SSC for Normal Birth

Affiliation

Date

Introduction

The current standards of nursing care usually separate the mother and a healthy newborn. This is because immediately, the child is born, the health newborn will be automatically be transported to the nursery for all the assessment procedures, routines, and other actions like bathing. However, when this happens, the separation of the newborn from the mother will eventually disrupt the regulation and stabilization of the vital signs related to the newborn. As much as the skin to skin contact continues to become a standard of care for preterm infants, there are still a lot of challenges when it comes to standardizing it that calling for a lot of concern for further study (Stevens, Schmied, Burns, & Dahlen, 2018). This is because there is a lot of evidence regarding the advantages of administering skin to skin contact on the infant, calling for more interest to determine whether the same outcomes will be realized in healthy newborns. By understanding the benefits of skin to skin contact, it is possible that the health of the infant will be highly improved regarding reducing pain, stabilization of vital signs thus revolutionizing the standard of care to neonates postpartum.

PICOT: In the view of skin to skin contact (SSC) for full-term newborns, how is the direct skin to skin contact, in comparison to no skin to skin contact, going to affect the infant's stability in respect to the measurements of its vital signs, when SSC is applied in the first few hours after birth?

Significance of the Problem and Background

According to Stevens, Dahlen, Schmied, & Burns, (2015), there is a lot of criticism of SSC immediately after birth, and the author calls for it to become the new nursing care model when it

comes to the implementation of best practices. SSC immediately after delivery has been discovered to promote better outcomes for the newborn. This also includes an improvement to the transition to life when the child is outside the womb environment as it helps it regulating the infant's temperature. Stone, Prater, & Spencer, (2014), looks at the issue referred to as the thermal synchrony where the mother is known to produce a coolant or natural heat that is required in regulating the infant's temperature. When the practice of thermal synchrony takes place, the chest of the mother will naturally increase in temperature, thus being able to warm or cool the baby depending on the environment. The Journal of Paediatrics and Child Health (2019) also did an in-depth study, where they investigated the importance of SSC in a natural birth setting. In the study, they looked at the issue of stabilization of the infant and the mother. Other studies also looked at the different problems related to caring for newborns, where randomized controlled trials were done to establish the significance of SSC in comparison to the ordinary incubator.

Widström, Brimdyr, Svensson, Cadwell, & Nissen, (2019) reported that there is a lot of clinical significance since infants that were placed on the SSC produced heart rates that were three beats per minute slower, their respiration rate was also recorded at three beats less per minute. In the same vital sign test, it was found that their body temperature was less than one-degree warner when it came to SSC. Abdulghani, Edvardsson, & Amir, (2018) in another study compared the new-borns separated from their mothers and those that were taken under the SSC with their mothers. It was found that those newborns separated experience ten times more cries and 40 times regarding the number of duration for crying. This shows that SSC proves to reduce the issue of frantic crying which is not recommended for infants as it affects the vital areas such as the functioning of the lungs thus leading to an increase in the intracranial pressure, in the end, this also jeopardizes the closure of the child's foramen ovale. Also, Abdulghani, Edvardsson, & Amir,

(2018) takes a look at the randomized control trial which provided the impact of SSC in the initial 24 hours, also the effects that SSC will have on hypothermia when the child is born under stable condition at 1800 grams or more in the initial 48hours of life.

Purpose

The purpose of establishing an evidence-based study is to investigate the physiological effects which SSC can provide to the full-term newborn. In this regard, various literature is reviewed in determining how the physiological response is different for infants separated at after birth and those under SSC. The evidence-based practice is based on the stabilization of different vital signs like oxygenation, thermoregulation, and the scores in regard to lower pain also need to be included.

The search technique concerning SSC will begin by conducting a literature search regarding the Cumulative Index to Nursing and Allied Health Literature (CINAHL-Plus) by use of a computer. CINAHL is relevant in this study since is it is an essential tool when it comes to evidence-based study. As Abdulghani, Edvardsson, & Amir, (2018) suggests, the database is going to contain literature in the English language nursing journals, it will also look at the allied health journals including data from different books and dissertations related to the study area. The terms used on the PICOT questions are:

Population - Full-term new-borns, New-borns

Intervention – Kangaroo to Mother care, Skin to Skin Care

Comparison – No terms

Outcome – Vital signs, Benefits, Regulation of vital signs

Timing – No terms for timing.

Regarding the above study, the inclusion criteria for the literature review will be studies based on the current and past practices regarding SSC practice, the challenges of SSC practice for normal birth in comparison to the kangaroo care after birth.

Pertinent studies to be used

- Abdulghani, N., Edvardsson, K., & Amir, L. H. (2018). Worldwide prevalence of mother-infant skin-to-skin contact after vaginal birth: A systematic review. *PLOS ONE*, *13*(10), e0205696. doi:10.1371/journal.pone.0205696
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- Grassley, J. S., & Jones, J. (2014). Implementing Skin-to-Skin Contact in the Operating Room Following Cesarean Birth. *Worldviews on Evidence-Based Nursing*, *11*(6), 414-416. doi:10.1111/wvn.12057
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- Stevens, J., Dahlen, H., Schmied, V., & Burns, E. (2015). The 'super' midwife provides skin-to-skin contact immediately after a cesarean section. *Women and Birth*, *28*, S28. doi:10.1016/j.wombi.2015.07.096
- Stevens, J., Schmied, V., Burns, E., & Dahlen, H. G. (2018). Who owns the baby? A video ethnography of skin-to-skin contact after a cesarean section. *Women and Birth*, *31*(6), 453-462. doi:10.1016/j.wombi.2018.02.005
- Stone, S., Prater, L., & Spencer, R. (2014). Facilitating Skin-to-Skin Contact in the Operating Room after Cesarean Birth. *Nursing for Women's Health*, *18*(6), 486-499. doi:10.1111/1751-486x.12161
- THE PREVALENCE OF SKIN-TO-SKIN CONTACT AFTER NORMAL BIRTH WORLDWIDE: A SYSTEMATIC REVIEW. (2019). *Journal of Paediatrics and Child Health*, *55*(S1), 56-56. doi:10.1111/jpc.14410
- Widström, A., Brimdyr, K., Svensson, K., Cadwell, K., & Nissen, E. (2019). Skin-to-skin contact the first hour after birth, underlying implications, and clinical practice. *Acta Paediatrica*. doi:10.1111/apa.14754

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