اهم چالش های
برقراری تماس پوست با پوست مادر و نوزاد
و
شروع تغذیه با شیرمادر در ساعت اول تولد

دکتر راوری

Skin-to-Skin Contact at birth and Early Breastfeeding

- Help mothers to initiate breastfeeding within

a half-hour of birth.

(Step 4 ,1992 - Baby Friendly Hospital Initiative's (BFHI),

- Interpreted (UNICEF/WHO, **2006**)as :

Place babies in **skin-to-skin contact** with their mothers

immediately following birth for *at least an hour* and encourage mothers to recognize when their babies are ready to breastfeed, offering help if needed

- Interpreted (UNICEF/WHO, **2018**)as :

Facilitate **immediate** and **uninterrupted** skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.

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Immediately following birth?

- Is interpreted as **within 1 minute after birth**, without first placing the infant anywhere else.

4 CARE RIGHT AFTER BIRTH

Hospitals support mothers to breastfeed by...

Encouraging skin-to-skin contact between mother and baby soon after birth

Helping mothers to put their baby to the breast right away

For newborns, every minute counts

United Nations Children's Fund (UNICEF) July 2018

<1h

Breastfeeding <1 hour after birth saves lives and provides benefits that last a lifetime.

The longer babies need to wait, the greater the risk.

2-23h

Waiting 2-23 hours increases their risk of death* by 1.3 times.

24h

Waiting 1 day or more increases their risk of death* by more than 2 times.

*Risk of death is presented for the first 28 days of life and in comparison to those who initiated in <1 hour.

Delayed breastfeeding initiation and infant survival

- Among the subgroup of infants exclusively breastfed in the neonatal period, those who initiated breastfeeding >24 hours after birth had an **85% greater risk of neonatal mortality** compared to infants who initiated <24 hours after birth .

PLOS ONE | https://doi.org/10.1371/journal.pone.0180722 July 26, 2017

OVERVIEW OF EARLY INITIATION OF BREASTFEEDING RATES BY COUNTRY

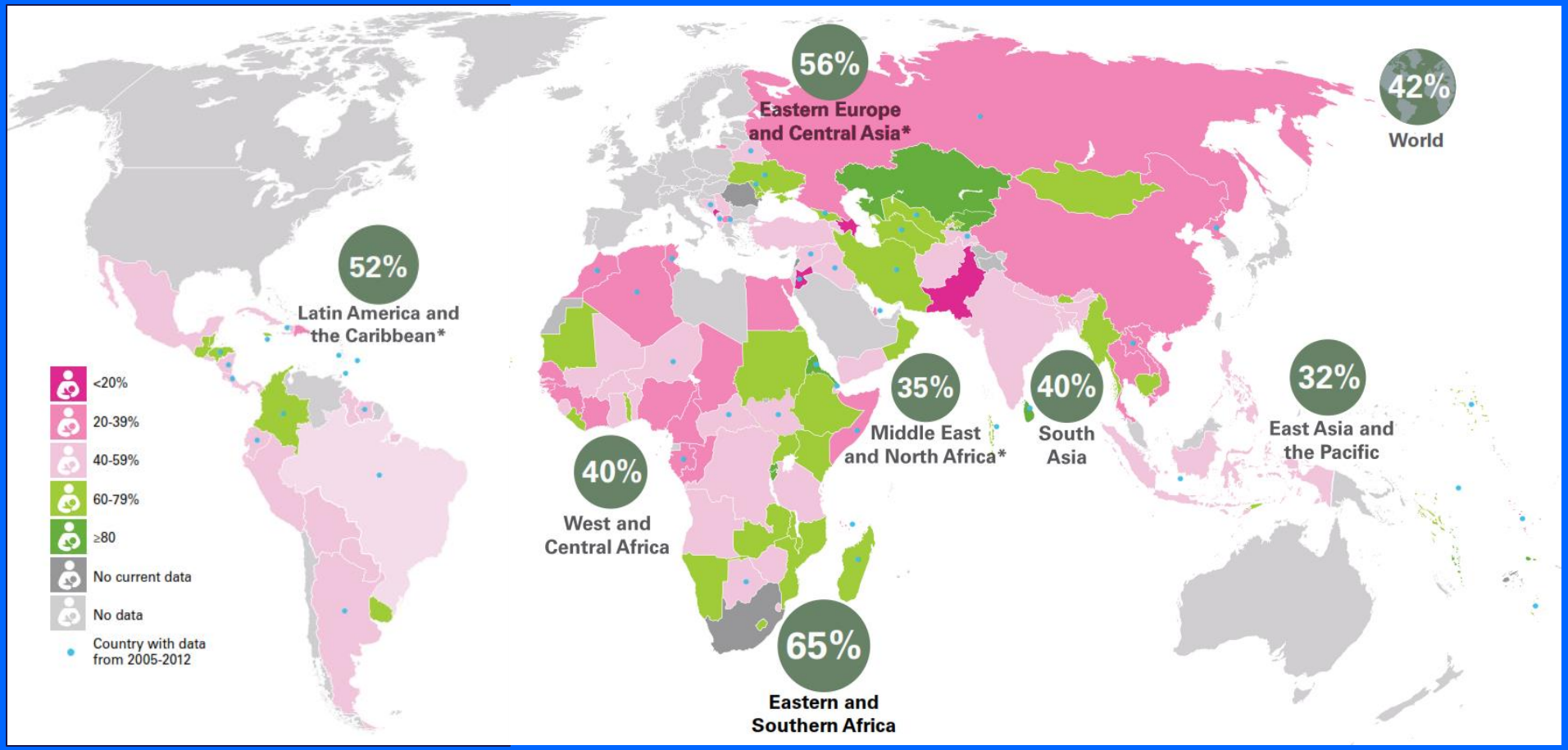
Iran (Islamic Republic of Iran 2010) **68.7**

براساس(IMES-۱۳۸۴) حدود ۵۵٪ نوزادان در ساعت اول تولد باشیرمادر تغذیه می شدند.

براساس اطلاعات ثبت شده زایمان تا ۲ ساعت اول بعد تولد سامانه ایمان در سال ۱۳۰۸برقراری تماس پوست با پوست در نوزادان ترم بیشتر از ۲۵۰۰ گرم حدود ۳۶ ٪است

CAPTURE THE MOMENT
Early initiation of breastfeeding: The best start for every newborn(UNICEF) July 2018

Per cent of newborns put to the breast within one hour of birth, by country and region, 2017. Source: UNICEF global databases, 2018.



What the global and regional data tell us

- In 2017 alone, only about **2** in **5** children(42 per cent), the **majority born in <u>low- and middle-income countries</u>**, were put to the breast within the first hour of life. While this is a slight improvement from 37 per cent in 2005, progress is slow.

CAPTURE THE MOMENT
Early initiation of breastfeeding: The best start for every newborn(UNICEF) July 2018

(UNICEF global databases, 2018)

World Health Organization

An estimated 78 million babies -------- 3 in 5 babies not breastfed in the first hour of life

(31 July 2018 News Release New York/Geneva WHO)

Capture the Moment

- Which analyzes data from 76 countries, finds that despite the importance of early initiation of breastfeeding, too **many newborns are left waiting too long for different reasons,** including:
  - Discarding colostrum, elder feeding the baby honey , **feeding newborns food or drinks**, including formula
  - The **rise in elective C-sections**
  - **Gaps in the quality of care** provided to mothers and newborns

31 July 2018 WHO News Release New York/Geneva

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Barriers and missed opportunities

- In some cases, outdated practices in health facilities mean that mothers and babies are **separated** immediately after.
- In others, the lack of knowledge about breastfeeding after a **caesarean section**, Or
- Cultural practices that involve feeding newborns **supplemental foods or drinks**, can delay newborns' first critical contact with their mother.

CAPTURE THE MOMENT
Early initiation of breastfeeding: The best start for every newborn(UNICEF) July 2018

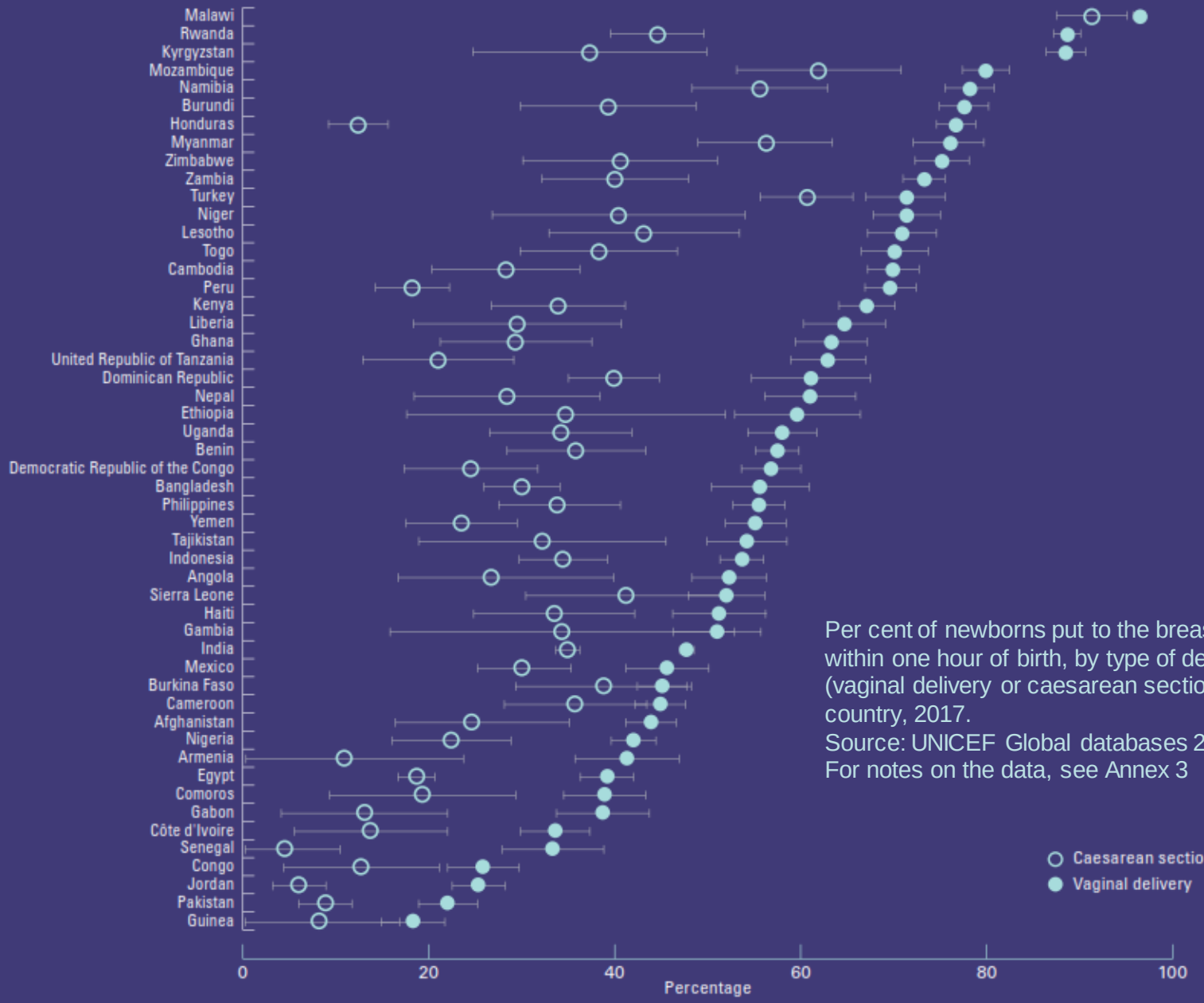
- **Institutional deliveries**
  - Early initiation rates have only improved significantly among the group of countries with a large increase in institutional deliveries
- **Caesarean sections**
  - In nearly every country, **early initiation rates are significantly lower among newborns delivered by caesarean section**
- **Supplemental foods or liquids**
  - Early initiation rates **are nearly twice as high** among newborns who receive only breastmilk, compared with newborns who receive milk-based supplemental feeds in the first three days of life.

Skilled birth attendants

- A mother's contact with skilled providers **during pregnancy and delivery** can provide her with the support needed to carry out the recommended breastfeeding practices, including initiation of **breastfeeding within the first hour after birth.**

CAPTURE THE MOMENT
Early initiation of breastfeeding: The best start for every newborn(UNICEF) July 2018

In nearly every country, early initiation rates are significantly lower among newborns delivered by caesarean section



Per cent of newborns put to the breast within one hour of birth, by type of delivery (vaginal delivery or caesarean section), by country, 2017.
Source: UNICEF Global databases 2018.
For notes on the data, see Annex 3

Caesarean section

- Caesarean birth is known to :
  - Reduce initiation of breastfeeding,
  - Increase the length of time before the first breastfeed,
  - Reduce the incidence of exclusive breastfeeding,
  - Significantly delay the onset of lactation and
  - Increase the likelihood of supplementation.

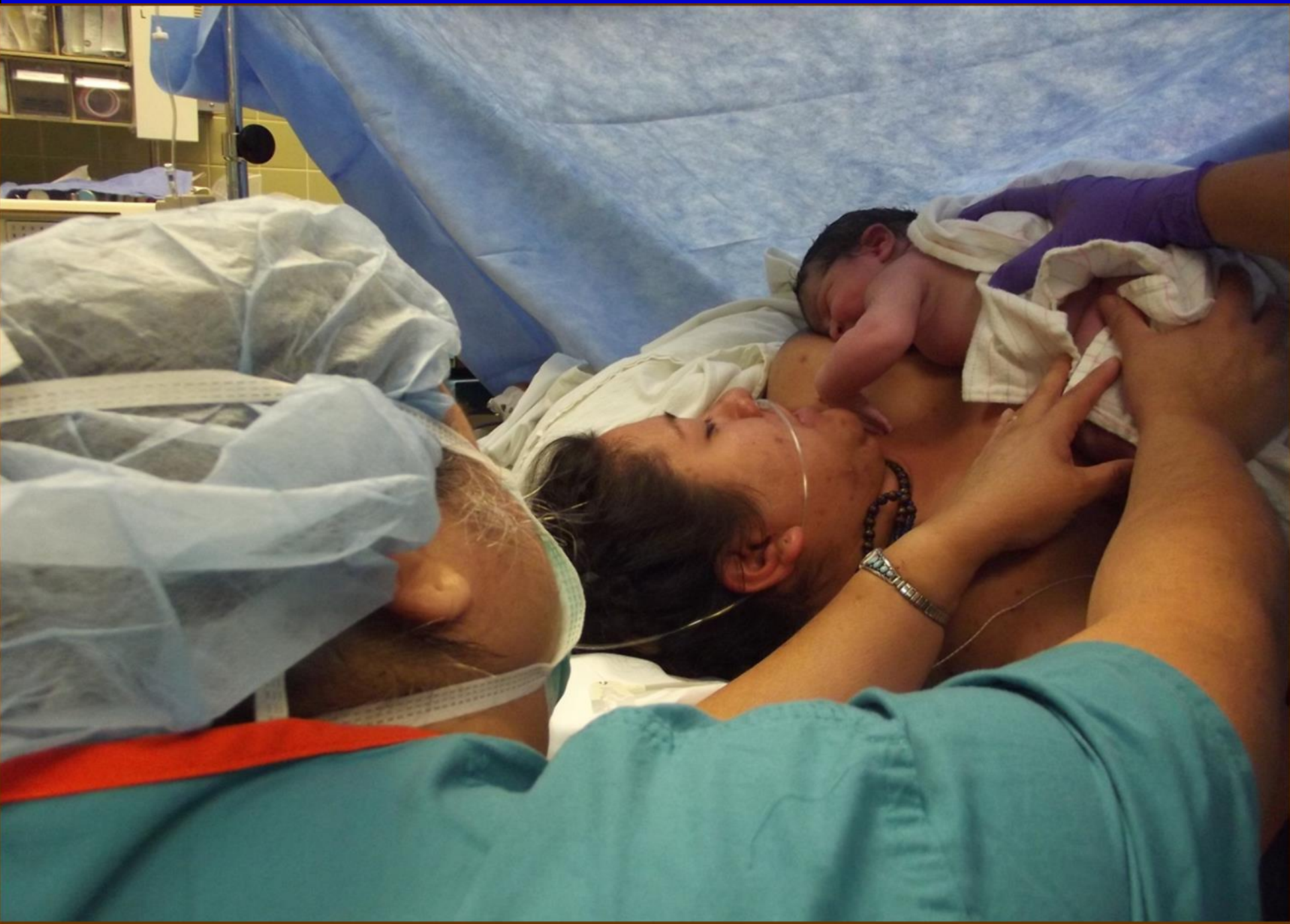
Immediate or early skin-to-skin contact
after a Caesarean section

- May increase breastfeeding initiation,
- Decrease time to the first breastfeed,
- Reduce formula supplementation in hospital,
- Increase bonding and maternal satisfaction,
- Maintain the temperature of newborns and reduce newborn stress.

Immediate or early skin-to-skin contact after a Caesarean section School of Nursing and Midwifery, University of Western Sydney, Penrith, New South Wales, **Australia 2014**

- If maternity services are not able to provide immediate SSC following a **Caesarean section**, *many women and their newborns may miss out on the potential benefits conferred by SSC*.

Immediate or early skin-to-skin contact after a Caesarean section School of Nursing and Midwifery, University of Western Sydney, Penrith, New South Wales, Australia 2014
A range of electronic databases were searched for papers reporting research findings published in English between January 2003 and October 2013.



Clearing the path for breastfeeding

- There is **a need to better institutionalize** the protection, promotion and support of breastfeeding **in maternity facilities, particularly in the first days of life.**
- ***Ten Steps*** to Successful Breastfeeding can increase breastfeeding rates, including the early initiation of breastfeeding.
- **Starting breastfeeding in the first hour of life,** (programme and policy-related factors that improve the chances of optimal breastfeeding practices)

Ten Steps to Successful Breastfeeding

(revised 2018)

Critical management procedures

1a. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly (WHA) resolutions (the Code).

1b. Have a written infant feeding policy that is routinely communicated to staff and parents.

1c. Establish ongoing monitoring and data management systems.

2. Ensure staff has sufficient knowledge, competence and skills to support breastfeeding.

Key clinical practices

3. Discuss the importance and management of breastfeeding with pregnant women and their families.

4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.

5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.

6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.

7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.

8. Support mothers to recognize and respond to their infants' cues for feeding.

9. Counsel mothers on the drawbacks of feeding bottles, teats and pacifiers.

10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

Clearing the path for breastfeeding

- The analysis found that a combination of **interventions** had the **greatest impact on the early initiation of breastfeeding**, leading to a significant **85 per cen increase in rates**.
- **Access to antenatal care**, where mothers are counselled about the initiation of breastfeeding, also has a positive effect on its practice.
- The **more antenatal visits and professional antenatal care** a mother receives, the greater the probability that she will initiate breastfeeding within the first hour of her child's life.

Quality of skin-to-skin contact

- Of **40 babies** kept in uninterrupted **skin-to-skin contact for 2 hour**,
  - **40 attached** to the breast correctly<(60 min)
  - (Ravari M and colleagues 2009)
- Of 17 babies kept in the Breast Crawl position and kept in uninterrupted **skin-to-skin contact for 1 hour**,
  - **16 attached** to the breast correctly. (Righard and Alade, 1990)
- **15** babies in the other group were **separated after about 20 minutes** for routine measuring and weighing procedures. After 20 minutes, they were returned to the mother,
  - **Only 7 babies** in this group attached correctly (Righard and Alade, 1990)

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یافته های بررسی تاثیر تماس پوستی مادر و نوزاد بر شروع تغذیه باشیرمادر

فاکتورهای مورد بررسی		گروه۱ تماس پوستی	گروه۲ تماس غیرپوستی	گروه۳ مراقبت معمول
میانگین زمان بروز رفتارهای پیش تغذیه ای (دقیقه)	جستجوی پستان،حرکات سر و بازکردن دهان	**۱۷**	۲۹	۲۷
	حرکات دهان و لب، خروج بزاق از دهان	**۲۱**	۳۴	۳۷
	بردن دست به دهان	**۲۶**	۳۹	۴۱
میانگین زمان شروع اولین تغذیه (دقیقه)		**۲۸**	۴۵	۴۷
زمان شروع اولین تغذیه باشیرمادر	۳۰دقیقه و کمتر	**٪۷۲**	٪۵	٪۵
	۶۰-۳۰دقیقه	**٪۲۷**	٪۸۵	٪۹۰
	بعداز یکساعت	**0**	٪۱۰	٪۵
میانگین طول مدت اولین تغذیه باشیرمادر(دقیقه)		**۴۳**	۲۴	۲۷
میزان موفقیت نوزاد در اولین تغذیه در جستجوی بلافاصله و موثر پستان(درصد)		**٪۶۵**	٪۱۲	٪۱۲
میزان جستجوی ضعیف پستان (درصد)		**۰**	٪۲۵	٪۲۲
میزان موفقیت نوزاد در اولین تغذیه با شیر مادر		**10/6+-1/32**	8/65+-1/87	8/38+-2/24
میانگین نمره IBFAT		**82/5%**	45%	37/5%

Nahidi,F. (MSM) Dorri F. (MSM) Ravari M. (M.D) Akbarzade A. (PhD)

- Mother – infant skin to skin contact immediately after birth
  - **Enhance success of first breastfeeding**
  - **Decrease the initiation time of first breastfeeding.**

The effect of skin to skin contact immediately after birth between newborn and mother on infant success during first breastfeeding in Talleghany hospital in Arak medical science university on 2008 – 2009
Nahidi,F. (MSM) Dorri F. (MSM) Ravari M. (PhD) Akbarzade A. (PhD)

Mothers who practice early SSC after birth compared with those do not practice SSC

- Experience a **shorter duration** of the third stage of labor
- Earlier initiation of breastfeeding
- Normal Newborns body temperature 30 min after birth
- More successful breastfeeding

The effect of mother and newborn early skin-to-skin contact on initiation of breastfeeding, newborn temperature and duration of third stage of labor
Safari et al. International Breastfeeding Journal (2018) 13:32

موانع احتمالی

- ترس از هیپوترمی نوزاد
- نیاز مادر به سوچورجراحی
- شستشوی نوزاد
- شلوغی اتاق زایمان
- **کمبود پرسنل**
- **خواب الودگی نوزاد**
- خستگی مادر
- **عدم تمایل مادر به بغل کردن نوزاد**
- **نوزاد به معاینه نیاز دارد**

کمبود پرسنل
دلیل قانع کننده نیست

جمهوری اسلامی ایران
وزارت بهداشت، درمان و آموزش پزشکی

بسمه تعالی

شماره ۱۰۰/۱۱۳۰
تاریخ ۹۰/۸/۹
پیوست

دفتر وزیر

«سال ۹۰، سال جهاد اقتصادی»

مقام معظم رهبری

رئیس/سرپرست محترم دانشگاه/دانشکده علوم پزشکی و خدمات بهداشتی درمانی .....

باسلام وتحیات

همانطور که مطلع می باشید ، نوزادان امروز، نسل آینده ساز کشور اسلامی به شمار می آیند. افزایش کیفیت مراقبت از نوزادان، منجر به ارتقای سطح سلامت جسمی و روانی آنها می شود. با عنایت به این که یکی از زیرساخت های منابع انسانی کار آمد سلامت است، وجود نیروی انسانی توانمند و سالم، دستیابی به اهداف متعالی انسانی، اجتماعی، اقتصادی وفرهنگی و سیاسی در مکتب انسان ساز اسلام را میسر خواهد ساخت. پژوهشگران و صاحبنظران معتقدند، کیفیت مراقبت از نوزاد در دقایق و ساعات اولیه بعد از تولد تاثیری بسیار شگرف بر شخصیت اجتماعی و سلامت روانی، معنوی، عقلانی و بیولوژیک وی دارد. از این رو، استاندارد کردن خدمات مراقبت از نوزاد در هنگام تولد و پس از تولد و مراقبت های تخصصی مورد نیاز، از اولویت های اجرایی وزارت بهداشت ودرمان وآموزش پزشکی است.

بسته خدمتی مراقبت از نوزاد سالم در بیمارستان و قبل از ترخیص در راستای دستیابی به استانداردهای مراقبت تهیه و تدوین گردیده است. به منظور همگون سازی و ارتقای کیفیت مراقبت از نوزادان، برنامه مراقبت از نوزاد سالم برای اجرا در همه بیمارستان های دارای زایشگاه و بخش نوزادان و بخش هم اتاقی مادر و نوزاد، اعم از دولتی، خصوصی، وابسته به ارگان ها و نهادها ابلاغ می گردد.

لازم است روسای محترم دانشگاه های علوم پزشکی و خدمات بهداشتی درمانی با همراهی کمیته ارتقای سلامت مادر و نوزاد، زمینه های اجرای بسته خدمتی مزبور را با توجه به موارد زیر فراهم نمایند.

۱- تعیین یک نفر با مدرک کارشناسی مامایی به عنوان مسئول مراقبت از نوزاد در اتاق زایمان یا اتاق عمل سزارین، به نحوی که فرد مذکور الزاما مسئول نوزاد بوده و مسئولیت دیگری در اتاق زایمان یا اتاق عمل نداشته باشد. مسئولیت مراقبت از نوزاد پس از تولد براساس راهنماهای بالینی مندرج در بسته های خدمتی مراقبت از نوزاد سالم و احیا نوزاد به عهده فرد مذکور می باشد.

۲- با توجه به تعدد برنامه های مرتبط با سلامت مادر و نوزاد، در سطح بیمارستان ها از جمله برنامه سطح بندی خدمات مراقبت مادر ونوزاد، برنامه احیای نوزاد، بسته خدمتی نوزاد سالم، نظام مراقبتی مرگ پری ناتال، برنامه مراقبت آغوشی، برنامه زایمان فیزیولوژیک و نظام مراقبتی مرگ مادر و ضرورت اجرای برنامه های آتی شامل نظام مراقبت کنترل عفونت بیمارستانی در بخش مراقبت ویژه نوزادان، نظام مراقبت دیسترس تنفسی نوزاد در بخش مراقبت ویژه نوزادان و برنامه تثبیت و انتقال مادر و نوزاد، توصیه می شود:

جمهوری اسلامی ایران
وزارت بهداشت، درمان و آموزش پزشکی

بسمه تعالی

شماره ۱۰۰/۱۱۳۰
تاریخ ۹۰/۸/۹
پیوست

دفتر وزیر

- در همه بیمارستان های دارای بخش های مرتبط با مادر و نوزاد فردی به عنوان کارشناس مسئول مادر و نوزاد ترجیحا کارشناس ارشد مامایی تعیین و مسئولیت پیگیری، پایش و ارزیابی برنامه های ابلاغ شده و نهادینه کردن آنها را عهده دار گردد.
- با عنایت به تنوع و تعدد برنامه های مربوط به سلامت مادر و نوزاد و ضرورت برنامه ریزی، سازماندهی و رهبری و نظارت و ارزشیابی مناسب آنها، تقویت بدنه تیم کارشناسی سلامت مادر ونوزاد در ستاد معاونت درمان دانشگاه با تامین نیروی انسانی متبحر و کارآمد و تقسیم کار مناسب ضروری می باشد.

امید است با اجرای مفاد مربوط به بسته خدمتی مراقبت از نوزاد سالم گامی ارزنده در بهبود کیفیت ارائه خدمات مراقبت از نوزادان آینده ساز کشور برداشته شود.

دکتر وحید دستجردی
وزیر

رونوشت:
جناب آقای دکتر مصداقی نیا معاون محترم بهداشت جهت اطلاع و نظارت بر حسن اجرای برنامه
۱۳۹۰/۷/۲۷

۱۳۹۰/۷/۲۸

کارشناس	کارشناس مسئول	معاون دفتر	مدیر کل دفتر

- Routine procedures such as ***assessments*** *and* ***Apgar scores*** are conducted while SSC is underway, and procedures that may be painful or require separation should be delayed until after the first hour, these procedures should occur after the first breastfeeding is completed.

در لحظات
پایانی تماس
پوست با پوست

Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns(AAP) in 2016
The AAP further delineates that the administration of vitamin K Can be delayed for at least 1 hour and up to 4 hours after delivery

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چالش های موجود در کشور

- عدم توجیح مدیران زایشگاه در الزام پرسنل به اجرای بهینه اقدام چهارم دربیمارستان های دوستدار کودک و کیفیت ارزیابی آن ها.
- افزایش سزارین های الکتیو
- مقاومت متخصصین کودکان، زنان و بیهوشی بخصوص در سزارین
- عدم اجرا ویا اجرای ناقص با کیفیت بسیار پایین دستورعمل ساعت اول:
  - عدم دانش کافی و مهارت لازم پرسنل در اجرا
  - عدم توجیح وتوضیح چگونگی انجام کار حتی چند دقیقه ای قبل از زایمان به مادر
  - تماس پوستی صرفا بصورت تماس گونه به گونه و اصرار در شیرخوردن نوزاد
  - عدم رعایت دستور عمل کشوری و ادامه به اقدامات روتین گذشته و نه علمی
    - ساکشن های غیر ضروری و خشک کردن های خشن و گذاشتن نوزاد در کات ویا وارمر
    - انجام تماس پوستی با کلامپ بندناف ویا کلامپ زودهنگام وقطع بندناف

American Academy of Pediatrics & American Heart Association, 2017

- "Nearly 90% of newborns are vigorous term babies with no risk factors and with clear amniotic fluid. **They do not need to be separated from their mothers after birth** to receive the equivalent of the initial steps of resuscitation.

- Thermoregulation can be provided by putting the baby directly on the mother's chest, drying, and covering with dry linen. **Warmth is maintained by direct skin-to-skin contact with the mother**.

Neonatal Resuscitation Textbook- 5th Edition, 2017 , p1-18. Lesson #1, page 18 states

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Recommendations for implementation of immediate skin-to skin contact in the operating theatre

- Pre-implementation:
  - **Write a protocol** with the collaborative effort of staff, including **midwives**, managers, doctors, **anaesthetists**, **paediatricians** and **other operating theatre/recovery staff**
  - **Education of staff**

Immediate or early skin-to-skin contact after a Caesarean section School of Nursing and Midwifery, University of Western Sydney, Penrith, New South Wales, Australia 2014

A range of electronic databases were searched for papers reporting research findings published in English between January 2003 and October 2013.

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Table 4. Recommendations for implementation of immediate skin-to skin contact in the operating theatre

Pre-implementation:

- Write a protocol with the collaborative effort of staff, including midwives, managers, doctors, anaesthetists, paediatricians and other operating theatre/recovery staff
- Education of staff

Antenatal period:

- Education for mothers and their support people

Prior to commencement of the Caesarean section:

- Discuss with operating theatre staff and the mother the potential of having SSC
- Confirm with the mother whether she wants SSC and where (in the operating theatre, in recovery, on the ward)
- Have one nurse/midwife for the mother, and one midwife/nurse for the newborn
- Assess the operating theatre and determine if equipment needs to be moved to provide room for SSC
- Has the mother's gown been undone, arms removed from the sleeves?
- Be aware of the placement of equipment: IV lines, oxygen saturation probe

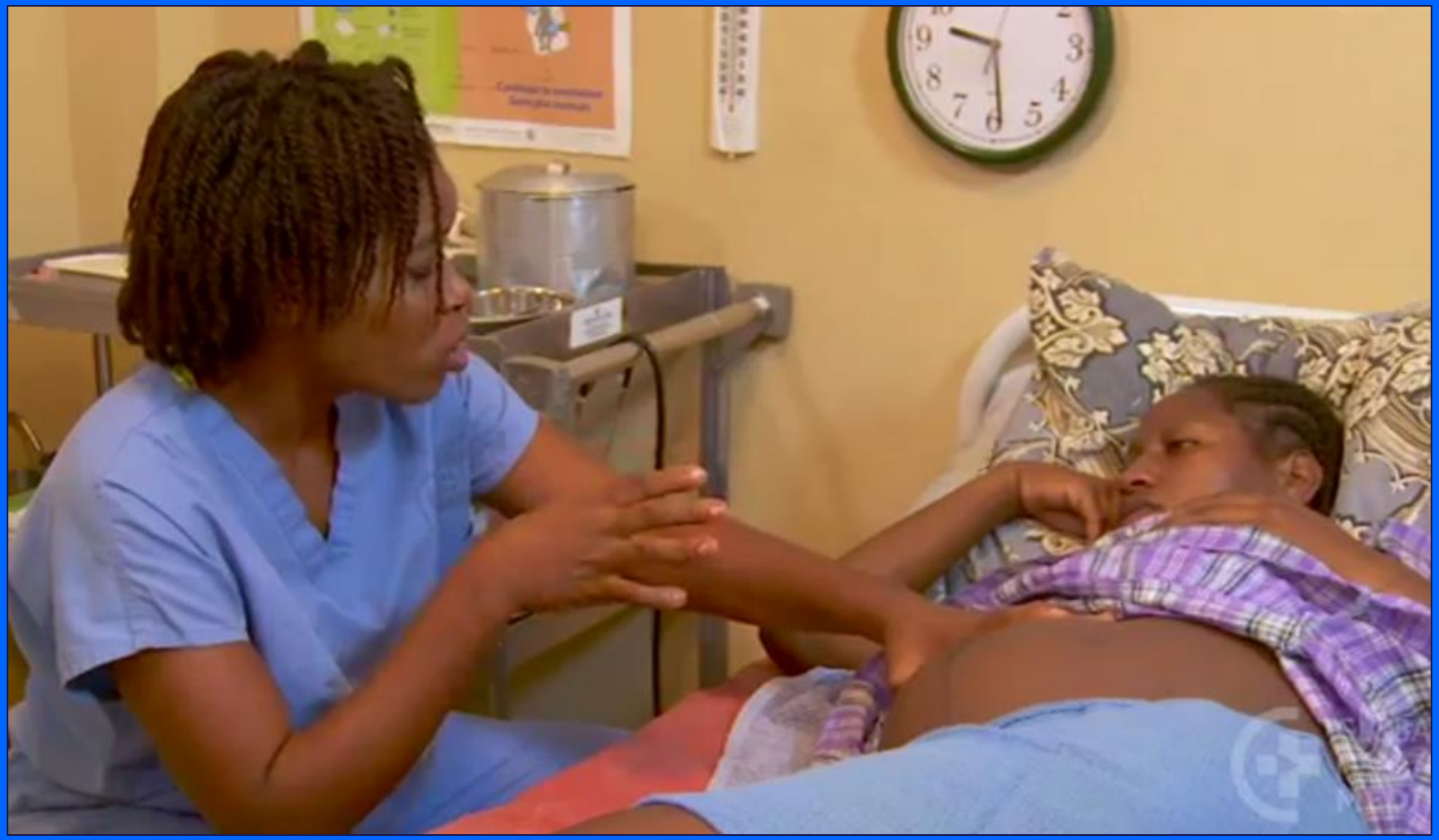
After the newborn is delivered:

- Does the newborn appear to be responding appropriately? If so, commence SSC
- The newborn is placed in a transverse position on the mothers bare chest
- The newborn is dried
- Warm blankets cover the newborn
- Apgar observations made
- Teach the father how to help support the newborn
- Continually observe the newborn to determine if the newborns airway is patent – Are the newborns nares visible? Is the newborn centrally pink? Is the newborns respiratory rate stable?

In recovery:

- Remember if injections are to be given to the newborn, ensure these are given while having SSC

Adapted from Hung & Berg (2011) and Crenshaw *et al.* (2012).



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Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns(AAP) in 2016

- The majority of mothers have made the decision about how they will feed their infants prior to delivery. **but some mothers are undecided.**
- A supportive delivery environment with avoidance of unnecessary medications and early skin-to-skin contact will help to encourage successful initiation of breastfeeding.

An important point to note is that Step 4, while referring to the ‘initiation of breastfeeding’, carries no stipulation that the baby must feed.

HOW TO IMPLEMENT BABY FRIENDLY STANDARDS A guide for maternity settings UNICEF 2011

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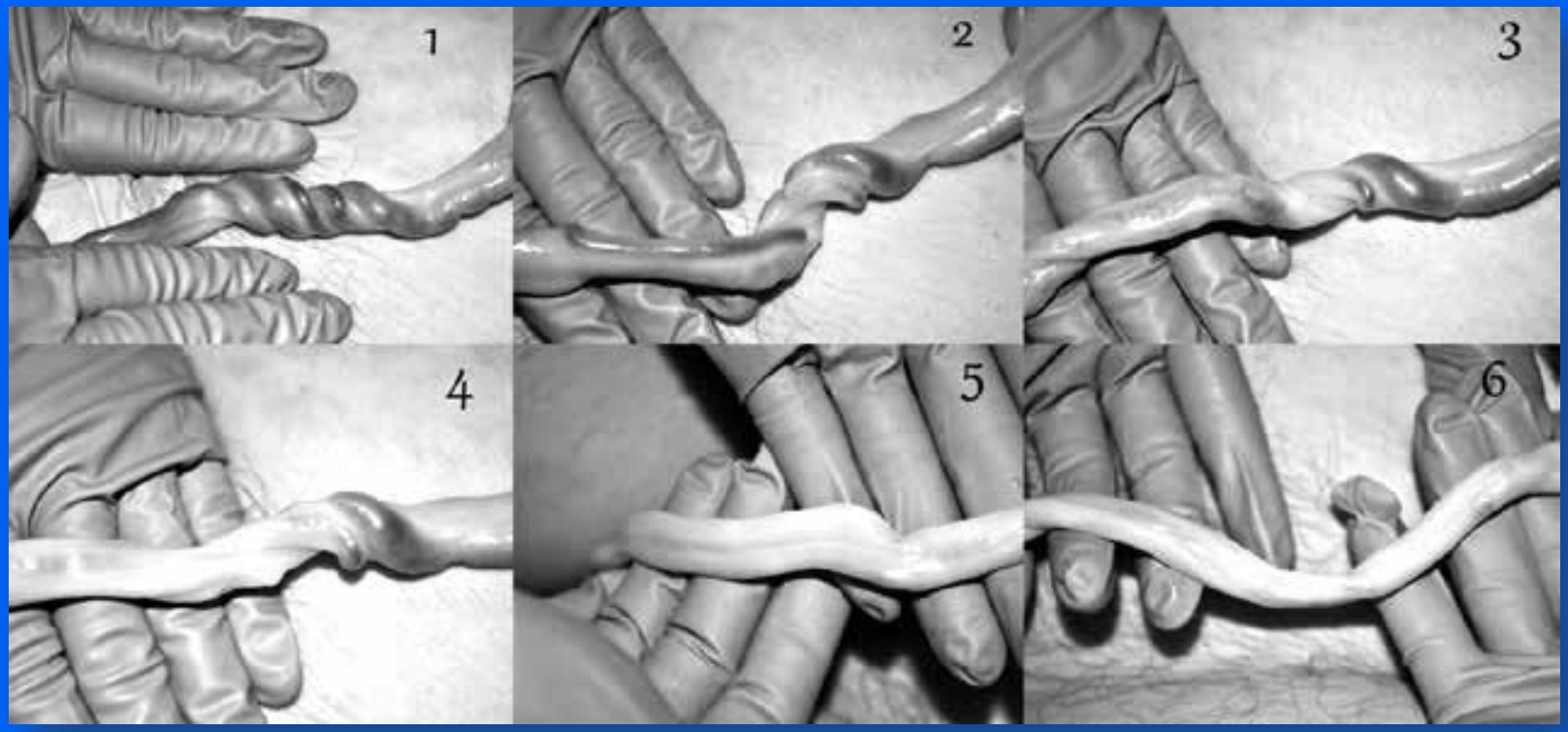
Optimal timing of umbilical cord clamping



The cord should **Not be clamped earlier than one minute after birth** ,and the optimal Time to clamp the umbilical cord for all infants **regardless of gestational age or fetal weight** is when the circulation in the cord has ceased, and the cord is flat and pulseless(approximately 3 minutes or more after birth)

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UMBILICAL CORD CLAMPING

Approximately 3 minutes or more after birth

WHO and Pan American Health Organization, 2014

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A Baby's 9 Instinctive Stages the breast in the first hour of life

Birth cry

Relaxation when there are no mouth movements and hands are relaxed usually lasts 2–3 minutes

Awakening when small trusts and movements are seen in the head end shoulders

Activity where mouth and sucking movements and rooting reflexes begin and increase

Crawling the baby approaches the breast with short periods of crawling types of movements

Resting in between periods of activity

Familiarization where the baby becomes acquainted with the breast by liking and touching

Suckling where the baby begins to feed and finally

Sleeping after the baby has satisfied it's natural desire to suckle

The Magical Hour

Karin Cadwell, Cynthia Turner –Maffei, Barbara O Connor, Anna Cadwell Blair Lois D.W.Arnold, Elyse M.Blair, Maternal and infant Assessment for Breastfeeding and Human Lactation 2006
Widstrom and colleages 1993

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World Health Organization 2014

Multivariate analyses, however, demonstrated a clinically and statistically significant interaction of maternal anaemia, time of umbilical cord clamping and infant anaemia. The adjusted odds of developing anaemia among infants born to anaemic mothers was **40% lower at 4 months** of age and **60% lower at 8 months of age for each minute** that clamping was delayed

Delayed Umbilical Cord Clamping After Birth

- Recent American Academy of Pediatrics recommend delayed umbilical cord clamping after 1 minute or after placenta delivered, for most vigorous term and preterm infants.(**AAP2016**)
- The **Royal College of Obstetricians and Gynaecologists** also recommends deferring umbilical cord clamping for healthy term at least 30-60 seconds after delivery of healthy term babies.(**ACOG 2017**)
- Additionally, the **American College of Nurse–Midwives** recommends delayed umbilical cord clamping for term and preterm infants for 2–5 minutes after birth.

ادامه چالش های موجود در کشور

- تاخیر در گذاشتن نوزاد به روی شکم مادر در زایمان طبیعی
- تاخیر در گذاشتن نوزاد به روی قفسه سینه مادردر **سزارین بیحسی موضعی** ویا از پهلو در بیهوشی ژنرال
- عدم استفاده از دولا و یا همراه در زایمان طبیعی ویا **در ریکاوری** در کمک به انجام تماس پوستی
- استفاده از مسکن های نارکوتیکی در مادر
- اپیزیاتومی روتین درتعجیل به زایمان ویا ترمیم طولانی مدت
  - امکان عدم تمایل و گاها مقاومت مادر به ادامه تماس پوستی
- کاهش زمان تماس پوستی و جدایی نوزاد از مادر

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We are looking not only for survival but for quality of life