



Evidence-based study of "No mothers and their healthy newborn infants Separation, With Unlimited Chances of Breastfeeding"

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Abstract

Skin-to-skin contact is usually referred to as the method in which a baby is washed and laid directly on the bare chest of their mother after birth, both wrapped in a warm blanket and left for at least one hour or until after the first meal. Skin-to-skin contact can also occur whenever a baby needs to be relaxed or relax and help to boost the supply of milk to a mother. Skin-to-skin contact is also vital in neonatal units, where it is often referred to as kangaroo care, helping parents bond with their baby, and supporting better physical and developmental outcomes for the baby

Objectives: this study aims to discover the importance of the first skin to skin contact between infants and mother especially in the first hours after birth. The results showed that there is strong relationship between SSC and health stability for both mother and newly born babies, it also showed that SSC enhance the breastfeeding on the first hours after birth and support mother mental health and keep her safe from after birth depression.

Keywords: Mothers, Healthy, Newborn, Breastfeeding, Skin-to-skin contact.



الملخص

يشار عادة إلى أن ملامسة الجلد إلى الجلد هي الطريقة التي يتم بها غسل الطفل ووضعها مباشرة على صدر أمه بعد الولادة، وكلاهما ملفوفان في بطانية دافئة ويتركان لمدة ساعة على الأقل أو حتى بعد أول محاولة للرضاعة الطبيعية. يمكن أيضًا أن يحدث التلامس من الجلد إلى الجلد عندما يحتاج الطفل إلى الاسترخاء، ويساعد هذا على زيادة إمداد الأم بالحليب. يعد ملامسة الجلد إلى الجلد أمرًا حيويًا أيضًا في وحدات الأطفال حديثي الولادة، حيث يشار إليها غالبًا باسم "رعاية الكنغر"، التي بدورها تساعد الوالدين على الارتباط بطفلهما أكثر، ودعم النتائج الجسدية والتنموية الأفضل للطفل.

الأهداف: تهدف هذه الدراسة إلى اكتشاف أهمية ملامسة الجلد للجلد بين الرضع والأم خاصة في الساعات الأولى بعد الولادة. أظهرت النتائج أن هذه الممارسة تعمل على تعزيز الاستقرار الصحي لكل من الأم والرضع حديثي الولادة، كما أظهرت أنها تعزز الرضاعة الطبيعية في الساعات الأولى بعد الولادة وتدعم الصحة العقلية للأم وتبقيها آمنة من بعد الاكتئاب عند الولادة.

الكلمات المفتاحية: الأمهات ، الأصحاء ، حديثي الولادة ، الإرضاع الطبيعي ، ملامسة الجلد للجلد.

Introduction

After birth, early skin-to-skin contact between the mother and her child (i.e. putting the baby naked, prone, on the bare chest or abdomen of the mother and covering both with a warm blanket) helps to adjust the newborn to life outside the womb. The custom encourages rapid breastfeeding as it uses the early alertness and natural characteristics of an infant to regularly latch on to the breast within the first hour of life without special assistance. Due to the importance of early exclusive breastfeeding for neonatal survival and subsequent breastfeeding outcomes, it is important to have environments and practices that allow early exclusive breastfeeding. In addition, early skin-to-skin contact provides additional short-and long-term benefits independent of breastfeeding establishment, including temperature control and bonding between mother and baby. Although most mothers are now able to take care of their babies after birth, and despite the fact that research supports couplet treatment overwhelmingly — hospital procedures have changed quite slowly— but they are increasing. [9] [11].



In 2015, 83% of birth facilities reported daily skin-to-skin care for most mothers and babies within an hour of uncomplicated vaginal birth for at least 30 minutes. That's up from just 43% in 2009. Freestanding birth centers reported high rates of skin-to-skin after vaginal birth (over 95 percent) as long as this measure is being monitored. Skin-to-skin care levels are still highly variable by country.17]

Early continuous skin-to-skin allows naked newborns to be placed on the bare chest of their mother immediately after birth it has several short-and long-term advantages for both newborns and mothers. Since this protocol should be the norm in perinatal care centers, any disruption of continuous skin-to-skin contact in the immediate postpartum should be updated and the policies of the health center should be changed accordingly [11]

Research problem

The study is focusing on the fact that the first touch and skin to skin contact between mother and infants is very important and have big advantage for baby health and strengthen his immune system. The study problem is how does the skin to skin contact influence the infants' health? How breastfeeding can support baby health and immune system?

Aim and objectives

Aim:

This study aims to discover the importance of the first skin to skin contact between infants and mother especially in the first hours after birth.

Objectives:

- Define skin to skin contact
- Identify the positive outcomes of skin to skin contact
- The importance of skin to skin contact



Research importance

The study focuses on the importance of first touch and skin-to-skin contact among mother and infants and the benefit for baby health and immune system strengthening. This research is important because it reflects the importance of skin to skin contact and the impact on baby health and mother breastfeeding.

Literature review

In 1978, Dr. Rey proposed Kangaroo mother treatment in Bogota, Colombia, or skin-to-skin contact for the first time. This care is based on the idea that early contact has a mother and child binding effect. The nonconventional low-cost method of delivering newborn care is called skin to skin contact (SSC) In order to make skin to skin contact, skin to skin should be placed on the mother's breast and abdomen .[1]

It is a natural process, preferably beginning right after birth or soon afterwards with the newborn left mother skin-to-skin until the end of the first breastfeeding this is a natural process. SSC can be defined as either immediate, very early (30-40 minutes post-birth) or early (any that takes place during the first 24 hours). Skin-to-skin babies are those which are medically healthy (The Philadelphia Children's Hospital, 2013). Nevertheless, when done immediately, SSC demonstrated that it is effective in stabilizing newborns.[7]

Also premature infants have shown a metabolizing stability and a stronger respiration if skin-to-skin is placed directly after birth. [12]

A 2013 study showed that SSC helps the newborn transition from intrauterine life, increasing respiratory control, temperature, glucose and much less crying, which suggests a reduction in stress. There are obstacles to introducing such services as with all healthcare reforms. One possible hurdle is that mother warning after a C-section is involved. 13]

Nevertheless, the use of spinal and epidural anesthesia helps mothers to remain vigilant so that SSC is instantly accomplished without being fearful of the altered consciousness of mother. SSC can be done with certain changes in the operating room.



Once the string has been cut, the nurse dries up the infant, gives an Apgar, puts a pressure on the baby and then positions the newborn in the transverse position on the breasts on the mother's breast and then cover the baby and the mother with towel. [16]

According to the Healthy Newborn Network, some of the advantages of SSC include regular infant breathing and heart rate, lower infant pain, quicker regulation of blood sugars and temperatures, and promoting breastfeeding. SSC is mainly aimed at promoting bonding and initiating breastfeeding as soon as possible after birth.

Maintains infant and blood glucoses levels, decreases risk of jaundice, reduces birth stress and fosters attachment between mothers and newborn children and facilitates longer breastfeeding periods in a meta-analysis of SSC after the caesarean section .[16]

Some of the psychosocial advantages of SSC are that newborns do not suffer from the negative effects of separation. Such touch promotes optimal brain development and encourages bonding that can lead to the long-term promotion of self-regulation in the child. [13]

The nurse is responsible for informing parents of the importance of this practice. SSC has some obstacles after a C-section. These include: staff in the surgery room who are not willing to take the move, some hospitals may need a designated nurse to be in the OR and there may be staff shortages, concern about mother alertness and concern about the incision site . 7]

Skin-to-skin connections can only be obtained by coordination between operating teams, departments for anesthesia, pediatrics and obstetrics. A potential challenge could be that parents do not understand SSC's benefits or what is it. In some hospitals, a detailed information guide was issued and parents were notified orally before birth of this choice.[6]

Both the World Health Organization and the United Nations International Children's Emergency Fund 17 recommend that skin-to-skin contact be started shortly after the birth of the baby and as long as the mother is healthy after the Caesarean section or immediately after vaginal birth. Initiated by these two organizations, the Baby-Friendly campaign proposes that all babies should have the chance to have immediate SSC .[16]



Promoting breastfeeding is one of the main aims for hospitals that aspire to become an accredited baby-friendly hospital [6]. The American Academy of Pediatrics ' guideline notes that infants should have their first six months of life with breastfeeding. The reason it is very important to breastfeed is the nutritional, immunological and cognitive findings that were previously mentioned [8], as suggested in the early half year of newborn life. Skin-to-skin babies and mothers have a natural instinct to tie themselves in the breast and continue breastfeeding. [5]

Babies If the mother keeps the baby after birth, the mother produces more breast milk and breastfeeding lasts longer without using the formula. In order to minimize incision, an early contact between the skin and the skin, a lateral position to breastfeed and a pillow is called for in the Academy of Breastfeeding Medicine Protocol, an early contact between skin and skin. Not only does skin-to-skin contact help the baby but it also enhances the mood of mother. Mothers who have a Caesarean birth report and are less satisfied with postnatal depression and breastfeeding difficulties [6]. SSC may also contribute to reducing maternal pain and preserve physiological stability of mothers and newborns [16]. Mothers who engage in SSC display more motherly behavior, greater confidence in caring for their babies and also a longer-term breastfeeding [13].

Materials and Method

Research Design:

A centered, ethnography-based medical study investigated a planned, cesarean section of SSC's interaction between mom and newborn after birth. An ethnography approach offers a detailed explanation of life experiences and a rich understanding of clinical phenomena that can be applied. The ethnographic method was used immediately after delivery to find a "lens" for the SSC experience of the mother. Observation of the SSC interaction occurred during the cesarean section until the first feeding and an in-depth, structured question and answer session with the mother took place between 24 and 48 h postpartum.



Research Sample:

The study included random sample of women who preparing for cesarean delivery, with obstetrician and anesthesiologist assiduous, and agreeing to engage in the SSC during surgical closure and rehabilitation immediately after birth. The sampling continued until the data became saturated and redundant and the phenomena were fully understandable.

Data Collection:

Data collection involved field observations assessment and individual interviews. During the cesarean procedure, observation of SSC interaction was carried out at the end of the first feeding process. The findings centered on mother-neonate experiences and included the support person in the room, the SSC health workers and patient care staff. In the maternal interview, observations of interest for clarification and a deeper understanding were included following a review of field notes.

Data Analysis:

Iterative and recidivist data collection and analysis started following observation of the first caesarean. As the dataset expanded, field notes were used to help the researcher compare, analyze trends, and draw conclusions. The sense of emerging trend and research findings were checked or explained during later interviews. The researchers documented and transcribed all interviews digitally. Review of the interview data and the creation of themes using qualitative information was undertaken (Saldana, 2009).[14] Introductory codes have been categorized, classified and synthesized for promoting the conceptualization of the data. Such codes and categories promoted the overall theme and conceptual questions of the results.



Results

Before and during the cesarean process, the desire to hold the newborn and to learn their condition was a prime priority for mothers. For the mother, the initial SSC, which was the first introduction of newborn infant in the outermost environment. In SSC, the Dyad instantly communicated with each other, using all of its senses as a means of communication, and responded to each other. The two seemed to settle down, as if in a separate mental cocoon. Many mothers acknowledged the desire and ability to modify the surrounding environment in the operating room and focus exclusively on their newborn child. "Nothing else cared for me. I've just been focused on him."

The newborn lying on the mother's chest was clearly seen as a transition to breastfeeding. Slow rest, salivation, liquor, kneading of hands, and rotation of the head in the direction of the nipple. Several mothers attempted to breastfeed while lying on the OR table flat, but during the operation none successfully attached the infant to the nipple.

As a result of the current cesarean operation, many attributed the failure of the infant to latch on the breast. "I thought it could be, but then I didn't realize either way." "Because he had taken more space and worked there. Yet he wanted it. He was ready. He was sucking. And I was feeling, if we were to have a good position, he would have."

All mothers who breastfed had an immediate success in newborn latch to the nipple after coming back to the recovery area. Dyad Observation found that infants were bound to the nipple within 2-7 minutes of entering the recuperation space in this analysis. "It was great to be in the therapy room and to get her to me as soon as she did".



Discussion

SSC is a new model of treatment for dyads in the cesarean section. This research had an influence on the mothers, fathers and workers of SSC in the surgical environment. No adverse events before, during or after the cesarean section were observed. In this study the mothers shared their overall satisfaction and gratitude for the chance to deliver their infants throughout minutes. Some moms commented on their discomfort and suggested that SSC should be improved during cesarean. The monitoring process was needed to lengthen the blood pressure period (BP) and increase the OR bed head slightly during the SSC. When the regular separation has been carried out, everyone who had underwritten an earlier cesarean section spoke more positively on the SSC experience than before. Using SSC in minutes of birth the mothers identified their infants, communicated with them and began the binding process first. Such findings reinforce earlier literary reports which mention enhanced newborn attachment and immediate feelings of attachment to the infant.

An interesting finding from this research was the potential of SSC to motivate the mother, strengthening maternal function confidence even during the cesarean birth experience. From the time the baby was put in SSC, the mothers were actively involved and involved with their infant. The mother's touch and sound calmed down her baby's voice and easily bound infants to the breast. The mother had a sense of early achievement and power in the maternal role thanks to the use of an intraoperative SSC.

The use of SSC changed its perspective on the Caesarean environment for those mothers who were able to compare this birth to an earlier cesarean. Mothers in this study identified with frustration and feelings of loss the circumstances surrounding an earlier caesarians. Such emotions reinforce previous research results (Chalmers et al., 2010) [4] In comparison, this study found that the mother should cope with her neonate as soon as possible with the use of SSC during a caesarean. She might witness a newborn and the development of the family unit in an early and intimate period



Conclusion

Post-birth separation between mother and child is common in Western culture. Ideally at birth, early skin-to-skin contact (SSC) involves placing the naked baby, the head covered with a dry cap and a warm blanket across the back, vulnerable to the bare chest of the mother. The intimate touch inherent in this position (habitat) evokes neurobehaviors that ensure the fulfillment of basic biological needs, according to mammalian neuroscience. For programming future physiology and actions, this time can reflect a psycho-physiologically' responsive era.'

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