staff, ensure that they are aware that the mother and baby are having skin-to-skin and the level of supervision or assistance with breastfeeding that is required
- Staff should be vigilant when in the bays and frequent checks should be made to ensure the well-being of the mother and baby who are having skin-to-skin

### 4.3 Skin-to-skin contact between mother and baby on the Transitional Care Unit (TCU)

Mothers whose babies are receiving care on TCU are encouraged to nurse the baby in skin-to-skin contact; sometimes known as Kangaroo Mother Care (KMC). KMC is known to promote the health and well-being of the baby <sup>[7]</sup>. Studies have shown that during and after KMC the heart rate, respiration rate and oxygen levels of the neonate remain within normal limits <sup>[8]</sup>.

### 4.4 Key principles of Kangaroo Mother Care (KMC) on the Transitional Care Unit (TCU)

- It is a gentle and effective method that can help avoid agitation sometimes experienced within a busy ward environment.
- It promotes exclusive breastfeeding for preterm and small babies.
- It promotes early discharge from hospital.

- KMC is initiated in hospital and can continue at home with support from health professionals.

#### 4.5 How to initiate KMC on TCU

- Inform the parents of the benefit to their baby of KMC.
- KMC can commence at birth if the infant is stable
- Record observations (temperature, heart rate and respirations) of the baby prior to KMC
- Encourage the mother, or father, to sit in an upright position.
- Place the baby chest-to-chest with the parent offering the KMC.
- Ensure the baby's head is supported so that the infant's airway does not become obstructed and ensure parental understanding of the importance of this.
- Ensure the baby is covered with a blanket to body and head to prevent heat loss.
- Observe colour and respiration of baby during KMC.
- KMC can be offered to the baby during daylight hours when the infant can be easily monitored by the staff.

#### Skin-to-skin contact between mother and baby on the neonatal unit

Please refer to the '[Skin to skin care on NNU \(FPH\)](#)' guideline

- Supported to start expressing milk as soon as possible after birth (within two hours)
- Supported to express effectively
- Maternity staff should ensure effective communication between the maternity wards / transitional care unit / neonatal unit and family to ensure breastfeeding is supported and protected and expressing is effective.

#### 5.0 Monitoring

This guideline will be monitored as per proforma 'UNICEF UK Baby Friendly Audit tool requirements. It will be audited six monthly and fed back to the Baby Friendly Initiative Working Group and actions monitored through the Baby Friendly Initiative Working Group.

#### 6.0 Communication

If there are communication issues (e.g., English as a second language, learning difficulties, blindness/partial sightedness, deafness) staff will take appropriate measures to ensure the patient (and her partner, if appropriate) understand the actions and rationale behind them.

#### 7.0 Equality Impact Assessment

An equality and diversity impact assessment has been completed.

## 8.0 References

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## Full version control record

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This guideline has been registered with the Trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt, contact a senior colleague or expert. Caution is advised when using guidelines after the review date.

This guideline is for use in Frimley Health NHS Foundation Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.

## Version History

Version	Date	Guideline Lead(s)	Status	Comment
1.0	April 2017	I. Ridgers	Final	First Cross-site guideline based on Frimley Park guideline
2.0	February 2021	E. Farrant, D. Sloam, C. Essery, C. Hughes	Final	
3.0	January 2024	F. Lewis	Final	Approved at Cross site Obstetrics Clinical Governance Meeting 21.05.24

## Related Documents

Document Type	Document Name
Guideline	<a href="#">Skin to skin care on NNU (FPH)</a>