



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

PREVALENCE OF EARLY CONTACT BETWEEN MOTHER AND NEWBORN IN A HOSPITAL CHILD FRIEND

PREVALÊNCIA DO CONTATO PRECOCE ENTRE MÃE E RECÉM-NASCIDO EM UM HOSPITAL AMIGO DA CRIANÇA

PREVALENCIA DEL CONTACTO TEMPRANO ENTRE LA MADRE Y RECIÉN NACIDO EN UN HOSPITAL AMIGO DEL NIÑO

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ABSTRACT

Objective: to identify the prevalence of contact between mother and child in the first hour of the baby in a Baby Friendly Hospital. **Method:** quantitative, descriptive, documentary and retrospective. The data were collected from 1787 registered births in a Baby Friendly Hospital, and then transcribed into a database using software EPI INFO. 6.02. Data analysis was descriptive and presentation through tables and figure. The research project was approved by the Ethics in Research Protocol 764/11. **Results:** breastfeeding in the first 30 minutes is infrequent, being postponed to after the first hour of the baby's life. There is a predominance of caesarean sections, which hinders the promotion of breastfeeding on the scene of childbirth. **Conclusion:** breastfeeding in the first hour of life is still a goal to be achieved in this scenario. Although there are efforts, it is believed that you will need greater involvement of all staff, the reorganization of existing practice and hospital routine. **Descriptors:** Breastfeeding; Postpartum Period; Maternity.

RESUMO

Objetivo: identificar a prevalência do contato entre mãe e filho na primeira hora de vida do bebê em um Hospital Amigo da Criança. **Método:** pesquisa quantitativa, descritiva, documental e retrospectiva. Coletaram-se dados registrados de 1787 partos ocorridos em um Hospital Amigo da Criança, em seguida, transcritos para um banco de dados utilizando-se um software EPI INFO versão. 6.02. A análise dos dados foi descritiva, e a apresentação por meio de tabelas e figura. A pesquisa teve o projeto aprovado pelo Comitê de Ética em Pesquisa, Protocolo 764/11. **Resultados:** a amamentação nos primeiros 30 minutos é pouco frequente, sendo postergada para após a primeira hora de vida do bebê. Há predominância de partos cesarianos, o que dificulta a promoção do aleitamento materno no cenário do parto e nascimento. **Conclusão:** a amamentação na primeira hora de vida ainda é uma meta a ser alcançada neste cenário. Embora haja esforços, acredita-se que será necessário maior envolvimento de todos os profissionais, a reorganização da prática e rotina hospitalar existentes. **Descritores:** Aleitamento materno; Período Pós-Parto; Maternidades.

RESUMEN

Objetivo: determinar la prevalencia de contacto entre la madre y el niño en la primera hora de la bebé en un Hospital Amigo del Niño. **Método:** cuantitativo, descriptivo, documental y retrospectivo. Se recogieron datos de 1.787 nacimientos registrados en un Hospital Amigo del Niño, a continuación transcribe en una base de datos utilizando el software EPI INFO. 06.02. El análisis de datos fue de tipo descriptivo y presentación a través de tablas y figuras. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación de Protocolo 764/11. **Resultados:** la lactancia materna en los primeros 30 minutos es poco frecuente, que se aplazó hasta después de la primera hora de vida del bebé. Hay un predominio de las cesáreas, lo que dificulta la promoción de la lactancia materna en el lugar del parto. **Conclusión:** la lactancia materna en la primera hora de vida es todavía un objetivo a alcanzar en este escenario. Aunque hay esfuerzos, se cree que se necesita una mayor participación de todo el personal, la reorganización de las prácticas existentes y la rutina hospitalaria. **Descriptores:** Lactancia; Puerperio; Maternidad.

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INTRODUCTION

Care in relation to the newborn (NB) is of great importance to the reduction of child mortality, since neonatal deaths correspond to 60% to 70% of child deaths, 25% of which occur on the first day of life and are associated infections, asphyxia and prematurity.¹ Among the precautions to be released, there is early breastfeeding that has immediate benefits as the prevention of neonatal morbidity and mortality and longer duration of exclusive breastfeeding.²

Breastfeeding promotes sensory and cognitive development of the baby, and protects from infectious and chronic diseases³, also associated with reduced mortality, as it relates to the prevention of diarrheal disease, the leading cause of morbidity and mortality in children until the age of five.⁴ For the establishment and maintenance of exclusive breastfeeding for at least six months, the World Health Organization (WHO) and the United Nations Fund for Children (UNICEF) recommend the initiation of breastfeeding within the first hour following birth, breastfeeding exclusive breastfeeding and breastfeeding on demand.³

The Baby Friendly Hospital Initiative (BFHI) arises, between 1991 and 1992, due to the guidelines of the WHO and UNICEF to support breastfeeding.⁵ This initiative has ten steps to be followed for successful breastfeeding. Among them, the fourth step corresponds to help mothers initiate breastfeeding within a half-hour of birth.⁶

In Brazil, the situation of breastfeeding in the first hour is good, followed by the parameters of the WHO.⁷ The Southeast is the region with the lowest percentage of feedings in the first hour⁸, being the state of São Paulo municipalities with better and worse in this regard, considering that most of the municipalities in the survey are below the national average (67,7) and among them, the city of Marília (< 60).⁷

The skin to skin contact immediately and early exclusive breastfeeding are simple practices that provide benefits, both immediate and long term, both for mother and for the baby. After birth, it is recommended to put the RN who is active and responsive on the mother's chest or abdomen, skin contact with the baby in the mother's skin, if possible keep them in this position during the first hour of life, postponing all routine procedures.²

This skin contact provides immediate benefits for newborns because it acts in the

regulation of body temperature², since these are to present higher temperature than babies that are occurring in this cradle.⁹ To prevent the risk of hypothermia RN, the binary should be in skin contact, room temperature of 26°C and covered with fields preheated.¹⁰ Moreover, the immediate contact improves cardiorespiratory stability baby, breastfeeding promotes greater effectiveness in the first feeding and strengthens the bond between mother and son, are essential practices and conditions that allow immediate breastfeeding.²

To ensure successful breastfeeding, it is essential that the newborn is brought to the breast as early and often as possible, because through effective suction and emptying of the breast starts milk¹¹ production and then will occur sooner milk letdown (milk letdown).⁹ This first milk is called colostrum and is produced until about the seventh day after birth.⁵ Colostrum has effective role in the elimination of meconium bowel RN, and provide important immunoglobulins.⁹ It is rich in protein, carotene, vitamins and soluble defense factors being considered an adaptive mechanism of nature, once the child is born with an immature immune system without intestinal microflora and gut function ineffective to exclude pathogens.⁴ "Milk is biologically alive. The milk has living formative forces and structuring: the vital energy that is going to act on structuring the child's organism".^{12:255}

Therefore, considering that breastfeeding early, even in the delivery room, is related to prolonged exclusive breastfeeding, which is a key factor for healthy growth, justified thus perform this study aims to:

- Identify the prevalence of contact between mother and son in the first hour of the baby in a Baby Friendly Hospital.

MÉTHOD

Documentary research, retrospective, quantitative approach and descriptive nature. It was held in a Maternal and Child Hospital, which is a regional referral center for high risk pregnancies and care of the mother and baby. Since 2003, received the title of the Baby Friendly Hospital and has promoted actions to promote breastfeeding and bonding between mother and baby.¹³ The present study included the records of postpartum women and their newborns, born in the obstetric scenario described in the period January-December 2010 and January-September 2011. Data were collected in a book of records containing the date and time of birth, gestational age, sex, type of delivery and

analgesia, complications, malformations and time that the newborn was placed to suck the breast.

There was prepared with an agenda prior to the obstetric unit manager of the hospital, setting up a date and time to which the authors of this project effectuate data collection, recording information in proper form.

The data collected were transcribed this to a database and the analysis was descriptive, using EPI INFO software vs. 6.02.¹⁵ The presentation was through tables and figure.

The ethical principles contained in Resolution nº 196 of October 10, 1996 14 were considered in this research and, after approval of the project by the Ethics

Committee on Research involving Human Subjects of the Faculty of Medicine of Marília - Famema protocol number 764/11.

RESULTS

The data presented in Table 1 show that, of 118 children born (7%) were breastfed or had the first contact in the first 30 minutes; 431 (24%), between 30 and 60 minutes of life and 564 (31,5%) after 60 minutes. Were not breastfed or had no early contact 431 (24%) children, 341 (19%) because the babies were referred to the intensive care unit (NICU), 15 (1%) because the mother is HIV positive and 75 (4%), without any explanation. This data has not been filled in the book of records for 243 children (13,5%).

Table 1. Distribution of 1787 birth records in accordance with the time of first contact between mother and newborn. Marília - SP, 2011.

Time of first contact/breastfeed	n (%)
Up to 30 minutes	118 (7%)
Between 30 - 60 minutes	431 (24%)
After 60 minutes	564 (31,5%)
Was not breastfed or had early contact	431 (24%)
No information	243 (13,5%)
Total	1787 (100%)

Comparing the same periods, from January to September 2010 and 2011, a total of 1553 procedures, it is clear that the number of children breastfed or who had their first contact in the first 30 minutes was reduced from 58 (7,5%) to 40 (5%), among those who were breastfed or had the first contact between 30 and 60 minutes, this number

increased from 178 (24%) to 198 (24,6%), the breastfed or who had contact after 60 minutes had passed 243 (32,5%) to 268 (33,5%). Were not breastfed or who have had early contact increased from 153 (20,5%) to 206 (25,5%), and this missing data in 116 (15,5%) records for 92 (11,4%), respectively (Figure 1).

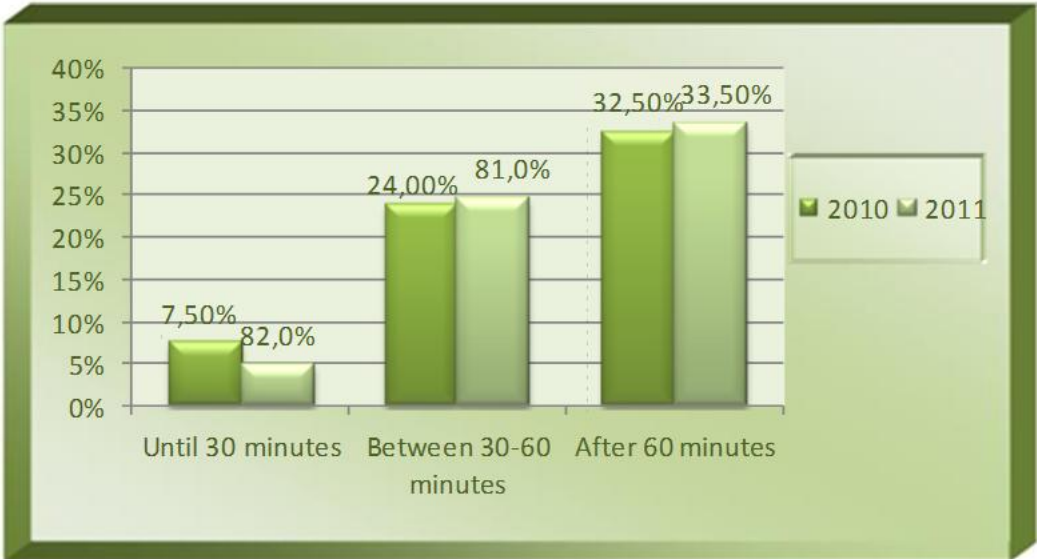


Figure 1. Distribution of birth records in 1553, according to the time of first contact between mother and newborn in the period January-September 2010 and 2011. Marília - SP, 2011.

Of procedures performed in 1787, 1002 (56%) were caesarean deliveries; 740 (41,5%), spontaneous vaginal birth (PVE), 25 (1,4%), forceps deliveries, 11 (0,6%) included procedures Afterbirth as placenta, review the birth canal and curettage and 9 (0,5%) had this information missing in the records. Observing the same period in 2010 and in 2011, it is noted that there was an increase in

the number of caesarean sections, 394 (52,6%) to 493 (61,3%), spontaneous vaginal births declined from 341 (45,5%) to 292 (36,3%); forceps deliveries increased from 5 (0,7%) to 11 (1,4%). The numbers of the other procedures declined from 6 (0,8%) to 3 (0,4%) and absent increased from 3 (0,4%) for 5 (0,6%) (Table 2).

Table 2. Distribution of birth records in 1553, according to the time of first contact between mother and newborn in the period January-September 2010 and 2011. Marília - SP, 2011.

Type of procedure	2010 n (%)	2011 n (%)
Cesarean section	394 (52,6%)	493(61,3%)
Spontaneous vaginal section	341 (45,5%)	292 (36,3%)
Forceps section	5 (0,7%)	11 (1,4%)
Other procedures	6 (0,8%)	3 (0,4%)
No information	3 (0,4%)	5 (0,6%)
Total	749	804

To perform the deliveries mentioned in Table 2, were used anesthetics, which varied in use between 2010 and 2011 compared to the same periods. Thus, from 9 (1,2%) to 8 (1%) for general anesthesia, 239 (31,9%) to 174 (21,6%) for local anesthesia of 4 (0,5%) for 11 (1,4%) for epidural anesthesia, 384 (51,3%) to 476 (59,2%) for spinal anesthesia, sedation and two in 2011 (0,2%). Mothers who did not receive anesthetics remained at the same number: 94 (12,6%) in 2010 and 94 (11,7%) in 2011. This information was also missing, ranging from 19 (2,5%) to 39 (4,9%) cases, respectively.

Of the 1553 infants born in the same period, ie, January-September 2010 and 2011 were sent to rooming in 2010, 568 (75,8%) children and in 2011, 549 (68,3%). Also in this period, respectively, we obtained an increase of children referred to the ICU - neonatal 130 (17,4%) to 180 (22,4%), only 1 (0,1%) child was referred to the care unit intermediate (UCI), ie in 2010. There were only 2 (0,2%) neonatal deaths in the year 2011. Fetal deaths dropped from 28 (3,7%) to 20 (2,5%) and abortions increased from 3 (0,5%) to 7 (0,9%). This data was not reported 19 (2,5%) and 46 times in 2010 (5,7%) times in 2011 (Table 3).

Table 3. Distribution of birth records in 1553, according to the local referral of the newborn, in the period January-September 2010 and 2011. Marília - SP, 2011.

Forwarding location	2010 n (%)	2011 n (%)
Rooming	568 (75,8%)	549 (68,3%)
NICU	130 (17,4%)	180 (22,4%)
UCI	1 (0,1%)	0 (0%)
Fetal death	28 (3,7%)	20 (2,5%)
Neonatal death	0 (0%)	2 (0,2%)
Abort	3 (0,5%)	7 (0,9%)
Non informed	19 (2,5%)	46 (5,7%)
Total	749	804

The referral of the newborn ICU and UCI justified by circumstances of birth, which occurred in 399 (22,3%) complications in newborns and 39 (2,2%) malformations. Observing both the information in the same period, from January to September 2010 and 2011, it is clear that the complications were reduced from 171 (22,8%) to 162 (20,1%) while malformations increased 12 (1,6%) to 23 (2,9%).

DISCUSSION

In this study, the priority is the 4th step of the Initiative Baby Friendly Hospital (BFHI), which is to help mothers initiate breastfeeding within a half hour after birth, even in the delivery room, even before clamping the cord with the baby still naked.⁶

Although the setting of this research is being attempted to reach the 4th step it was found that only 7% of the newborns had contact with her mother in the first half hour, 55,5% that contact has been postponed and 24% had not.

These results can be explained by the fact that this scenario is a reference hospital for the care of high-risk pregnancy, which contributes to the high number of cesarean sections as well as for the care of pregnant women and infants who have medical conditions that prevent or impede early contact.

It is recommended that breastfeeding happens early on at least 80% of spontaneous vaginal births and 50% of caesarean sections¹⁶, although cesarean delivery is considered a harmful practice to comply with the step described.⁶

Some studies show that caesarean sections reduce feedings in the first hour, acting as a factor detrimental to early initiation of breastfeeding, indeed possibly related to the use of anesthetics and/or procedures postpartum¹⁶⁻⁷, plus the sudden separation between mother and newborn at a time when they should remain in contact to promote the bond between them.¹⁸

Anesthetic procedures, in this study, as general, spinal, epidural and sedation,

probably influenced this first contact. This fact seems evident, therefore, children born to mothers who received general anesthesia, only two were breastfed, and even then, after the first hour of life due to delayed recovery of the mother. Compared to mothers who received sedation, one child was not breastfed or had early contact.

The cesarean delivery often occurs before the appropriate period for the birth of the baby, which can cause maternal problems, such as bleeding and fetal problems, such as respiratory, requiring in some cases, care of the newborn in the NICU, which slows first contact.¹⁸

Some complications prevent early breastfeeding or even a baby's first contact with his mother. In this study, we identified a significant number of infants who had some type of complication, being referred to ICU or ICU.

The two main complications observed are prematurity and respiratory distress.¹⁹ So, where the RN present complications and need immediate care, it is recommended that contact happens later, when the baby was presenting stable.⁶

Malformations were also cited as obstacles to early initiation of breastfeeding and skin to skin contact immediately postpartum. Among the major malformations observed are cleft lip, cleft palate and heart defects.¹⁹

Yet, as demonstrated in this study, babies of mothers infected with human immunodeficiency virus (HIV) were not breastfed or had no early skin to skin contact. Breastfeeding in these cases is contraindicated, although it be reminded that the contact between baby and mother must exist not involve the transmission of HIV, and to promote bonding and exchange of affection between the two.⁶

It can be noticed that the rate of breastfeeding/contact in the first half hour of life is still small, even considering any factors that may have influenced her negatively. It is appropriate that the practice in relation to the 4th step in this research scenario is to be reconsidered.

Therefore, the lack of guidelines on hospital routines regarding breastfeeding, both in the pre-partum postpartum, seems to negatively influence breastfeeding in the first hour. Also the lack of uniformity in the conduct of professionals in releasing RN to skin contact with his mother has hindered this procedure recommended by the 4th step in the Baby Friendly Hospitals.²⁰

CONCLUSION

It was observed that, in the scenario of the research, the practice of Step 4 of the Baby Friendly Hospital Initiative proposed by the Ministry of Health ⁶, is uncommon and breastfeeding postponed after the first hour of the baby's life.

Although there are efforts to reach this goal, it is believed that still need greater involvement of all professionals of the healthcare team, as well as the further consideration of its advantages, and the reorganization of practice and existing hospital routine.

Considering also that this scenario has the title of the Baby Friendly Hospital since 2003 and operates effectively in the training of its professionals, suggest new investigation to look at the actors involved, ie, professionals, women and the family, since practice change is also influenced by the concepts, beliefs and cultural aspects, as well as the balance of power in relation to the professional care of the woman and her son.

One of the ways to change the current reality is the empowerment of women from the prenatal¹⁷, from a dialogue about all the benefits of breastfeeding in the first half hour of life, respecting their particularities and sociocultural diversity. Thus, women at delivery and birth of the child, is an active subject in the act of feeding him in the first half hour of life, can evaluate and make their own choices when their clinical conditions and their newborn permit.

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Submission: 2012/08/09

Accepted: 2013/08/24

Publishing: 2013/11/01

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J Nurs UFPE on line., Recife, 7(11):6455-61, Nov., 2013