Immediate “skin-to-skin” after delivery is when a newborn is dried and placed naked on the mother’s bare abdomen, and the two are covered with a blanket for warmth. Skin-to-skin care is critical for achieving newborn homeostasis and thermoregulation in the first hours of life. It is the best practice available to facilitate a smooth transition to life outside of the womb and get breastfeeding off to a great start. Continued skin-to-skin on the mother’s chest throughout the first days and weeks has been shown to be beneficial. Reduce the risk of falls by educating families of this risk and monitoring for parental fatigue.

Immediate and continuous skin-to-skin contact between mother and baby encourages the infant to adjust to life outside the womb. Research shows skin-to-skin results in:

- Higher axillary temperatures – lowered risk for hypothermia
- Higher blood glucose levels – lowered risk for hypoglycemia
- Lower, more stable respiratory rates
- Faster return to physiologically normal heart rate
- Decreased crying
- Decreased anxiety for birthing parent
- Increased self-confidence in mother’s parenting ability
- Stimulation of maternal oxytocin to enhance uterine contractions, access to colostrum and mother-baby bonding – allows mother and baby to smell and feel each other
- Encouragement of breastfeeding – the warmth, smell and closeness to the breast are associated with easier and longer breastfeeding

Procedures for Immediate Skin-to-Skin Care

- After delivery, dry and stimulate newborn for first cry
- Assess newborn and if stable, place skin-to-skin with cord attached (option to milk cord).
- Clamp cord after 1 minute or delivery of placenta
- Reassess newborn to permit physiological circulatory transition
- Continue to dry entire newborn except hands to allow suckling hands bathed in amniotic fluid
- Assess Apgar scores at 1 and 5 minutes
- Replace blankets and cap if wet

Procedures for Immediate Postpartum Care

- Newborn drying and assessments, including Apgar scoring, may be performed on mother’s belly
- Mother should be elevated, not lying flat
- Continue skin-to-skin uninterrupted until the first breastfeed is complete (or minimum of 1 hour for mothers who are not breastfeeding)
- Delay weighing, measuring, bathing, eye prophylaxis and Vitamin K administration (see Eyes and Thighs)
- Assist and support breastfeeding

CONTINUED ON REVERSE...
Skin-to-Skin Care: 
A Guide for Healthcare Professionals

Components of Safe Positioning for the Newborn While Skin-to-Skin

| 1. Infant’s face can be seen  | 8. Infant’s back is covered with blankets |
| 2. Infant’s head is in sniffing position | 9. Mother-infant dyad is monitored continuously by delivery unit staff and regularly by postpartum unit staff |
| 3. Infant’s nose and mouth are not covered | 5. Infant’s neck is straight, not bent |
| 4. Infant’s head is turned to one side | 6. Infant’s shoulders and chest face mother |
| 5. Infant’s legs are flexed | 7. Infant’s back is covered with blankets |

Considerations

- Significant practice changes may be required when implementing this model of care. Routine observations of the dyad are important. Protocols for continually assessing the health and well-being of the mother and newborn are essential.
- Practice changes require continual re-education and it may take time for healthcare professionals to become comfortable with them. Try role playing and simulation as an educational strategy.
- Practicing skin-to-skin immediately after birth and throughout the maternity stay may require consideration of new perspectives:
  - Birth separates mother and infant for the first time
  - Mothers need to be close to their infants, just like infants need to be close to their mothers
  - Skin-to-skin is a simple, free, and evidence-based practice that is good for mothers and babies
  - The experiences women and infants have around birth influence them for a lifetime

Tip: Some mothers may express concern about their baby being “wet and dirty” and will ask that the newborn be “cleaned off.” In order to avoid separation of mother and baby (maintaining warmth and respiratory health), we need to prepare mothers and partners in advance. For example, during early labor, during epidural rest, or even between pushes, we can say:

- “As soon as you give birth, we will bring baby right to for his first hug. This snuggle time is important for helping your baby adjust to life outside of the womb.”
- “When you see your baby for the first time, she may look very messy. The vernix on her skin helps to keep her warm and fight off bacteria. That’s why we try to delay the first bath.”

REFERENCES:


doi:10.1177/1054773812468316

