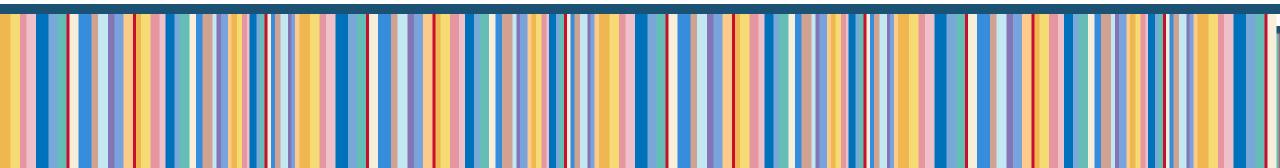
The Contemporary Status of Skin-to-Skin Contact After Vaginal Birth in Jeddah, Saudi Arabia

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ICM June 30th 2021



Acknowledgments

Supervisors

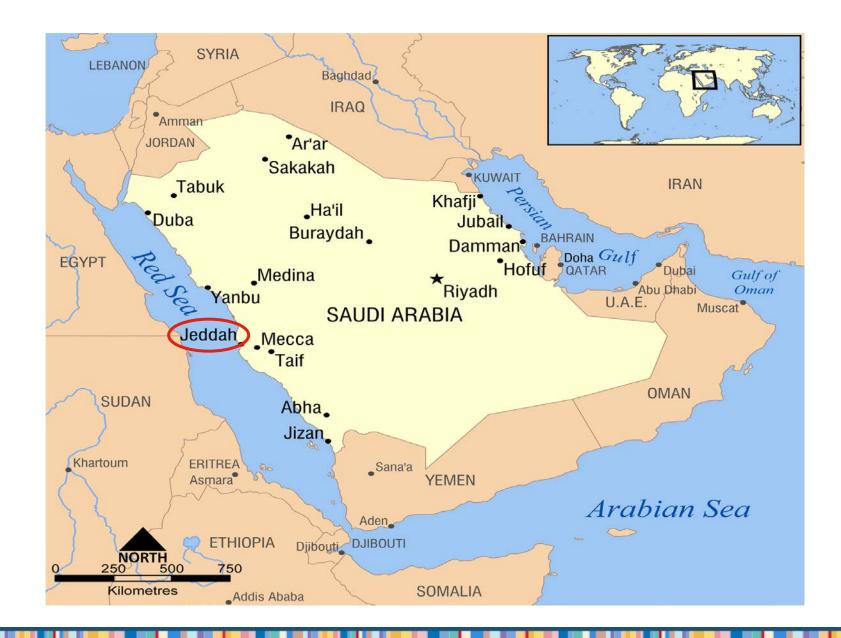
Prof. Lisa Amir, Dr. Kristina Edvardsson, and Dr. Amanda Cooklin

Study participants

Sponsorship









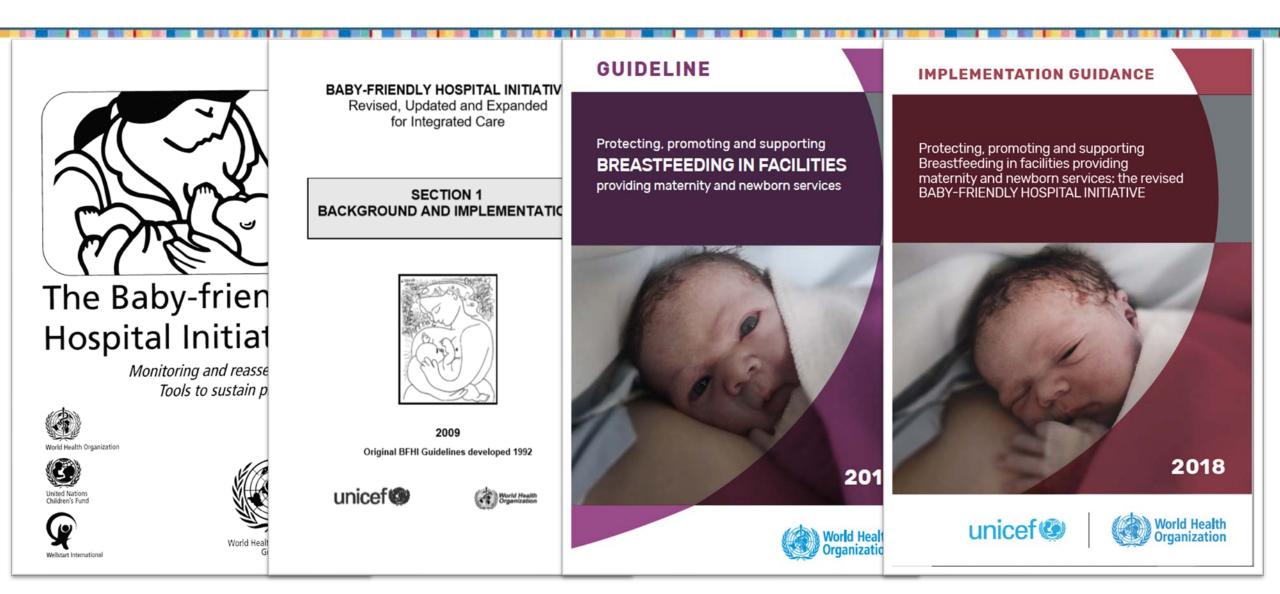




Why is Skin-to-Skin Contact (SSC) Important?



Background





- Worldwide: Prevalence of SSC for healthy full-term newborn infants after vaginal birth
- Saudi Arabia: Lack of studies reporting the practice of SSC immediately after vaginal birth

To determine the prevalence of SSC worldwide and to explore the current practices of SSC immediately after vaginal birth for healthy term newborn infants in the two largest public hospitals in Jeddah, Saudi Arabia

The Research Studies

<u>Study 1</u>

• A systematic review of the prevalence of mother-infant SSC contact after vaginal birth worldwide

Study 2

• Examining the current policies and practices of SSC within the first hour of life in two public hospitals in Jeddah

<u>Study 3</u>

 Identifying health care providers' perceived barriers and facilitators to the implementation of SSC

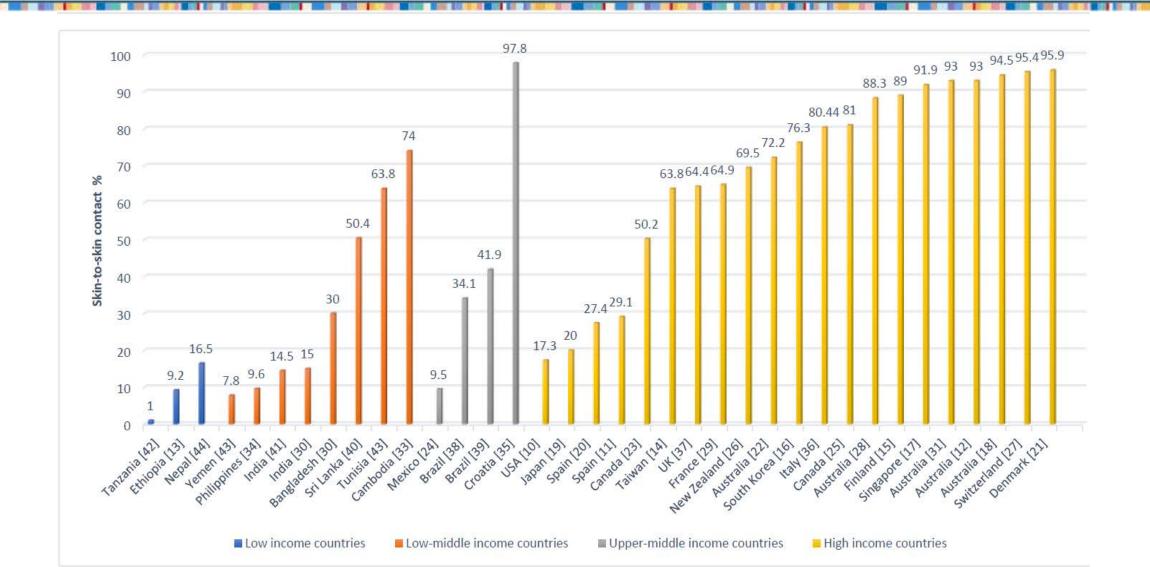
Study 4

• A survey of mothers' perceptions, experiences and practices about SSC after vaginal birth

Study 1: The Prevalence of SSC Worldwide



Study 1: The Prevalence of SSC Worldwide



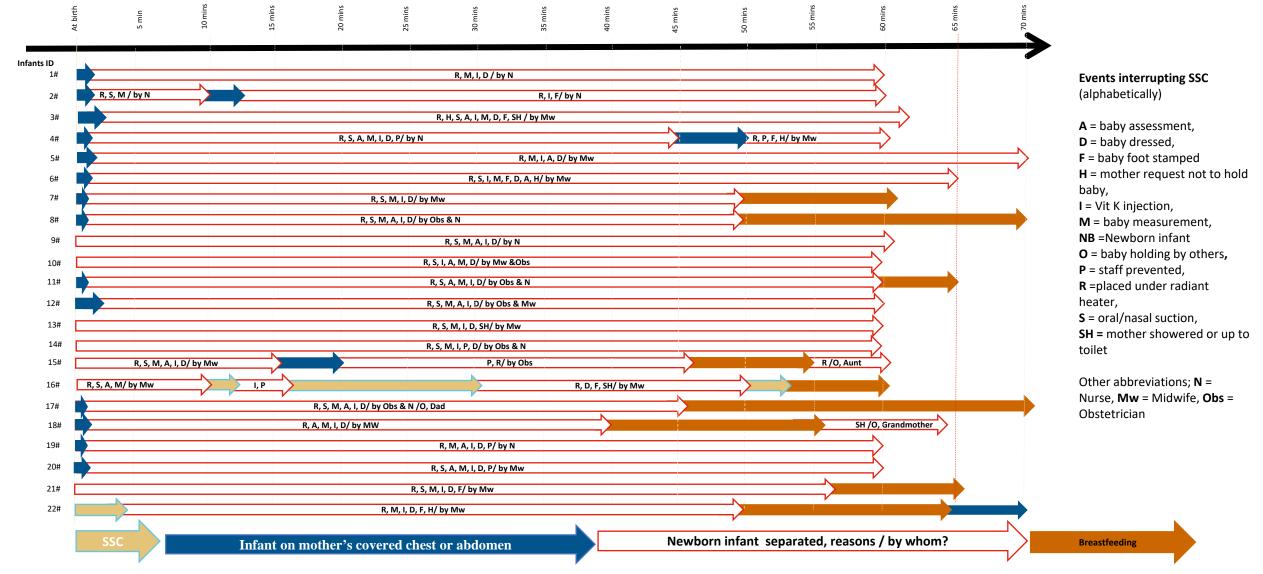
- The study was conducted in two hospitals (A, B) in Jeddah, Saudi Arabia
- Both are public hospitals with approximate annual births of 7000 and 6000
- Ethics approvals were obtained from La Trobe University Human Research Ethics Committee and Saudi Arabia Ethics Committee of Directorate of Health Affairs Jeddah

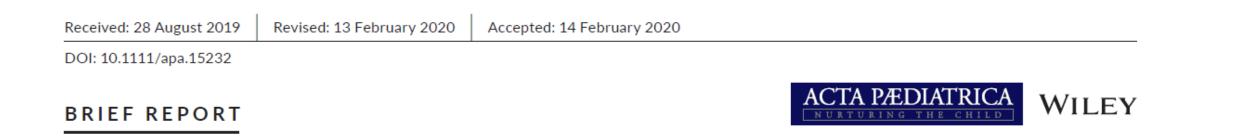
Study 2: An Observational Study of SSC in Jeddah, SA

Aims:

- Primary aim investigate current practices and policies about SSC by observing mother-infant dyads in the first hour after vaginal birth
- Secondary aim observe infants' nine instinctive behaviour stages and breastfeeding initiation in the first hour

Skin-to-Skin Contact Observation of 22 Mother-Infant Dyads in First Hour after Birth





Observational study found that skin-to-skin contact was not common after vaginal birth in Saudi Arabia

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Study 3: Health Care Providers' Perceived Barriers and Facilitators to the Implementation of SSC

Aim:

To identify Health Care Providers' (HCPs') perceived facilitators, barriers and requirements for implementing the practice of SSC immediately after vaginal birth

Study 3: Findings

• 20 HCPs (Obstetricians, Midwives, Nurses) participated in the study

Facilitators
Buy-in of the practice of SSC
Lack of capabilities and motivations to implement the practice of SSC
Mothers not interested in SSC
Lack of professional collaboration

- Staffing and time constraints
- Medicalised birth environment



Health care providers' perception of facilitators and barriers for the practice of skin-to-skin contact in Saudi Arabia: A qualitative study



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Study 4: A Survey of Mothers' Perceptions, Experiences and Practices about SSC

Aim:

To estimate the rate of SSC and describe mothers' perceptions and experiences of SSC after vaginal birth in the two largest public hospitals in Jeddah, Saudi Arabia

Study 4: Findings

- A total of 254 mothers completed the survey (response rate: 92%).
- Direct SSC was 15% , while mothers had baby placed on their chest/abdomen with cover 54%.
- 1 in 4 mothers did not experience SSC at all after birth.
- Breastfeeding initiation within the first hour was 45%.
- All mothers initiated breastfeeding within the first 24 h of birth.



Study 4: Findings

- Mothers held favourable, positive perceptions toward SSC (84%)
- Most of the mothers would have liked more education about SSC during antenatal visits (82%)
- Mothers disagreed that SSC would expose their chest and part of the abdomen that they did not want to be seen (85%) and disagreed that SSC was inconsistent with their modesty and culture (87%)
- Little information about SSC was provided by doctors and midwives at the two hospitals

Contents lists available at ScienceDirect



Women and Birth





Mothers' perceptions and experiences of skin-to-skin contact after vaginal birth in Saudi Arabia: A cross-sectional study

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ABSTRACT

Problem: The World Health Organization recommends immediate skin-to-skin contact after birth, however, worldwide, separation of mothers and infant is common.

Background: In Saudi Arabia, there is a lack of research exploring mothers' experiences of skin-to-skin contact after birth.

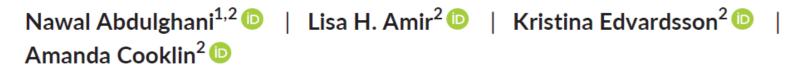
Aim: To estimate the rate of skin-to-skin contact and describe mothers' perceptions and experiences of immediate skin-to-skin contact after vaginal birth in two largest hospitals in Jeddah, Saudi Arabia. *Methods:* A cross-sectional study conducted in 2017. A total of 254 mothers completed the survey on the postnatal ward (92 % response rate). The survey consisted of 36 closed and open-ended items. Data were described using summary statistics and free text comments were analysed using content analysis. *Results:* The rate of direct skin-to-skin contact was 15%. A further 54% of mothers had the baby placed on their chest/abdomen but with a sheet/gown between them. Mothers reported favourable perceptions towards skin-to-skin contact and reported the practice as acceptable (67%). Most mothers did not express concerns about feeling exposed (85%) or that skin-to-skin contact was inconsistent with norms of modesty or culture (87%). The free text comments indicated that most mothers felt positive about their experience of skin-to-skin contact, while some mothers felt overwhelmed and unprepared. *Discussion and Conclusions:* Skin-to-skin contact was not routinely implemented after birth and the rate

was low. Mothers held positive perceptions and wanted to practice skin-to-skin contact. Policy makers and clinicians should acknowledge mothers' needs and feelings by facilitating skin-to-skin contact to achieve optimal outcomes for mothers and infants.

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It's time for global action to reinforce mother-infant skin-toskin contact policy



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Is There Potential to Increase SSC in Jeddah, SA?



- Developing of a tailored multi-level implementation strategy at the individual, social and organisational levels
- Updating hospital policies to prioritise SSC over routine care
- Sharing the evidence and knowledge about SSC with clinicians and expectant parents
- Acknowledging the mothers' needs and feelings toward SSC

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