

## SKIN TO SKIN CONTACT AT BIRTH – WHY THE GAP?

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**Introduction:** Skin to skin contact (SSC) at birth is the standard of care for normal newborns. However, implementation of SSC at birth has been far from optimal. **Objectives:** We undertook this cross-sectional survey to determine the barriers to SSC at birth and thereby to devise strategies to overcome the hurdles.

**Methods:** A pre-structured validated questionnaire was administered to all health personnel (doctors and nurses) who care for newborns at birth in our hospital. It had 30 questions to assess knowledge, attitude and practices regarding SSC at birth.

**Results:** Of the 90 health personnel who were given the questionnaire, 69 (23 doctors and 46 nurses) participated in the study.

**Knowledge:** All were aware of SSC at birth and 78% agreed that SSC is the standard of care. Knowledge of benefits to baby and mother was fairly accurate (83.3% and 62% respectively). However there were major gaps in knowledge. The awareness regarding when (13%), where (66%), how (32%) and how long (28%) to provide SSC at birth was poor. Most were not aware of modified step 4 of BFHI (99%) and that in SSC it is not important how long, how well or how quickly baby breastfeed (60%).

**Practices:** Despite introduction of SSC in labour room 18 months prior, most had provided SSC to only 1-10 babies. However it was paradoxical that 38% of participants believed that SSC at birth was provided 75-100% of eligible infants and 55 % felt that it was being practised effectively. The paediatric doctor was identified as the key person who decides on initiation of SSC. The average duration of SSC was 10 min and the maximum duration 10-30 min. Most agreed that the nurse should be next to the mother throughout SSC.

**Barriers:** Of the 32 barriers evaluated, the major barriers to SSC were: less personnel (65%), time constraint in a busy labour room (65%), caesarean section (62%), maternal fear (55%), discomfort when

baby passes urine (49%), twin deliveries (49%), interference with doctors work and baby examination (49%), difficulty at night (46%), rapid turnover of nurses (43%) and lack of enthusiasm by obstetricians (42%). Few of the participants were not convinced about benefits (23%), hygiene (35%) and safety (23%) of SSC; few perceived a cultural barrier (38%), interference with obstetric work (32%), and felt mother to be shy and reluctant (30%) and that doctors were not promoting SSC enough (22%).

**Conclusions:** The major barriers to SSC at birth have been lack of knowledge, time constraint of personnel and perceived fear of mothers. Training, designated health personnel for providing SSC and antenatal counselling for mothers are the key interventions that are likely to improve SSC at birth.

**Key words:** Survey, Barriers, Skin to skin contact at birth

