



First Hour Skin-To-Skin Contact in Egyptian Hospitals: Barriers and Outcome

Professor Azza MA Abul-Fadl, MD, MPH, IBCLC

Benha University Faculty of Medicine, Benha, Egypt

E-mail: azfadl@yahoo.com

Home phone: .002027352785 Mobile: 0020123494183

Objectives

First hour skin-to-skin contact between mothers and babies at birth

Abstract

Background: Initiating breastfeeding within one hour of birth is one of the Ten Steps to Successful Breastfeeding (Step 4) on which the Baby Friendly Hospital Initiative was based and launched in 1991. Step 4 was revised in 2006 into a new interpretation by UNICEF that stated that "initiation of breastfeeding should be started by placing the baby in skin-to-skin for 1-2 hours or up to the first breastfeed. There have been many barriers to implementation of this step in Egypt as stated above. Aim: To implement direct skin-to-skin contact (SSC) between the mother and her baby during the first hour of life, to observe the babies' pre-feeding behaviour and to identify the barriers that impede with optimum direct SSC up to the first breastfeed. Also to follow-up the outcome of his practice on mother' feeding practices after one week and one month.

Methodology: The study was conducted with 100 term mothers and babies at delivery. They were divided into 50 normal vaginal and 50 caesarian section deliveries. They were selected from in El-Shatby University Hospital (ESUH) and Abou Kir Hospital (AKH). Mothers were informed antenatally about the benefits of SSC and how to do it to consent to the technique of SSC. The barriers were analyzed by fish-bone and flow charts to identify the root causes and bottle necks in procedures to successful completion of SSC.

Findings: SSC duration, it was higher in NVD than C.S as well as in primiparous and multiparous mothers; SSC was significantly longer in primiparous females, especially among those who delivered vaginally. SSC was interrupted early for suctioning, weighing, wrapping, and giving vitamin K injection to the baby. Taking the baby away for resuscitation was the commonest barrier encountered especially among C.S. deliveries. Complications of regional anesthesia and high turn over rates in the delivery area were common barriers. Mostly the rigid traditional protocols and overly conservative beliefs were the root cause barriers. We observed fifteen different responses before finally latching on the breast in vaginally delivered babies compared to twelve responses in babies delivered by C.S. The responses demonstrated varied from one baby to another but the sequence was similar. By one month 76% of vaginally delivered mothers and 82% of cesarean delivered mothers were exclusively breastfeeding their babies.

Conclusion: Early first hour SSC is possible in Egyptian settings, but staff training and preparation of mothers before delivery can facilitate the procedure and make it more acceptable. SSC can improve the exclusive breastfeeding rates of both cesarean and vaginal deliveries and should be encouraged as a routine practice labor.



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