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SKIN-TO-SKIN AND THE UNDISTURBED FIRST HOUR AFTER BIRTH - ATTITUDES AND CURRENT RECOMMENDATIONS

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***Abstract:** This paper reviews the up to date evidence based recommendations in regard to “skin-to-skin” care and the undisturbed first hour after birth and discusses the practices employed currently in local maternity wards. It also explores women`s attitudes towards the practice, their awareness of its impact and benefits for both mother and baby. Methods applied include short survey aiming to explore women`s knowledge and attitudes towards this practice. The report aims to establish once again the importance of midwifery care for optimal health results for both public health and each and every mother and child.*

***Keywords:** Immediate Newborn Care Practices, Skin-to-Skin, Midwife-led Care, Evidence based medicine, Birth*

INTRODUCTION

Up to date recommendations for immediate newborn care practices, right after birth, are the object of many discussions due to the dynamic development in maternity care over the last couple of decades. A clear tendency for optimizing care and focusing on supporting physiological processes can be observed. The physiology of childbirth as a process and the cardio-pulmonal adaptation of the newborn in the early neonatal period dictate the significant changes that occur in this short but fundamental window of time. This transition in the condition of both mother and child creates a seamless symbiosis of the dyad, wired to provide all the necessary conditons for bonding, to ensure the establishing of an optimal microbiomand successful breastfeeding, which is fundamental for human`s health throughout the entire life. On the other hand, in local maternity wards various practices are observed, which are almost entirely facility based and not universal, or evidence based. More often than not, this results in lack of skin-to-skin contact for newborns and their mothers and separation during “the golden hour” after birth. This is supposed to be undisturbed time for both of them, providing they are in a stable condition and no contraindications exist. The information prompts authors to explore what are current parents` attitudes and to review the existing medical and scientific literature in regard to midwifery care in the context of “skin-to-skin” care.

EXPOSITION

Skin-to-skin – contemporary recommendations and known benefits.

Contemporary recommendations in regard to immediate newborn care practices, founded on Evidence Based Medicine (EBM) and supported by the leading professional organisations internationally, include the practice of skin-to-skin contact (WHO, (2018), Flackinget al., (2012), Moore et al., (2016)). It is recommended this contact begins immediately after birth, at the earliest moment possible, and all necessary interventions be postponed or carried out while baby is on top of the mother`s bare chest (Serbezova, (2016), WHO, (2018), Moore et al., (2016)). It is optimal

for both of them to remain together this way up until the first breastfeeding has happened and baby has suckled effectively (Moore et al., (2016)). Observations on skin-to-skin care point:

- ✓ it benefits breastfeeding (Moore et al., (2016), WHO, (2018), Serbezova, (2016), Popivanova, (2016)),
- ✓ it has physiological benefits for the adaptation of the newborn to extrauterine life (Moore et al., (2016)),
- ✓ it affects positively thermoregulation and minimizes pain and stress for the newborn (Serbezova, (2016), Popivanova, (2016)),
- ✓ has a significant relation to the neurological, mental and emotional development of the child (Flacking et al. (2012), Popivanova, (2016)),
- ✓ reduces the risk for postpartal psycho-emotional problems for the new mother (Popivanova, (2016), Serbezova, (2016)).

EBM undoubtedly supports practicing skin-to-skin contact or placing the newborn infant directly on his mother's bare chest (or parent's chest) as early as possible after birth. Experts are expected to provide this contact and encourage it for both normal and operative births (WHO, (2018), Popivanova, A., (2016)). *Cangaroo care* also includes skin-to-skin contact in its principles and is successfully practiced for preterm infants (Serbezova, I. (2016)). In spite of this, clinical experience evidences *skin-to-skin contact* is not routinely offered in local maternity wards. This points us to further investigation and research. The aforementioned observations comply with the evidence a survey conducted in 2016 supplies. It is carried out by a group of NGOs amongst 5000 Bulgarian women nationally. This survey establishes that only one seventh of newborns in Bulgarian maternity wards are not separated from their mothers right after birth (SdruzhenieRodilnitsa (2016)). It also concludes that more than one third of those newborns had their first breastfeeding more than 6 hours after the birth (SdruzhenieRodilnitsa (2016)). In 86% of cases skin-to-skin contact was not provided within the first hour after birth and in half of those cases this was due to local regulations in the hospital's guidelines (SdruzhenieRodilnitsa (2016)). This data gives us ground for further exploration of the situation, so that opportunities and possibilities for enforcing the practice of skin-to-skin care in local wards can be assessed. Maternity care nowadays demands a patient-centered approach and respectfulness towards mothers and families' needs. This report aims to research current awareness and attitudes of parents and parents to be locally in regard to skin-to-skin contact, so that effective methods for popularization and enforcement can be developed.

Surveying local parents' awareness and attitudes – methods and demographics.

As a method for this research we have employed a simplified model of a survey, comprising of multiple choice questions and checkbox type questions via the platform Google Forms. It aims to explore parents' awareness and attitudes towards skin-to-skin contact practicing and its benefits and includes respondents from the region of Ruse, Bulgaria. The research is carried out online in March 2020 and the survey is voluntary and anonymous. It consists of 210 reported cases and is accessed via a closed Facebook group for mothers in the region. Results are graphically presented and observed tendencies are discussed.

First of all, we explore some demographic data concerning the respondents, so we can put results into perspective and acquire a viewpoint for their interpretation.

In the next figure we present the age profile of the respondents participated in the survey (Fig. 1).

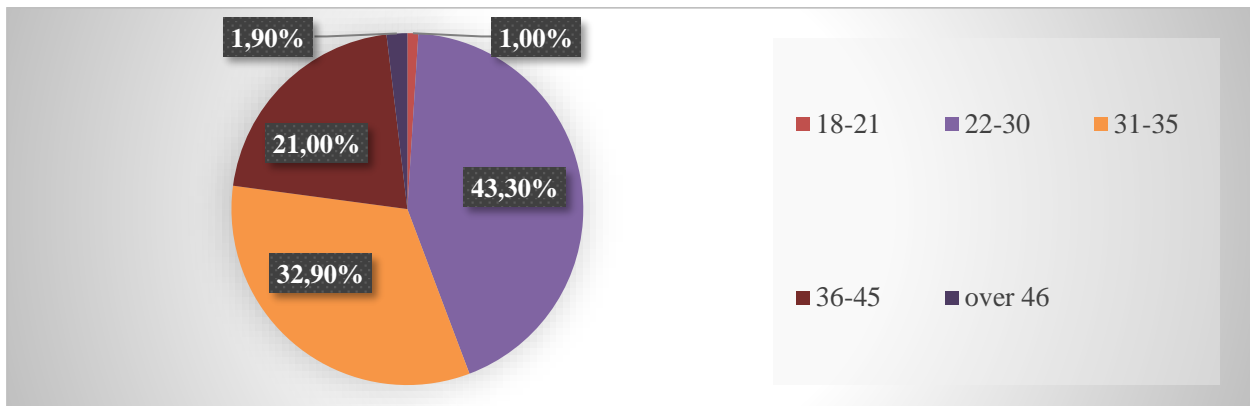


Fig. 1. Respondents' age data

The largest group is in the age window of 22-30 years of age, and women who are 31-35 closely follow them by a 10% difference. This data is logically connected to the expected profile of users in the Facebook group, as it is comprising of women in reproductive age, seeking peer support.

Information regarding the respondents' parity is also presented, as this can point us whether they have a personal experience with skin-to-skin care and how invested in the topic they would be (Fig. 2).

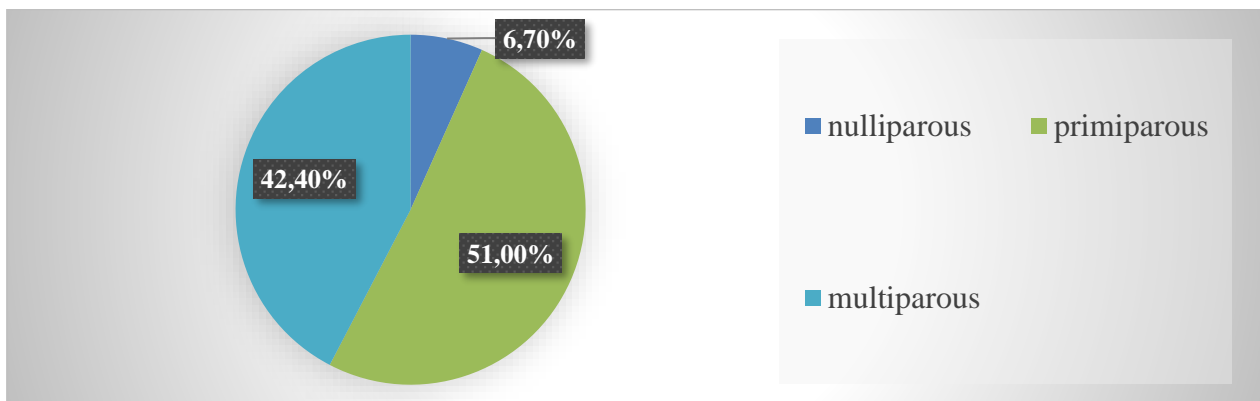


Fig. 2. Respondents' parity

Data shows the majority of cases reported are of respondents with one or more than one child (primipara or multipara) – a total of 93.40%.

As a segment of the demographic section of this research, we have included a question, exploring the respondents' educational status.

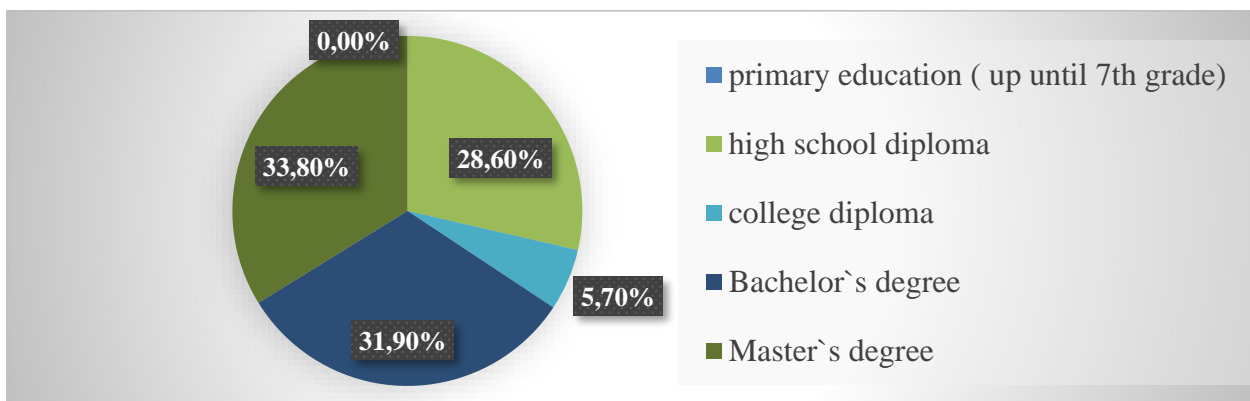


Fig. 3. Respondents' education status

Results show surveyed parents represent a well-educated population - a total of 65.70% of

women who filled out the survey have a Bachelor`s or a Master`s degree.

Surveying women in the Ruse region – awareness, attitudes and personal experience with the skin-to-skin practice in local wards.

The second section of this research looks at the respondents and their experience in local wards. Questions included aim to explore their attitudes, knowledge and personal experience with skin-to-skin and the undisturbed hour after birth in local wards and whether they had/have acces to it.

The first of the questions establishes if respondents think they are informed about skin-to-skin. They are asked to asses their own knowledge as they see it. Data is presented in the following figure (Fig. 4.).

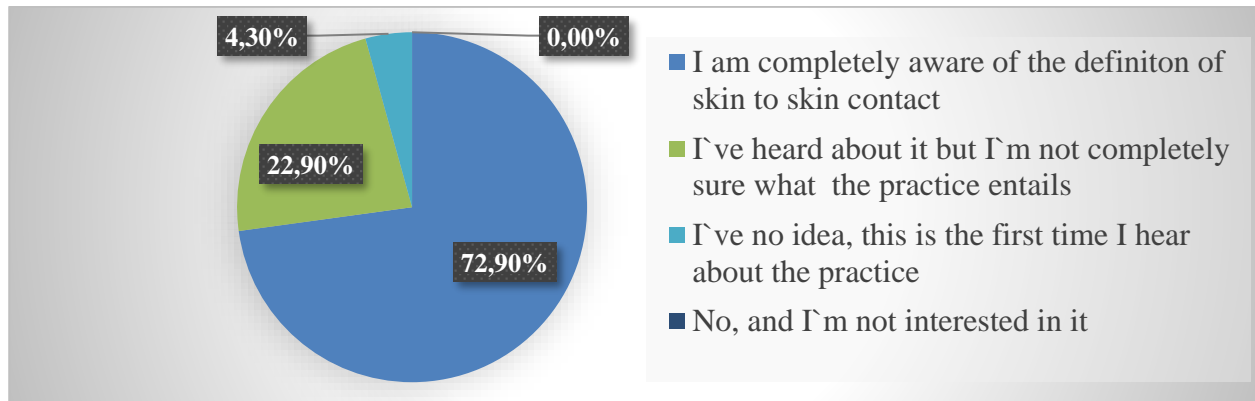


Fig. 4. Respondents` knowledge in regard to skin-to-skin care as evaluated by themselves

According to data, the majority of respondents show a full awareness of skin-to-skin and also, no respondents state disinterest. This gives us all the more reason to conclude the topic is essential to local women and they are interested in contemporary maternity practices. A small part of respondents – 4.3% are not acquainted with the practice and state this is the first time they are informed about it. This propmts us to the necessity of establishing a sustainable model of midwifery care, which is accessible for all women and ensures they are duely informed. In 22.90 % of cases reported, womenare not entirely confident they are informed about the method and this should be taken into consideration in the interpretation of the presented data.

The survey strives to explore not only women`s opinions, but also the motivation behind them. It looks at the reasoning they have for evaluating skin-to-skin contact as a necessary compnent of maternity care. They are presented with various options in a multiple choice type of question, aiming to explore their priorities. The following figure graphically presents them (Fig. 5):

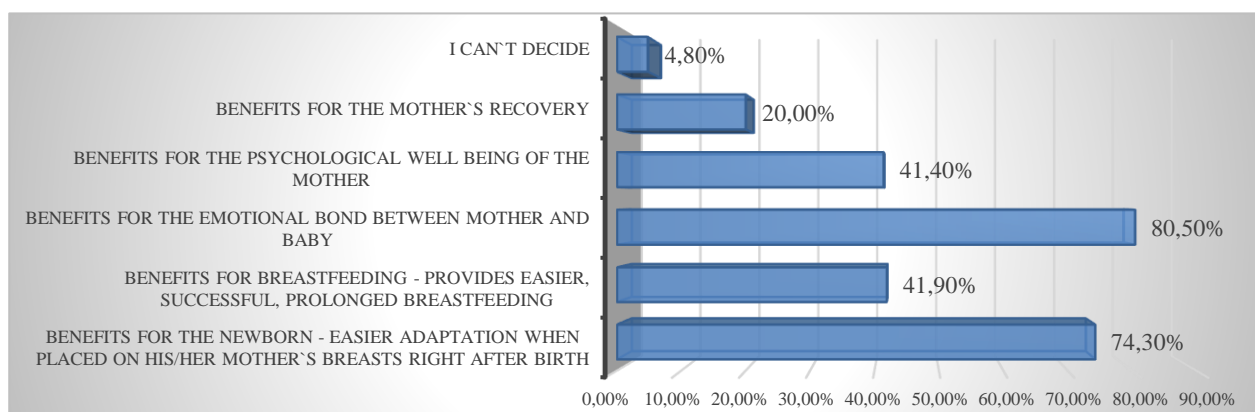


Fig. 5. Most significant benefits of skin-to-skin contact, ranked by the respondents

Women's replies point the process of bonding which skin-to-skin contact promotes is the most significant reason they view it as an important practice – scoring first with 80.50% approval. It is followed with 74.30% for the benefits in relation to the newborn's adaptation after birth. Benefits for the process of breastfeeding and the mother's mental health are not so popular amongst respondents – both options scoring around 41%. The aforementioned data gives us grounding to conclude that as much as women self evaluate themselves as informed, they still don't have all the facts and information in regard to skin-to-skin contact. It is essential that the prenatal consultation ensures enough preparation, so that families can have access to all the necessary information for each practice in the continuum of maternity care, in order to really have an informed choice. Just a partial recognizing of the skin-to-skin contact benefits, deprives parents of a realistic view on birth and immediate newborn care, which can lead to obstacles before accessing optimal maternity care, which every family deserves.

The next question aims to identify potential weak points in informational campaigns as well as parents' fears and insecurities as it comes to practicing skin-to-skin. This is of great importance when working on effective strategies for implementation of the practice. Such that would allow patients' needs to be optimally met. Knowing what kind of obstacles they recognize, we can acquire a realistic view of how they see skin-to-skin contact – whether they actually understand its fundamental effect all throughout life ahead. It is correct, communicational noise and lack of midwife-led care deprive women of a realistic and detailed idea of maternity care practices. That is why it is essential we look at what they share in the context of the actual informational level they have and the access they have to relevant information. Quality prenatal care demands parent classes, but locally it is almost entirely in the private sector and prenatal consultations are mainly comprising of ultrasound checks with a doctor, while the midwifery care with continuity of carer is practically non-existent locally.

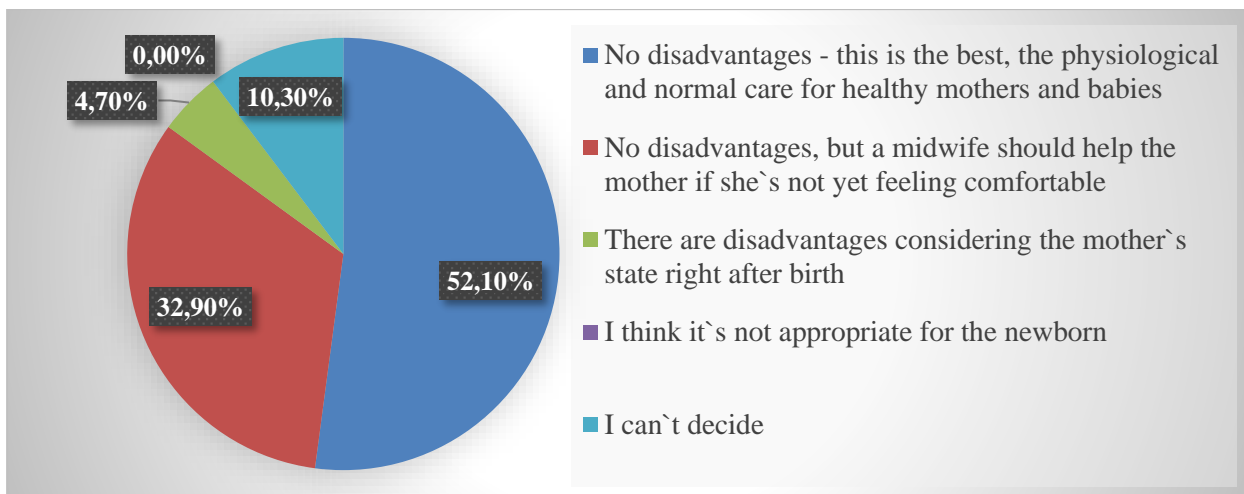


Fig. 6. Respondents' viewpoints on disadvantages to skin-to-skin care

Data demonstrates the most significant insecurity women have is associated with their own condition in the early postpartum period and they have doubts regarding their own capabilities in this window of time. Around one third– 32.90 %, identify the necessity of having a competent midwife by themselves that can help them and guide them to have skin-to-skin contact safely within the undisturbed first hour. This once more points us to necessary reorganisation of maternity care. The global healthcare crisis has a direct correlation to health outcomes for babies, mothers and families even in local wards. Lack of routine access to a birth partner is also a factor in regard to women's insecurities. In most labour wards in the country even fathers' attendance is paid and professional birth partners (doulas) are not welcome, with the exception of very few wards. This places women in a vulnerable position and could result in their lack of confidence in their abilities to care for the newborn infants. Midwife-led care can easily and effectively resolve this problem.

We have also given women the option to share some more thoughts about disadvantage in

their own words. Some of their comments include:

"If the mother is dizzy form an anesthesia or exhausted by a prolonged birth, this could be even more of a burden to her state."

"Lack of staff"

"Cannot be performed after a c-section"

"Mom is tired from birth. Baby never starts suckling this early."

"If a midwife can help me clean up after the birth and is with me in those first hours, I would definitely like to have skin-to-skin contact with the baby."

One of the main goals of our research is to establish if women approve implementation of the practice in local wards as a routine practice. As with any aspect of maternity care, women`s needs have to be recognized and respected and experts should elaborate a sustainable strategy, so that the best standard of care is offered in this crucial time for both mother and child. EBM is of exceptional importance for safety and health results. It is necessary this is understood and guidilensamdalgorithmsare updated according to WHO, UNICEF and leading professional organisations internationally, as evidence by serious and up to date scientific data.

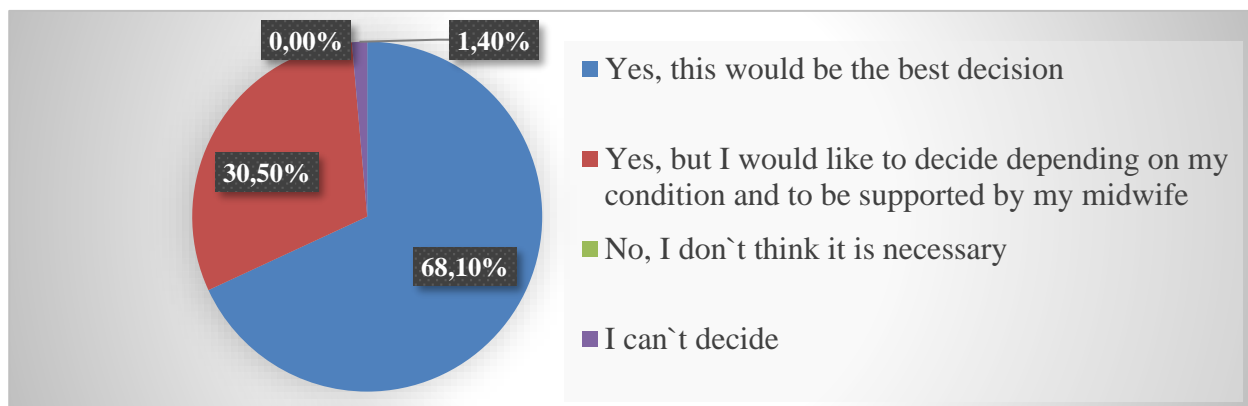


Fig. 7. Respondents` viewpoints on implementing skin-to-skin care in local wards

Data shows almost all women would like to have access to skin-to-skin care and would like it to be routinely practiced in local wards – 98.60%. This gives us a sound motivation for active work, directed at implementing the practice locally and nationally. It is our duty as birth experts to ensure the best quality of care, especially when both scientific evidence and women point us to the right direction.

The research also aims to outline effective strategies for informing families in regard to skin-to-skin contact, as establishing it as a routine practice requires a process of informing and raising awareness. Informed choice is a tool that empowers both parents and health experts so they can reach optimal health results and satisfaction. The following figure presents informational sources respondents have accessed to inform themselves about skin-to-skincontact (Fig. 8.):

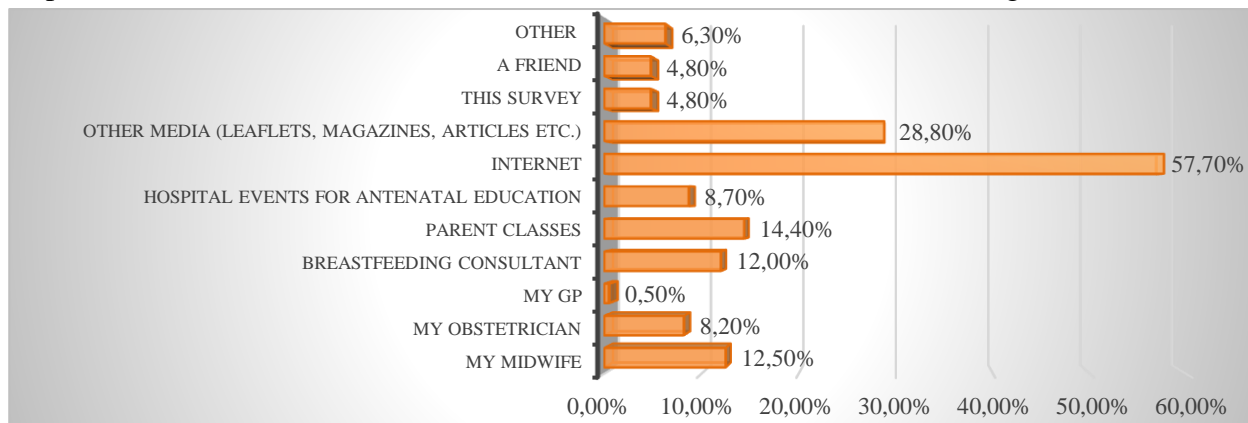


Fig. 8. Information sources used by respondents

Data shows most preferred information source respondents have accessed is the internet – with a 57.70% stating it as their educational method for information regarding skin-to-skin care. It is a number obviously higher as compared to sources such as midwife and doctor. Results come as no surprise, considering the current state of prenatal care and the non-existent midwife model of care. Skin-to-skin contact is a fundamental aspect of the immediate newborn care practice which is definitely a topic that needs to be discussed within the frame of prenatal care. This information also points us to the necessity of modern and easily accessible information shared by professionals. Experts should acquire an innovative and utilize social media, taking into consideration the dynamic landscape of both health care and communicational methods.

In this research we also look at what parents state they actually would prefer as an informatonal source, so that we can investigate whetehr women would eventually like to be informed by healthcare experts.

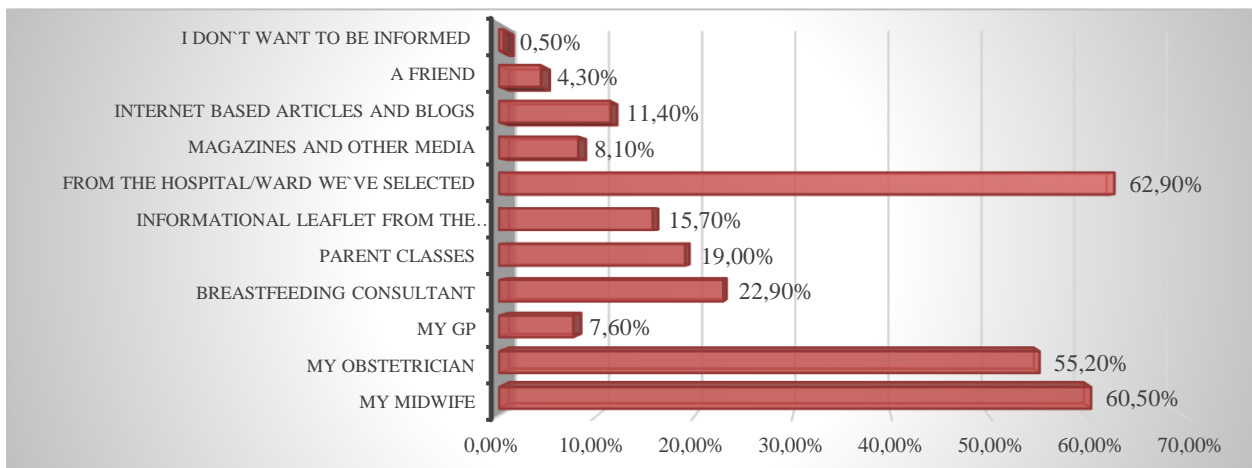


Fig. 9. Information in regard to sources preferred by respondents

Results show women recognize the midwife as a leading informational source in regard to skin-to-skin and demonstrate a strong preference for health experts, doctors and maternity wards. This evidences some serious communicational gaps that have developed over the recent years due to different obstacles and problems in the local healthcare system.

In order to better understand the current situation in local wards, we have asked women to share their own experience with skin-to-skin contact if they had any. In the following figure we present their experience graphically (Fig. 10).

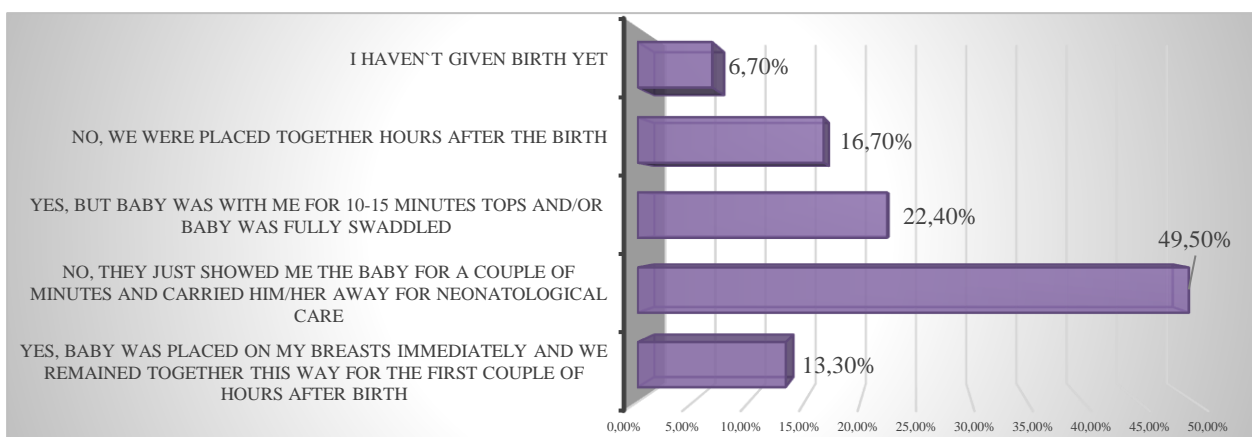


Fig. 10. Personal experience of the respondents with skin-to-skin care

Data points women don't have a routine access to skin-to-skin in local wards and 88.60% of cases reported in this survey do not incorporate this practice in the maternity care provided to

respondents. In 16.70% of cases, mother and baby were not roomed together until hours after the birth and 49.50 % (the largest share) were separated because of facility based practices in immediate newborn care of the respective wards – immediate physical examination of the newborn, measuring, swaddling. It is worth mentioning that part of the respondents participating have reported births that have taken place in a different region of Bulgaria or outside of the country, although those women are now a part of the same regional Facebook group we have examined. This could explain to a big extent the 13.30% who state they have had skin-to-skin contact with the baby.

CONCLUSION

Developing adequate and updated guidelines for practice and a complex of maternity care, founded on EBM is of great, even national, importance. In order to provide a wholesome and optimal start of life for newborns and their families, we need to recognize and put into practice those methods which ensure the best health outcome possible. This research showcases women's positive attitude towards implementing *skin-to-skin care* in the complex of maternity care. They need up to date and reliable information in accordance with the current recommendations and scientific evidence. Undoubtedly, modernising practices and provision of an updated guideline for immediate newborn care practices will elevate the professional level and satisfaction of health experts, as well as optimise health outcomes for mothers and babies, respectively for the whole population. Thus, we can manage to develop a sustainable model for including the practice of *skin-to-skin contact* routinely and popularizing it, which is the logical goal for Bulgarian healthcare experts, as evidenced by the compelling scientific literature data, clinical experience and all the benefits they point us to.

REFERENCES

- Bulgarian Ministry of Healthcare, (2014). *Guideline of the Ministry of Health № 13 from 23.07.2014 for the approval of the Standard for Neonatology. (Оригинално заглавие: НАРЕДБА на МЗ № 13 от 23.07.2014 г. Заутвърждаване на медицински стандарт "Неонатология")*
- Flacking, R., Lehtonen, L., Thomson, G., et al. (2012). *Closeness and separation in neonatal intensive care.*
- Moore E.R., Bergman N., Anderson G.C., Medley N., (2016). *Early skin-to-skin contact for mothers and their healthy newborn infants.* Cochrane. URL: http://www.cochrane.org/CD003519/PREG_early-skin-skin-contact-mothers-and-their-healthy-newborn-infants (Accessed 10 March 2020)
- Popivanova, A., (2016). *The Skin-to-skin Contact Or About the Undisturbed Contact between Mother and Child after Birth. (Оригинално заглавие: Контакт „кожа до кожа“ или за непрекъснатия контакт между майката и бебето след раждането. НАПК)* URL: <http://www.podkrepazakarmene.com/early-contact-878.html> (Accessed 12 March 2020)
- Serbezova, I., (2016). *The „Skin-to-skin“ method – a method for quality nursing and midwife care.* Proceedings from The Union of the Scientists in Ruse, 6th Edition. (Оригинално заглавие: Методът „кожа до кожа“ – метод за качествена сестринска и акушерска грижа, Известия на съюза на учените в Русе, том 6)
- Sdruzhenie Rodilnitsa, (2016). *Survey for establishing the practices of Skin-to-skin contact – a Short Analysis of the Results. (Оригинално заглавие: Анкета за установяване на практиките за ПЪРВИ КОНТАКТ – кратък анализ на резултатите. Сдружение Родилница)* URL: <http://www.rodilnitza.com/blog/news-events/anketa-praktiki-1-kontakt/> (Accessed 12 March 2020)
- WHO, (2018). *WHO recommendations: intrapartum care for a positive childbirth experience.* ISBN 978-92-4-155021-5. URL: http://apps.who.int/iris/bitstream/handle/10665/43633/9241591544_eng.pdf?sequence=1 (Accessed 12 March 2020)