CLINICAL MANUAL (IWK)

MATERNAL CHILD HEALTH MANUAL (NSHA)

Policy and Procedure

TITLE:	Skin-to-Skin Contact for Healthy Term Infants	**NUMBER: IWK** **NSHA**	IWK-1745 MC-NB-001
Sponsor**:**	Director Women's and Newborn Health, Izaak Walton Killam (IWK) Health Centre Senior Director Maternal Child Health Nova Scotia Health Authority (NSHA)	Page:	**1** of **11**
Approved by:	IWK Medical Advisory Committee NSHA VP, Integrated Health Services, Primary Health Care Population Health	Approval Date IWK: Effective Date IWK: Approval Date NSHA: Effective Date NSHA:	2018-01-04 2018-01-04 2017-08-21 2018-05-22
Applies To:	IWK Staff and Health Care Providers NSHA Staff and Health Care Providers in Maternal/Newborn Health		

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PREAMBLE

1. IWK and NSHA Health Centre support evidence-based practice.

2. This policy promotes and supports mother and infant togetherness and Skin to Skin Contact (SSC) as recommended by:

- The Global Strategy for Infant and Young Child Feeding
- UNICEF UK Baby-Friendly Initiative Standards
- Breastfeeding Committee for Canada 10 Steps and WHO Code Outcome Indicators for Hospital and Community Services
- Accreditation Canada
- The Nova Scotia Provincial Breastfeeding Policy
- The Operating Room Nurses Association of Canada (ORNAC) Standards, Guidelines, and Position Statements for Perioperative Registered Nurses

POLICY STATEMENTS

1. All Health Care Providers (HCPs), within the hospital and community supporting families during the prenatal, intrapartum and postpartum periods, must:

1.1. Provide information to parents about the importance of immediate and uninterrupted SSC, encouraging discussion along the continuum of care.

1.2. Promote and support the newborn being placed in SSC with their mother immediately following birth regardless of method of birth (vaginal or C-section) unless the mother or baby are medically unstable or safety is an issue.

1.2.1. SSC must take place for at least an hour, until completion of the first feed, or as long as the mother wishes including on transfer to a different care area.

1.2.2. Routine assessments of the newborn and mother must be completed without interrupting SSC.

1.2.3. HCPs must document information about initial SSC on the permanent record. This includes information as to why SSC did not occur or was interrupted.

1.3. Support Mother-Baby-Togetherness during the newborn period.

2. The newborn is removed only when the mother or baby are medically unstable and/or safety is an issue OR if requested by the mother based on her informed decision. SSC must begin/recommence as soon as medical status permits.
3. When the mother is unable to provide SSC secondary to medical issues or safety, the support person must be offered the opportunity to provide SSC until the mother is able and when safely possible; a person from the same home environment is optimal.

GUIDING PRINCIPLES AND VALUES

1. SSC maximizes physiological and psychological outcomes for both the mother and infant including optimal infant stability and infant attachment, as well as stimulation of feeding behavior.
   1.1. Optimal thermoregulation of the newborn is supported through uninterrupted SSC immediately following birth.
2. SSC is an effective non-pharmacological strategy for infant pain management.
   2.1. SSC **and** baby latched at the breast is the optimal non-pharmacological strategy for minor painful procedures in the neonatal period.
   2.2. All Staff and HCPs will center care on the dyad to support procedures that can be done safely in SSC.
3. The mother will be assessed for falls risk and education provided. (See relevant Fall Policies)

PROCEDURE

1. HCPs are responsible to:
   1.1. Support SSC immediately following birth by:
      1.1.1. Placing the newborn prone on the mother's chest with ventral surface of infant's body in direct contact with mother
      1.1.2. Drying infant's back and head (hat can be applied)
      1.1.3. Covering mother and baby with a warm, dry blanket while supporting practices that reduce the risk of infant overheating.
   1.2. Ensure safety of the newborn by
      1.2.1. Ensuring the newborn can spontaneously lift their head **at all times** to facilitate optimal breathing and attachment to breast
      1.2.2. Visually checking newborn's breathing and color when checking vital signs as per protocol
      1.2.3. Ensuring the newborn's nose and mouth are visible **at all times**
      1.2.4. Supporting SSC when mother drowsy/asleep by having a family member or nurse present to observe and ensure safety (falls prevention)

1.2.5. Asking the support person to hold the newborn's bottom or to firmly hold newborn's thigh to avoid slipping, when in the operating room

1.2.6. Raising mother's head of bed to 30 degrees or more following transfer

1.3. Obtain vital signs and observe the infant (temperature, breathing, color and tone) and mother as per standard practice in all care areas without interrupting SSC.

1.3.1. Delay all routine measurements that necessitate the newborn being removed from SSC (such as weight and assessment for developmental dysplasia of the newborn's hips) until completion of the first feeding and ideally the completion of first hour of SSC.

1.3.2. Delay routine medications until completion of the first feeding and ideally the completion of first hour of SSC.

1.3.3. Newborn medications are administered with newborn in SSC and breastfeeding for any painful procedures to support pain management

1.4. Support SSC for painful procedures in addition to other supportive practices if the mother has decided to use human milk substitutes.

1.5. Use the approved IWK/NSHA Falls Prevention Tool (See relevant Fall Policy), to assess the mother's ability to safely provide SSC during mother's movement between stretcher, bed or wheelchair.

1.5.1. If falls risk is low:

1.5.1.1. The health care provider ensures the newborn is positioned vertically between mother's breasts; the mother crosses her arms around the newborn to hold baby securely.

1.5.2. If falls risk is high:

1.5.2.1. An alternate acceptable method is to place the newborn SSC on the support person, covered with a dry blanket, while the mother is transferred.

1.5.2.2. As soon as the mother is settled, the support person re-places the infant SSC on the mother with the HCPs help.

NOTE: The health of the infant and mother is of utmost importance and if concern arises with the health of either, separation may be medically indicated.

The infant is removed only if medically indicated or requested by the mother and this is recorded in the permanent health care record.

SSC will begin/recommence as soon as medical status permits.

1.6. Be knowledgeable about the importance of SSC and provide education to families that promotes and supports SSC by:

1.6.1. Sharing approved resources and key messages (written and verbal) to families about SSC at all points of care. These messages include and are not limited to:

1.6.1.1. The importance of immediate and uninterrupted SSC for at least the first hour, until completion of the first feed *or* as long as the mother desires (*See A Parent's Guide to Skin-to-Skin Contact* Brochure)

1.6.1.2. 9 Stages of the Newborn

1.6.1.3. Initiation of Lactation: Anticipated newborn behaviors and feeding patterns (Appendix B)

1.6.1.4. Infant cues and responsive parenting (*Loving Care Birth to 6 Months*),

1.6.1.5. Positions that facilitates eye contact between mother and infant to support recognition of infant's cues

2. Managers are responsible to:

2.1. Identify Staff and HCP training needs and provide support for education related to SSC, which includes expectations of Staff and HCPs in relation to the policy.

2.2. Implement process to audit SSC practices immediately following birth (in different care team areas) at a minimum annually; Take corrective actions as needed. Data collected to include whether SSC is:

2.2.1. Immediate and continuous for at least an hour, until completion of the first feed (at minimum)

2.2.2. Delayed – include length of delay and medical reason why

2.2.3. Discontinued – identify medical reason why

2.2.4. Not at all (none) – identify medical reason why

3. IWK and NSHA Leadership are responsible to:

3.1. Support development and implementation processes for the IWK/NSHA SSC Policy.

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RELATED DOCUMENTS

Policies

IWK – 8665 – Kangaroo Care: SSC in the NICU

IWK – 1012 – Falls Prevention

NSHA CL-SM-010 Fall & Injury Prevention

Forms

Reproductive Care (RCP) Partagram

Videos

The Healthy Children Project. (2010). Skin-to-Skin in the First Hour After Birth: Practical Advice for Staff after Vaginal and Cesarean Birth: Nine stages of the newborn.

The Power of a Parent's Touch (2014)

Brochures

IWK/NSHA A Parent's Guide to SSC: What you can do to support your baby

Appendices

Appendix A – Definitions

Appendix B – Initiation of Lactation: Anticipated Behaviours and Feeding Patterns

Replacing the Following District Health Authority/IWK Policies/Version History

* * *

Appendix A – Definitions

Health Care Providers	Care providers who provide direct patient care within hospital and communities who support families during the prenatal, intrapartum and postpartum periods.
Mother-Baby-Togetherness	Consists of keeping mother and infant in close proximity in the days following birth while encouraging SSC and combining mother-infant care. Mother-Baby-Togetherness results in improved attachment, communication, maternal self-confidence and emotional well-being.
Skin-to-Skin	When a mother holds her baby dressed only in a diaper on her bare chest, maximizing skin contact between the two. It may also be provided by a support person identified by the mother when extenuating circumstances prevent her from being able to provide it.
Staff	Includes all IWK and NSHA employees working within hospital and communities who support families during the prenatal, intrapartum and postpartum periods.
Support Person	Person identified by the mother.
Term Infant	Infant born at greater than or equal to (≥) 37 completed weeks of gestation.

Appendix B – Initiation of Lactation: Anticipated Behaviours and Feeding Patterns*

Took Appendix 8.2 Initiation of Lactation: Anticipated Behaviours and Feeding Patterns from: BCC – *The BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services*. July 19, 2017.

INFANT	**Birth – 2 hours**	**2 – 20 hours**	**20 – 24 hours**	**24 – 48 hours**	**48 – 72 hours**	**Greater than 72 hours**
State	Alert, eager to suckle	Periods of light and deep sleep	Increasing wakefulness followed by long, deep sleep after cluster feeds	Similar to 20 – 24 hours. Periods of deep and light sleep	Periods of light and deep sleep	Periods of deep and light sleep
Feeding patterns	Breastfeed within 1 – 2 hrs after birth but may feed minimally	Sporadic, variable and frequent feeds (offer Skin-to-Skin to maximize feeding opportunities)	Frequent or cluster feedings, which may occur during the night.	Feeds frequently (at least 8 times per day)	Feeds frequently (at least 8 times per day)	Feeds frequently (8 or more times a day)
Voids	Not usual	Increase as feedings increase. May void 0 – 1 times	Gradually increases, may void 0 – 1 times. (uric acid crystals can be normal)	Increasingly wet diapers, urine pale in color (may have 2 – 3 wet diapers in a day)	Increasingly wet diapers, urine pale (may have 3 or more wet diapers in a day)	Increasing numbers of wet diapers per day. Urine pale.
Stools	Not usual	Meconium	Meconium	Meconium and transition stool	Transition stools several times in the day	Transition – to lighter or yellowish stools
Weight		Decreases	Decreases	Decreases	Decreases	Decreases up to 10% and then begins to increase by day 4 or 5
MOTHER	Produces colostrum	Colostrum – as colostrum removed, alveoli cells secrete milk or colostrum	Colostrum – transition milk may start but this usually occurs earlier in multips than primips	Transition milk – breast fullness may appear as milk starts to increase	Breast fullness	Engorgement if feedings have not been frequent

* Variances occur. Factors that slow initiation of the lactation process are: cesarean birth, analgesics and anaesthetics (epidurals included) during labour and birth, supplementation, lack of breast stimulation, sleepy infant, and any additional conditions that interfere with frequent and unlimited feedings. Roberta J. Hewat, PhD, RN, IBCLC May be copied in its entirety, not to be adapted without permission and not to be used for commercial purposes adapted with permission.

District Health Authority/IWK Policies Being Replaced

South West Health 100.138 Maintaining Parent-Infant Contact Following Cesarean Section

Version History

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)
New to NSHA & IWK 2018-02-28	TOC revised 2017-10-03
	2017-12-15 Added “Contact” to the title at the request of *Janine McClure RN BSc IBCLC*
	2018-01-16 Made the following changes based on feedback from IWK approval Process: • Spelled out (>) greater than in Appendix A and B • 1.2.1 ‘its’ changed to ‘their’
	2018-01-25made the following changes under “References”: • Province of Nova Scotia. (2015). Breastfeeding Basics - inserted updated hyperlink and removed URL address • Province of Nova Scotia. (2014). Loving Care: Birth to 6 months - inserted updated hyperlink and removed URL address • UNICEF. (2013). Unicef UK Baby Friendly Initiative Standards - Date changed from 2013 to 2017