UNM HOSPITALS

Applies To: **[All HSC Hospitals, UNMCC, or UNMH]**
Responsible Department: Labor and Delivery
Revised: October 11, 2017

Title: **Skin to Skin contact and Breastfeeding in the Immediate Postpartum Period on Labor and Delivery**	**Guideline**

Patient Age Group:	( ) N/A	( ) All Ages	(X) Newborns	( ) Pediatric	(X) Adult

DESCRIPTION/OVERVIEW

All stable mothers and infants, regardless of infant feeding method, will be encouraged to participate in skin to skin care immediately following birth for at least 1 hour in order to facilitate mother and infant bonding, and to support a safe transition from intrauterine to extra uterine life. Skin-to-skin contact has been shown as the most effective way to maintain newborn body temperature, decrease the "stress of being born", maintain blood glucose, and improve breastfeeding. Mothers will be encouraged to recognize when their babies are ready to breastfeed, and will be offered help if needed by nursing staff or the provider.

REFERENCES

Baby-Friendly USA. Ten Steps to Successful breastfeeding. Steps 4 and 8. Retrieved from: www.babyfriendlyusa.org/eng/docs/BFUSAreport.pdf .

Baby-Friendly USA. (2016). *Guidelines & Evaluation Criteria for Facilities Seeking Baby-Friendly Designation. Albany, NY: Baby-Friendly USA*.

JH Kennell and SK McGrath (2003). Beneficial effects of postnatal skin-to-skin contact. *Acta Paediatr* 92: 272-273.

Weddig, et al. (2011). Perspectives of Hospital-Based Nurses on Breastfeeding Initiation Best Practices. *JOGNN.* 40, 166-178

UNMH Breastfeeding, Substance Abuse, & Infectious Diseases Guideline

AREAS OF RESPONSIBILITY

Labor and Delivery nursing staff and providers

GUIDELINE PROCEDURES

1. Contraindications to breastfeeding are as follows:
1.1. Maternal Substance Abuse in Certain Situations
1.1.1. Mothers with a known history of substance abuse should be discouraged from breastfeeding who:
1.1.1.1. Have a positive urine toxicology screen at delivery or 30 days prior, or
1.1.1.2. Admit to the use of illicit substances or opiates within 30 days of delivery, or
1.1.1.3. Did not receive prenatal care during the current pregnancy.

1.1.1.4. In these situations it may be appropriate to “pump and dump” until the drugs are cleared. Please review the UNMH Breastfeeding, Substance Abuse, & Infectious Diseases Guideline for further guidance.
1.1.2. Breastfeeding may be supported at provider discretion for the following situations:
1.1.2.1. Mothers who have a history of occasional use of alcohol or marijuana.
1.1.2.2. Mothers with a known history of substance abuse during the current pregnancy who:
1.1.2.2.1. Intend not to use illicit drugs or opiates while breastfeeding and
1.1.2.2.2. Have a negative urine toxicology screen at delivery as well as no positive screens in the 90 days prior, and
1.1.2.2.3. Received consistent prenatal care.
1.1.3. There may be other substance abuse situations in which breastfeeding may be supported at the provider discretion. Please review the UNMH Breastfeeding, Substance Abuse, & Infectious Diseases Guideline.
1.1.4. Mothers using methadone or buprenorphine may breastfeed if they are not using any other drugs of abuse & are enrolled in a substance abuse program. They must have a note in their chart indicating approval to breastfeed or have an order that ok’s breastfeeding from the newborn’s provider.
1.2. Medical reasons which may contraindicate breastfeeding:
1.2.1. Maternal medical conditions such as mothers who are HIV/AIDS positive, herpes simplex virus with active lesion on the breast, human t-lymphotrophic virus type I and II, active/untreated TB, radiation therapy, & active/untreated varicella may be prohibited from breastfeeding and/or temporarily separated from their infants. Please review the UNMH Breastfeeding, Substance Abuse, & Infectious Diseases Guideline for specific details.
1.2.1.1. It may be possible for mothers to give expressed breast milk in mothers with the above mentioned conditions.
1.2.2. Mothers who are Hepatitis C or Hepatitis B positive and would otherwise be encouraged to breastfeed, may breastfeed unless:
1.2.2.1. They have cracked and bleeding nipples or
1.2.2.2. Have another contraindication to breastfeeding.
1.2.3. Certain medications: prescribed cancer chemotherapy, radioactive isotopes, antimetabolites, antiretroviral medications and other medications where the risk of morbidity outweighs the benefits of breastfeeding.

2. **Vaginal Birth:** At birth or soon thereafter (within 5 minutes), all newborns, if baby and mother are stable, will be placed skin-to-skin with the mother, regardless of the mothers feeding choice. Skin-to-skin contact should remain uninterrupted and continuous until the completion of the first feeding or 1 hour (if not breastfeeding), and continue as long as mother desires, unless there are medically justifiable reasons for delayed contact.
2.1. The infant is to be placed prone on the mother’s chest and/or abdomen wearing only a hat and/or a diaper. Immediately after delivery, the infant will not have on a diaper, but a hat may be placed while lying on the mother.
2.1.1. The mother will have on no clothing or hospital gown between herself and the infant and there will be no towels or blankets between the mother and infant to disrupt the contact of skin to skin. The infant should be able to access the mother’s breasts without interference from any bras, gowns, etc. Mother-infant dyads will be given the opportunity to initiate breastfeeding within one hour of birth and will be offered assistance if needed.

2.2. A warm blanket may be laid over the infant and mother once the infant is placed skin to skin, keeping the baby's head uncovered.
2.3. Routine procedures (apgar scores, vitals, assessments, etc.) should be done with the baby skin-to-skin with the mother. Procedures requiring separation of the mother and baby (weight, transfer to NBN) should be delayed until after this initial period of skin-to-skin contact (first breastfeeding or 1 hour if not breastfeeding).
2.4. Documentation of skin-to-skin will be performed on the mother's electronic delivery record. Required elements shall consist of skin-to-skin start time, end time, and if breastfeeding occurred. Any disruption of skin-to-skin necessitates an explanation of the reason. If breastfeeding occurs, a more detailed assessment shall be charted (latch score).

3. **Cesarean Section:** All mothers, regardless of infant feeding method, should be given their babies to be held in continuous, uninterrupted skin-to-skin contact as soon as: 1) the mother is responsive to her baby **AND** 2) mother and baby are both in stable condition, preferably in the operating room. Skin-to-skin contact will be encouraged, and should last until the completion of the first breastfeeding
or 1 hour if not breastfeeding, and continue as long as mother desires, unless there are medically justifiable reasons for separation. All mothers will be encouraged to breastfeed as soon as possible with assistance as needed.
3.1. The infant is to be placed prone on the mother's chest and/or abdomen wearing only a hat and/or a diaper.
3.1.1. The mother will have on no clothing or hospital gown between herself and the infant and there will be no towels or blankets between the mother and infant to disrupt the contact of skin to skin. The infant should be able to access the mother's breasts without interference from any bras, gowns, etc. Mother-infant dyads will be given the opportunity to initiate breastfeeding during this period and will be offered assistance if needed.
3.2. A warm blanket should be laid over the infant and mother once the infant is placed skin to skin, keeping the baby's head uncovered.
3.3. Routine procedures (vitals, assessments, etc.) should be done with the baby skin-to-skin with the mother. Procedures requiring separation of the mother and baby (transfer to NBN) should be delayed until after this initial period of skin-to-skin contact (first breastfeeding or 1 hour if not breastfeeding).
3.4. Documentation of skin-to-skin will be performed on the PACU flowsheet. Required elements shall consist of skin-to-skin start time, end time, and if breastfeeding occurred. Any disruption of skin-to-skin necessitates details of the reason. If breastfeeding occurs, a more detailed assessment should be charted.

4. All mothers will be encouraged by their nurse to look for signs for when their babies are ready to feed (sucking on hands, mouth movements, and bobbing of the head in search of the breast) during this first period of contact and offered help, if needed. The baby should not be forced to feed, but rather, supported to do so when ready and showing cues. RN will encourage infant led feeding with no time limits on feeding and encourage mom to feed baby on demand. RN will discuss that normal feeding is feeding as often as infant exhibits feeding cues.

5. In the event that a mother and/or baby are separated for medical reasons, skin-to-skin contact will be initiated as soon as the mother and baby are reunited and is medically possible.

5.1 Milk expression will begin as soon as possible, but no later than 6 hours after birth. Beginning manual expression within one hour is recommended.

DEFINITIONS

(Definitions of terms – as needed. Included in this section should be definitions of unique terms subject to different interpretation

SUMMARY OF CHANGES

October 11, 2017

Revisions made to reflect 2016 Baby-Friendly USA Guidelines and necessary updates:
Added 1) that "nursing staff and providers" will help mothers recognize when babies are ready to breastfeed and will offer help if needed, 2) skin to skin care "will continue as long as mother desires", 3)all mothers "regardless of infant feeding method" , 4) skin to skin contact will be initiated as soon as the mother and baby are reunited and "medically possible"
Replaced 1) " documentation on the postpartum flowsheet in QS" with " documentation on the electronic delivery record"
Added 1) Milk expression will begin as soon as possible, but no later than 6 hours after birth 2) Beginning manual expression within one hour is recommended.

RESOURCES/TRAINING

(Training programs, classes, HSC offices, other University or HSC documentation, telephone numbers, and other sources of help completing forms or carrying out procedures.)

Resource/Dept	Contact Information

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	[Title, Department/Area]		
Consultant(s)	[Name, Title]		
Committee(s)	[Committee Name(s)]		[Y or N/A]
Nursing Officer	[Name], Chief Nursing Officer		[Y or N/A]
Medical Director/Officer	[Name, Department (or Chief Medical Officer)]		[Y or N/A]
Human Resources	[Name], HR Administrator, [UNMH or UNM]		[Y or N/A]
Finance	[Name, Title], [UNMH or HSC]		[Y or N/A]
Official Approver	[Name, Title, Area]		Y
Official Signature		Date:	
Effective Date		[Day/Mo/Year]	
Origination Date		[Month/Year]	
Issue Date	Clinical Operations Policy Coordinator		

ATTACHMENTS

(List and attach all forms needed to complete the procedure. A transaction flow chart might also be included in this section. Attach document(s), beginning on the next page, or provide an electronic file and list its filename here.)