SAFETY DURING SKIN-TO-SKIN CARE

HIGH 5 FOR MOM AND BABY

NANCY G. POWERS, MD
DISCLOSURES

• No Financial Conflicts
• No discussion of off-label drugs
REVIEW:
WHY IS SKIN TO SKIN HOLDING IMPORTANT FOR ALL BABIES?
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• Physiologic transition from intrauterine to extra-uterine life is more stable

• Parental attachment to baby is stronger
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• Physiologic transition from intrauterine to extra-uterine life is more stable
  • Heart rate
  • Respiratory rate
  • Temperature stabilization
  • Blood glucose
  • Neurologic maturation
  • Less crying
WHY IS SKIN TO SKIN HOLDING IMPORTANT FOR ALL BABIES?

• Parental attachment to baby is stronger
  • Parents respond more reliably to baby's cues
  • These effects persist up through the first year of life
  • [Lower rates of abuse and abandonment]
  • Less crying
IF MOTHER IS NOT WELL OR NOT AVAILABLE

• Father or other support person can provide skin-to-skin

• Safety concerns apply to anyone providing S2S
SAFETY CONCERNS DURING SK-T-SK CONTACT

• Have you heard of any of these concerns?

• What are they?

• How can we guard against these problems?
EARLY REPORTS OF SUPC  
(SUDDEN UNEXPECTED POSTNATAL COLLAPSE)

• SUPC = Sudden Unexpected Postnatal Collapse

• Baby is found motionless and cyanotic, not breathing

• Baby may be resuscitated, or may die

• Full recovery is uncertain if resuscitated

EARLY REPORTS OF SUPC
(SUDDEN UNEXPECTED POSTNATAL COLLAPSE)

• Concerns arose as early as 2004 - 2008 in France

• Incidence of 3.2/100,000 births

• Risk factors identified at that time:
  • Skin-to-skin contact
  • Primiparous mother
  • Mother and baby alone in the delivery room

EARLY REPORTS

• 2011 in Germany
  • Survey of all pediatric departments
  • Incidence of 2.6/100,000 births
  • Not all were skin-to-skin, 12% were in “cots”
  • Only 12% of mothers had any sedatives
  • More common for primips (76% of incidents)

Poets et al *Pediatrics*. 2011;127(4)
CASE REVIEW OF 398 CASES

• Included infants from Sweden, Germany, England, France, Spain
• Included deaths/SUPC within the first 7 days of life
• Incidence was highly variable
• No other cause found for death or SUPC

CASE REVIEW OF 398 CASES

• Risk Factors Identified

  • Mother in episiotomy position
  • First breastfeeding attempt/cobedding
  • Prone position
  • Primiparous mother
  • Parents left alone with baby during first hours after birth

POSSIBLE MECHANISMS?

- Almost 50 years ago, Desmond et al. described the physiologic changes that take place in the first 6 hours after birth in healthy term infants. They observed that the first 2 hours after birth are dominated by an initial wave of sympathetic activity after the stimuli encountered during the delivery process that rapidly dissipates and is followed by a period of diminished responsiveness to external stimuli. We speculate that this diminished responsiveness may, in some cases, extend even to a potentially asphyxiating situation as seen here.

SAFETY CONCERNS DURING SK-T-SK CONTACT

• “Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns”

• Feldman-Winter, Goldsmith and the COMMITTEE ON FETUS AND NEWBORN, TASK FORCE ON SUDDEN INFANT DEATH SYNDROME

• Pediatrics, September 2016, Vol 138, Issue 3, online publication
SAFETY CONCERNS DURING SK-T-SK CONTACT

• Sudden Unexpected Postnatal Collapse
  • May be fatal

• Falling asleep with baby in arms or in bed (suffocation risk) – case reports

• Falls (of baby) from bed or chair – anecdotal & case reports
COMPONENTS OF SAFE POSITIONING

• What do you think they might be?

• Will be addressed by Becky Johnson, RN, BSN, IBCLC