



پیاد اللہ الرحمن الرحیم

Early breast feeding In the first hour after birth



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Golden Hour



***Delivery and the immediate postpartum period
is a vulnerable time
for both the mother and infant***

Elements of golden hour interventions



Delayed cord
clamping

Skin to skin
contact

Breastfeeding

Providing Evidence-Based Care During the Golden Hour
Jennifer L. Neczypor, 2017

Delayed cord clamping



WHO: clamping the umbilical cord 1-3 min after birth

Skin-to-skin contact

The first hour after birth are crucial for mother and baby in terms of:

Their **wellbeing**,

The opportunity to **bond** with each other and,

The **first breastfeed**.

Skin-to-skin contact

Promotes all three of these things.



Ten steps to successful breast feeding

Step 4. Help mothers initiate breastfeeding
within a half-hour of birth

A joint WHO/UNICEF statement (1989)



New interpretation of step 4 in the revised criteria (2006)

“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.”

Skin-to-skin contact

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

There is no need to hurry either the baby or the mother or to try to force the baby on to the breast – indeed, this may prove counter-productive and hinder the baby’s ability to attach effectively later on.

If there are concerns about the baby’s need for feed, the mother can be encouraged to express some colostrum to give to him.

Skin-to-skin contact at birth and early breastfeeding



Direct skin-to-skin contact with mothers

Immediately after delivery

Until the first feeding is accomplished and encouraged
throughout the postpartum period.

Benefits of skin-to-skin contact

- Helps maintain temperature
- Facilitates metabolic adaptations especially sugar levels and acid-base balance
- Results in less crying
- More quiet sleep periods
- Serves as a pain analgesic
- Causes oxytocin release in the mother and facilitates bonding
- Lowers stress levels in mothers and baby
- Improves immediate and long term breastfeeding success

Breastfeeding: The 1st Hour

Early initiation and
exclusive breastfeeding
for six months can

Save

more than



ONE

million babies!

World
Breastfeeding
Week
(WBW)
2007

دستور العمل کشوری

برقراری تماس پوست با پوست مادر و نوزاد
و

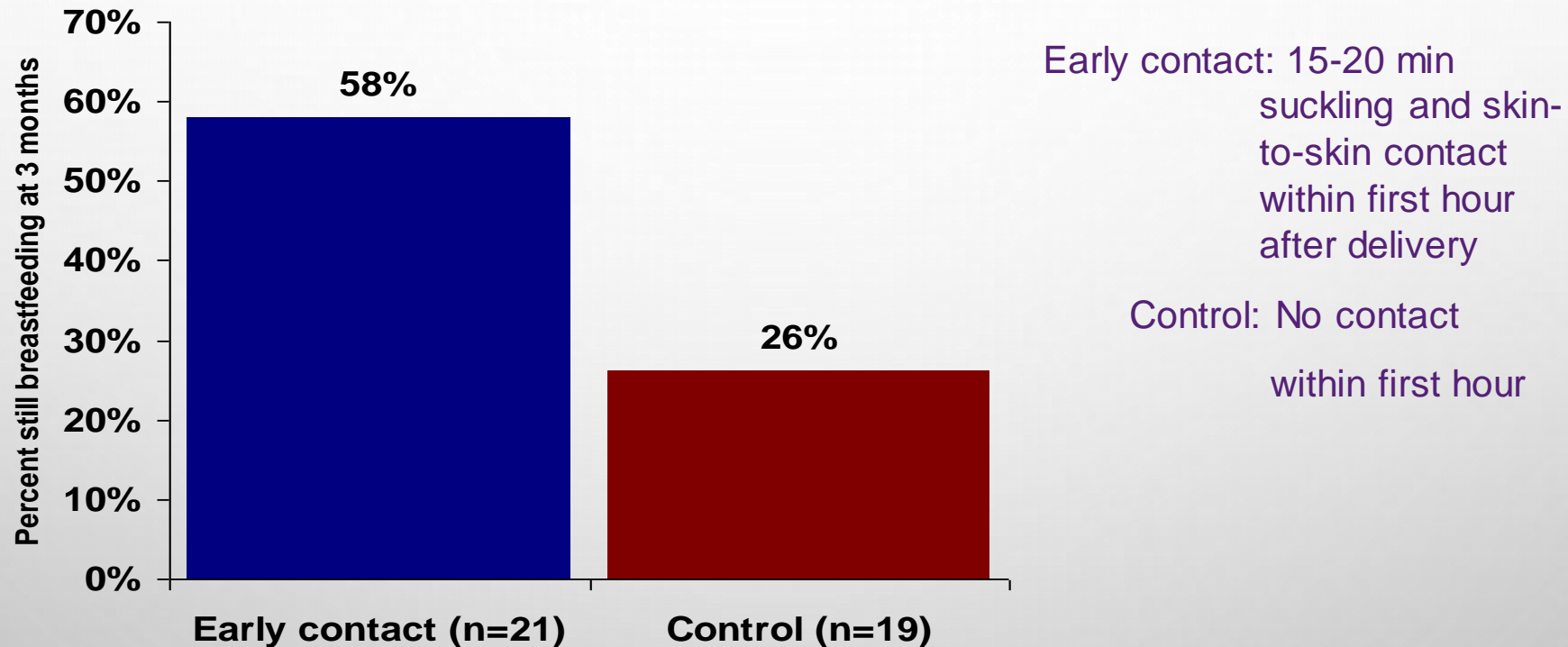
تغذیه با شیر مادر طی ساعت اول تولد

مصوب کمیته کشوری ترویج تغذیه با شیر مادر اردیبهشت ماه 1392

Early initiation of breast feeding *why?*

- Increases duration of breastfeeding
- Allows skin-to-skin contact for warmth and colonization of baby with maternal organisms
- Provides colostrum as the baby's first immunization
- Takes advantage of the first hour of alertness
- Babies learn to suckle more effectively
- Improved survival & developmental outcomes

Impact on breastfeeding duration of early infant-mother contact



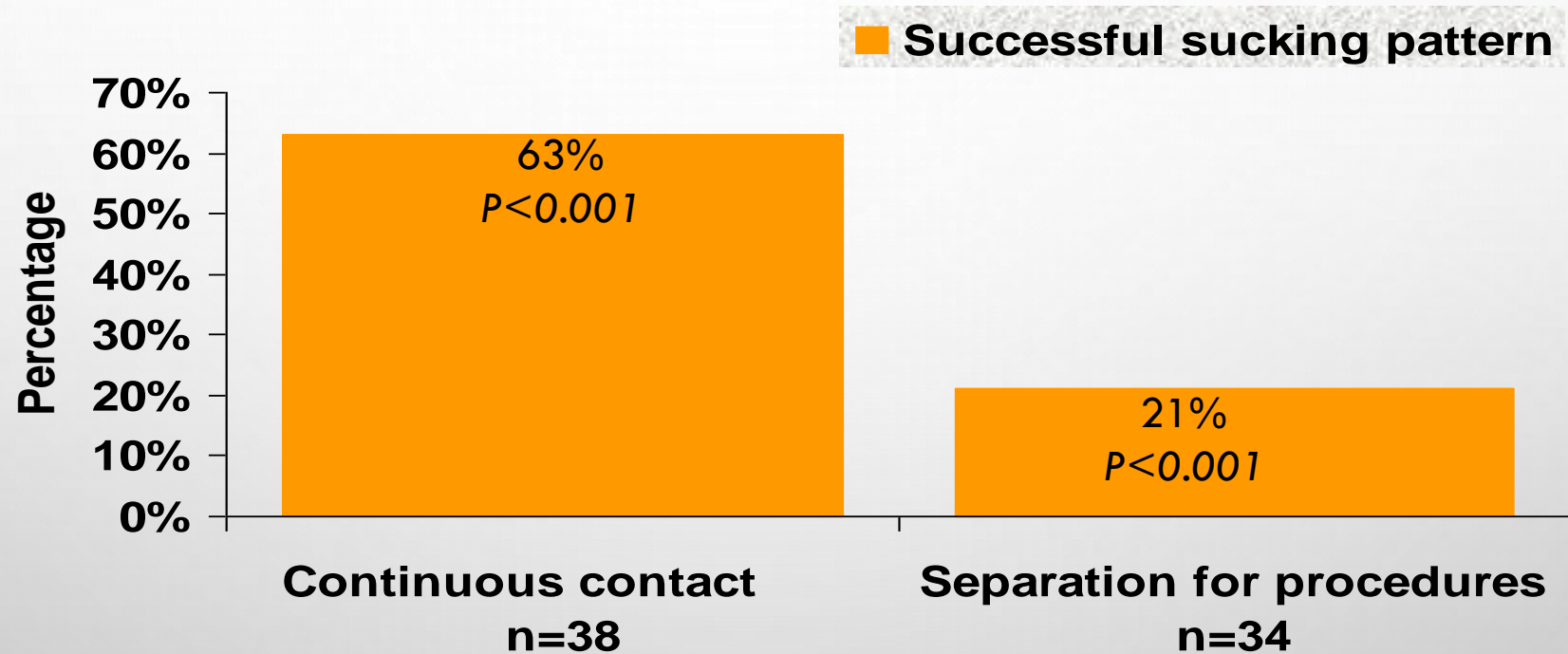
Adapted from: DeChateau P, Wiberg B. Long term effect on mother-infant behavior of extra contact during the first hour postpartum. *Acta Paediatr*, 1977, 66:145-151.

Composition of human colostrum and mature breast milk (per litre)

Constituent	Measure	Colostrum (1-5 days)	Mature Milk (>30 days)
Total protein	G	23	9-10.5
Casein	mg	1400	1870
α -Lactalbumin	mg	2180	1610
Lactoferrin	mg	3300	1670
IgA	mg	3640	1420

From: Worthington-Roberts B, Williams SR. *Nutrition in Pregnancy and Lactation*, 5th ed. St. Louis, MO, Times Mirror/Mosby College Publishing, p. 350, 1993.

Effect of delivery room practices on early breastfeeding



Adapted from: Righard L, Alade O. Effect of delivery room routines on success of first breastfeed. *Lancet*, 1990, 336:1105-1107.

Risk of neonatal mortality according to time of initiation of breastfeeding




Dr.Ravari

Pediatrics 2006;117:380-386



Early initiation of breastfeeding for the normal newborns how?

- Place baby on mother's chest
 - Let baby start suckling when ready
 - Do not hurry or interrupt the process
 - Delay non-urgent medical routines for at least one hour
- 

Normal progression of breastfeeding

In the first hours and days postpartum, the mother and baby learn to breastfeed together.

Normal breastfeeding progresses through two initial phases:

first phase, called *self-attached breastfeeding*, the baby latches to the breast without assistance and self-attaches to the breast using the stepping– crawling reflex

Second phase, called *collaborative breastfeeding*, the mother and baby work together to achieve the latch and feeding.

The magical hour



Nine instinctive stages

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

Awakening when small twitches and movements are seen in the head and 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 licking and touching

Suckling where the baby begins to feed and finally

Sleeping after the baby has satisfied its natural desire to suckle

1. Birth cry

Occurs immediately after birth as the baby's lungs expand but usually ends abruptly when the baby is placed onto the mother's chest



2. Relaxation

Begins when the birth cry stops and usually lasts 2–3 minutes during which the baby is very quiet and still.

When there are no mouth movements and hands are relaxed



3. Awakening

This stage usually begins
about 3 minutes after birth

Begins with
small head & shoulders movements,
as the infant opens his eyes and
shows some mouth activity.



4. Activity

This stage usually begins
about 8 minutes after birth
the baby has
more stable eye opening,
increased mouthing & suckling
movements & often some rooting.



Dr Ravall

5. Resting

Can occur at any time
between the other stages



6. Crawling

The baby makes short pushing exertions with his feet or slides his body towards one of the mother's breasts.

This stage usually begins
about 35 minutes after birth



7. Familiarization

After reaching the breast, familiarization begins.

This stage usually begins around

45 minutes after birth &

may last up to 20 minutes

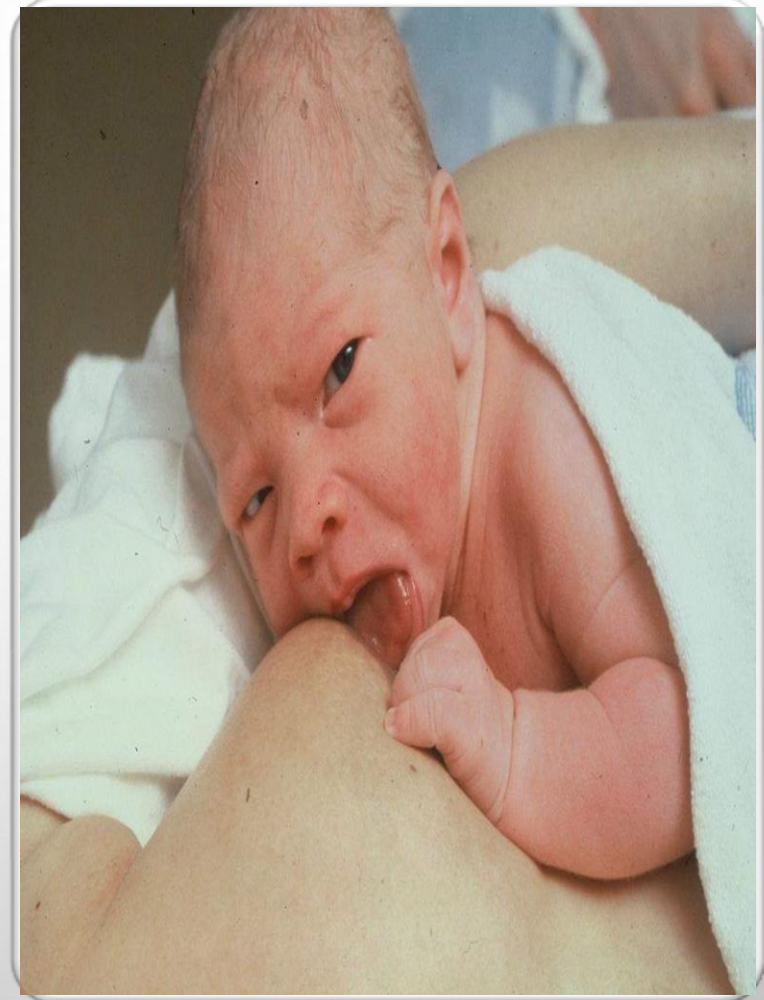
while the baby becomes acquainted with the nipple by

licking, touching and massaging.



8. Suckling

After adequate familiarization with the new environment and mother's nipple, the newborn **opens his mouth wide**, cupping the tongue which is now low in the bottom of the mouth, grasps the nipple in a correct latch and begins to suckle. This usually occurs about **an hour after birth**.



***First latch-on
is critical!***

Latch-on
**The heart of successful
breastfeeding**



9. Sleeping

Follows usually between 1.5 and 2
hours after birth



Breastfeeding after a cesarean



Breastfeeding after a cesarean

- Babies may be **drowsy & lethargic**,
- This doesn't mean that breastfeeding won't be successful, as soon as they are **fully conscious & alert**, they can begin breastfeeding
- The baby may need some extra encouragement and stimulation to stay alert during feedings
- **Urgent cesarean** births have been associated with delayed milk production, possibly related to the stress involved
- Often in elective cesareans, regional anesthesia is an option and mothers are able to breastfeed sooner

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

- 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.

Breastfeeding after Spinal or Epidural cesarean



1. نوزاد را از طرف زیر بغل یا شانه مادر در تماس پوست با پوست مادر قرار دهید طوری که قفسه سینه نوزاد در تماس با زیر بغل و قفسه سینه مادر و دهان نوزاد در تماس با نوک پستان مادر باشد

Breastfeeding after Spinal or Epidural cesarean



سزارین با بی حسی ناحیه ای و تماس پوستی
مورب در عرض قفسه سینه مادر در اتاق عمل

2. نوزاد را به طور مایل و دمر به
روی قفسه سینه مادر بگذارید به
طوری که ضمن تسهیل تماس چشم
در چشم مادر و نوزاد، سرش در
نزدیک پستان طرف مقابل باشد و
دهان نوزاد در تماس با نوک پستان
مادر قرار گیرد.

Integrated delivery care practices for long-term maternal and infant nutrition, health & development

- *Delayed umbilical cord clamping,*
- *Early mother to newborn skin-to-skin contact, and*
- *Early initiation of exclusive breastfeeding,*

*Are three simple practices that,
in addition to providing immediate benefit,
can have long-term impact on the nutrition and health of both mother and child.*

WHO and pan american health organization, 2014

A scenic landscape featuring a large, gnarled tree in the foreground on the right, its branches reaching across the top of the frame. In the background, a calm body of water stretches across the middle ground, with a dense forest of evergreen trees on the far shore. The sky is a pale, hazy blue. In the bottom right corner, two small figures of people are visible standing on a rocky shore, looking out over the water. The overall mood is peaceful and serene.

Thanks for your attention