



SKIN TO SKIN CONTACT OF THE NEWBORN WITH ITS MOTHER IN THE PERSPECTIVE OF THE MULTIPROFESSIONAL TEAM

CONTATO PELE A PELE DO RECÉM-NASCIDO COM SUA MÃE NA PERSPECTIVA DA EQUIPE MULTIPROFISSIONAL

CONTACTO PIEL CON PIEL DEL RECIÉN NACIDO CON SU MADRE EN LA PERSPECTIVA DE EQUIPO MULTIPROFESIONAL

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ABSTRACT

Objective: to know the perception of the professionals of the multiprofessional team in relation to skin to skin contact early with the baby at birth. **Method:** exploratory and descriptive study, with a qualitative approach. Fifteen professionals from the multiprofessional team of the obstetrical center of a public hospital, from Rio Grande do Sul (RS), Brazil, participated. We used a semi-structured interview with five guiding questions and the analysis used was one of the Content Analysis techniques in the Thematic Analysis modality. **Results:** from the analysis of the information emerged five thematic categories. Skin-to-skin contact in the delivery room is a humanized care practice with strong evidence for mother/baby bonding. **Conclusion:** this practice requires a paradigm shift in maternal and neonatal care. The model of labor and birth in force, constitutes an important marker in the nonconformities of this process. **Descriptors:** Obstetric Nursing; Infant, Newborn; Perinatal Care; Mother-Child Relations.

RESUMO

Objetivo: conhecer a percepção dos profissionais da equipe multiprofissional em relação ao contato pele a pele precoce da mãe com o bebê no momento do nascimento. **Método:** estudo exploratório e descritivo, com abordagem qualitativa. Participaram 15 profissionais da equipe multiprofissional do centro obstétrico de um hospital público, do Rio Grande do Sul (RS), Brasil. Utilizou-se uma entrevista semiestruturada com cinco questões norteadoras e a análise utilizada foi uma das técnicas de Análise de Conteúdo na modalidade Análise Temática. **Resultados:** da análise das informações emergiram cinco categorias temáticas. O contato pele a pele na sala de parto constitui uma prática de cuidado humanizado com forte evidência para a formação de vínculo mãe/bebê. **Conclusão:** essa prática requer mudança de paradigmas no cuidado materno e neonatal. O modelo de parto e nascimento vigente, constitui um importante balizador nas inconformidades desse processo. **Descritores:** Enfermagem Obstétrica; Recém-Nascido; Assistência Perinatal; Relações Mãe-Filho.

RESUMEN

Objetivo: conocer la percepción de los profesionales del equipo multiprofesional en relación con el contacto temprano piel a piel de madre con el bebé al nacer. **Método:** estudio descriptivo y exploratorio con un enfoque cualitativo. Han participado 15 profesionales del equipo multiprofesional del centro de nacimiento de un hospital público de Río Grande do Sul (RS), Brasil. Se utilizó una entrevista semiestructurada con cinco preguntas orientadoras y el análisis utilizado fue una técnica de análisis de contenido de análisis temático. **Resultados:** del análisis de la información emergieron cinco categorías temáticas. Contacto piel a piel en la sala de partos es una práctica de atención humanizado con pruebas sólidas para la formación del vínculo madre/bebé. **Conclusión:** esa práctica requiere un cambio de paradigma en la atención materna y neonatal. El modelo de parto y el nacimiento vigente, es una referencia importante en las no conformidades de ese proceso. **Descriptores:** Enfermería Obstétrica; Recién Nacido; Atención Perinatal; Relaciones Madre-Hijo.

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INTRODUCTION

Discussions regarding the implementation of good practices regarding childbirth and birth care are intense. Among them, one has to do with skin-to-skin contact in the first half hour of life, which is a way of guaranteeing, the newborn (NB), the possibility of better bonding with his mother, baby's body temperature, reduce crying, and promote early breastfeeding.¹

Early skin-to-skin contact in the delivery room is a humanized care practice. From this view, the newborn needs support to adapt to the extra-uterine life.² Therefore, it is necessary that the place of birth is a warm, quiet environment, with maintenance of ideal temperature and that occurs with early epidermal contact between mother and baby.¹ Immediate interaction, through skin-to-skin touch, is a sublime instinctive moment endowed with meanings and benefits to the mother and baby.³

Although the practice of skin-to-skin contact is considered as evidence A,⁴ there is resistance to change on the part of the professionals involved in the birth scenario. It is believed that much of what constitutes these difficulties is due to the current training model with a hospital-centered, interventionist and medicalized approach.⁵ From this perspective, humanized care with the newborn - in which skin-to-skin contact, mother-child bonding, and early breastfeeding¹ is replaced by routine care consisting of bathing, anthropometric measurements, vaccination, gastric aspiration, and other tasks.⁶

It is hoped that, from this study, discussions, reflections and subsidies emerge to understand and transform the care model to the newborn, especially when it comes to early contact in the delivery room. Likewise, it is believed that the results of this study will contribute to the scientific community in fomenting new discussions and findings with a view to developing new strategies for change.

Based on these findings, we ask: what is the perception of the professionals of the multi-professional team in relation to the early skin-to-skin contact of the mother/baby binomial at birth?

OBJECTIVE

- To know the professionals' perception of the multi-professional team regarding the early skin-to-skin contact between the mother and the baby at birth.

METHOD

An exploratory and descriptive study with a qualitative approach.⁷ The research was performed in an obstetric center of a public hospital in Rio Grande do Sul. Information production occurred in the period from January to February 2015, with professionals from the multi-professional team (nurses, and nursing technicians) who work in the obstetric center of the institution.

It was established as inclusion criterion that the participants were: professionals of the multi-professional team, over 18 years of age and who had worked for more than a year in the obstetric center of the institution. As an exclusion criterion, it was established, that those who were on leave and/or vacation during data collection and those who did not agree to participate in the study would not be part of the research.

For the definition of the number of interviews, Gaskell's concept was followed,⁸ which says that the number expected for surveys that use the individual interview as a data collection strategy is between 15 and 25 individual interviews. Thus, 15 professionals from the multi-professional team were interviewed.

Data was collected through a semi-structured interview, containing a script with five guiding questions: the professionals' perception about the practice of skin-to-skin contact between the mother/baby binomial in the first half hour of life; difficulties encountered in implementing this practice; facilitators in the promotion and implementation of the early contact of the NB with its mother; benefits of practice for the NB and its mother and the contributions of the multi-professional team in establishing early skin-to-skin contact between mother and child.

The interviews lasted approximately 20 minutes each and were performed in the hospital setting, in a reserved room, at a scheduled time, considering the availability of the professionals. They were recorded and later transcribed and analyzed. Respondents' names have been replaced to preserve their anonymity. This substitution was defined by the use of the letter E, of interviewee, followed by a random numerical order, without evidencing the sequence of interviews.

For the data analysis, one of the Content Analysis Techniques was used in the Thematic Analysis modality.⁷ Ethical issues were considered, according to Ministerial Resolution No. 466 / 2012.⁹ the research project was

submitted to the evaluation and approval of the Ethics in Research (CER) of the University of Vale dos Sinos River (UNISINOS) and, later, the CER of the co-participating institution under protocol number 907.760 / 2014.

RESULTS

Fifteen professionals from the multi-professional team, including five nurses, five physicians and five nursing technicians, were part of the sample. Three were specialists in obstetric nursing, two were specializing in obstetric nursing, three were specialists in Gynecology and Obstetrics and two were experts in pediatrics. The other participants had no specializations.

From the analysis of the content emerged five thematic categories: << Perception of the skin-to-skin contact by the multi-professional team >>; << Difficulties in the implementation of skin-to-skin contact >>; << Facilitators in the practice >> << Benefits of skin-to-skin contact for mother and baby >> and << Contributions of the multi-professional team in the implementation of the practice >>.

♦ Perception of skin-to-skin contact by multi-professional team

The practice of skin-to-skin contact enables the bond between mother and baby, enchantment and knowledge of the child idealized by the mother, as follows:

It is the moment that gives the love of the mother for the baby. It is very important for the bonding issue of both, it is a time for them to get acquainted. (E1).

Skin-to-skin contact soon after birth is seen as an event that provides feelings and meanings to the mother and who accompanies her, as well as being a source of stimulation to the baby, generating mother-child approximation and interaction, as reported by the interviewees:

It is an important moment of encouragement, the baby smells the mother, he [the baby] is there feeling the most direct affection. (E6);

I find the moment unique, a magic moment, the moment that the mother looks at the baby, and this one looks at the mother, the looks look for. (E7).

♦ Difficulties in the implementation of skin-to-skin contact

The performance of the professionals of

the multi-professional team, while biologists and interventionists, are factors that favor the current care model, where the routine overlaps with humanized attention in relation to the parturient and the newborn, making it difficult to establish skin-to-skin contact soon after the birth, as highlighted by the interviewee:

The skin-to-skin contact in the C-section was not done, so now that we started doing it, I realize the difficulties with the medical staff. The obstetricians wanted to turn on the air conditioner and thought it would make room for them. The anesthesiologist also complained that he was taking up his space, that the baby was in the way. Nursing techniques complained that it was dangerous to leave the baby there with his mother, who would increase their work. The pediatricians would not leave because they thought the baby had to be examined immediately. (E1).

The type of delivery was also cited as one of the difficulties for mother/baby contact to be performed immediately after birth, and cesarean section is an event that may delay this contact, either through team resistance or due to maternal problems resulting from the procedure, as the following interviewee states:

In caesarean section, because it is being introduced now, not long ago, they are a bit more resistant. In cesarean sections it is a little more difficult, because, sometimes, the mother has a lot of nausea, because of the anesthesia. (E10).

The physical area of the obstetric center, the demand for care in the service and also the reduced number of professionals to assist the woman and the newborn, hinder the effectiveness of skin-to-skin contact, according to the following interviewees:

What we need is a larger physical area and greater number of human material to meet, to stand by, to guide. (E2);

Sometimes also the flow of the service, many calls for few employees. (E3).

According to the interviewees' statements, there is a greater concern of the professionals about their own well-being during the care in the delivery room, harming the establishment of humanization practices at birth. It is recommended that in order to achieve skin-to-skin contact, a neutral thermal environment should be maintained, as the

newborn remains without clothing in contact with his mother, in addition to a calm and patient attitude on the part of the professionals, so that this interaction is not interrupted for, at least, one hour after birth.

There are some professionals, from all areas, who sometimes present some resistance; or the room is very hot and the person is in an apron. I notice that sometimes it is as if you are asked to take the baby. (E9)

The interviewees also point out that one of the barriers to skin-to-skin contact between mother and child may be the low frequency of the issue during prenatal care, which may lead to the mother's lack of practice, occurrence of this first contact, as follows:

The patient who does not prenatal here in the hospital, is not well done, is not as well prepared as the ones doing here. (E5)

◆ Facilitators in the practice

The institution of the policies of integral attention to the health of the woman and of the newborn, as well as the implementation of the practices of humanization of the birth and of the birth recommended by the governmental organs, help in the accomplishment of the precocious contact. From this perspective, it is understood that providing the pregnant woman with a knowledge of reference maternity before delivery guarantees the provision of previous guidelines on skin-to-skin contact, which is one of the principles of the Stork Network, as follows the interviewees' report:

It is a recommendation of the Ministry of Health, so to be a Baby-Friendly Hospital has to do [skin-to-skin contact], we are with the Ministry supporting us. (E1);

When the pregnant woman comes to know the unit before hospitalization, it is still easier for this contact to occur. (E11).

Another facilitator evidenced by the professionals was the training and training through continuing education performed in the hospital environment so that the practice of skin-to-skin contact was diffused and had its importance emphasized for the whole multi-professional team, as reported by the interviewees:

What facilitates are the monthly/annual capacities with the whole team. (E1)

The autonomy of the parturient and her willingness to perform early contact in the

delivery room are referred to as factors that facilitate this practice, as well as the clarification and information provided by the professionals at the time of the arrival of the pregnant woman to the maternity hospital, as reported by the following interviewees:

First, the will of the mother, the will of the mother and the relative, the previous orientation already in the admission of the Obstetric Center. (E3)

In this perspective, the presence of the companion during the parturition process is an incentive for the mother to interact early with her child, since the woman feels safer for the baby to remain in her lap during the first hour of life, as the interviewees mentioned:

Another facilitator is the presence of the companion, which gives security for that woman to keep the baby there. (E11)

◆ Benefits of skin-to-skin contact for mother and baby

The first contact between the woman and the newborn, according to the interviewees' speech, provides an initial bond, which is important for the creation of affection between the mother, the baby and the companion immediately after childbirth.

It increases the bond with the mother, he [the newborn] stays more relaxed, makes this initial adaptation easier. (E1)

The skin-to-skin contact of the mother/baby binomial allows the newborn to reduce the loss of body temperature to the environment, alleviating the difference between the intra- and extra-uterine temperatures, facilitating the external adaptation of the neonate, as follows:

For the newborn, the issue of maintaining the temperature improves. (E1)

The early interaction between mother and baby, through the skin-to-skin touch, favors breastfeeding still in the delivery room, stimulating the descent of breast milk, as reported below:

By putting the baby to suck, milk production comes more easily. (E4)

For the interviewees, when skin-to-skin contact is established in the first half hour of life, when the mother visualizes her child, there is a reduction of anxiety due to gestational waiting. By having uninterrupted contact with her baby, the

mother can develop feelings of relief and security, lessening worry about abrupt separation from the child, or fear of changing her baby in the nursery.

It leaves the mother more reassured to be together with the baby, because there is a great anxiety of the mothers to be separated of the babies. (E1)

Maternal contact immediately after birth promotes the cardiopulmonary stabilization of the newborn, decreases the risk of neonatal hypoglycemia and, consequently, reduces hospitalization time, says one interviewee:

For the baby, I believe it will greatly improve the issues of hypoglycemia. Tachypnea improves when the baby stays in skin-to-skin contact. The hospitalization time of newborns, even with infection, decreases if they stay in skin-to-skin contact with their mothers. (E3)

♦ Contributions of the multiprofessional team in the implementation of the practice

The multi-professional team should provide prior guidance on the practice of skin-to-skin contact for the mother and her companion during the admission of the pregnant woman to the obstetrical center. This is the moment in which professionals can provide clarification and emphasize the importance of practice effectively. The perceptions in this respect appear in the following lines:

We make an orientation for the father up front, at the admission, then at the mother, that the little baby after he is born stays an hour on top of the mother in skin-to-skin contact. (E10)

The maintenance of a quiet environment, with reduction of illumination and noise, is an action that can be carried out by the professionals of the multi-professional team so that skin-to-skin contact is favored in the delivery room, as the interviewees report:

We try to keep the environment more pleasant for the three of us in the lower light so that the baby can open its eyes and see the mother at that moment. (E13)

The professionals who provide care for the baby and the puerperium in the delivery room, by maintaining a humanized and non-interventionist attitude during the early contact, ensure that both remain at that moment and create an affective bond. For this, it is recommended that routine care should be

postponed, thus contributing, in this way, to success in establishing this practice, says one of the professionals interviewed:

The team cannot intervene at that moment. If your baby is stable, you have to leave the mother and the baby and the escort when you have them, feel good and feel comfortable not having someone all the time telling what they have to do. (E13)

DISCUSSION

Skin-to-skin contact enables bonding of the mother/baby binomial. The first interaction after birth is a delicate moment, which allows beginning the construction of attachment between the mother and her child. The woman develops sensitivities and feelings towards the newborn, providing important sources of sensory stimuli to the neonate.

Skin-to-skin contact favors the creation of close ties between mother and child, which are essential for the child's psychological development as it develops.⁴ This is the time when the idealized child is observed, recognized, and demystified by the mother, allowing the establishment of a relationship with the real child.¹¹

Although it is recognized and there is scientific evidence in its favor,^{1,6} the practice of skin-to-skin contact is innovative in assisting the newborn, and may generate questions, arguments and resistance on the part of professionals who provide care in the delivery room.

In order for the fourth step of the Baby-Friendly Hospital Initiative (BFHI), which provides skin-to-skin contact in the first half hour of a newborn's life,¹² can be successfully instituted, interacting naturally. It is therefore important that skin-to-skin contact occur early, that is, soon after birth, since within a few hours of delivery newborns are drowsy. It is ideal that this care can occur routinely in maternity wards, including surgical deliveries.¹³

The professionals of the multi-professional team working in the birth and birth scenarios are essential to stimulate early contact between the mother and the baby and breastfeeding in the first hour of life, and can act as facilitators of these processes.⁴ However, studies show the existence of nonconformities in the professionals' performance regarding the

promotion of early contact in the delivery room.¹³ Sometimes professionals in the multi-professional team cause separation of the mother/baby binomial, aiming at the routine care of the newborn. This leads to a sudden rupture in the first moment of approaching the mother with her child, provoking maternal feelings of anxiety, worry and fear of separation.

This indicator may be impaired by the factor of delivery, since it was noticed, through this study, that there is a greater difficulty in performing the practice of skin-to-skin contact in cesarean births. The type of delivery is an event that may stimulate or delay the practice of skin-to-skin contact.¹⁵ Cesarean delivery may delay or stall the establishment of the first interaction after birth, this may occur due to situations such as the maternal use of anesthetics, the mother's inability to move and the positioning resulting from the surgical procedure.² However, normal delivery allows women to participate more actively in the parturition process, to the detriment of cesarean delivery, which may cause greater complications to maternal and neonatal health, since it makes this first encounter of the mother/baby binomial difficult.¹⁶

The search for agility in the hospital routines, the dynamization of the work shift and the high productivity, often, end up making the professionals provide a fragmented and mechanistic assistance, distancing them from the precepts established by the IHAC and the Ministry of Health.¹⁴ These justifications should not be an impediment to the implementation of humanized care for the newborn in the delivery room, since skin-to-skin contact is a technique that is easy to perform and low cost.¹⁷

The resistance found in the study regarding the implementation of this practice occurred in a multi-professional way, making it necessary to approach this topic in an educational and collective way with pregnant women and professionals. This approach could be initiated during prenatal care, allowing women to become more knowledgeable and autonomous, thus, facilitating their interaction with the newborn in the delivery room, regardless

of the existence of a protocol established by the institution.

Amidst so many difficulties in the implementation of this practice, measures such as the National Program for Humanization of Childbirth and the Stork Network,¹⁸⁻⁹, as well as the presence of the companion, the continuing education of professionals, the knowledge and autonomy of women in requesting it to be implemented, they can act as facilitators in ensuring such care.

Recently, the publication of Ordinance No. 371, of May seventh, 2014, has ensured the immediate and continuous establishment of skin-to-skin contact between mother and newborn at term with good vitality, enables women to feel safer, more comfortable and receptive to receiving the child and keeping him in touch with her skin.²⁰

Continuing education is a tool that can promote reflections and sensitize the health team, improving their knowledge, skills and knowledge, so that the attitudes that promote the humanization of birth are evidenced and remain present in the care carried out by the multi-professional team.²¹

As highlighted by the interviewees, there are numerous immediate benefits of skin-to-skin contact for the puerperium and for the newborn. From this assumption, it is possible to emphasize, as a short-term benefit to the newborn, the help in the fetal-neonatal transition and the heating of the baby's body through the skin of its mother, preventing hypothermia.²¹

From this perspective, when the newborn is placed in contact with the mother, breast suction is stimulated, increasing the chances of breastfeeding in the first hour of life.⁴⁻¹⁷ Early breastfeeding contributes to the immune system's functioning. Newborns, reducing hospitalizations and neonatal mortality rates. The mother/child interaction calms the child, decreases energy expenditure and neonatal hypoglycemia, and promotes cardio-respiratory stabilization.¹ In the long term, studies show that the practice leads to prolonged exclusive breastfeeding.^{1-2,21}

The woman also benefits from this practice, keeping herself more relaxed when she has her baby around, reducing her anxiety. In addition, the risk of postpartum hemorrhage decreases, since the presence of the baby promotes breastfeeding, stimulating the production of oxytocin and aiding in uterine involution.¹

The multi-professional team is an important link in the realization of skin-to-skin contact between mother and baby when all the professionals assume a humanized posture and believe in a model of care less interventionist, that is, more physiological.¹⁰ For the change of the an interventionist model that is still prevalent, there is a need for paradigm shifts.¹⁷ This is a continuous, dynamic and integrated process that requires a multi-professional team trained and involved with the preconized institutional and political precepts.¹⁵

CONCLUSION

This study showed that the skin to skin contact initiative is carried out at the research institution. However, there is evidence of widespread adherence to practice among the multi-professional team, especially regarding cesarean delivery. It was also evidenced that the biologic model, medicalized and interventionist, in relation to childbirth and birth, is an important indicator of the nonconformities of this process.

Moreover, the lack of information offered by the professionals who assist pregnant women during prenatal care contributes to women's lack of autonomy and empowerment in the face of the proposals established by the programs and policies for the humanization of childbirth and birth. Therefore, it is essential to increase the engagement of professionals who perform prenatal consultations regarding health education issues and guidance on the process of childbirth and birth and its implications, however, the institution is seeking to align itself. Proposals from the MH and the BFHI. The multi-professional team is involved and concerned to ensure the first skin-to-skin contact between the mother and the newborn.

The professionals recognize the main difficulties, the facilitators and the benefits of implementing this practice. Participants, for the most part, were sensitized and involved in the early contact between mother and child. These attitudes contribute to the qualification of humanized care to the newborn. Faced with this, it is necessary to approach this theme more frequently through continuing education in the hospital environment, so, that, skin-to-skin contact can be adopted and its importance is highlighted in the care given to the newborn in the room of childbirth.

It is suggested that new studies be produced with the same theme, from the perspective of the benefits that the practice can generate along the development of the child.

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