

Making the first hours of life safer, while promoting breastfeeding

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The immediate postpartum period is a critical and sensitive early phase with sudden and lasting attachment between the infant and the mother. In addition to contributing to early attachment, close mother-infant contact immediately after birth also favours metabolic, cardiorespiratory, thermal adaptation to extra-uterine life and initiation of breastfeeding ¹. Moreover, intimate contact with her/his mother facilitates colonisation of the skin and the gastrointestinal tract of the newborn infant with the mother’s non-pathogenic micro-organisms.

In light of such benefits prolonged skin-to-skin contact (SSC) of the mother and her/his healthy newborn soon after birth and subsequently in the first days of life is recommended by the Baby-friendly Hospital Initiative ². However, a few reports have associated SSC with an increased risk of sudden and unexpected neonatal collapse (SUPC) ³.

Newborn infants are affected by SUPC in the first seven days of life (particularly in the first 2 hours of life) and either die, require intensive care or develop an encephalopathy ⁴. Prone position of the infant on his/her mother’s abdomen/thorax during early SSC has been recognised as a risk for SUPC. In many cases, the mother is primiparous, very tired, not observed by health professionals during the initiation of SSC and breastfeeding and sometimes distracted even by the use of a smartphone. In view of the risk of SUPC, SSC in delivery room has been criticised and is currently possibly denied for safety reasons, thus interfering with the successful beginning of breastfeeding.

At the Maternal and Child Health Institute of Trieste (Italy), we have developed a surveillance protocol to prevent SUPC especially focused on the first 2 hours of life. Such a protocol aims to promote an early beginning of breastfeeding, while correcting the risk factors for SUPC.

Interventions provided by our protocol ⁵ include: antenatal and early postnatal oral and written information to parents, periodical assessment (position, colour and breathing) of the infant (at 10, 30, 60, 90 and 120 minutes of life) by midwives and/or the pediatrician in the delivery room, discouragement of bed-sharing, encouragement of SSC only when mothers are fully awake and finally avoidance of mothers left alone with the baby in the first hours after birth.

As there is not yet evidence of effective interventions to prevent SUPC, currently, our protocol should be intended as a best practice option.

References

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3 Herlenius E, Kuhn P. Sudden Unexpected Postnatal Collapse of Newborn Infants: A Review of Cases, Definitions, Risks, and Preventive Measures. *Trials Stroke Res* 2013;4:236-247.

4 Wellchild and BAPM Guidelines for the investigation of newborn infants who suffer a sudden and unexpected postnatal collapse in the first week of life: recommendations from a Professional Group on Sudden Unexpected Postnatal Collapse. London; 2011.

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