

BF-000-40, CCNE: The Importance of Skin-to-Skin Contact After Birth

A client-centered nutrition education uses methods like group discussions and hands-on activities to engage participants in learning. This outline starts with a **Snapshot of the Session**, and then includes two parts:

Part 1: Planning the Nutrition Education Session - The first section prompts the nutrition educator to think about the learning objectives, materials, and preparation necessary to carry out the session.

Part 2: Session Outline - The second section outlines the key parts of the session. The nutrition educator uses this outline to lead the session.

Snapshot of Group Session:

CCNE Lesson title: The Importance of Skin-to-Skin after Birth

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NE Code: BF-000-40

Class Description: This lesson uses group discussion and handouts to encourage participants to learn about the importance of skin-to-skin contact immediately after birth regardless of feeding intent, new baby behaviors, and how to create a memorable hospital experience.

Target Audience: Pregnant women

Type of Learning Activities: Facilitated discussion and hands on activity

Part 1: Planning the Nutrition Education Session

Lesson: The Importance of Skin-to-Skin Contact after Birth

Item	Notes for Planning the Session
<p>Learning Objective(s) – <i>What will the clients gain from the class?</i></p>	<p>By the end of the session, participants will:</p> <ul style="list-style-type: none"> • Discuss the nine newborn stages to expect within the first moments of life. • Describe the approximate time it takes for the average baby to latch onto the breast and feed for the first time after birth. • Identify 3 benefits to mom and baby of skin-to-skin contact immediately after birth.
<p>Key Content Points – <i>What key information do the learners need to know to achieve the learning objective(s)? Aim for three main points.</i></p>	<ol style="list-style-type: none"> 1. Newborn babies go through several stages that help them to adjust to their new environment and begin breastfeeding. 2. Holding the baby skin-to-skin immediately after birth has many benefits for mom and baby. 3. To have a memorable hospital experience, create a birthing plan and make sure family/physicians/nurses know about the plan.
<p>Materials – <i>List what you will need for the session (i.e. visual aids, handouts, supplies). Attach supplemental materials.</i></p>	<p>Handouts:</p> <ul style="list-style-type: none"> • “The Hospital Experience: What to Expect and How to Make it Memorable” Stock # 13-06-13120 (Spanish 13-06-13120A) • “In your arms – Your baby’s favorite place” • <i>BabyBabyOhBaby</i> DVD- order as needed from website • A basket or plastic bin • Demonstration baby doll, if available • “Nine Stages of new baby behavior” playing cards and “Skin-to-Skin Benefit” playing cards (Included with lesson plan). Place cards in basket. • Board and markers or chalk 

<p>Resources – Review current WIC resources or other reliable resources like WIC Works.</p>	<p>As you are preparing to teach this lesson, be sure to review all related materials so you feel comfortable with the explanations and are able to answer participant questions. Additional information can be found in the “Supplemental Information” portion of this lesson.</p> <p>Helpful websites include:</p> <p>www.breastmilkcounts.com</p> <p>www.aap.org/breastfeeding</p> <p>www.magicalhour.com</p> <p>References:</p> <p>Mohrbacher, N. (2010). <i>Breastfeeding Answers Made Simple</i>. Amarillo, TX: Hale Publishing, L.P. Pages 58-62.</p> <p>“The Importance of Skin-to-skin” by Kristina Arrieta found in the Texas WIC News (September/October 2012 issue, pages 16-17).</p>
<p>Class Flow & Set Up – Consider the flow of the session & room set-up. Note any extra preparation that may be needed.</p>	<p>Arrange chairs in a way that allows for a group discussion - like a circle or semi-circle around the demonstration area. Plan to sit with the group.</p> <p>You may find it useful to set up a white board, chalkboard, or easel with paper to write down key concepts as the class progresses.</p> <p>Cut out the “Nine Stages of new baby behavior” and “Skin-to-Skin Benefit Cards” and place in basket or bin.</p> <p>Preview the <i>BabyBabyOhBaby</i> DVD.</p> <p>Gather handouts, activity cards, and demonstration baby doll, if available, before class begins.</p> <p>Call your local hospitals to find out which routinely place all babies in skin-to-skin contact in the first hour and which don’t.</p>

Part 2: Session Outline

Lesson: The importance of Skin-to-Skin Contact after Birth.

Item	Notes for Conducting the Session
<p>Introduction: Create a respectful and accepting learning environment by welcoming participants, introducing yourself, reviewing agenda, exploring ground rules, making announcements, etc.</p>	<p>Consider starting your session with an overview such as:</p> <p>“Welcome, my name is _____. Today’s class is about the different stages of newborn behavior and the importance of skin-to-skin contact with your baby right after birth. At the end of class, you will have a chance to create a birth plan using this information to make sure you have a good hospital experience. Feel free to ask questions and share ideas. Before we get started I would like to go over some announcements and our class rules...”</p> <p>“ Bienvenidas, m i nom bre es _____. La clase de hoy trata las diferentes etapas de conducta de los recién nacidos y la importancia del contacto de piel a piel con su bebé justo después del parto. Al final de la clase, ustedes tendrán la oportunidad de hacer un plan de parto utilizando esta información para asegurarse de tener una experiencia buena en el hospital. Siéntanse con la libertad de hacer preguntas y compartir ideas. Antes de empezar, quiero repasar algunos anuncios y las reglas de nuestra clase...”</p>
<p>Icebreaker: Anchor the topic to the participants’ lives. Use a question or activity likely to bring out positive but brief comments; Can be done as a group or partners.</p>	<p>Question/Activity</p> <p>Icebreaker: Ask participants to introduce themselves by saying their name, how far along they are in their pregnancy, and the first thing they plan to do as soon as the baby is born.</p> <p>Ex: My name is _____, I am 30 weeks pregnant with a boy, and as soon as my baby is born I plan to count all of his fingers and toes.</p>
<p>Activities: For each learning activity, list instructions and include three to five open-ended discussion questions. Keep in mind that activities should enable participants to meet the learning objectives.</p>	<p><u>Nine stages of new baby behavior</u></p> <p>Start by saying something like: “A lot is going on during the first few minutes after you deliver your baby. What are some of the first things you expect to happen?” “Muchas cosas suceden durante los primeros minutos después de dar a luz a su bebé. ¿Cuáles son algunas de las primeras cosas que espera que sucedan?”</p> <p>Give them time to talk it over amongst themselves and ask for a volunteer to share what was discussed. Offer sample responses, if necessary. (Examples: crying, cutting the umbilical cord, baby gets a bath or shots, weighed and measured, they are taken to the nursery, nurses attending to</p>

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	<p>mom's needs, in the event mom has a c-section she might expect to have baby taken to get cleaned/weighed while she is in recovery, etc.)</p> <p><u>Activity: Put in order</u></p> <ol style="list-style-type: none"> 1. Transition into the activity by saying something like: "The first minutes after birth are a very special time for moms and babies. Babies go through nine stages as they recover from birth, get to know their moms and prepare to breastfeed for the first time. I've prepared a little activity so we can discuss these stages..." <p>"Los primeros minutos después del parto son muy especiales para la mamá y el bebé. El bebé pasa por 9 etapas a medida que se recupera del parto, conoce a su mamá y se prepara para amamantar por primera vez. He preparado una actividad breve para que platiquemos de estas etapas..."</p> <ol style="list-style-type: none"> 2. Begin the activity by handing out the nine stages activity cards to the class. 3. Explain that each of the nine stages of newborn behaviors is listed on the activity cards that have been handed out. The objective will be to place those cards in order. 4. Ask for a volunteer that thinks they are the first stage. 5. As each stage is revealed, post the activity card on a bulletin board or white board for everyone to see/participate. 6. Read/Ask the participant to read the description of the behavior as the group transitions from stage to stage. <p>(For large groups, consider asking for 9 volunteers and have them stand in front of the group with their playing cards. You can include the whole group by asking for "audience" members to read the states/descriptions for those holding the cards while the group decides which order they should stand in).</p> <p><u>Definition of "skin-to-skin"</u></p> <p>"The 9 stages we just discussed will happen while the baby is lying skin-to-skin with the mother. Does anyone know what skin-to-skin is?" "Las 9 etapas que acabamos de platicar ocurrirán mientras el bebé está recostado de piel a piel con la mamá. ¿Sabe alguien qué significa de piel a piel?"</p> <p>(Wait for participant responses, and then elaborate if needed).</p>

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	<p>“Skin-to-skin means the baby is placed belly-down, directly on the mother’s chest, right after birth. The health care provider will dry the baby and do other procedures while the baby is on the mother’s chest. Cesarean birth or c-section babies are usually placed skin-to-skin with the mother as soon as she is able to respond to her baby, or within half an hour. The baby and mom should stay skin-to-skin for at least the 1st hour after birth or until the baby finishes his or her first feeding and then as much as possible afterwards.</p> <p>Skin-to-skin is good for all babies and moms. All babies should be held skin-to-skin with their mothers for the first hour, even if the baby won’t be breastfed.</p> <p>Now that we know what it means, let’s talk about why it is so important...”</p> <p>"De piel a piel significa que el bebé se coloca boca abajo, directamente en el pecho de la mamá, justo después de nacer. El proveedor de atención médica secará al bebé y realizará otros procedimientos mientras el bebé está sobre el pecho de la mamá. Los bebés que nacen por cesárea se suelen colocar de piel a piel sobre la mamá tan pronto como ella pueda responder al bebé, o dentro de media hora. El bebé y la mamá deben permanecer en contacto de piel a piel por lo menos la primera hora después del parto o hasta que el bebé termine su primera toma, y luego tanto tiempo como sea posible después.</p> <p>El contacto de piel a piel es bueno para todos los bebés y todas las mamás. Todo bebé se debe colocar en contacto de piel a piel con su mamá durante la primera hora, aunque no se amamantaré al bebé.</p> <p>Ahora que sabemos lo que significa, vamos a hablar sobre por qué es tan importante..."</p> <p><u>Activity: Skin-to-skin benefit cards</u></p> <ol style="list-style-type: none"> 1. Begin activity by passing around basket with benefit cards. 2. Instruct clients to take one card (for large groups, participants can work as partners to discuss together and then share with the group). 3. Ask for a volunteer to read the benefit listed on their card. (If they can’t read or don’t want to read, read it for them.) Consider writing this benefit on a white board or flip chart. 4. Discuss each benefit by asking questions like:

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	<ul style="list-style-type: none"> • Has anyone heard of this benefit? • Why would it be beneficial to do this? • Does anyone have anything to share (perhaps from a previous experience) or have any questions about this benefit? <p>5. Say something like: “Skin-to-skin contact is so good for all moms and babies. Even if you don’t plan to breastfeed, you should hold your baby skin-to-skin for at least the first hour after birth.</p> <p>More and more hospitals are placing babies skin-to-skin with their mothers right after delivery. At some hospitals, they do it for all moms and babies. At other hospitals you have to ask for it.”</p> <p>"El contacto de piel a piel es realmente bueno para todas las mamás y todos los bebés. Aunque no piense amamantar, debe tener a su bebé en contacto de piel a piel durante al menos la primera hora después del nacimiento.</p> <p>Más y más hospitales están colocando a los bebés en contacto de piel a piel con sus mamás después del parto. En algunos hospitales, lo hacen con todas las mamás y sus bebés. En otros hospitales, usted lo tiene que pedir".</p> <p>6. Wrap up this activity by asking what parents can do to make sure they get skin-to-skin with their babies. They can list things such as:</p> <ul style="list-style-type: none"> • Speaking to the health care provider prior to delivery so they are aware of the birth plan • Asking for immediate skin-to-skin contact after their baby is born (baby is placed immediately on mother’s belly after birth, not taken to be cleaned/weighed/etc.) • Limiting hospital visitors <p><u>Activity: Play <i>BabyBabyOhBaby</i> DVD</u> (optional, as time permits)</p> <p>Consider playing the first 4 chapters of the DVD (Open, Birth Day, Before/Just before, and So Many Good Things) to emphasis the benefits of skin-to-skin care.</p> <p>Or consider playing the entire DVD for the class as you assist with helping each mom develop her birthing plan or at the conclusion of class (See optional activity “The Hospital Experience” handout).</p> <p><u>Activity: Where will you be delivering your baby?</u> (optional, as time permits)</p> <p>Call your local hospitals, ahead of class, to find out which routinely place all</p>

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	<p>babies in skin-to-skin contact in the first hour and which don't.</p> <p>If the class is small enough, ask participants where they will be delivering their babies. (Consider asking them if they know if that facility is a Texas Ten Step hospital or Baby Friendly designated). If they will be delivering at hospitals that routinely place all babies in skin-to-skin contact in the first hour, let them know to expect it. If they are delivering at a hospital that does not routinely place all babies in skin-to-skin contact in the first hour, encourage them to ask for it.</p> <p>Activity: “The Hospital Experience” handout (optional, as time permits)</p> <p>Pass out the handout “The Hospital Experience.”</p> <p>Review the sections that pertain to the delivery and skin-to-skin care (pages 5-7).</p> <p>Explain that there is a birthing/infant feeding plan at the end of the handout. Point out the bullets that apply specifically to the delivery and skin-to-skin care. Encourage them to complete this plan in class and to share it with family/physicians/nurses. If time runs out, let participants know that WIC staff can help them complete the birthing/infant feeding plan after class if they are interested.</p>
<p>Review and Evaluations: <i>Invite participants to summarize the key points and share how they will use what they learned in the future. List a question/activity to prompt this. List any community or other resources for clients.</i></p>	<p>Ask for volunteers to review the information discussed in class using the handout, “In your arms – Your baby’s favorite place.”</p> <p>Review questions:</p> <ol style="list-style-type: none"> 1. About how many minutes after birth will the average baby latch on and breastfeed? What if the mom had medications during delivery? <p>Después de nacer, ¿más o menos cuántos minutos en promedio tarda el bebé para agarrar el pecho y alimentarse? ¿Qué pasa si la mamá recibió medicamentos durante el parto?</p> 2. List 3 benefits of skin-to-skin contact for mom and baby. <p>Escriba 3 beneficios del contacto de piel a piel para la mamá y el bebé.</p> <p>Let participants know that if they are interested, WIC staff is available to assist with the completion of the last page of the brochure “The Hospital Experience.”</p>

Item	Notes for Conducting the Session
<p>Personal Review of Session (afterward): Take a few moments to evaluate the class. What will you change?</p>	<p>What went well?</p> <p>What did not go as well?</p> <p>What will you do the same way the next time you give this class?</p>
<p>Supplemental Information – Describe any attachments and include any other needed information.</p>	<p>Skin-to-Skin Benefits Explanations:</p> <p><u>Helps calm both moms and babies</u></p> <p>A surge of oxytocin and other hormones are released during the initial moments after birth and while breastfeeding. Oxytocin causes the mother’s colostrum to flow easily, reducing maternal and infant pain and cortisol levels and reducing their stress response.</p> <p><u>Babies have better body temperature</u></p> <p>Mom’s body heat will keep the baby warm. The temperature of their breasts will actually change to keep the baby’s temperature stable.</p> <p><u>Babies will cry less</u></p> <p>A baby held skin-to-skin will cry less, have lower stress hormones, and have less reaction to painful procedures, such as heel pricks.</p> <p><u>Helps baby’s heart rate and breathing become stable / Babies have better blood sugar</u></p> <p>Skin-to-skin improves a baby’s blood sugar values and oxygen levels and results in more stable body temperature.</p> <p><u>Baby feels comfortable because mom is already familiar</u></p> <p>The mother’s heartbeat, voice, and smell are already familiar to the baby. When held in skin-to-skin care, the familiar environment can calm a frantic baby.</p> <p><u>Milk supply may be improved</u></p> <p>Allowing a baby to remain skin-to-skin and self-attach for the first feeding will give mom the confidence she needs to continue breastfeeding successfully once she goes home. If the first feeding takes place with little to no assistance, the mother feels as though she and the infant know what they are doing. This can translate to improved confidence, improved long-term milk production, and an increase in breastfeeding duration.</p>

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	<p><u>Helps the baby breastfeed for the first time</u></p> <p>Babies that have lower levels of stress hormones have a greater success rate of breastfeeding because their bodies are not adjusting to normalize (heart rate, breathing rate, temperature are not elevated or slowed). This leads to successful beginning of breastfeeding because this mother-baby body contact elicits nurturing behaviors in the mother, enhances their bond, and triggers the baby's inborn feeding reflexes.</p> <p><u>Creates a strong connection between moms and babies</u></p> <p>A surge of oxytocin and other hormones are released during the initial moments after birth and while breastfeeding. Oxytocin causes the mother's colostrum to flow easily, reducing maternal and infant pain and cortisol levels and creating feelings of love and attachment.</p> <p>It's good for all babies and moms</p> <p>All moms and babies should practice skin-to-skin contact in the first hour - even moms who don't plan to breastfeed.</p>

Birth Cry:

Immediately after birth

This helps the baby's lungs expand.

Relaxation:

First minutes of life

This happens when the baby relaxes
after the birth cry.

Awakening:

3 minutes after birth

The baby will make small head and shoulder movements, some mouth movements and may open eyes.

Activity:

8 minutes after birth

The baby will show increased mouthing/ sucking movements, bring his hand to mouth and may keep eyes open to look at breast.

Rest:

Throughout 1st hour

The baby may rest between periods of activity throughout the first hour or so.

Crawling:

35 minutes after birth

The baby will make crawling and pushing movements towards the breast.

Familiarization (Getting to know Mom):

45 minutes after birth

The baby will lick the nipple and touch and massage the breast. This stage may last for 20 minutes or more.

Suckling:

1 hour after birth

The baby will self-attach and suckle at the breast (breastfeed). This may take more than an hour if mom had any medications during birth.

Sleep:

1.5 – 2 hours after birth

This happens after suckling. The baby will usually sleep about 1 ½ to 2 hours.

Llanto al nacer:

Inmediatamente después de nacer

Esto ayuda a expandir los pulmones del bebé.

Relajación:

Primeros minutos de vida

Esto sucede cuando el bebé se relaja después del llanto al nacer.

Despertar:

3 minutos después de nacer

El bebé hará pequeños movimientos de la cabeza y los hombros, algunos movimientos de la boca y quizás abra los ojos.

Actividad:

8 minutos después de nacer

El bebé mostrará más movimiento con la boca y de succión, llevará la mano a la boca y quizás mantenga los ojos abiertos para ver el pecho.

Descanso:

Durante la primera hora

El bebé quizás descansa entre los períodos de actividad durante más o menos la primera hora.

Arrastre:

35 minutos después de nacer

El bebé hará movimientos para arrastrarse y empujarse hacia el pecho.

Familiarización (conociendo a la mamá):

45 minutos después de nacer

El bebé lamerá el pezón, y tocará y masajeará el pecho. Esta etapa puede durar 20 minutos o más.

Succión:

Una hora después de nacer

El bebé agarrará el pecho solo y se alimentará (amamantar). Esto puede tomar más de una hora si la mamá recibió algún medicamento durante el parto.

Sueño:

De 1½ a 2 horas después de nacer

**Esto sucede después de amamantar al bebé.
El bebé generalmente dormirá de 1½ a 2 horas.**

<p>Helps calm both moms and babies</p>	<p>Babies have better body temperature</p>	<p>Babies will cry less</p>
<p>Helps baby's heart rate and breathing become stable</p>	<p>Baby feels comfortable because mom is already familiar</p>	<p>Milk supply may be improved</p>
<p>Helps the baby breastfeed for the first time</p>	<p>Creates a strong connection between moms and babies</p>	<p>Babies have better blood sugar</p>

Ayuda a calmar a la mamá y al bebé	El bebé mantendrá una mejor temperatura corporal	El bebé llorará menos
Ayuda a estabilizar el ritmo cardiaco y la respiración del bebé	El bebé se sentirá cómodo porque la mamá ya le es conocida	La producción de leche puede mejorarse
Ayuda al bebé a alimentarse con pecho por primera vez	Crea una conexión fuerte entre mamá y bebé	El bebé mantendrá un mejor nivel de azúcar en la sangre