

## Cochrane Corner

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**Immediate or early skin-to-skin contact between mothers and newborns can be recommended to promote successful breastfeeding and the infant's overall wellbeing.**

Bert Avau, Trudy Bekkering, Filip Cools

Clinical question: Is immediate or early skin-to-skin contact (SSC) with the mother following birth, beneficial for the initiation of breastfeeding and infant wellbeing in healthy newborn babies?

Context: Mothers and their babies are often separated at birth, where newborn babies can be held wrapped or dressed in their mother's arms, placed in cribs or under warmers. This review, assessed as up-to-date in December 2015, investigates whether immediate (within 10 min) or early (between 10 min and 24 h) skin-to-skin contact, placing the baby naked, prone on the mother's bare chest, improves the baby's transition to the outside world, including chances of successfully breastfeeding the baby.

Summary of the results: This review found 38 studies, involving 3472 women. The majority investigated mothers delivering healthy, full-term babies, but 8 studies concerned women giving birth by caesarean section and 6 studied women that gave late preterm birth ( $\geq 35$  weeks). SSC mothers had a higher chance of successfully breastfeeding their babies 1 to 4 months after birth (670 per 1000 for SSC, 95% confidence interval: 579 – 773, versus 541 per 1000 for standard contact; 887 mothers). Furthermore, mothers who gave SSC to their babies breastfed their babies on average for a longer period than mothers who gave standard contact (mean difference: 64 days, 95%CI: 38 – 90; 264 mothers). SSC mothers were also more likely to exclusively breastfeed their babies at 1 month or 6 weeks to 6 months after birth. A few studies investigated the babies' blood glucose levels, 75 – 180 min after birth, and body temperatures, 90 – 150 min after birth. They found that blood glucose was on average higher in babies receiving SSC, compared to those receiving standard contact (MD: 10 mg/dL; 95%CI: 8 – 13; 144 mothers), a clinically significant result, while body temperature was similar (MD: 0,3 °C; 95%CI: 0,13 – 0,47; 558 mothers).

Remarks: The level of evidence presented in this review is moderate (for successfully breastfeeding, exclusively breastfeeding at 1 month or 6 weeks to 6 months after birth) to low (for duration of breastfeeding, blood glucose levels, body temperature). Evidence was downgraded because of a risk of bias due to a lack of blinding (all outcomes), small sample sizes (blood glucose levels) and a high variability in the results (body temperature). Further limitations in these studies include the fact that SSC was defined and measured in various ways, and varying levels of support for breastfeeding for the women in the standard care groups.

Conclusion: This review indicates that immediate or early SSC with the mother following birth seems to be beneficial for successfully breastfeeding newborn babies and can also have a limited effect on physiological parameters such as blood glucose. No conclusions could be made for subgroups, such as women giving birth via a caesarean section or women giving late preterm birth, due to the small

sample sizes. Furthermore, no difference was found comparing immediate versus early SSC or for different lengths of contact time for SSC.

Implications for practice: Immediate or early SSC after birth should be normal practice where possible, as it can promote successful breastfeeding and the newborn's overall well-being.

Reference: 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 Nov 25;11:CD003519.