References, Cont.


Skin-to-Skin

“Skin-to-skin” is when a dry, naked newborn is held against his mother’s bare abdomen, and the two are covered with a blanket. The newborn may wear a diaper and/or hat. Skin-to-skin care is important for newborn homeostasis and thermoregulation, regardless of feeding method. Skin-to-skin helps the newborn transition to life outside of the womb, and helps facilitate a good first feed.
According to the AAP and AWHONN, the standard of care is to:

- support skin-to-skin initiation immediately after birth;
- perform any required assessments and routine procedures without interrupting skin-to-skin;
- facilitate continuous skin-to-skin through the first breastfeeding, or at least one hour for formula-feeding families;
- encourage skin-to-skin throughout hospitalization; and
- encourage skin-to-skin with other caregiver when mother is not available.

Research shows that newborns who experience standard of care skin-to-skin have:

- lower risk of hypothermia (and higher axillary temperatures);
- lower, more stable respiratory rates;
- lower risk for hypoglycemia (and higher blood glucose levels);
- faster return to physiologically normal heart rate;
- less crying and stress signals;
- earlier breastfeeding initiation, and higher likelihood of effective first feed;
- increased bonding due to ability to smell and feel mother.

Research shows that mothers who experience standard of care skin-to-skin have:

- decreased anxiety
- increased self-confidence in ability to parent
- increased uterine contractions (due to stimulation of oxytocin)
- increased bonding due to ability to smell and feel newborn.

Research shows that standard of care skin-to-skin facilitates successful breastfeeding because it allows the baby to move through their nine instinctive stages.

- Birth cry: cries to expand lungs;
- Relaxation: usually while mother births the placenta and recovers;
- Awakening: baby starts to move head and shoulders, and may open eyes;
- Activity: newborn begins to display rooting reflex;
- Rest: may happen at any point;
- Crawling: newborn begins to wiggle toward the breast and nipple;
- Familiarization: newborn licks the nipple and touches the breast, stimulating oxytocin (therein causing uterine contractions and let-down);
- Suckling: newborn self-attaches & suckles. Reflexes are strongest in 1st hours of life.
- Sleep: newborn and mother fall asleep to recover energy expended in birth.

It is important to take advantage of these nine instinctive stages. When mothers and babies do not have skin-to-skin contact in the critical first hour of life, they will likely require more assistance with latching on and transferring milk.