

Literature Review

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Introduction

Immediate Skin to Skin Contact (SSC) is an emerging Evidence-Based Practice that benefits both the mother and baby in numerous ways. One of the outstanding benefits of SSC is breastfeeding which has health benefits that last a lifetime. This study investigates whether or not having SSC between a newborn infant and mother for at least 30 min immediately following delivery as well as nurses engaging in mandatory breastfeeding education has an impact on the success of breastfeeding initiation compared to newborns who are separated from their mothers for non-emergent procedures. To fully comprehend the significance of SSC, this review examines eight articles that explore the topic of SSC and related issues such as educating mothers. Since SSC is an emerging EBP that hasn't been fully integrated into many healthcare facilities, this review examines the literature to determine what's known and what's unknown on the practice. The first hour after birth plays a critical role in the life of the child, it is imperative to understand SSC and its effect on both the mother and newborn infant.

A comparison of research questions

As SSC is receiving more implementation, existing literature has also addressed the topic extensively through several angles. In this study, the author examines the benefits of SSC and its impact in increasing breastfeeding initiation rates and uses these rates to compare immediate SSC infants and newborns cases where non-emergent procedures were used. These comparisons have been widely explored together with literature examining SSC with different timelines of breastfeeding. Sharma (2016) evaluates the efficacy of early SSC on the rate of exclusive breastfeeding at six weeks of age while Aguedo et al. (2016) investigate the difference between immediate and early SSC groups in the percentage of health and full-term newborns receiving

breastfeeding for three months or more. A study by Aghadas et al. (2014) also focuses on the immediate and continuous SSC on breastfeeding self-efficacy on primipara women. Besides, relevant research by Moore et al. (2012) also compares early SSC healthy infants and standard contact infants to identify the effects of SSC on breastfeeding, psychological adaptation and behavior in mother-newborn dyads. Additional expected outcomes analyzed include newborn temperature and the duration of third stage labor (Safari et al. 2018). These studies indicate the line of investigation in SSC practice involves the expected outcomes of better breastfeeding that become manifested over different timelines.

Further, SSC is also explored in literature with maternal education and nurse education. This research emphasizes maternal education and mandates breastfeeding education to the mothers. This is a theme replicated in existing research with Haroon et al. (2013) examining if educating mothers about breastfeeding and having support to routine care would have an effect on exclusive breastfeeding. Also, Turenne et al. (2016) examines nursing education and examines the impact of employing an educational intervention that would lead to EBP change and more utilization of the SSC practice. Adeli et al. (2018) offer a different investigation as they explore the means or method of SSC and its effect on initiation of breastfeeding. The study analyzes the effects of short abdominal skin to skin contact and Kangaroo SSC on initiation of breastfeeding.

A comparison of sample populations

This research involves newborns who have experienced immediate SSC and those that non-emergent procedures were used. Sample population in research are aligned to these characteristics with the Moore et al. (2012) defining non-emergent or standard procedures to be the infants held or dressed in their mother's arms and placed in cribs or radiant warmers.

However, the main differences in sample populations are in the age of the newborns at the time of the investigation. Agudelo et al., (2016) compare sample populations of immediate SSC to early SSC for three months or more and helps in underlining the difference between immediate and early SSC. Further, the SSC is also explored in the educational context making mothers a sample population. However, only research by Aghadas et al. (2014) identifies the sample population of mothers to be primipara women, and this makes the study useful as it explores SSC and breastfeeding self-efficacy.

Comparison of the limitations of the study

In the research, the time of evaluation to determine the effect is 24 hours after which the mother is discharged. This timeline offers ample time for examination of the short-term impacts of SSC but may fail to deliver a comprehensive understanding of the long-term implications of SSC particularly with emphasis to the initial breastfeeding rate. Sharma (2016) investigates the benefits of SSC through the rate of exclusive breastfeeding over a period of six weeks after birth. This long duration and follow up is also highlighted by Agudelo et al. (2016) where the follow up takes three months. However, this limitation does not affect the short-term comparison of the two infant populations. Also, Safari et al. (2018) highlight that the implementing SSC should be preceded with the engagement of the mother to ensure that she and the family understand the benefits of SSC and early initiation of breastfeeding. However, this study assumes that all mothers and families will accept the practice.

Conclusion and Recommendations for Further Research

Existing research on Skin to Skin Contact suggests that it should be implemented and nurses should be trained to use the practice as an essential new-born care strategy. Research extensively investigates the effects of the SSC on breastfeeding different timelines and realizes

that the practice increases the exclusive breastfeeding rate and the breastfeeding initiation rates. However, literature identifies the need for more clarification on the time of initiation that will provide the most significant benefit, the duration of intervention and the means. Further, the literature supports maternal nursing interventions and emphasizes on capacity building the nurse to be able to deliver the education sufficiently. Research tends to differ in specifics of the practice such as time of initiation and duration of intervention, and more research should focus on providing definitions in these areas. SSC is extensively researched topic area, and most research supports its implementation due to the positive outcomes it has on breastfeeding.

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