

Taichung Armed Forces General Hospital
Leaflet of Inpatient Nursing Instructions

產後母嬰皮膚接觸護理指導

Sir/Lady:

Nursing instructions for postpartum mother-infant skin-to-skin contact

I. Postpartum Mother-Infant Skin-to-Skin Contact:

"Skin-to-skin contact" refers to the immediate placement of the baby on the mother's chest right after birth, without any clothing or blanket barriers, allowing for close skin-to-skin contact between mother and baby. The first 1-2 hours after birth is the time when the newborn is most alert, and it is the best opportunity for the baby to interact with the mother and other family members. During this time, the baby will try to open its eyes, lift its head (to search for the mother's voice), and may show sucking, tongue-stretching, and searching-for-breast actions. It is also the best time to start breastfeeding.

II. Timing and process:

After birth, as long as allowed by the condition of both mother and baby, the medical staff will assist the baby in the first skin-to-skin contact with the mother. A warm blanket will be placed over the baby, allowing both mother and baby to become familiar with each other without interference. There is no restriction on the duration of skin-to-skin contact after birth as long as the mother requires it. The medical professional will guide the mother in observing the baby's feeding cues and assist the baby in latching onto the breast. During skin-to-skin contact, the baby will go through 9 behavioral stages that alternate (crying-relaxing-awake-active-resting-crawling-familiarizing-sucking-sleeping). During this time, do not force the baby to suck; just ensure the baby's safety and observe their skin color and activity level to confirm they are doing well.

III. Benefits of immediate postpartum skin-to-skin contact:

- (1) Stabilizes the baby: Studies have shown⁵ that babies who have skin-to-skin contact with their mothers immediately after birth have more stable body temperature, heart rate, and breathing, cry less frequently, and are less likely to experience hypoglycemia compared to babies who do not have skin-to-skin contact.
- (2) Enhances parent-child bonding: When the baby is in the mother's arms, feeling her body temperature, scent, heartbeat, and hearing her voice, the baby feels more satisfied and secure, which builds trust with the mother. At the same time, the mother's nurturing instincts are triggered by the baby's skin contact and movements, enhancing her desire to breastfeed and initiate lactation.
- (3) Promotes uterine contraction: Early sucking by the baby stimulates uterine contractions. Even if the baby does not actively suck, skin-to-skin contact promotes the release of maternal hormones, helping the uterus contract and reducing the chance of postpartum bleeding.
- (4) Encourages breastfeeding: Research has shown that babies who experience skin-to-skin contact have better breastfeeding behavior. Mothers feel more confident in breastfeeding, and early interaction and rooming-in with their babies help mothers better understand how to soothe their babies and recognize their cues for food and timing of breastfeeding.

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If you are still unclear about something or have any questions, please contact the nursing station in the ward