Safer Sleeping with Infants in Hospital

Ali Brodrick - Consultant Midwife, Sheffield Teaching Hospitals NHS Trust

Twitter: @alibrodrick

Helen Baston - Consultant Midwife, Sheffield Teaching Hospitals NHS Trust

Published in The Practising Midwife Volume 24 Issue 10 November 2021

Introduction

The immediate postpartum period is an important time for both the mother and her baby. Facilitating and protecting mother-infant closeness is important in supporting the transition to motherhood and early neonatal adaptation.

Contact to communicate

The immediate postpartum period is a unique interactive time when a newborn starts to make sense of its new world and parents assimilate and adjust to their roles. Cross-culturally, parents use tactile contact as a means of communicating and
responding to their infants. It is one of the most influential factors impacting human development and the growing body of evidence has led to changes in midwifery practice. The separation of mothers and babies, once seen as a normal part of midwifery care, has been replaced with guidelines that promote early skin-to-skin contact and maintaining mother-infant closeness at all times.

The benefits of close contact and the subsequent increase in oxytocin levels are well known. They include strengthening the mother’s or birthing person’s instinct to protect and care for their infant, and enhanced thermoregulation of the newborn. Skin-to-skin contact is also an important mediator for birth satisfaction, with skin-to-skin positively influencing women’s satisfaction with childbirth across all modes of birth.

The UNICEF Baby Friendly Initiative (BFI) has developed accreditation standards, which include ‘Support all mothers and babies to initiate a close relationship and feeding soon after birth’. We therefore create an expectation that it will happen, we place a value on its worth, and women want and expect to be able to see and hold their newborn. Thus maternity units are also questioning current practices in obstetric theatres, not just during caesarean birth, but keeping mothers and babies together when a mother requires obstetric theatre care post-birth, for instance with a third-degree repair.

Recognising cues

Keeping their baby close and in sight during the first hours and days will support parents to recognise feeding cues and enable them to respond to any signs that the baby is ready to feed or needs comfort. Being sensitive to an infant’s needs and being able to respond to them will aid the development of the baby’s trust and confidence. It is also important that this togetherness is continued in the early postnatal period; the value of skin-to-skin contact, face-to-face interaction and responding to cues are key factors in promoting emotional attachment.

Safer sleeping practices

To facilitate responsiveness, it is recommended that babies sleep in the same room as their parents for the first six months, preferably in their own clear cot. Many mothers choose to bring their baby into bed with them for feeding and comfort. Bed-sharing can inadvertently lead to co-sleeping and is not advised in narrow hospital beds, especially in the early postnatal period as women may be excessively tired and/or still under the influence of analgesia, affecting her ability to move, respond and stay awake. All parents should be informed of the principles of safer sleeping practices for preventing sudden infant death syndrome, accidental suffocation and neonatal falls, and how to create a safe sleep space for their baby. TPM

References

4. Safari K, Moghaddam-Banaem L. The effect of mother and newborn early skin-to-skin contact on initiation of


