

Time	Narration
00:02	Welcome to the <b>spoken tutorial</b> on the procedure for skin-to-skin contact after <b>C-section</b> .
00:11	In this tutorial, we will learn about:
00:14	How to perform skin-to-skin contact after <b>C-section</b> delivery.
00:22	Guidelines for monitoring the baby during skin-to-skin contact.
00:29	In this tutorial, the Operating Room will be called <b>OR</b> .
00:36	Skin-to-skin contact will be called <b>STS</b> .
00:42	Let us begin.
00:44	Early <b>STS</b> in the operating room is essential for the mother and the newborn.
00:52	Its benefits are discussed in another tutorial in the same series.
00:59	Its preparation, before the delivery, is also discussed in the same tutorial.
01:06	Please visit our website to watch it before going through this tutorial.
01:14	Now, let's discuss the procedure of skin-to-skin contact in the operating room.
01:22	At this stage, the baby is delivered.
01:27	The umbilical cord is clamped and cut.
01:32	The surgery is still going on.
01:37	Now, the nurse should take the baby from the doctor.
01:43	She should confirm that the baby is healthy and crying.
01:49	Then, she should wipe the baby dry quickly.
01:55	She should wrap the baby in a dry, sterile and warm operating room towel.
02:03	Then, she should take the baby to the mother.
02:08	She should let the baby's and the mother's cheeks touch for at least 30 seconds.
02:16	If the mother wants to kiss or hold the baby, the nurse should assist her.
02:24	The nurse must consult the doctor before assisting the mother.
02:30	She should inform the operating doctor about the readiness to start <b>STS</b> .
02:39	Now, with both her hands, she should place the baby on the mother's chest.
02:47	Baby's head should be on the lower part of the mother's neck and upper chest.
02:54	Let the baby's head and face touch either of the breasts of the mother.
03:02	Then, position the baby's chest, abdomen and legs correctly.
03:09	They should rest on the mother's lower chest and upper abdomen.
03:16	This is the 1st or the longitudinal position for <b>STS</b> in the operating room.
03:26	The mother can easily hold the newborn in this position.
03:31	Baby can also be placed in a 2nd position called the horizontal position.
03:39	In this position, there is less interference with the doctor's operating area.
03:48	The baby's head should be placed on one breast.
03:53	Her abdomen and legs should be comfortably placed on the other breast.
04:01	The nurse should cover the baby with the towel that she was wrapped in.
04:07	Using the diaper for the baby is a choice.
04:13	It will avoid the possibility of meconium getting on the mother.
04:19	It is difficult to clean it up in the operating room.
04:25	During skin-to-skin contact, a cap is not required to keep the baby warm.

04:33	It appears to be annoying to many babies.
04:38	It may interfere with their normal sucking reflex.
04:44	It can be put on the baby later during other hospital procedures.
04:52	They include weighing,
04:54	<b>vitamin k</b> injection
04:56	and footprint marking.
05:00	Another discomfort for the babies is the umbilical clamp.
05:06	Traditionally, the umbilical cord is cut at least 3 to 5 cm from its base.
05:16	Then it is tied with a thread or clamped.
05:22	The hard plastic umbilical clamp is too close to the baby's navel.
05:29	It comes in between the baby and mother's body during <b>STS</b> .
05:37	The baby lifts her body to avoid pressing against it during <b>STS</b> .
05:45	This discomfort can be easily avoided.
05:50	The cord must be cut and clamped 8 to 10 inches long.
05:57	This way, the clamp will not be directly between the baby and the mother.
06:04	The cord can be re-clamped and cut shorter at any time after 1st breastfeeding.
06:14	It can also be done at the time of the baby's first bath.
06:20	Avoid routine suctioning of the baby's mouth or nostrils during early <b>STS</b> .
06:29	It is often a very bad oral experience for the baby.
06:36	It can irritate the baby.
06:39	It can also interfere with her heart rate and rhythm.
06:46	Most babies are able to clear their own secretions with no trouble.
06:53	If the baby is having difficulty clearing oral secretions, consult a doctor.
07:00	A nurse should visually observe the baby while on the mother's chest.
07:07	This monitoring should continue until the surgery is complete.
07:13	She should constantly check the position of the baby's head.
07:19	Baby's nostrils must always be visible.
07:24	Baby's temperature, blood circulation, breathing and colour must remain stable.
07:33	Baby should not slide off the mother's chest towards her neck.
07:39	If this happens, the nurse should gently reposition the baby.
07:46	She should not lift the baby off the mother's skin while repositioning.
07:54	The baby may advance to the crawling stage while in the operating room.
08:01	She may also move irregularly and search for the breast to suckle.
08:08	In such cases, the nurse can gently grip the baby's leg or thigh.
08:17	This will ensure that the baby stays on the mother's chest.
08:22	It is important to continue <b>STS</b> after completion of the surgery.
08:30	This is discussed in detail in another tutorial of the same series.
08:37	This brings us to the end of this tutorial. Thank you for joining.