Slide 1
Webinar: Skin-to-Skin and the Impact on Exclusive Breastfeeding
Notes:

Slide Two
Webinar Experience and Handouts
http://injoyvideos.com/skin-to-skin
Notes:

Slide Three
About Susan Ludington, RN, CNM, CKC, Ph.D., FAAN
Carl W & Margaret Davis Walter Professor of Pediatric Nursing at the Bolton School of Nursing and Director, United States Institute for Kangaroo Care
www.kangaroocareusa.org
Notes:

Slide Four
Objectives of the Webinar
By completing the webinar, the participant will be:
Aware of Kangaroo Care effects on Breastfeeding
Aware of Kangaroo Care’s influence on Exclusive Breastfeeding
Able to relate steps that should be taken to provide SAFE skin-to-skin contact after birth,
Ready to do what needs to be done next to see Kangaroo Care’s benefits to breastfeeding
Notes:

Slide Five
Kangaroo Care and Skin-to-Skin Contact
Kangaroo Care is chest-to-chest, skin-to-skin contact between the infant and some one else, ideally the mother so that breastfeeding opportunities are available to the infant.
Kangaroo Care is frequently called skin-to-skin contact, but this is not CORRECT, because skin-to-skin contact can be infant cheek to maternal breast, infant hand on maternal neck, etc, bypassing the chest-to-chest component entirely.
Notes:
Skin-to-Skin Contact/Care
Skin-to-skin contact commonly means the infant is wearing only a diaper while in contact with the mother’s or father’s bare chest or breast. Kangaroo Care has many benefits, many more than simply being skin-to-skin has. Kangaroo Care has phenomenal breastfeeding benefits too.
Notes:

Breastfeeding Benefits
Twenty minutes of skin-to-skin contact brings the hindmilk forward, pushing fore milk into reservoirs, so the feeding starts with the most enriched milk being consumed first. (Johnson, 2007)
Assists in let-down due to release of oxytocin that occurs when skin-to-skin contact begins (Uvnas-Moberg et al., 2005)

Breastfeeding Benefits
3) Increases initiation of feedings at breast because infants demonstrate instinctual behaviors and move toward the nipple (Brodribb et al., 2013; Gubler et al., 2013)
   On infant hands is scent of amniotic fluid (Isaacson, 2006)
   Montgomery tubules on nipple secrete amniotic fluid scent to attract infant
   Infant crawls, roots, licks, massages breast tissue to ready it for sucking - 9 stages (Widstrom et al., 2011)

Breastfeeding Benefits
4) Increases milk production (Bier et al., 1995,1996,1997; Furman et al., 2002)
   Because oxytocin makes mother more relaxed – her brain is in PARASYMPATHETIC MODE, not stressed
   Because oxytocin helps production of insulin and having sufficient insulin feeds back to brain to make more milk (Uvnas-Moberg, 2003; Lemay et al., 2013)
   Especially important for those with diabetes because insulin resistance in obese and diabetic women reduces breast milk production (Lemay et al., 2013)
Especially important for women with cesarean birth who do not have pulsatile oxytocin for 2-3 days

Notes:

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Breastfeeding Benefits
5) **Increases duration** of breast feeding (Brodribb et al., 2013; Flacking, 2011)
   - The **SOONER** you start skin-to-skin, the longer the duration of KC (Bramson et al., 2010)
   - The **LONGER** you continue skin-to-skin, the longer the duration of KC (Gizzo et al., 2011),
   - The more **UNINTERRUPTED** (Continuous, not intermitted – think WEARING THE BABY)
   skin-to-skin care is, the more likely the mother will breast feed for 6 months (Mikiel-Kostyra et al., 2002, 2005)

Notes:

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Breastfeeding Benefits
6) **Enhances success** of first feeding which is very important for two reasons (Burkhammer et al., 2004; Carfoot et al., 2005)
   - A. Success increases likelihood of continuation
   - B. Success of first feeding means **PAINLESS LATCH** and intake of 5 ml. of COLOSTRUM,
   which is the infant’s **FIRST IMMUNIZATION**

Notes:

Slide Thirteen
Topic 2: Effects on Exclusive Breastfeeding
2a. **Increases conversion** from formula feeding intention to breastmilk feeding intention (Haxton et al., 2012; Miranda-Wood, 2010)
   “Well, he found it. I guess he wants to breast feed. We’ll do that.”

Notes:

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Effects on Exclusive BF
2b. **Increases number** of women exclusively BF (Davis et al., 2012)
2c. **Increases duration** of exclusivity (Bramson et al. 2010; Brodribb et al., 2013)
   (Point out to WIC members that coupons can be used for adult-food, not formula)

Notes:

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Safe Skin-to-Skin Contact
Sudden Infant Death Syndrome – 1 mo. age and older
Sudden Unexpected Postnatal Collapse – Less than 1 mo. Old
Occurs: In arms, on cot, on bed, at breast, in SCC (Herlenius and Kuhn, 2013)

Notes:
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Sudden Unexpected Postnatal Collapse (SUPC)
Has been documented since 1930’s (Pejovic & Herlenius, 2013)
Commonly occurs with breast feeding, or when in cot, when swaddled in arms, when lying on parent’s bed, etc
Little awareness up to 30 years ago because formula feeding was predominant
But now that BF is coming back, SUPC is increasing and is worrisome
Notes:

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SUPC
A previously vigorous, spontaneously breathing infant quickly becomes apneic and asphyxia ensues
5 criteria (Herlenius & Kuhn, 2013) are:
   APGAR at 5 min. of ≥ 8
   Was previously healthy
   Was found unresponsive
   Was found not breathing
   Is less than 30 days old
Notes:

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SUPC Occurrence
Occurs in 36/100,000 live births – about 90% can be prevented (Pejovic & Herlenius, 2013)
   1/3 in first two hours
   1/3 in first two days
   1/3 in first 2-7 days
Must teach parents signs!
Notes:

Slide Nineteen
SUPC Risk Factors -1
Predisposing Risk Factors (Morgan, in press 2013)
   A. Primip mother with long labor/difficult birth – tired, sleeps, doesn’t know what baby should be like
   B. Medicated and/or obese mother
   C. Unsupervised – not watched
Notes:

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SUPC Risk Factors – 2
   D. Infant fed at breast & falls asleep
   E. Infant is prone and
   F. Infant nose/mouth occluded by tissue/mattress/pillows/clothing
Slide Twenty-One
Prevention of SUPC
1. Develop a checklist or use those commercially available (avail. from United States Institute for Kangaroo Care, www.kangaroocareusa.org)
2. Make checklist available to staff and family members – individual cards, tear off sheets, etc.
3. Put poster on the wall of each patient room with velcro, take off to teach parents, replace on wall

Notes:

Slide Twenty-Two
Prevention of SUPC
Teach all staff and family members the checklist elements for SAFE POSITIONING

Slide Twenty-Three
Elements of Safe Positioning
   Face can be seen
   Back is covered for warmth
   Head is in ‘sniffing’ position
   Nose and Mouth are NOT covered
   Head is turned to one side so face is watched
   Neck is straight, NOT bent
   Shoulders are flat against the mom’s chest
   Mom is inclined, NOT flat
   Both are being watched/monitored (USIKC 2012)

Slide Twenty-Four
Evaluate This Position
Notes:

Slide Twenty-Five
Evaluate This Position
Notes:

Slide Twenty-Six
What To Do Next: 1
   Educate staff – many classes/webinars available – listed on United States Institute for Kangaroo Care website: www.kangaroocareusa.org and through lactation consultant programs
   Educate mothers/families/fathers with brochures, table tents, cards, tear off sheets, pictures, posters
Slide Twenty-Seven
What To Do Next: 2
Tell Father and family their JOB is to protect MOM and Baby and Watch them
If getting sleepy and no one is there to watch them together, put baby in own cot using Safe Sleep (AAP, 2013) guidelines
Continue Skin-to-skin contact throughout postpartum for exclusive breastfeeding
Notes:

Slide Twenty-Eight
What To Do Next: 3
Encourage as much continuous skin-to-skin contact as possible during postpartum
Use safe wraps and allow mom to ambulate with infant (wraps are on the free Kangaroo Care Bibliography at www.kangaroocareusa.org. The Bib is on the Resource page)
Don’t ask method of feeding until AFTER first feeding at breast
Notes:

Slide Twenty-Nine
What To Do Next: 4
Do tell Mom and Family that BF and STSC are best and you would do both if the infant were yours
Be sure to do STSC for at least one hour before each anticipated feeding
Provide GOOD and consistent breastfeeding support in hospital and after discharge (LLL, home visits, IBCLC and CLC names, etc)
Notes:

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What To Do Next: 5
CONTINUE skin-to-skin practice. Many health and brain benefits, as well as breastfeeding benefits.
Use STSC with ALL infants, especially those who are NOT being fed breast milk.
Encourage adoptive mothers, NAS mothers, high risk mothers to do STSC.
Notes:

Slide Thirty One
Thank You
Feel free to contact me and other members of the non-profit United States Institute for Kangaroo Care by emailing us at: info@kangaroocareusa.org
or by contacting Susan Ludington at: Susan.Ludington@case.edu
Notes:
Slide Thirty Two
Special Offer – Final Thoughts
Special Offer for those who listened live.

Watch for our next webinar on November 21st with Penny Simkin on *The Mother Baby Transition: Management of the 3rd and 4th Stages*

Need a certificate of attendance? Email lwilson@injoyvideos.com

References


