

Implementation of the first skin-to-skin contact in Warsaw maternity hospitals

Summary

Introduction and purpose of the study: The first hours after birth are considered to be the most important stages in human development. They are defined as a critical time for its further development. The newborn's nervous system is particularly susceptible to adverse stimuli. The skin-to-skin contact is the recommended method to facilitate its adaptation to ectopic life. From the moment of birth, mother and child, thanks to the biological bond formed in prenatal life, are ready to function optimally in close physical proximity.

The aim of the study was to assess the first skin-to-skin contact after natural delivery and cesarean delivery in Warsaw medical facilities in the light of the current Organizational Standard for Perinatal Care and WHO guidelines regarding mother's first contact with the child.

Material and methods: The tests were conducted in 11 Warsaw obstetric facilities with varying degrees of referentiality in the period from January 2016 to December 2017. 500 observations were analyzed. The number of observations in a given hospital was determined on the basis of the annual summary of the number of deliveries in Warsaw in 2015. Observations in the case of cesarean section were carried out from the moment of cesarean section delivery to the end of 2 hours from its completion, and in the case of births by nature from the birth of the child to completion IV delivery period. The results obtained were recorded in an observation sheet.

Results: After births by natural paths, immediately after birth, 90.13% of newborns were placed on the mother's chest. In 23.03% of cases, skin-to-skin contact lasted the recommended length - 2 hours or more. In 21.71% of cases, contact lasted only 1-5 minutes. According to SOOO, after finishing contact with the mother, the newborn should be placed in a resuscitation and

surgery position in order to perform standard procedures after birth. In 57.57% of cases, standard procedures were performed after 2 hours, in 38.82% of cases before 2 hours.

A statistically significant correlation was found regarding the number of people staying in the delivery room immediately after birth. In the group with fewer people, mother-child contact lasted longer (between 91 and over 120 minutes) ($p < 0.001$), more often the baby was laid on the mother's chest immediately after birth ($p < 0.001$), the feeding time lasted longer (between 21 and 30 minutes) ($p < 0.001$), and standard neonatal procedures were performed after 2 hours ($p < 0.001$).

One of the factors showing the impact on mother's contact with the child was hospital reference. In centers with the third reference level, newborns stayed the longest (91-120 minutes) on the mother's chest ($p = 0.022$) and more often they were laid there immediately after birth ($p = 0.010$).

The midwife's assessment according to the Apgar scale had a significant statistical impact on the mother's contact with the child. Newborns stayed longer on the mother's chest ($p < 0.001$), were more often placed in skin-to-skin contact immediately after birth ($p = 0.031$), they were placed in the neonatal resuscitation post after 2 hours ($p < 0.001$) in the group when the midwife made the assessment.

A significant statistical relationship was also shown in relation to the position taken during delivery. The first contact after delivery in the classical position usually lasted shorter ($p = 0.008$).

After cesarean section, in 11.73% of cases the mother's contact with the child occurred immediately after birth, in 51.53% after the initial assessment of the general condition at the resuscitation and surgery position, and 21.94% after the mother was transported to the postoperative room. Analyzing the method of making the first contact, it was observed that in 28.57% of cases the child was laid on the mother's chest, covered with underwear. 14.80% laid on the chest of the mother of the dressed newborn, 40.82% applied "cheek to cheek" contact. When analyzing the duration of the mother's first contact with the child, it was observed that the first contact lasting a few seconds concerned 30.10% of observation, contact lasting from 1 to 5 minutes 32.14%, from 6 to 15 minutes 16.84%. The longest contact lasted 16-30 minutes, and was carried out in 6.12% of cases.

Conclusions: The WHO guidelines and recommendations in the Perinatal Care Standard regarding the first direct contact of mother and child after delivery by nature and after caesarean delivery are not performed correctly. The analysis of the conducted research demonstrates the need to systematize the knowledge related to the implementation of Perinatal Care Standard recommendations and WHO guidelines and to demonstrate priority actions in this area.