



A Study on Prolonging the Skin-to-skin Contact of Babies Born Vaginally by 1 h

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ABSTRACT

The authors' hospital has been committed to improving the quality of maternal and child care by promoting baby-friendly policies. Among different measures, it was found that skin-to-skin contact for 1 h immediately after delivery greatly benefited both the mother and the infant, especially in improving the breastfeeding rate. However, in clinical practice, the length of skin-to-skin contact has been limited to 20 min for babies born vaginally. Although the rate of newborns having a 20-min skin-to-skin contact was as high as 99.48%, there was still room for improvement. To prolong the length of skin-to-skin contact to 1 h, the authors' hospital implemented multiple strategies, such as a cross-unit manpower support system, the use of innovative sanitary materials that were both safe and warm, and the introduction of a new specialist care quality indicator, named the "skin-to-skin contact rate of babies born vaginally". As a result, the rate of babies born vaginally who received 1 h of skin-to-skin contact increased from 0% to 41.85%.

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INTRODUCTION

Skin-to-skin contact immediately after delivery can not only promote the mother's uterine contraction and stabilize the newborn's physical and mental conditions but can also improve the mother-infant relationship and facilitate breastfeeding. The newborn is the most awake during the hour after birth, making it the optimal opportunity for mother-infant contact. In addition, it is the best time for the baby to learn about sucking and breastfeeding. Skin-to-skin contact during the first hour can improve the success rate of the first breastfeeding time as well as extend its duration, while simultaneously increasing the rate of exclusive breastfeeding. Therefore, by extending the skin-to-skin contact duration of vaginally born babies from 20 min to 1 h, the newborn can have more time to learn how to find and suck the nipple or even how to be breastfed. Hence, the authors' hospital implemented corresponding measures to increase the rate of vaginally born babies who could receive 1 h of skin-to-skin contact to improve the quality of maternal and child care.

METHODS AND MATERIALS

To increase the rate of vaginally born babies that receive 1 h of skin-to-skin contact under the premises of effectively increasing care manpower and ensuring the safety of mothers and infants, the following strategies were proposed: (1) Establish a cross-unit manpower support system in the delivery room and the nursery, providing mothers and infants with continuous care both before and after delivery. The nursing staff will constantly accompany and supervise the mother and promptly guide the mother to breastfeed the baby according to the baby's actual needs (Figure 1); (2) Design innovative skin-to-skin thermal clothing that can keep the baby warm without compromising their safety (Figure 2); and (3) Introduce a new specialist care quality indicator named the "skin-to-skin contact rate of babies born vaginally," the basis of which statistical analysis and regular review of the implementation can be conducted to improve the quality of care.

RESULTS

According to the statistical analyses, the rate of babies born vaginally who received 1 h of skin-to-skin contact was 0% in 2020. However, owing to the implementation of the aforementioned measures, this rate increased to 41.85% between January and August 2021 (Figure 3); 20% were first-time breastfeeding mothers.

GRAPHS AND TABLES



Figure 1



Figure 2

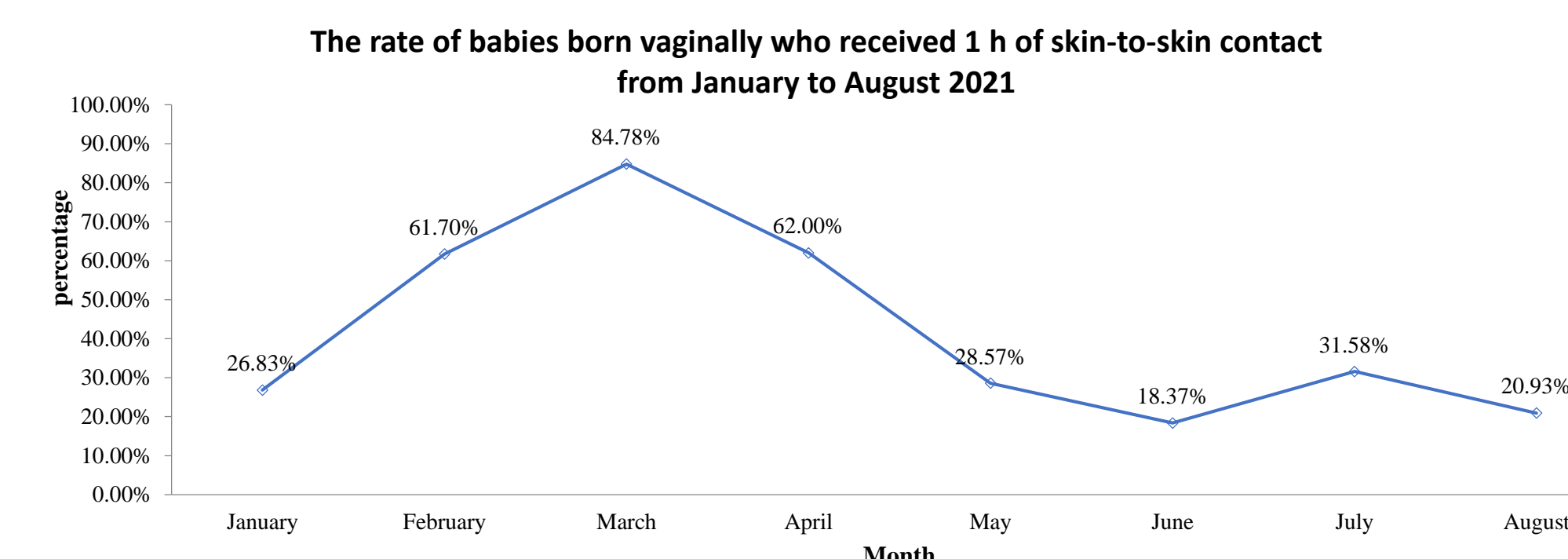


Figure 3

DISCUSSION

The implementation of the multiple strategies mentioned above greatly increased the rate of babies born vaginally who received 1 h of skin-to-skin contact. However, since April 2021, the coronavirus disease pandemic became severe in Taiwan. In response to the pandemic prevention policy, expectant mothers often went through induced labor after admission and, therefore, suffered from maternal fatigue due to the process taking longer than does natural delivery. Consequently, the implementation of these strategies was relatively delayed but would be actively continued once the pandemic became less severe.

CONCLUSIONS

Through the establishment of a cross-unit human support system, the use of innovative sanitary materials, and the monitoring of a specialized nursing quality indicator, this study prolonged the skin-to-skin contact of babies born vaginally and enhanced the continuity and the integrity of nursing care, thereby effectively increasing the rate of babies born vaginally who received 1 h of skin-to-skin contact.

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