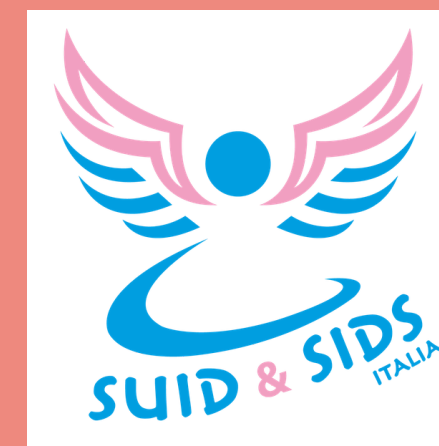


SKIN-TO-SKIN CONTACT AND DELIVERY ROOM PRACTICES:

a longitudinal survey conducted in Piedmont and the Aosta Valley

2020-2022 UPDATE

¹S. Noce, ²M. Barbaglia, ³E. Dicesare, ⁴A. Guala, ⁵A. Vigo, ⁶M. C. Russo



¹Centro per la Medicina del Sonno Pediatrica e per la SIDS, Ospedale Infantile Regina Margherita, Città della Salute e della Scienza di Torino;

²S.C. Pediatria, Ospedale VCO, ³SUID&SIDS Italia, ⁴S.O.C. Pediatria, Ospedale castelli, Verbania, ⁵Dipartimento Materno-Infantile ASL CN2,

⁶T.I.N. Ospedale Maria Vittoria, Torino

INTRODUCTION

Sudden unexpected postnatal collapse of presumably healthy neonates during early skin-to-skin contact is a rare, yet recognized occurrence, associated with a high risk of mortality and morbidity. A survey was conducted in 2012 and again in 2016 throughout almost the whole Piedmont and the Aosta Valley Northern Italian regions, to evaluate the environmental and logistical aspects that could be linked to SUPC in delivery wards regarding years 2020-2021-2022.

The surveillance work has been a joint effort by neonatologists and experts in pediatric sleep medicine and SIDS

AIM

Verify the evolution of the management of skin-to-skin according to the Italian society of neonatology recommendations

RESULTS

	2012 (28 wards)	2016 (26 wards)	2023 (24 wards)
Early STS proposed	28/28	26/26	24/24
Within how many minutes STS begins? (0-5 min)	24/28	26/26	19/24
How long does STS last	18/28 time that the mother wants 5/28 > 2h 2/28 30 min	15/26 time that the mother wants 4/26 > 2h 2/26 30 min	4/24 time that the mother wants 17/24 > 2h 3/24 > 1h
What position does the mother take during STS	13/28 as they want 6/28 lying supine 8/28 partially sitting	7/26 as they want 8/26 lying supine 7/26 partially sitting 4/26 others	7/24 as they want 2/24 lying supine 15/24 partially sitting
What position does the mother take during STS	24/28 prone between mother's breasts	20/26 prone between mother's breasts	23/24 prone between mother's breasts
The medical staff is present	15/28 continuously 13/28 discontinuously	16/26 continuously 10/26 discontinuously	9/24 continuously 15/24 discontinuously
Written procedure for STS	12/28	10/26	21/24
STS proposed after sedation of the mother	12/28	13/26	16/24 <ul style="list-style-type: none">10/15 strict observation, mother not alone6/15 STS performed by the father
The light in the room allows to detect VS	15/28	20/26	22/24

DISCUSSION

A lack of standardization of skin-to-skin procedure was highlighted in the previous surveys, partly due to the absence of a written procedure in over half of the wards, now present in 21/24. Previously, the duration of STS was left to the mother's preference, but now, in 17/24 it is established and exceeds 2 hours. Incorrect positions during STS are a recognized risk factor. Consequently, mothers are currently advised to maintain a semi-sitting position (15/24). The continuous presence of healthcare staff during STS has decreased. In this regard, the literature data do not show a statistically significant indication, but it is important to enhance the monitoring of both the mother and the neonate; when close monitoring by personnel is not feasible, the use of medical devices such as a pulse oximeter can be considered (currently used in 6/24 wards).

METHODS

A questionnaire proposed in 2012/2016 about the management of the early skin-to-skin practice in neonatal units, has been administered again in May 2023 to all the delivery wards of Piedmont and Aosta Valley regions, after an integration including questions about application of safe sleep rules SUPC cases occurred. The questionnaire was filled by head physician. The collected data were elaborated anonymously. 24 completed questionnaire have been collected out of 30 units.

Years	2020	2021	2022	Total
Born in 24 wards participating the study	22739	22419	22002	67160
Total born in Piedmont / Valle d'Aosta regions	27883	27444	26697	82024

In addition to the data reported in the table, in the 2023 survey, all healthcare staff in the wards conducted neonatal vital sign monitoring, with an interval of 15 minutes in 20 out of 24 wards. Furthermore, compared to 2012/2016 surveys, data on the use of biomedical tools (pulse oximeter) for continuous neonatal monitoring has been introduced and is currently employed in 6 out of 24 wards.

STS* Skin To Skin
VS* Vital Signs

CONCLUSIONS

This update demonstrates how attention to the safety of the newborn during STS contact has remained constant as well as the willingness to promote and implement the practice (increased offering in case of maternal sedation, while implementing specific safety measures). Anyway there are still evident areas for evaluation regarding a more systematic use of vital parameters monitoring devices and further standardization of the practice.