Importance and benefits of skin to skin contact (ssc)

Life, Hobby

SSC and cesarean section births seem to be a topic of interest in the recent years due to the obvious benefits of SSC and the lack of occurrence of SSC following the cesarean section birth.

According to Levine and Lowe (2014), the rate of cesarean births is increasing worldwide and has been for the past few decades. This rate has been increasing due to healthcare professionals' opinions of childbirth or the ability of healthcare professionals that treat childbirth and pregnancy as an illness. The idea that childbirth is an illness comes from seeing the need for intervention of healthcare professionals as an indicator that the event is dangerous rather than a healthy woman requiring support for the birthing process. Nurses, those that tend to have the most patient contact, have the ability to either promote or hinder vaginal births which can be increasing the rate of cesarean section births. This study is important because it explains that healthcare professionals' opinions and treatment of mothers makes SSC occur less frequently following a cesarean section birth than it does following a vaginal birth. This study also points out that nursing attitudes need to be better defined in order to look at this subject more closely as it relates to birth methods.

Moreover, cesarean section newborns typically have a harder time adjusting to life outside of the uterus and the bond that comes from SSC with their mother helps make the adjustment less stressful. Copple (2016) created a study which compared the adjustment of cesarean section babies after birth if the baby was placed on the chest of the mother to situations where the baby was placed under a warmer. The argument was made and supported that the infants that were placed SSC adjusted better to life outside the

uterus rather than the newborns placed under the warmer. This article demonstrated that SSC eased the transition to extrauterine life and helped facilitate the bond between newborn and mother especially for those infants that are born via cesarean section.

Conroy and Cottrell (2015) were another group that looked into the effects of SSC on infants born through cesarean section. This study took place at a non-profit hospital. These researchers looked at the effect of SSC on breastfeeding by comparing an experimental group of mothers who were given immediate SSC with their infants with a group that was given the standard care without immediate SSC. The experimental group had 25 participants while the control group had 16. This group found that the mothers given immediate SSC has an easier and shorter time before starting breastfeeding and the infants tended to breastfeed for longer. Exclusive breastfeeding rates were also for more weeks after birth in the immediate SSC group. This group suggested that SSC would be beneficial for all birth situations as the effects on breastfeeding and bonding were so abundant, but this study was limited due to the small group sizes and only taking place at one hospital.

Moreover, Schneider, Crenshaw and Gilder (2016) focused on infants born via cesarean section and were transferred to the neonatal intensive care unit (NICU). This group looked at a designated baby-friendly hospital in Southwest United States. Baby-friendly hospitals must follow ten steps in order to increase exclusive breastfeeding, breastfeeding long term and reduce formula feeding within the first 2 days. This hospital has been

implementing SSC following cesarean section births whenever possible since 2013 and has been implementing SSC following vaginal births for many years prior to that. This study looked at NICU transfers following cesarean sections from 2011 to 2015 as in before and after 2013 when immediate SSC was implemented for cesarean section births. The analysis resulted in 5. 6% of newborns transferred to the NICU before 2013 and only 1. 75% following 2013. There were no other major policy changes to this unit that would have affected the outcome of this study. This study showed that immediate SSC allows the infant to have a better adjustment period which could potentially keep the infant out of the NICU for observation decreasing staffing needs and unnecessary handoffs between staff members (which can impact patient safety). This study had limitations as in it only looked at one hospital and in the studies' population it excluded premature infants and only completed research on infants born after 37 weeks of gestation.

Gentle cesarean section was researched by Magee, Battle, Morton and Nothnagle (2014). This group of researchers was able to produce a study looking at the process of gentle cesarean when vaginal birth is not a feasible option. Gentle cesarean aims to make the operating room environment more conducive to the family and allow for immediate SSC contact if the baby is stable. The study took place at a community hospital that runs in partnership with Brown University between 2009 and 2012. The study did see some infants that had lower temperatures following birth therefore a policy change was implemented which included adding a warming blanket. Newborns temperature was more stable when held SSC and with a warm blanket problem, therefore the issues were solved with the policy change during this

study. This study demonstrated that gentle cesarean or a family-centered cesarean section with a focus on SSC immediately following birth can promote maternal-newborn bonding as well as breastfeeding. Although this study demonstrated great positive feedback, the study focused on one small hospital overlooking 144 cesarean sections over three years. In order to create an evidenced-based practice change the study would need to be repeated at several hospitals with similar policies, but this is a promising start.

In 2016, almost one third of births were via cesarean section. With this rise in cesarean section births, Mercier and Durante developed an analysis regarding the use of gentle cesarean section with emphasis on immediate SSC following birth (2018). Typically, after most cesarean section births, the baby is given to a healthcare provider who does an assessment and the baby is dried and swaddled before being given to the mother, with gentle cesarean section births the infant is dried off right before being placed prone on the mother’s chest where all medical interventions and assessments can be completed. If the mother is not stable and the infant is, the infant can be placed skin to skin with the mother’s labor support person. Immediate SSC following a cesarean birth was found to help with temperature regulation and had no increasing effect on respiratory distress. This study by Mercier and Durante (2018) looked at survey responses of 86 healthcare professionals in 2015 that worked at a facility that saw about 2, 000 births a year with about 600 or about 30% of those being via cesarean section. This survey allowed the providers to input their concerned regarding immediate SSC contact which focused mainly on concerns of not being able to have an accurate

assessment of the newborn or not being able to step in and assist a baby that is struggling with its transition to extrauterine life. The positive input reinforced that idea of bonding being improved and helping the mother come to terms with a non-ideal birth. Mercier and Durante (2018) acknowledge that the concerns of the healthcare providers are legitimate while reinforcing that the benefits for the infant and mother dyad can outweigh those concerns with healthy births. The study states that the main problem is that the healthcare provider’s attitudes and ways of practice will be that hardest to change but fails to mention the difficulties of actually changing policy to implement new evidence-based practice which also pose a barrier to immediate SSC following cesarean section.