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Time to see baby? When are mothers offered the first opportunity to hold their babies during caesarean section?

EM Casely, DN Lucas
London North West University Healthcare NHS Trust

NHS
London North West University Healthcare
NHS Trust

Introduction

Skin-to-skin contact with babies soon after birth has been shown to promote the initiation of breast-feeding.[1] It is a NICE Quality Standard that all women should have skin to-skin contact with their babies after delivery.[2] It is recommended that skin-to-skin should happen immediately after birth.[3] We conducted a service evaluation to see how long it takes for a woman to be given the opportunity to hold her baby during caesarean section (CS), when both mother and baby were well.

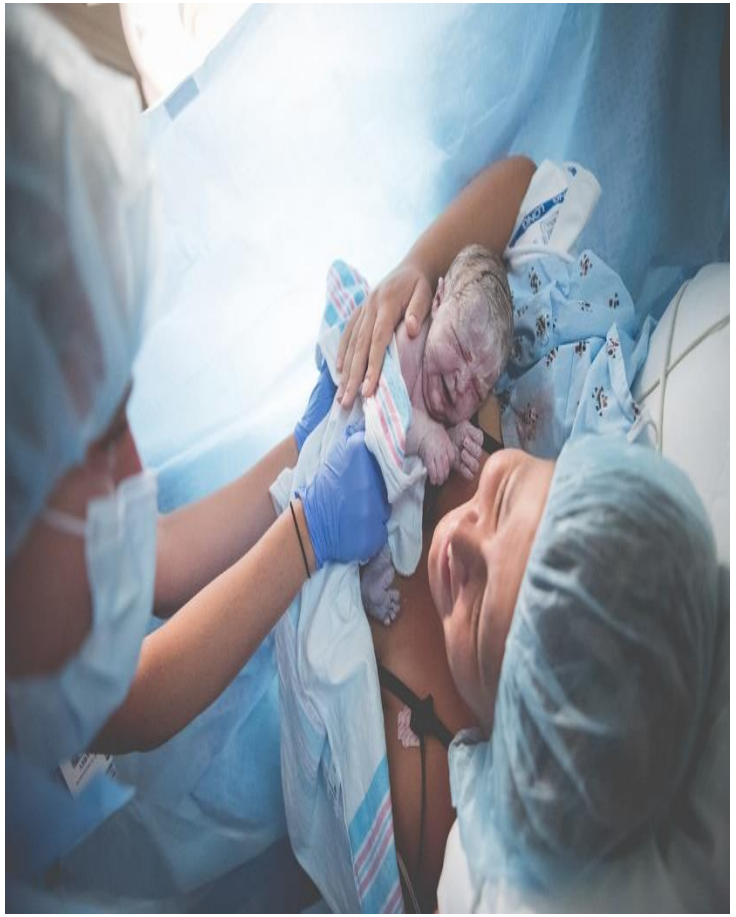
Methods

We recorded how long it took for a woman to be offered skin-to-skin contact with her baby after delivery at caesarean section. We included women who required Category 2, 3 or 4 CS and babies of ≥37 weeks gestation who had an Apgar score of ≥9 at 5 min. We excluded women if they were feeling unwell or if there were surgical complications, including postpartum haemorrhage.

Results

Data from 107 CS were collected. The time from delivery to when the woman had skin-to skin contact with her baby was recorded. Times were rounded to the nearest minute. A one-way ANOVA found a significant difference between mean times and different categories of CS (P=0.045): the less urgent the CS, the longer a woman had to wait to hold her baby, despite Apgar scores being the same.

Category of CS	Cat 2	Cat 3	Cat 4
Sample Size	36	23	48
Mean time to hold baby	15.1 min	16.2 min	18.3
Range	7-22 min	8-24 min	7-31 min



Discussion

Around a quarter of all UK births are by CS, meaning anaesthetists play a key role in many women's birth experience. Mothers frequently express their desire to hold their baby as quickly as possible after delivery, with early skin to- skin contact explicitly mentioned in their birth plans, and this is an important factor in women having a positive birth experience. It is striking that despite all three groups being comparable for having a 'well' baby as defined by the Apgar score, the time taken for the mother to hold her baby actually increased as the urgency of the CS decreased. This delay contrasts with maternal experience at vaginal delivery where skin-to-skin is more likely to be initiated immediately after birth. Further work should examine the barriers which lead to delayed skin-to-skin contact for well women and their healthy, term babies during CS. Such barriers may include midwives feeling less ownership of their patient, and delivery in theatre, where there is time pressure on midwives to complete paperwork, placental checks and immediate neonatal care (weighing and baby labels) before leaving the operating theatre.

References

1. Evidence for the Ten Steps to Successful Breastfeeding. https://apps.who.int/iris/bitstream/handle/10665/43633/9241591544_eng.pdf.
2. NICE. Intrapartum care for healthy women and babies 2017. NICE Guideline CG137, Recommendation 1.15.6.
3. Brubaker LH, Paul IM, Repke JT, et al. Early maternal-newborn contact and positive birth experience. Birth 2019; 46: 42 -50.