

Family Baby Togetherness

Site Applicability

St. Paul's Hospital

Practice Level

Basic Skill:

- Phlebotomist, Physician, Registered Nurse, Registered Midwife, Respiratory Therapist

Need to Know

Family baby togetherness consists of keeping the mother/birthing person and baby together using skin to skin contact and maintaining close physical proximity in order to enhance the physical and emotional interactions through touch, sight, hearing, smell and taste. Skin to skin contact is a non-pharmaceutical intervention to reduce pain in infants and is the first step at initiating breastfeeding.

St. Paul's Hospital supports family baby togetherness as a guiding principle for care as recommended by Health Canada, Breastfeeding Committee for Canada and the World Health Organization. SPH recognizes and follows The Ten Steps of Baby Friendly Initiative in Canada (2021). Family baby togetherness includes skin to skin contact with the mother/birthing person and family, as well as rooming in.

Safe Positioning Of the Newborn for Skin to Skin Contact

Routine newborn monitoring should continue as per unit practice. Family members should be informed how to place and maintain their baby in a safe position while doing skin-to-skin contact:

- Face can be seen
- Head is in a 'sniffing' position
- Nose and mouth are visible and not covered
- Head is turned to one side
- Neck is straight, not bent
- Shoulders are flat against mother/birthing parent
- Chest-to-chest with mother/birthing parent
- Legs are flexed
- Cover the back of the infant with blankets

PHC Laboratory Statement

In an effort to decrease a baby's pain response, the healthcare team promotes the mother/birthing person to place the baby skin to skin for all painful procedures. Evidence supports the mother/birthing

person to breastfeed or hold their baby skin to skin for all painful newborn procedures. This includes injections and phlebotomy. Skin to skin contact decreases the pain response in infants, including decreased stress and less crying.

Guideline

Phlebotomy

Steps

Ergonomic set up for phlebotomy procedure:

These include but are not limited to:

- Raise/lower bed to good working height for phlebotomist (i.e. waist height, shoulders are not raised and are relaxed)
- Get as close to the baby as possible to avoid reaching with upper limbs.
- If needed, ask mother/birthing person or family member to move closer to the edge of the bed.
- Sit on a height-adjustable stool, with feet flat on the floor. Place blood collection equipment in close proximity to the patient.

When a mother/birthing person is breastfeeding in a chair attempt to find a workable position to collect blood from the baby by pulling a chair next to the dyad. If unable to find a workable position, wait until breastfeeding is finished and support the mother/birthing person to move to the bed for skin-to-skin contact before proceeding with blood collection.

Phlebotomy procedure during breastfeeding:

1. Determine the readiness of the mother/birthing person to breastfeed or provide skin-to-skin contact.
2. Allow the mother/birthing person time to latch the baby at the breast.
 - a. If the mother/birthing person is unable or does not want to breastfeed, they should be encouraged to provide skin-to-skin contact. If this is not possible, an alternative family member may provide skin-to-skin contact. As a last resort the baby is to be placed in the bassinette and a family member may place a washed finger into the baby's mouth for comfort suckling.
3. Allow the baby to breastfeed/suckle for at least one minute before performing the procedure in order to allow endorphins to be released into the baby's system to provide the desired analgesic effect.

Birthing Unit

The baby is positioned on the mother/birthing person's chest within five minutes of birth and remains there uninterrupted for the first hour or until completion of the first breastfeed. This is done in accordance with the mother/birthing person's wishes and in absence of medically indicated assessments or care. Skin to skin contact is to continue during the period of stability and beyond.

The family and baby will stay together in the same room at all times and skin-to-skin contact will be supported during the initial postpartum recovery and beyond. The mother/birthing person and family will be encouraged to use skin-to-skin contact as a comfort and calming technique for their baby.

The parents' close physical proximity throughout the hospital stay enables families to help their babies while experiencing minor painful procedures by providing skin-to-skin contact and/or breastfeeding during painful procedures, such as blood testing and screening to decrease crying and stress for the baby.

Ongoing skin-to-skin contact to enhance newborn stability includes the non-separation of the mother/birthing person and the baby from the moment of birth and through the postpartum course, unless medically indicated.

Families of babies that return to the hospital for outpatient bloodwork, or other possible painful procedures, will be supported to breastfeed and/or provide skin-to-skin contact in all areas of the hospital. This includes the outpatient laboratory.

Late Preterm Babies: Support the families' of late preterm babies to provide early, prolonged periods of skin-to-skin contact at birth and throughout the hospital period to improve postpartum stabilization of heart rate, respiratory effort, temperature control, blood glucose, metabolic stability and early initiation of breastfeeding.

Neonatal Intensive Care Unit (NICU)

If a baby is admitted to the NICU, parents are encouraged to stay at their baby's bedside as much as possible. Due to structural limitations of an open bay unit, parents/caregivers are unable to room in with their babies. Skin-to-skin contact is encouraged and supported for families as soon as it is medically safe. There are two family lounges for NICU parents/caregivers to stay in during the day and for rooming in before discharge home. These two rooms help facilitate family baby togetherness and support responsive cue based feeding.

Skin to skin and family togetherness provides both emotional and physiologic benefits to both babies and parents. Skin to skin decreases neonatal stress, promotes bonding and is an important step in breastfeeding initiation. Parents/caregivers are encouraged to provide skin-to-skin contact for a minimum of 1 sleep cycle or 90 minutes duration to maximize the benefits. Babies in the NICU are exposed to multiple painful procedures every day. Skin to skin contact is used as a non-pharmacologic intervention to reduce pain and provide comfort during such procedures.

Evidence indicates that family baby togetherness with skin-to-skin care results in:

- Improved attachment, communication, parental self-confidence and stability, parental emotional well-being, satisfaction with care
- Early initiation of breastfeeding
- Improved neonatal physiological stability (respiratory rate, thermoregulation, decreased apnea and desaturations)
- Promotion of sleep

- Reduction of neonatal stress and procedural pain (e.g. during blood work)

The benefits of skin-to-skin contact applies to all babies including preterm, late preterm and term babies. Skin to skin contact is supported by the physicians and Registered Nurses throughout the admission to NICU.

Rooming in is facilitated in a dedicated room for selected families and in preparation for discharge. If operationally appropriate, the Birthing Unit will arrange a room for the parents to stay nearby to the baby to facilitate breastfeeding, skin-to-skin contact, bonding and parental self-confidence in caring for their baby.

If the baby is on respiratory support, there must be a team discussion with the Registered Nurse, Physician and Respiratory Therapist prior to initiating skin to skin.

Documentation

Birthing Unit

Document in CST Cerner → Interactive View → Newborn Delivery Data → Skin to skin after birth: Initiation time and discontinuation time.

NICU

Document in CST Cerner → Interactive View → Parent interaction → Skin to skin

Document time initiated, concluded and location.

Patient and Family Education

Family will be informed of the benefits of skin-to-skin contact.

Family will be informed on the impact of early and sustained skin-to-skin has on the initiation of breastfeeding.

Family will be informed about the benefits of skin-to-skin during painful newborn procedures.

Family will be informed of the unit practices regarding skin-to-skin immediately after birth.

Family will be encouraged and supported to provide skin-to-skin whenever they wish.

Related Documents

[BD-00-11-40027](#) – Infant Feeding (Breastfeeding/Chestfeeding) Policy

References

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