



CLINICAL PRACTICE GUIDELINE

Breastfeeding: Skin to skin

This document should be read in conjunction with this [Disclaimer](#)

BFHI step 4 – place babies in skin to skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed.

Aim

All women birthing at KEMH will be offered the opportunity for skin to skin contact with their baby/babies at birth where clinically appropriate.

Key points

1. Mothers and babies (if considered suitable to be transferred to the postnatal ward) will be kept together and have skin to skin contact for at least one hour after a vaginal **or** caesarean birth or until after the first breastfeed.
2. Refer to the following Clinical Guidelines that support this practice:
 - Perioperative: [Caesarean Section: Roles of Staff Attending](#)
 - O&G: [Labour: Birth Management](#)
 - O&G: [Postnatal: Immediate Care of the Mother in Labour and Birth Suite Following Birth](#)
 - [Neonate: Immediate Care of the Newborn born in LBS & Not Born in LBS](#)
3. Delay cephalocaudal checks, Weighing, measuring and bathing the baby, and cuddles by others until after the first feed, most required medical procedures can be carried out with the baby on the mother's abdomen.
4. The first breastfeed will occur when the baby is ready.
5. Newborns have a sequence of behaviours, the aim of which is to enable breastfeeding. Skin to skin contact with the mother facilitates this normal instinctive process.
6. Skin to skin, the normal mammalian postnatal state, has been found to have a positive impact upon breastfeeding in the first one to four months of life.

Skin to skin-

- Regulates- heart rate, respiratory rate, blood pressure, temperature, stress hormones
- Thermoregulation- reduces energy use, stabilises Plasma Glucose Level
- Breastfeeding- increases short and long term outcomes
- Stimulates oxytocin- the hormones for calming and connection, facilitates the transition to mothering.

7. Skin-to-skin contact with another adult, such as the father, is an alternative when skin-to-skin is not possible with the mother or has to be interrupted e.g. for maternal medical reasons. It will stabilise the baby's temperature and respiration, and has other benefits. However, skin-to-skin with the mother remains the optimal practice for babies and is important for the establishment of breastfeeding. Skin-to-skin contact with another adult does not meet BFHI step 4 requirements.

See KEMH pamphlet below.

WOMEN AND NEWBORN HEALTH SERVICE
King Edward Memorial Hospital

BFHI Step 4

Skin-to-Skin Contact

Healthy babies born close to their due date are placed on their mother's chest immediately after birth to help establish feeding.

Here's what to expect during the first hour after birth:

1 Your baby will be placed on your chest for skin-to-skin contact immediately after birth. If your baby needs to be seen by a doctor, skin-to-skin contact will commence once all is well.



2 Your baby will remain against your bare chest, uninterrupted for at least one hour; watch for instinctive feeding behaviours such as licking, mouthing movements, looking for a feed.



3 Your midwife will help you recognise your baby's readiness to feed and guide you through your first feed.



4 Once your baby has had the first feed he or she can be weighed and measured and your support person can have a cuddle!



Skin-to-skin contact can help your newborn:

- Bond and get to know you
- Maintain stable heart rate and blood pressure
- Cry less
- Maintain a stable skin temperature
- Maintain a healthy blood sugar level
- Breastfeed well and for longer

For more information about skin-to-skin contact or for a full copy of the breastfeeding policy please talk to one of our midwives.

References

1. Phillips, R. The Sacred Hour: Uninterrupted Skin to Skin Contact Immediately After Birth. *Newborn & Infant Nursing Reviews* 13. 2013: 67-72.
2. [Moore ER, Bergman N, Anderson GC, Medley N.](#) Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database Syst Rev.* 2016;(11):CD003519. doi:10.1002/14651858.CD003519.pub4.
3. BFHI/bfhi_handbook_for_maternity_facilities_20160804.pdf
4. Walker, M. *Breastfeeding Management for the Clinician- Using the Evidence.* 4th ed. 2017.

Related WNHS policies, procedures and guidelines

WNHS Breastfeeding Policy

KEMH Clinical Guidelines:

- Obstetrics & Gynaecology:
- Newborn Feeding
 - [Labour: Birth Management](#)
 - [Postnatal: Immediate Care of the Mother in Labour & Birth Suite Following Birth](#)
 - [Neonate: Immediate Care of the Newborn born in LBS & Not Born in LBS](#)
- Perioperative: [Caesarean Section: Roles of Staff Attending](#)

Useful resources (including related forms)

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