

Skin - to - Skin

Skin- to- skin is valuable for all families regardless of birthing and feeding method

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Skin-to-skin care (SSC/STS) is defined as the practice of placing term infants immediately after birth in direct contact with their mothers/other caregivers with the bare torso of the infant facing and touching the bare torso of the mother/caregiver, chest to chest. The infant's head and back are dried and a hat may be applied

The infant is typically naked (or dressed only in a diaper and hat) to maximize the surface-to- surface contact between mother/caregiver and the infant, and the dyad is covered with a blanket, leaving the infant's head exposed

Infant Benefits



Regulates temperature, blood glucose, respiratory rate, and heart rate

Enhances initiation, exclusivity and duration of breastfeeding

Assists with pain modulation

Colonizes infant with mother's flora/bacteria

Promotes increased milk production and breastfeeding success

Increases breastfeeding and self attachment behaviors

Influences composition of breastmilk antibodies

Decreases crying and stress symptoms

Maternal Benefits



Increases likelihood of breastfeeding

Allows early and frequent interaction opportunities

Enhances awareness /responsiveness to early feeding cues

Increased oxytocin improves milk let down

Decreases anxiety, increases calmness

Promotes increased milk production, breastfeeding success and duration

Alleviates perception of pain from cesarean section surgery

Increases positive perceptions of parenting

Benefits for Fathers/Partners



Increases confidence and feelings of being connected to infant

Reinforces family closeness when both partners do skin -to- skin

Safety



Educate about proper positioning, safe practices, and how to avoid distractions during SSC/STS

Health Care Providers should conduct frequent assessments of the mother- infant dyad in postpartum and rooming-in settings and if the mother is tired or sleepy, move the infant to a close but separate sleep surface



Skin-to-Skin References

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