Summary

Initiating breastfeeding within one hour of birth is one of the Ten Steps to Successful Breastfeeding (Step 4) on which the Baby Friendly Hospital Initiative was based and launched in 1991, step 4 was revised in 2006 into a new interpretation by UNICEF that stated that "initiation of breastfeeding should be started by placing the baby in skin-to-skin for 1-2 hours or up to the first breastfeed.

Early skin-to-skin contact (SSC) has important effects on the newborn as well as on the maternal health, behaviour and bonding. If the mother and baby are in continuous, undisturbed SSC few minutes after birth, the infant will take the breast at its own speed. Infants placed skin-to-skin and allowed time to find the breast and self attach are more likely to show correct suckling techniques than those who are separated.

Early contact has a positive effect on breastfeeding duration, Increase milk volume, double rates of successful breastfeeding.

The baby receives colostrum for the first feeds (liquid gold), sometimes called the gift of life**.** The mother's body helps to keep the baby appropriately warm, which is especially important for small and low birth weight babies**.**

The baby is less stressed, calmer and has steadier breathing and heart rates**.** Also newborns that have been exposed to SSC maintain adequate blood glucose levels, and have better metabolic adaptation**.**

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There is evidence that many of these are better achieved with the Breast Crawl, which also offers proper acclimatization from the intrauterine to the extra uterine environment. Hence, the maximum benefits of early initiation are best achieved with the Breast Crawl.

The mother is the source of an array of olfactory, visual, auditory and tactile stimulation that the infant may perceive and respond to when placed on her bare chest**.**

Hence, the aim of the study is to implement direct SSC between the mother and her baby during the first hour of life to observe the babies' pre-feeding behaviour in trial to reach the breast and to identify the barriers that impede with optimum direct SSC up to the first breastfeed.

The present study will include one hundred full term pregnant females, admitted for either normal vaginal delivery or caesarian section equally, in El-Shatby University Hospital (ESUH) and Abou Kir Hospital (AKH) after getting informed about benefits and correct technique of skin to skin contact.

There was no significant difference between the mothers who had normal vaginal delivery (NVD) from those who had cesarean section (C.S) delivery either according to their age or their level of education, which shows that the groups were well matched and there was no selection bias.

In this study we excluded mothers with serious illness or complicated birth. Although many mothers complained of urinary tract infection, anaemia and asthma but Medical and surgical history of the mothers participated in the current study, showed neither indication for exclusion from the study nor any significant difference between the two groups.

As regards the differences in SSC duration, it was higher in NVD than C.S, as well as in primiparous than multiparous mothers; SSC was significantly longer in primiparous females, especially among those who delivered vaginally. This can be due to the intense desire of mothers to breast feed their first babies, and certainly the availability of time that is needed to complete the episiotomy repair which enables the mothers to stay in the delivery room for a longer time without breaking their orthodox procedures.

In this study we found that the Apgar score, assuming that it was within average range, it did not appear to influence the process, the duration, or the outcome of skin-to-skin contact.

As regards the barriers encountered during the application of the SSC process, early interruption of the SSC process to perform neonatal care procedures as suctioning, weighing, wrapping, and vitamin K injection was encountered especially in ESUH and for caesarean section delivered babies**.**

In our study, taking the baby to the NICU for neonatal resuscitation was the most common barrier encountered in both NVD and C.S delivery, although it was more common among C.S. deliveries.

Inspite of being particularly beneficial for the application of SSC, regional anesthesia had some complications which forced me to end the process of SSC, such as nausea and vomiting attributed to hypotension.

The high turn over rates in the delivery and operation room was highly significant in ESUH.

In this study we observed fifteen responses before finally latching on the breast in vaginally delivered babies compared to twelve responses in babies delivered by C.S.

The commonest recurring responses in over one half of babies delivered vaginally were hand to mouth, suckling of fingers, protrusion of tongue, drooling of liquor and lifting of the head. In C.S deliveries, the commonest responses that recurred in over half of cases were hand to mouth, protrusion of tongue, lip smacking, drooling of liquor and lifting of the head, the remaining responses were less common.

Also in this study of C.S mothers 76% in AKH compared to 80% in ESUH were exclusively breastfeeding at one week and this changed to 84% and 80% respectively at one month. And of NVD mothers 72%in AKH compared to 76% in ESUH and this changed to 76% in both at one month.

In conclusion this study has shown that early SSC is required for the baby to pass through the natural developmental stages and responses that represent milestones needed for the success of the skill of breastfeeding with proper attachment to the mother’s breast.

Although there are multiple barriers that can make the process of SSC more difficult to be implemented as a medical procedure during birth, yet these barriers can be easily overcome, once the hospital routines and hospital staff become aware of its importance and once the parents become involved in demanding it as a part of their parental right at birth and their right to optimum medical service in hospitals.