Skin-to-Skin Contact Reducing Stress Related Complications

“Does skin-to-skin contact reduce stress related complications compared to parental separation?”

For many years, mother-newborn separation after birth has been a controversial topic. Within several hospitals, separation of both the newborn and mother postpartum is standard practice. Separation may be needed for procedures including physical assessment, medication administration, bathing, and observation in the nursery. Research has shown that newborns who are in the same room or who experience skin-to-skin contact were most likely to establish an increased sleep state. However, separation from the caregivers could potentially cause stress or traumatic emotions on the infant. Implementing such practices in our ever changing healthcare proves to be beneficial and necessary to provide the most optimal care for patient’s and their families.

Clinical Significance: Skin to skin care (SSC) which is also commonly referred to as ‘kangaroo mother care’ is direct contact between infant and a caregiver whether it may be mother, father, or others. The child is positioned prone on the bare chest wearing primarily just a diaper and is either just held or rocked. This practice has been found to have numerous benefits for critically ill and healthy newborns. The practice of SSC was originally developed in 1978 when there was a high prevalence of fatality in low birth weight infants due to inadequate resources so the idea of having at least skin to skin contact was developed to try and decrease these rates of death. Potentially incorporating this practice in most healthcare facilities could be very beneficial not only for the infant but also for the mother in numerous different ways. There are numerous benefits of SSC such as comfort after painful procedures, increasing levels of oxytocin, and promoting growth of the infant. These benefits can also be seen in the newborn vitals, for example, the increase in oxygen saturation.

Source:

Kristen, Michaela, Lydia

Overview: The article “Physiology of Stress and Use of Skin-to-Skin Care as a Stress-Reducing Intervention in the NICU” provides information based on a study to see the effects that skin to skin care has on an infant, especially in the NICU.

Purpose of Study: This practice has been used and studied worldwide and is comprised of numerous different families and infants of all backgrounds and cultures.

Design: Infants were monitored for numerous changes physically and developmentally with the two practices for changes in blood pressure, reactivity, etc.

Sample: Variable Range of NICU Infants

Results: It has been observed of the differences skin to skin care plays in the life of an infant compared to the stress separation may cause.

Level of Study: Level II

Quality of Study: Good

Does skin-to-skin contact reduce stress related complications compared to parental separation?

Overview: Preterm, NICU patients, stress level measures

Purpose of Study: The relationship or measure between stress exposure and neurobehavior.

Design: The longitudinal study is compiled of preterm infants between 28 and 31 weeks postmenstrual age. The infants were assessed using the Neonatal Stressor Scale, Neurobehavioral Assessment of the Preterm Infant, and Spearman’s rho.

Sample: 71 preterm infants in a large Midwest city NICU

Results: The results of the study showed a moderate-high correlation of stress exposure across all individuals; however, the stress did not associate with early neurobehavior.

Level of Study: Two

Quality of Study: Good

Clinical Significance: In the clinical setting, this study finds the correlation between stressful exposure within the NICU and test how skin-to-skin contact affects the outcome on neurobehavior. Since they did not find early neurobehavior, we can assume skin-to-skin supports development.

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