



TEN STEP TUESDAY

Step 4: Facilitate Early Skin to Skin and Breastfeeding in the First Hour

It's Ten Step Tuesday!

This week is the fourth in a series on each of the Ten Steps to Successful Breastfeeding that form the foundation of the Baby-Friendly Hospital Initiative.

STEP 4 – Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.



Rationale:

- Immediate and uninterrupted skin-to-skin contact facilitates the newborn's natural rooting reflex that helps to imprint the behavior of looking for the breast and suckling at the breast.
- Immediate skin-to-skin contact helps populate the newborn's microbiome and prevents hypothermia.
- Early suckling at the breast will trigger the production of breast-milk and accelerate lactogenesis. Many mothers stop breastfeeding early or believe they cannot breastfeed because of insufficient milk, so establishment of a milk supply is critically important for success with breastfeeding.
- In addition, early initiation of skin to skin and breastfeeding has been proven to reduce the risk of infant mortality.

References: Above text from the 6th Edition of the BFUSA Guidelines & Evaluation Criteria. Baby-Friendly-GEC-Final.pdf (babyfriendlyusa.org)

For more information contact

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Implementation Guidance:

- Early and uninterrupted skin-to-skin contact between mothers and infants should be facilitated and encouraged as soon as possible after birth. Skin-to-skin contact is when the infant is placed prone on the mother's abdomen or chest with no clothing separating them. It is recommended that skin-to-skin contact begins immediately, regardless of method of delivery. It should be uninterrupted for at least 60 minutes or longer if the mother wishes and/or if the infant needs more time to complete a breastfeed.
- Colostrum is highly nutritious and contains important antibodies and immune-active substances. The amount of colostrum a newborn will receive in the first few feedings is very small. Early suckling is important for stimulating milk production and establishing the maternal milk supply. The amount of milk ingested is a relatively unimportant factor.
- During immediate skin-to-skin contact, and for at least the first 2 hours after delivery, sensible vigilance and safety precautions should be taken so that health professionals can observe for, assess and manage any signs of distress in infants. Mothers who are sleepy or under the influence of anesthesia or drugs will require closer observation.
- Immediate skin-to-skin care and initiation of breastfeeding is feasible following a cesarean section with local/regional anesthesia (epidural). After a cesarean section with general anesthesia, skin-to-skin contact and initiation of breastfeeding can begin when the mother is sufficiently alert to hold the infant. Mothers or infants who are medically unstable following delivery may need to delay the initiation of breastfeeding. However, even if mothers are not able to initiate breastfeeding during the first hour after birth, they should still be supported to provide skin-to-skin contact and to breastfeed as soon as they are able (responsive and alert).
- Routine procedures (e.g. assessment, vital signs, security steps, APGAR scoring) should be done with the infant skin-to-skin with the mother. Procedures that are painful or may require separation from skin-to-skin (e.g., eye ointment, weights, vitamin K) should be delayed until the completion of first feeding or after the initial first hour of skin-to-skin contact (if formula feeding).

Next week we'll talk about Step 5 which is about the "nuts and bolts" aspects of supporting mothers with feeding and overcoming challenges.

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