

NB BABY-FRIENDLY NEWS



New Brunswick Baby-Friendly Initiative Advisory Committee

« Skin-to-Skin Contact » is critical for newborns

On June 1, 2007, the NB BFI Advisory Committee and the South-East Regional Health Authority were pleased to host a conference on *Kangaroo Mother Care* with the world renowned public health physician Dr. Nils Bergman. The day-long conference was part of Dr. Bergman's North America tour. Other locations included Montreal, Oklahoma, Monterrey and Dallas.

The day began with Medical Grand Rounds available via video conference to physicians in all New Brunswick's Regional Health Authorities. This special event was followed up with nearly 200 health professionals from New Brunswick, Nova Scotia and PEI taking part in Dr. Bergman's day-long conference.

Dr. Bergman's areas of expertise include developmental neuroscience, breastfeeding and neonatology. He has been one of the prime movers of the implementation of Kangaroo Mother Care also known by his preferred term: "skin-to-skin contact".

But what is "skin-to-skin contact"? "Skin-to-skin" means that the baby is nested naked directly on his mother's bare chest starting immediately after birth and continuing later as well. Skin-to-skin is important for newborns including those born prematurely.

In many cultures, babies are allowed to crawl to their mother's chest following birth and then cradled there once they have completed this first journey. In other societies, babies are separated or dressed before given to their mothers.

Many studies show that babies held skin-to-skin are more efficient in maintaining their body temperature; their heart and breathing rate are more stable and their blood sugar level is better. Skin-to-skin allows the baby to be colonized by the same bacteria as its mother and skin-to-skin infants are more likely to breastfeed and to continue breastfeeding for a longer period of time.

But most importantly, babies need to be held skin-to-skin with their mother immediately after birth. In this critical period, the baby needs this skin-to-skin contact and olfactory stimulation to create healthy pathways in the brain which will impact on his entire life span both in physical and mental health.

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If you missed the Kangaroo Mother Care conference but wish to learn more about skin-to-skin contact, make sure to visit Dr. Nils Bergman's website at:
www.kangaroomothercare.com

Or

Learn more by completing the **online study module** on "skin-to-skin contact and perinatal neuroscience found online at
(<http://www.ilca.org/education/conference/studymods.php#SkintoSkin>)



Some members of the NB BFI Advisory committee and the trainers for the 20 hr course with Dr. Nils Bergman at the *Kangaroo Mother Care* conference in Moncton on June 1, 2007.

Did you know that in 2006 UNICEF revised the Baby-Friendly Hospital Initiative Global Criteria and provided a new interpretation for Step 4?

Step 4: Help mothers initiate breastfeeding within a half-hour of birth is now interpreted as *“Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognize when their babies are ready to breastfeed, offering help if needed.”*

UNICEF also recommends that **all** mothers should be encouraged to hold their babies in skin-to-skin contact as soon as possible after delivery in an unhurried environment, regardless of their intended feeding method.

Skin-to-skin - A mother's experience in The Moncton Hospital NICU



“I love to skin-to-skin with my daughter. It is special to see and feel how soothing and calming this contact is for her (and for me!). It is kind of like the connection we had during pregnancy and better since we get to see, smell and touch each other skin-to-skin. I look forward to my daily cuddles and bonding with my daughter while she is in the NICU and plan to continue for at least once a day when she comes home”.

Nadya Savoie and daughter Josiane

Shown in the photo is new mom Sandra Richard practising skin-to-skin contact with her little girl Chloé.

Sandra gave birth to triplets at the Dr. Georges L. Dumont Hospital, shown in the other photo: Chloé, Simon, and Sophie



Skin-to-skin at the Dr. Georges-L. Dumont Hospital

At the Dr. Georges-L. Dumont Hospital, we believe in skin-to-skin contact from birth, but this is not a common practice for all births. Owing to a lack of information and a lack of knowledge on the part of nurses, doctors, and parents, this practice is worth promoting among the multidisciplinary team and parents. That said, for National Breastfeeding Week 2007, our goal is to have all newborns and mothers whose state of health permits practise skin-to-skin contact from birth, for a period of 60 to 90 minutes, and initiate breastfeeding. *The key message: never separate mother and her newborn.*

A bit of history comes in handy here: the Birthing Unit was renovated in 1992 in order to facilitate day rooming-in. Since May 2004, mothers have practised 24/7 rooming-in and benefited from the support of their spouse, who is encouraged to sleep at the hospital during the stay of the mother and her infant. After the establishment of the breastfeeding committee in 2004, the practice of skin-to-skin contact was introduced, but not systematically. The breastfeeding committee decided to carry out a pilot project in the Birthing Unit with one work group in order to implement best practices. The group will receive training on the advantages for mothers and newborns of practising skin-to-skin contact in the case of all term newborns whose state of health permits. Following an evaluation, the aim is to expand the project to all work groups.

By Linda Arseneault

A Glance at the research on skin-to-skin contact

Randomized controlled trial of very early mother-infant skin-to-skin contact and breastfeeding status

J. Midwifery Women's Health 2007 Mar-Apr 52 (2): 116-25

[Moore ER](#), [Anderson GC](#). Vanderbilt University School of Nursing, Nashville, TN, USA. elizabeth.moore@vanderbilt.edu

This study was done to evaluate effects of maternal-infant skin-to-skin contact during the first 2 hours post birth compared to standard care (holding the infant swaddled in blankets) on breastfeeding outcomes through 1 month follow-up. Healthy primiparous mother-infant dyads were randomly assigned by computerized randomization to skin-to-skin contact (n = 10) or standard care (n = 10). The Infant Breastfeeding Assessment Tool was used to measure success of first breastfeeding and time to effective breastfeeding (time of the first of three consecutive scores of 10-12). Intervention dyads experienced a mean of 1.66 hours of skin-to-skin contact. These infants, compared to swaddled infants, had higher mean sucking competency during the first breastfeeding (8.7 +/- 2.1 vs 6.3 +/- 2.6; P < .02) and achieved effective breastfeeding sooner (935 +/- 721 minutes vs 1737 +/- 1001; P < .04). No significant differences were found in number of breastfeeding problems encountered during follow-up (30.9 +/- 5.51 vs 32.7 +/- 5.84; P < .25) or in breastfeeding exclusivity (1.50 +/- 1.1 vs 2.10 +/- 2.2; P < .45). Sucking competency was also related to maternal nipple protractility (r = .48; P < .03). Very early skin-to-skin contact enhanced breastfeeding success during the early postpartum period. No significant differences were found at 1 month.

Review finds significant benefits of skin-to-skin contact

A review of seventeen studies, involving 806 participants, has found significant benefits of early skin-to-skin contact between mother and baby on breastfeeding, behaviour and physiology in mothers and their healthy newborn infants. Statistically significant and positive effects of early skin-to-skin contact were found in relation to breastfeeding incidence at one to three months of age, breastfeeding duration, maintenance of infant temperature in the neutral thermal range, infant blood glucose, infant crying and summary scores of maternal affection during an observed breastfeed within the first few days of the baby's life. (1)

Meanwhile, a randomized trial found that preterm infants held in skin-to-skin contact had greater head growth than babies held in a traditional way. No difference in weight gain or linear growth was found. (2)

Footnotes:

1. Anderson GC, Moore E, Hepworth J, Bergman N. Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database of Systematic Reviews 2003, Issue 2
2. Rojas MA, Kaplan M, Quevedo M, Sherwonit E, Foster LB, Ehrenkranz RA, Mayes L. Somatic growth of preterm infants during skin-to-skin care versus traditional holding: A randomized, controlled trial. J Dev Behav Pediatr. 2003 Jun; 24(3):163-168.

Randomized controlled trial of maternal-infant skin-to-skin contact from birth versus conventional incubator for physiological stabilization in 1200g to 2199g newborns

Bergman NJ, Linley LL, Fawcus SR. Acta Paediatr 2004; 93: 779-785. Stockholm. ISSN 0803-5253

Newborn care provided by skin-to-skin contact on the mother's chest results in better physiological outcomes and stability than the same care provided in closed servo-controlled incubators. The cardio-respiratory instability seen in separated infants in the first six hours is consistent with mammalian "protest-despair" biology, and with "hyper-arousal and dissociation" response patterns described in human infants. It concludes that newborns should not be separated from their mothers.

Recommended resources on skin-to-skin contact:

DVD:

- Kangaroo Mother Care 1 (Rediscover the natural way to care for your newborn baby) and Kangaroo Mother Care II (Restoring the Original Paradigm for Infant Care and Breastfeeding) available both in English and in French at www.allaitement.ca/_produits.asp or English version at: www.geddesproduction.com
- Delivery Self Attachment by Dr. Lennard Righard in French at www.allaitement.ca/_produits.asp or English version at: <http://www.geddesproduction.com/breast-feeding-delivery-selfattachment.html>

Documents/articles:

- "Kangaroo Mother Care. Practical guide" by the World Health Organization at <http://www.who.int/reproductive-health/publications/kmc/>
- Article by Dr. Nils Bergman on "Kangaroo Mother Care and skin-to-skin contact as determinants of breastfeeding success" at www.babyfriendly.org.uk/pdfs/bergman_2005.pdf
- Article by Dr. Jack Newman on "the importance of skin-to-skin contact" at <http://thebirthen.com/Skin%20to%20skin%20contact-January%202005.doc>
- Article by INFAC Canada on "Breastfeeding and birthing" at http://www.infactcanada.ca/Newsletters/2007-Winter/breastfeeding_and_birthing.htm
- Article by midwife Suzanne Colson on "Womb to world: a metabolic perspective" at <http://www.midwiferytoday.com/articles/womb.asp>
- Recipe for nurturing: <http://www.biologicalnurturing.com/pdf/Poster%20for%20web%20site-locked.pdf>
- <http://breastcrawl.org>
- Fact sheet for parents on skin-to-skin: <http://www.massbfc.org/providers/SkinToSkin.pdf>

Carriers:

- Kanga carrier designed to ensure that low birthweight newborns can be carried safely skin-to-skin from birth available at: <http://www.blessingwayfamily.com/products.html>
- Slings to carry babies available at: www.mamankangourou.com or anniefriolet@hotmail.com

Getting ready for World Breastfeeding Week (WBW)

The theme of this year's World Breastfeeding Week (October 1-7, 2007 in Canada) is **"Breastfeeding: the 1st Hour Save one million babies!**

The campaign objectives are:

- To mobilize the world to the potential of saving ONE million babies starting with ONE simple action: allowing the baby to initiate breastfeeding in the first hour of life
- To promote immediate skin-to-skin contact of the mother and baby and continuing with exclusive breastfeeding for six months
- To encourage ministers of health and other authorities to include the initiation of breastfeeding in the first hour as a key indicator for preventive health
- To ensure that families know how important a baby's first hour is, so that they can make sure that their babies are given this opportunity
- To support the newly revised and revitalized Baby-Friendly Hospital Initiative, with its emphasis on integration and expansion, and on the early initiation of breastfeeding.

Where to get more information or to order your WBW kit:

- <http://worldbreastfeedingweek.org/>
- <http://www.infactcanada.ca/InfactHomePage.htm>
- <http://www.ilca.org/news/wbw.php>

“Baby Friendly” gift bag

In September 2006 the members of the “Fredericton Breastfeeding Promotion Committee” (FBPC) received exciting news. We had submitted a proposal to the Communities Raising Children (CRC)-Early Childhood Development fund, for a grant to enable us to provide expectant families in the Fredericton area with a gift bag, and were given money to enable us to carry through with the project!

The idea for the project was conceived around the same time the Minister of Health and Wellness released the statement in Jan, 2006, that New Brunswick would make steps to move forward with the Baby-Friendly Initiative, as part of the Wellness Strategy for New Brunswick. This was the perfect opportunity to be able to make an impact on the health of the people of New Brunswick, by increasing the visibility of breastfeeding and helping to bring breastfeeding back as the cultural norm for infant and young children nutrition.

The request to the CRC was for funds to enable the committee to purchase some items for the gift bag that would be free of marketing of breastmilk substitutes.

After almost a full year of seeking out books, pamphlets and other items, the gift bags are now ready to be distributed and will be given to expectant families through partnership with the Dr Everett Chalmers Hospital in Fredericton.

By Donna Brown



Are you up to the challenge??

This fall, the Fredericton region will be participating in the Quintessence Foundation's Breastfeeding Challenge for the third time. They would like to issue a challenge to the rest of the Health Regions to join the event! Check www.babyfriendly.ca for details.

On March 22, 2007, the NB BFI Advisory Committee had the pleasure of hosting the 2nd NB BFI Roundtable in Fredericton. The event brought together 99 participants all members of regional BFI committees from across New Brunswick. Participants had the opportunity to do networking, and learn more about how to deal with resistance to change while implementing BFI and learn more about BFI monitoring tools. Kathy Venter, senior BFI evaluator from Ontario, was the keynote speaker.

Upcoming Training Events in New Brunswick

Breastfeeding Promotion and Support in Baby-Friendly Facility –
A 20 hour course

Sponsored by the NB BFI Advisory Committee (*free registration*)

<u>DATE</u>	<u>LOCATION</u>	<u>LANGUAGE</u>
October 3-5, 2007	Fredericton	English
To be confirmed	Saint-John	English

For more information, contact: isabelle.melancon@gnb.ca

Registration Form 20 hour course

Name: _____

Position: _____

Address: _____

Telephone: _____

Email address: _____

Select the course you want to attend:

_____ Fredericton

_____ Saint-John

**FAX registration form to
Isabelle Mélançon at:
506-453-8702**

Poem by a participant of the 20 hr course

*We have attended BFI
Now a member of an international group
Evidence-based for best practice
Keeping all moms and babies in the loop*

*Artificial feeding is not normal
Despite what marketers portray
Exclusive breastfeeding is the best
We will promote that every day.*

*Day to day support for all
Skin-to-skin too
Communicating effectively
So moms do not turn blue*

*Latching onto BFI
Marketing breastfeeding instead
Healthier outcomes will be seen
Putting communities ahead*

By Joan Johnston, Feb. 2007

We want to hear from you!

Please send your news, stories or
questions to: isabelle.melancon@gnb.ca