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Why skin-to-skin contact is not made a traditional practice right after childbirth? Hindrances behind its non-implementation

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Why skin to skin contact is not made a traditional practice right after childbirth?

Hindrances behind its non-implementation

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Abstract

Skin-to-skin contact (SSC) is the practice in which a newborn is dried and placed immediately on mother's chest. Both the mother and the baby gains benefits from this as it aids in breastfeeding and helps baby adjust to temperature outside the mother's womb. However, not many midwives in hospitals carry out this crucial practice. Staff shortage, lack of awareness and time constraints were identified as the main determinants because SSC was not implemented. Realistic measures should be taken to enhance SSC as discussed in the paper. Thus, promotion of SSC soon after childbirth will be advantageous for neonatal quality of care if considered as a routine practice.

Case

During the Community Health Nursing clinical rotation, I was assigned to a secondary hospital's labor room. A woman aged 29 years, gravida 3 para 2+0, 37 weeks pregnant delivered a baby boy via normal delivery. As soon as the baby was born, the nurse dried, cleaned, and immediately took the baby to a radiant warmer instead of keeping the baby on mother's chest for skin- to -skin contact. Only after completing the newborn care and wrapping the baby, he was given to the mother for breastfeeding.

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Background

Skin -to- skin contact (SSC), also known as kangaroo mother care (KMC), refers to the practice in which soon after birth, the baby is dried and placed prone on the mother's naked chest. Both are covered with a comfortable sheet. The baby stays in this position for at least an hour or till the first feed. It is also the part of UNICEF baby - friendly health initiative.

SSC after childbirth is useful and helpful for the baby as well as the mother. It relaxes the neonate, reduces crying, adjusts the temperature, heart rate and respiration in order to make the baby better adapt to life outside the womb of mother and improves the bond. Most importantly, it promotes initial breastfeeding. A study conducted in Ethiopia also found that early SSC practiced right after birth is quite significant that it firmly contributes towards exclusive breast feeding and promotes a healthy mother-baby interaction [1]. For mothers,

SSC reduces postpartum bleeding, postpartum depression, lessens time to expel placenta and promotes a healthy childbirth experience. However, SSC is not carried out in daily routine in hospitals and community despite of its benefits. UNICEF report also states that 2.9 million babies lose their lives every year within 28 days and the first 24 hours after birth are the riskiest period for both the mother and the child [1]. Findings from a study by WHO recommends that initiation of SSC after childbirth improves survival outcomes for preterm or low-weight babies and saves up to 150,000 lives every year [2]. According to a Researcher "Improvements in neonatal survival rates are important for countries to meet the Sustainable Development Goals (SDGs) targets, which characterize global efforts toward improved healthcare-seeking behavior and equality in healthcare distribution" [3]. Therefore, SSC is important to improve maternal and neonatal health and to meet the SDG-3 which also

focuses on maternal and neonate's quality care.

I chose to write on this topic as it carries a lot many benefits for the mother and child both but is not performed by many midwives in hospitals and communities in Pakistan. Therefore, it is significant to provide awareness about what it is and how it impacts the bond between mother and baby and survival of the newborn.

It was surprising and disappointing to find that SSC was not a regular practice in the labor room. Shortage of staff as well as time and lack of awareness about SSC benefits were quoted as the lack of SSC practice in that particular labor room.

Several determinants serve as a barrier in promoting SSC. Firstly, shortage of staff or lack of personnel hinders this practice along with time constraint and safety concerns [4]. Especially during shifts, due to shortage of staff and less time, nurses are loaded with responsibilities and multiples labors are carried out in LR at a time, so

they make SSC a least priority. Also, a nurse is always needed to assist SSC to prevent adverse events like falling of baby, etc. In my case too, the LR was quite busy the day I had my rotation as there were a lot of patients and staff was very less so SSC could not be carried out. So, keeping in mind the availability of staff and safety of newborn, SSC is not practiced. Lack of awareness about this practice is the second major barrier. In few hospitals, doctors and nurses are not aware of the significance and benefits of SSC. When I asked staff about their knowledge, they knew that SSC is very advantageous, but they lacked evidence-based practice knowledge about its benefits to the baby and mother. A study also concludes that there is a gap between knowledge and clinical practice related to SSC [5]. As a result, they did not strictly follow practicing SSC. Moreover, some hospital policies do not focus on implementing SSC and immediate newborn care is considered as a priority. Guidelines of Aga Khan University (2020) states,

"Assess the neonate rapidly to determine whether the neonate can remain with the mother for routine care"[6]. In line of this protocol, staff performs newborn assessment immediately so skin to skin contact is not carried out. Same happened in my case that baby was taken for newborn assessment and given to the mother later. Lastly, certain medical conditions including maternal conditions like PPH or baby's conditions such as low APGAR score also hinders SSC as the management of such situation has to be catered first. According to a study in Iran, neonatal diseases, C-Section, and maternal fatigue were considered as an obstacle to SSC [7]. Staff also told me that they are concerned about the baby's condition and response first such as assessing APGAR score, so they do not perform skin to skin contact.

Interventions

Actions can be taken to educate and start implementation of SSC to maximize child and maternal health. According to the

American Academy of Pediatrics, assessments of mother and neonate can be carried out while practicing SSC or can be held till the needed SSC time if there are no complications [8]. So, staff should be educated about this idea of assessments. Moreover, educational intervention can take place for maternity nurses as well as on community level for midwives that will include sessions based on evidenced-based practice for SSC and highlighting the significance and techniques [9]. It should also focus on the right positioning, safety protocols, and physiological signs to be aware of during SSC and prevent any adverse event [10]. Moreover, staff should be taught about keeping a positive attitude and confidence while performing SSC. Findings from a study conducted in Iran states that, "Perceived self-efficacy was a significant factor in the appropriate implementation of skin-to-skin contact in the viewpoint of midwives" [11]. Training of pregnant women about the advantages of SSC after delivery is of much importance

[7]. This can be done by arranging prenatal training sessions during antenatal visits where pregnant woman will be taught about SSC benefits and proper positioning. Consequently, awareness will increase, and SSC and newborn care will be effective. In a research study conducted in England, absence of protocols, instructions and trained personnel hinders SSC [12] so guidelines and protocols should be modified, and it should be written by being more focused on the implementation and duration of this practice. Specifically, the policy of immediate newborn care needs to be reviewed. Moreover, when there is a staff shortage, a family member or any helper should be allowed in LR to help in SSC. Another intervention can be of early SSC. If SSC cannot be performed instantly right after childbirth, it should be performed as early as possible [13]. These actions

which are evidence-based can be planned and practiced increasing the prevalence of SSC after childbirth.

Conclusion

In conclusion, SSC is a crucial and a very advantageous practice for the survival of newborn. It is affordable alternative to technology. It carries many benefits for the newborn as well as the mother yet is not practiced as a routine due to barriers like shortage of personnel and safety of baby, lack of evidence-based practice, and maternal and newborn's medical conditions. If the suggested interventions are considered including education and awareness to staff and antenatal women, changes in hospital protocols and early SSC, then the practice of skin- to- skin contact after childbirth will be greatly enhanced.

Conflict of Interest: There is no conflict of interest to disclose.

References:

1. Bedaso A, Kebede E, Adamu T. Assessment of skin-to-skin contact (SSC) during the postpartum stay and its determinant factors among mothers at public health institutions in Ethiopia. *BMC Res Notes* 12. 2019
2. Skin-to-skin-contact. Implementing baby friendly standards resources. Unicef.org.pk. Available from: <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/skin-to-skin-contact/>
3. Lynch T. United Nations Sustainable Development goals: promoting health and well-being through physical education partnerships. *Cogent Education*. 2016. 3(1)
4. Alenchery AJ, Thoppil J, Britto CD, de Onis JV, Fernandez L, Suman Rao PN. Barriers and enablers to skin-to-skin contact at birth in healthy neonates - a qualitative study. *BMC pediatrics*. 2018. 18(1), 48.
5. Widström AM, Brimdyr K, Svensson K, Cadwell K, Nissen E. Skin-to-skin contact the first hour after birth, underlying implications and clinical practice. *Acta paediatrica (Oslo, Norway: 1992)*. 2019. 108(7), 1192–1204
6. Aga Khan University. Guideline for Receiving Neonate Delivered by Caesarean Section in Labor and Delivery (L&D) Operating Room & Main Operating Room. 2020. (5th ed.) [E-book]
7. Adeli M, Azmoudeh E. Influential Factors of Mother-Infant Skin-to-Skin Contact Based on the Precede-Proceed Model from the Perspective of Midwives in Torbat Heydariyeh Hospitals. *Journal of Midwifery and Reproductive Health*. 2016. 4(3), 644-653
8. Singh K, Khan SM, Carvajal-Aguirre L, Brodish P, Amouzou A, Moran A. The importance of skin-to-skin contact for early initiation of breastfeeding in Nigeria and Bangladesh. *Journal of global health*. 2017.7(2), 020505.

9. Turenne JP, Héon M, Aita M, Faessler J, Doddridge C. Educational Intervention for an Evidence-Based Nursing Practice of Skin-to-Skin Contact at Birth. *The Journal of perinatal education*. 2016. 25(2), 116–128.
10. Stevens J, Schmied V, Burns E, Dahlen H. Immediate or early skin-to-skin contact after a caesarean section: A review of the literature. *Maternal & Child Nutrition*. 2014; **10**: 456-473
11. Nahidi F, Tavafian SS, Heidarzadeh M, Hajizadeh E, Montazeri A. The Mother-Newborn Skin-to-Skin Contact Questionnaire (MSSCQ): development and psychometric evaluation among Iranian midwives. *BMC Pregnancy and Childbirth*. 2015. 14(1):85
12. Higman W, Wallace LM, Law S, Bartle NC, Blake K. Assessing clinicians' knowledge and confidence to perform kangaroo care and positive touch in a tertiary neonatal unit in England using the Neonatal Unit Clinician Assessment Tool (NUCAT). *Journal of Neonatal Nursing*. 2015. 21(2):72-8
13. Ekholuenetale M, Onikan A, Ekholuenetale CE. Prevalence and determinants of mother and newborn skin-to-skin contact in The Gambia: a secondary data analysis. *The Journal of the Egyptian Public Health Association*. 2020. 95(1), 18