

Why is skin-to-skin contact after birth and breastfeeding within the first hour of life so important?

- ★ If left undisturbed, the healthy term baby takes an average of one (1) hour to orientate to the breast, attach and start to breastfeed. Babies affected by medications used during the labour and birth may require longer than one hour
- ★ Baby develops a sequence of behaviour - crawling, rooting, sucking – and uses the senses of smell, sight and hearing to find the ‘flight path’ to the breast
- ★ Baby adapts better – stabilises temperature, breathing, heart rate and blood sugar levels
- ★ Mother and baby “imprinting” is fostered with baby using the strongest newborn sense – smell
- ★ Baby’s hand and mouth contact with the nipple stimulates maternal oxytocin to enhance uterine contractions, milk let-down and mother-baby interaction and bonding.

In recent years, research (see references below) has confirmed the importance of uninterrupted skin-to-skin for mother and baby after the birth. Our practices have had to change to mirror this evidence.

The Baby Friendly Hospital Initiative (BFHI) was convened globally by UNICEF and the World Health Organisation, along with the evidence-based “10 Steps to Successful Breastfeeding”. In Australia it is administered by the Australian College of Midwives. Currently, there are greater than fifty hospitals accredited as “Baby Friendly’ within Australia, with seven in Tasmania.

BFHI has recognised the importance of skin-to-skin and the first breastfeed through the implementation of Step 4 and for your interest, we have included part of the written Step below:

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4. *Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed.*
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The facility has procedures which keep mothers and babies together in skin-to-skin contact for at least an hour after a vaginal or caesarean birth. When the mother plans to breastfeed, the first breastfeed is allowed to occur when the baby is ready.

Initiating breastfeeding after a vaginal birth

Unless a medically indicated procedureⁱ is required, immediateⁱⁱ skin-to-skin contact with the mother is facilitated and continues undisturbedⁱⁱⁱ until the baby has had the first breastfeed, even if mother and baby have to be transferred. The baby is allowed to follow the normal sequence of innate feeding behaviours and initiates breastfeeding when ready. Staff provide assistance by keeping the mother and baby together and encouraging the mother to recognise and respond to her baby’s innate feeding behaviours.

Initiating breastfeeding after a caesarean birth

Skin-to-skin contact between mother and baby should preferably be initiated in theatre suite.

Where this is not possible, a mother who has not had a general anaesthetic is in skin-to-skin contact with her baby within 10 minutes of the time she arrives in recovery, unless a medically indicated procedureⁱ is required. A mother who has had a general anaesthetic is in skin-to-skin contact within 10 minutes of being able to respond to her baby^{iv}. Once skin-to-skin contact is facilitated, it continues undisturbed until the baby has had the first breastfeed, even if mother and baby have to be transferred. The baby is left undisturbed to follow the normal sequence of innate feeding behaviours and initiates breastfeeding when ready. Staff provide assistance by keeping mother and baby together and encouraging the mother to recognise and respond to her baby's innate feeding behaviours.

ⁱ A “medically indicated procedure” includes resuscitation or stabilisation procedures for sick and/or preterm infants. *There are only a small percentage of babies who require procedures that cannot be carried out with the baby on the mother's abdomen. [Reference: Textbook of Neonatal Resuscitation, 4th edition, American Academy of Pediatrics, 2000]*

ⁱⁱ **Immediate (skin-to-skin contact):** Although skin-to-skin contact starting immediately after a vaginal delivery is optimal, for the purposes of Step 4 there may be up to 5 minutes of separation before continuous skin-to-skin contact starts. As a guide to measuring 5 minutes, the baby should be on the mother's chest in skin-to-skin contact before the second Apgar.

ⁱⁱⁱ **Continues undisturbed:** Although this step specifies that skin-to-skin contact should continue “for at least an hour”, it has been shown that most healthy term babies will follow a sequence of pre-feeding behaviours for more than an hour before they are ready to initiate breastfeeding – the median is 80 minutes. If the mother's condition necessitates a toilet break before the baby has breastfed, then the interruption should be as brief as possible, before resuming skin-to-skin contact.

References / Resources

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