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Jamie Atkins

Cedarville University, jatkins@cedarville.edu

Grace Frederick

Cedarville University, gfrederick@cedarville.edu

Ellen Lintemuth

Cedarville University, ellenlintemuth@cedarville.edu

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Promoting Early Skin-to-Skin Contact and its Effect on Breastfeeding

Jamie Atkins, Grace Frederick, Elle Lintemuth
Cedarville University School of Nursing

PATIENT CARE ISSUE

- Implementation of skin-to-skin contact between mother and baby immediately following birth and its effects on:
 - Successful breastfeeding initiation
 - Duration of breastfeeding
 - Breastfeeding exclusivity

EVIDENCE-BASED PRACTICE QUESTION

- Question:** Does skin-to-skin contact positively influence breastfeeding initiation, exclusivity, and duration vs. conventional care?
- **Population:** Expectant mothers and women planning to become pregnant who are planning to breastfeed
 - **Intervention:** Immediate implementation of skin-to-skin contact between mother and baby directly after birth
 - **Comparison:** Immediate skin-to-skin contact vs. conventional hospital care
 - **Outcome:** Skin-to-skin has a positive effect on breastfeeding initiation, exclusivity, and duration

METHODS

Database Searched	Date of Search	Keywords	Relevant Articles	Used Related Citations
MEDLINE	9/20/12	Skin to Skin, Breastfeeding	Moore et al. (2007)	
PUBMED	9/20/12	Kangaroo Care, Breastfeeding, Skin-to-Skin	Flacking et al. (2011)	
	9/21/12	Conventional Care, Breastfeeding Success, Newborns, 2005-present	Unproductive	#9. Carfoot et al. (2005) #52. Bystrova et al. (2009) #74. Bramson et al. (2010)
CINAHL	9/19/12	Kangaroo Care, Breastfeeding	Unproductive	
	9/20/12	Skin to Skin, Breastfeeding	Unproductive	
	9/21/12	Kangaroo Care, Breastfeeding	Hake-Brookes et al. (2008)	
Cochrane	9/20/12	Breastfeeding, Skin to Skin	Moore et al. (2012)	
	9/21/12	Kangaroo Care, Breastfeeding	Conde-Agudelo et al. (2011)	

REGISTERED NURSE INTERVIEW

- An RN at Miami Valley Hospital (MVH) was interviewed with the following questions:
 - Are you personally an advocate of skin-to-skin contact?
 - RN stated that she found it very important for bonding and transition into life
 - How do the nurses bring up the subject of skin-to-skin contact?
 - Nurses ask the mothers on admission if they would like to implement skin-to-skin care
 - RN stated that the majority of mothers bring this subject up first
 - Is there a set policy at MVH on skin-to-skin care?
 - There is not a set protocol on the implementation of skin-to-skin care
 - MVH is a "Baby Friendly" hospital, so early skin-to-skin contact is highly encouraged.
 - What is the attitude of mothers towards skin-to-skin care and breastfeeding?
 - RN stated that the majority (approximately 95%) of mothers were open to implementation of breastfeeding and kangaroo care

RESULTS

- Breastfeeding initiation**
- Four of the eight studies found SSC to be influential on immediate breastfeeding success (LOE I, II, II, IV)
- Breastfeeding exclusivity**
- Five out of the eight studies found that there was a significant increase in exclusive breastfeeding when skin-to-skin contact was implemented (LOE I, II, II, II, IV)
- Duration of breastfeeding**
- Evidence of longer duration of breastfeeding related to post birth skin-to-skin contact was supported in five of the eight articles reviewed (LOE I, II, II, IV, VI)

SYNTHESIS OF EVIDENCE

- Breastfeeding Initiation:**
- Standard conventional care interferes with these first moments after birth when the infant is most receptive to attachment to the breast (1)
 - Found statistically significant that immediate skin-to-skin has a positive effect on the first breastfeed (7)
 - Infants who received immediate skin-to-skin contact at birth displayed rooting and feeding behavior earlier than those who did not (M=45 minutes vs. 54 minutes) (8)
 - Recommended by the Academy of Pediatrics that healthy newborns be placed and remain in direct skin-to-skin mother-infant contact until after the first breastfeeding (1)
 - Found that women who experienced skin-to-skin contact early after delivery were very satisfied with the outcome (3)
- Breastfeeding Exclusivity:**
- The longer a mother experiences early skin-to-skin contact during the first three hours following birth, the more likely that she will breastfeed exclusively during her maternity hospitalization (1)
 - A higher percentage of kangaroo care mother-infant pairs breastfed at full exclusivity at discharge, six weeks, three months, and six months compared to the control group of conventional care (6)
- Breastfeeding Duration:**
- Mothers who implemented Kangaroo Mother Care were more likely to be breastfeeding at one-three months postpartum than the control (4)
 - New mothers who had SSC implemented upon birth were likely to breast feed in the first four months and also were inclined to breastfeed longer (8)
 - Mothers that were in a group that had more time of contact with their infants (20 minutes or longer) were found to breastfeed 3 months longer than those without any SSC (1)

EVIDENCE-BASED PRACTICE RECOMMENDATIONS

- The longer that skin-to-skin contact is implemented the more likely exclusive breastfeeding will occur (1)
- Infants should be placed directly skin-to-skin until after the first breastfeeding (1)
- Encourage immediate skin-to-skin contact, within first minute of life (8)
- Place infant prone on mother's abdomen or chest (8)

LIMITATIONS

- Each study had different factors involved, and each one approached skin-to-skin contact from different angles
- Some of the studies did not show a marked difference between skin-to-skin and standard care (2, 3)
- The mother's socioeconomic status; educational status, culture, and family influence her decision to initiate skin-to-skin contact as well as the decision to breast feed (1, 6)
- Documentation variability because of mother's self-documentation (6, 8)

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