

Systematic Review of Skin-to-Skin Care for Full-Term, Healthy Newborns

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ABSTRACT

Objective: To determine the effect of skin-to-skin mother–infant holding, touch, and/or massage on full-term, healthy newborns and their primary caregivers.

Data Sources: A seven-member scientific advisory panel searched the databases PubMed, CINAHL, and Scopus using the search terms *massage*, *skin-to-skin contact*, *kangaroo care*, *touch*, *therapeutic touch*, and *full-term newborns* for research with human participants published in English with no date parameters.

Study Selection: The initial search yielded 416 articles. After reviewing titles and retaining only articles that met the review criteria, 280 articles remained. The panel co-chairs reviewed and discussed the abstracts of these articles and retained 90 for review.

Data Extraction: Each article was assigned to one panel member and one co-chair for review. Members of the panel met via teleconference to present articles and to determine whether they had scientific merit and addressed the research question. Articles that did not meet these standards were eliminated. Forty articles included relevant evidence: 33 articles on skin-to-skin holding and 7 on infant massage.

Data Synthesis: We created a table that included the purpose, design, and findings of each study. This information was synthesized into a feasibility report by the co-chairs.

Conclusion: Evidence supports recommendations for skin-to-skin care for all full-term, healthy newborns. Although there is inadequate evidence to recommend massage as standard care for all newborns, massage has been shown to help consolidate sleep patterns and reduce jaundice.

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Nurturing touch is a powerful way to provide human connections that help foster infant attachment behaviors (Duhn, 2010). This type of touch typically involves skin-to-skin (STS) contact between a newborn and a primary caregiver, usually the biological mother, and infant massage. Many researchers have addressed touch and massage for preterm newborns (Abdallah, Badr, & Hawwari, 2013; Diego, Field, & Hernandez-Reif, 2014; Juneau, Aita, & Héon, 2015; Wang, He, & Zhang, 2013), which has led to routine integration of these interventions into their care in high-risk settings. However, to our knowledge, a systematic literature review focused on the effect of nurturing touch on healthy full-term newborns has not previously been conducted, and a consensus on the role of nurturing touch does not currently exist for this population. Therefore, the purpose of this systematic literature review was to analyze published evidence on STS care, touch, and massage for

full-term, healthy newborns and to develop evidence-based recommendations for nursing practice.

Background and Significance

The sensory experience of a newborn depends on the developmental status of the sensory system (Clark-Gambelunghe & Clark, 2015). At birth, tactile sense is the most developed of the sensory pathways (Clark-Gambelunghe & Clark, 2015). After birth, the sensory experiences of newborns are typically provided by their biological mothers during primary care giving. Mothers typically provide tactile stimulation through STS contact and through touch that includes gentle stroking and massage. These caregiving behaviors play an essential role in supporting early mother–newborn social interactions that may affect later childhood neurobehavioral outcomes (Field et al., 2004; Head, 2014).

History of STS Care

STS care, kangaroo care (KC), and kangaroo mother care (KMC), which are different practices, are terms that are often used interchangeably to describe direct skin contact between a mother and her infant. The benefits of early mother–infant contact were first recognized in the 1970s in Bogota, Colombia, where few incubators were available to care for low-birth-weight infants. KMC is uninterrupted, STS holding between a mother and her low-birth-weight infant for several days or weeks, during which the mother is always available as a heat and nutritional source (Conde-Agudelo & Díaz-Rossello, 2016). STS care involves placement of the diapered infant in an upright position on the mother's bare chest between her breasts (Moore, Bergman, Anderson, & Medley, 2016) for shorter periods of time and is more commonly used for full-term infants. KC is similar to STS in that the infant is placed upright on the mother's chest; however, the term KC is most often used in reference to the care of preterm infants in high-risk settings (Mitchell, Yates, Williams, & Hall, 2013).

A large body of evidence supports the benefits of STS care, KC, and KMC for preterm newborns; these benefits include (a) decreased infection rates (Lawn, Mwansa-Kambafwile, Horta, Barros, & Cousens, 2010), (b) improved cardiorespiratory and thermal stability (Boundy et al., 2016; Ludington-Hoe, Anderson, Swinth, Thompson, & Hadeed, 2004; Mitchell et al., 2013), (c) more organized sleep–wake patterns (Ludington-Hoe et al., 2006), (d) longer duration of breastfeeding and increased milk volume (Gianni et al., 2016; Renfrew et al., 2010), (e) more positive parent–infant interactions (Athanasopoulou & Fox, 2014), and (f) improved infant neurodevelopmental outcomes (Feldman, Eidelman, Sirota, & Weller, 2002; Feldman, Rosenthal, & Eidelman, 2014). Therefore, all three types of STS contact are now considered routine in most high-risk neonatal settings in the United States and in many high- and low-risk nurseries in developing countries.

During the 1970s, research was conducted in the United States to explore the effect of STS care on mothers and their healthy, term newborns. In these studies, researchers found that when STS care was encouraged, there was less separation of the mother and newborn, more time spent rooming in, and more time spent in STS contact (Ali & Lowry, 1981; Klaus et al., 1973; McBryde,

1951). Although researchers have shown many benefits of STS for healthy, term newborns, this method of care is not routinely practiced in all U.S. obstetric settings, particularly for those newborns born by cesarean.

History of Infant Massage Therapy

The effects of massage on preterm newborns have been widely published. It is thought that providing touch to preterm newborns through massage offers a positive sensory experience that influences brain development (Wang et al., 2013). At-risk newborns, including premature newborns and those in high-risk neonatal care settings, showed positive responses to infant massage that included (a) decreased length of hospital stay (Mendes & Procianoy, 2008), (b) lower rates of infection (Mendes & Procianoy), (c) less pain response to interventions (Abdallah et al., 2013), (d) faster weight gain (Diego et al., 2014; Diego, Field, & Hernandez-Reif, 2005; Field et al., 2010), (e) better neurodevelopmental outcomes (Procianoy, Mendez, & Silveira, 2010), (f) improved mother–infant interaction (White-Traut et al., 2013), and (g) more caregiver and nurse satisfaction (Livingston et al., 2009). Less attention has been given to massage for full-term, healthy newborns, perhaps because their hospital stays tend to be brief. Thus, infant massage has not been recommended as a routine care practice for full-term, healthy newborns after birth and through discharge.

Methods

Scientific Advisory Panel

The Power of Touch Scientific Advisory Panel was convened by the Association of Women's Health, Obstetric and Neonatal Nurses to investigate the benefits of STS care, touch, and massage for full-term, healthy newborns. All members had expertise in STS care, touch, and/or infant massage and had master's degrees or greater. All members were nurses except one, who had a PhD in developmental psychology. The team conducted this systematic review and prepared a clinical practice brief (Association of Women's Health, Obstetric and Neonatal Nurses, 2016).

Research Question

Before beginning the literature review, the co-chairs discussed the purpose of the review and formulated the following research question to guide the literature search: *What is the effect of STS care, touch, and/or massage on full-term, healthy newborns and their primary caregivers?*

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