


The importance of skin-to-skin contact and the participation of the nurse in the execution of the procedure

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ABSTRACT

Early skin-to-skin contact (PPC) corresponds to placing the naked baby on the naked mother's lap or chest, soon after birth. This practice brings immunological, hormonal and physiological benefits for both, in addition to favoring breastfeeding. Nursing is an area responsible for providing humanized care in the delivery room. Thus, this article aims to: Address the role of nurses in the practice of CPP in obstetric centers. The article is a bibliographic review, with a descriptive character and a qualitative approach. Thus, from the literature, the importance of CPP for the approximation between mother and child was proven, positively reflecting on their survival, in addition to placing the nurse as a facilitator of this communication and a determining professional for the practice.

Keywords: Contact, Skin to Skin, Nursing, Women's Health.



INTRODUCTION

The pregnancy period establishes the bond between mother and child based on a physiological symbiosis. At each stage of pregnancy, this connection is established until the moment of delivery, when this intimate bond is broken. That is why the promotion of skin-to-skin contact (PPC) soon after conception is so important for both, because in addition to developing attachment, it brings direct benefits to the newborn (NB). According to Fucks et al. (2015, p. 31), "keeping mother and baby together after childbirth stimulates sensory, hormonal, physiological, immunological, and behavioral mechanisms that possibly bond more parents and children."

Abdala; According to Cunha (2018, p. 357), the CPP consists of the "placement of the naked newborn in the lap also naked of his mother" The authors describe that studies discuss the relevance of this communication for the newborn, so that, when disposed, immediately after delivery, in the mother's cervix, they have a better fetal transition to the extrauterine environment. Therefore, encouraging CPP from the first moment of the baby's life is to ensure respect for the mother and child binomial and the meaning of this bond.

CPP also favors the effectiveness of the first feeding, since the exchange between mother and child promotes security for the baby and trust for the mother figure. The consequence of this for the NB is an evolution of the act of breastfeeding, with a reduction in the time to develop assertive sucking, regulation of body temperature and cardiorespiratory stability. For women, on the other hand, "there is a decrease in pain caused by breast engorgement, a feeling of relief, security, and a decrease in anxiety developed throughout pregnancy" (CAMPOS, et al., 2020, p.2).

Therefore, the PPC provides both physiological and psychosocial benefits for mother and child, so to promote this connection is to raise health for both, and this practice should be encouraged from the first minutes of the child's life, because the moment The initial phase of extrauterine life for the baby is an instant of alertness and changes, this phase is called alert inactivity, which lasts approximately forty minutes. It is during this period that the NB is entering a new reality, which makes it favorable to recognize the parties as a way to calm the baby and reassure the mother. Thus, at this point, it is recommended for health professionals to reduce routine procedures, in the case of low-risk newborns, for the establishment of PPC (MATOS, et al., 2010).

From this perspective, health and care workers at the time of childbirth, especially the nursing team, which is essential for the promotion of first care for puerperal women, need to be attentive to the procedures of humanization of the patient and the newborn, fostering the affective bond between the mother and child binomial from the first moment of birth. In view of the benefits pointed out from the CPP, it is relevant to address this issue in order to awaken nursing about the importance of sensitization, symbolism and the effects of CPP for the woman and the baby, as this connection



welcomes the main subjects of this trajectory, who are going through a period of transition and insecurities.

Therefore, the following question emerges as the guiding question of this article: "how can nurses act for the practice of PPC as a routine humanization procedure in maternity hospitals?" To answer this question, the objective was to address the role of nurses in the practice of PPC in obstetric centers. To this end, the following specific objectives were outlined: to discuss the meaning of CPP for mother-child; point out the benefits of the practice and the method of accomplishment; to clarify the influence of PPC on breastfeeding and the importance of breastfeeding for the development and approximation of mother and child and, finally, the contributions of nursing to the efficient performance of the technique.

In conclusion, for the purpose of this article, a qualitative literature review was chosen. According to Brasileiro (2013, p. 13), this type of research "It relies on scientific publications in journals, books, conference proceedings, etc., and does not dedicate itself to data collection in nature, but not a simple transcription of ideas."

METHODOLOGY

This article deals with a descriptive literature review with a qualitative approach. The construction of the work took place in stages, which began with the delimitation of the theme and problem, formulation of the guiding question of the research and objectives. Next, the descriptors, search criteria, data collection, analysis of the studies, presentation of the results and discussion of the *corpus* selected.

Data collection took place from December 2021 to January 2022, initially consisting of 14 journal articles, however, after analyzing and reading the respondents, those that did not meet the inclusion criteria were excluded and 10 articles were selected. The databases used were: Scientific Electronic Library Online (SCIELO) and the Virtual Health Library (VHL).

Inclusion criteria were: articles published in full online, with Portuguese language, in the period between 2010-2021 and available free of charge. The exclusion criteria were: articles written in a foreign language, from a period prior to 2010 and studies with similar themes, but with emphasis on other aspects of the subject.

Data collection for the elaboration of this article was done through material related to the theme. The descriptors used in the research were: "Skin-to-skin contact"; "importance of skin-to-skin contact"; "Skin-to-Skin Contact and Nursing". Therefore, with the purpose of better systematization of the data obtained and considering that the delimited theme made it possible, the establishment of categories for the discussion stage of the theme was carried out, being pre-defined: "Skin-to-skin



contact: definition and symbology"; "Benefits of skin-to-skin contact"; "Skin-to-skin contact and breastfeeding; " Nursing and skin-to-skin contact."

As for data analysis, Bardin's was chosen, this model of content investigation is a reference in numerous works that use discourses with multiple directions. In this way, Bardin (2016, p. 15) explains the basis of his analysis of: "the greatest interest of this polymorphous and polyfunctional instrument lies in the constraint imposed by it of lengthening the latency time between intuitions and starting hypotheses and definitive interpretations".

Thus, the selection of the *corpus* It took place respecting the three phases indicated by the author for the organization of the documents: pre-analysis, exploration of the material and treatment of the content. The first stage consisted of a floating, superficial reading to see if the dismembered material was consistent with the theme to be researched. In the second, the documents were separated by related subjects and, soon after, files were made describing the main points addressed in the studies. The third phase was the interpretation of the results obtained and the verification of where they fit into the proposal of this article.

Finally, it is necessary to emphasize the concern with the ethical criteria for the elaboration of this article, therefore, issues such as plagiarism and respect for the authors referenced here were taken seriously, with the commitment to present truthful data and citations according to the arguments of the original researchers

RESULTS

Thus, based on the studies designated as bibliographic reference for the elaboration of this article, the preference for content published between the years 2010 and 2020 was revealed, however, in its vast majority, recently published works were present, only one was from 2010 (n = 1; 10%), which remained in the *corpus* of the research, due to the elucidation of the valuation of nursing in front of the CPP. The other articles reviewed were distributed in the following years: 2014 (n = 2; 20%); 2016 (n = 3; 30%); 2018 (n = 2; 20%); 2019 (n = 1; 10%); 2020 (n = 1; 10%).

Regarding the methodology, the following were found: 02 observational and cross-sectional studies; 01 integrative review; 01 retrospective study of secondary data; 01 systematic review of scientific literature; 01 retrospective cross-sectional study; 01 quantitative cross-sectional study; 01 descriptive and qualitative literature review; 01 descriptive study, of a qualitative nature, having as methodological reference the Convergent-Care Research (PCA); 01 descriptive-exploratory study of a qualitative nature;

After analyzing the studies, the dominant themes were: PPC and breastfeeding (n = 5; 50%); Benefits of postpartum CPP (n = 3; 30%); PPC in preterm infants (n = 1; 10%); CPP and nursing (n = 1; 10). There is a preponderance of PPC linked to breastfeeding, because the mother's approach to the



child early, soon after conception, is directly associated with positive results related to breastfeeding. It is also worth noting that the theme of nursing-related PPC was briefly described in all articles, however, only one was the main objective of the research.

As previously mentioned, half of the articles linked the success of breastfeeding to the PPC between mother and child, among the 10 selected, 05 studies discussed this content and addressed the BFHI (Baby-Friendly Hospital Initiative) as a guiding strategy in the care of puerperal women and newborns to achieve successful lactation, respecting the stages of the link between the mother and child binomial. Another issue that has been well elucidated were previous studies reviewed that confirmed the low prevalence of the practice of PPC and early breastfeeding in public and private hospitals, confirming the need for accreditation of health institutions to BFHI as a way of qualifying care and the consideration, by entities and members of the health team, of the guidelines dictated in the ten steps of success for breastfeeding. The studies proved the need for professionals to adhere to the guidelines for a safe and humanized delivery, with a main focus on nursing, as a category present in a large contingent in the units and responsible for essential procedures for the success of PPC and its benefits.

Continuing, as previously defined, to facilitate the understanding of the arguments addressed in the selected studies, the discussion of this literature review will be segmented into four parts that complement and complement each other. Thus, the following subtopics are presented: "Skin-to-skin contact: definition and symbology"; "Benefits of skin-to-skin contact"; "Skin-to-skin contact and breastfeeding"; "Nursing and Skin-to-Skin Contact".

Finally, in order to systematize the selected studies, table 01 below presents the characteristics of the *corpus* Elected for the discussion of this review:

Table 01: Characterization of the Studies Chosen for Review

TITLE	AUTHORS	YEAR	METHOD	RESULTS
Experiencing skin-to-skin contact with the newborn in the postpartum period as a mechanical act	Luciano Marques dos Santos; Jucélia Cavalcante Rodrigues da Silva; Evanilda Souza de Santana Carvalho; Ana Jaqueline Santiago Carneiro; Rosana Castelo Branco de Santana; Maria Cristina de Camargo Fonseca.	2014	The study is of the descriptive-exploratory type, of a qualitative nature and was carried out in a public maternity hospital in a city in the interior of Bahia, Brazil.	The encouragement of skin-to-skin contact and immediate breastfeeding occurs mechanically, with only contact being highlighted, forcing the puerperal woman to start breastfeeding abruptly and suddenly.
Early skin-to-skin contact between mother and child: meaning for mothers and contributions to nursing	Thaís Alves Matos; Morgana Stefani de Souza; Evanguelia Kotzias Atherino dos Santos; Manuela Beatriz Velho; Eli	2010	Convergent-care research, carried out in a maternity hospital in the Southern Region of Brazil between	It is concluded that the meaning of early mother-child contact attributed by mothers is positive and the contribution of nursing in the



	Rodrigues Camargo Seibert; Neizi Maria Martins		April and May 2009,	establishment of this contact is significant.
The delivery room: skin-to-skin contact and actions to stimulate the bond between mother and baby	Ingrid dos Santos Fucks1; Marilú Correa Soares; Nalú Pereira da Costa Kerber; Sonia Maria Könzgen Meincke; Ana Paula de Lima Escobal; Simoní Saraiva Bordignon.	2015	Qualitative approach and descriptive character, this is an excerpt from the multicenter research Humanized Care for Adolescent Childbirth	It was found that for some adolescent mothers, the first contact with the baby occurred in the delivery room and the most prominent action to stimulate the mother's bond with her baby was breastfeeding.
Skin-to-skin contact between mother and newborn and breastfeeding in the first hour of life	Leticia Gabriel Abdala; Maria Luzia Chollopetz da Cunha;	2018	This is a cross-sectional study conducted in the obstetric center of a university hospital in southern Brazil, in which the interaction between mother and full-term newborn was observed.	The prevalence of PPC was 81%, while 52% of the newborns were breastfed during the period.
Skin-to-skin contact and breastfeeding of newborns in a university hospital	Paola Melo Campos; Helga Geremias Gouveia; Juliana Karine Rodrigues Strada; Bruna Alibio Moraes	2020	This is a cross-sectional study conducted in a university hospital with 586 women. A in medical records and by means of a questionnaire. A descriptive analysis was performed.	Immediately at birth, 60.1% of the newborns (NB) underwent CPP and 44.9% were stimulated to breastfeed. After the first treatments, 24.1% underwent CPP and 69.3% were encouraged to breastfeed.
Skin-to-skin contact and early feeding: associated factors and influence on exclusive breastfeeding	Márcia Carneiro Sacol; Kelly Pereira Coca; Karla Oliveira Marcacine; Érika de Sá Vieira Abuchaim; Ana Cristina Freitas de Vilhena Abrão	2019	This is a cross-sectional, retrospective study with medical records from an outpatient clinic specialized in breastfeeding in São Paulo.	The prevalence of skin-to-skin contact with breastfeeding in the first hour was 37.2%. Exclusive breastfeeding in the first month of the child's life was not associated with contact and early breastfeeding
Skin-to-Skin Contact in the Prevention of Pain in Preterm Infants: A Systematic Review of the Literature	Camila Regina; Maria Beatriz Martins Linhares	2018	Bibliographic survey carried out in the PubMed, LILACS, SCielo and PsycINFO databases between 2010 and 2017, using the descriptors kangaroo mother care method, skin-to-skin, pain and infant/newborn	It is noteworthy that skin-to-skin contact can bring other benefits, such as promoting and strengthening the mother-baby bond and breastfeeding.

Factors associated with skin-to-skin contact between mother/child and breastfeeding in the delivery room	Cristianny Miranda e Silva; Simone Cardoso Lisboa Pereira; Ieda Ribeiro Passos; Luana Caroline dos Santos	2016	A total of 12,283 mothers were evaluated in a retrospective study (2009-2012) with secondary data obtained from a structured protocol.	The need to adopt measures that prioritize skin-to-skin contact and breastfeeding in the delivery room in large hospitals in the capital is emphasized, such as reducing or postponing interventions in postpartum care.
Benefits of Skin-to-Skin Contact for the Newborn	Lorena Damasceno Alves Bezerra; Ana Maria Martins Pereira; Herla Maria Furtado Jorge; Laura Pinto Torres de Melo; Sabine Rodrigues Feitoza; Maria Luiza Soares de Amorim	2016	Integrative review in the Lilacs, SciELO and BDNF databases. P	It was noticed that the procedure of putting the NB in skin-to-skin contact with the mother is easy, non-expensive, of great value for the binomial in the construction of the bond and in the psychic, motor and emotional development of the NB, as well as for the mother's recovery.
Skin-to-skin contact at birth: a challenge for the promotion of breastfeeding in a public maternity hospital in the Brazilian Northeast with the title of Baby-Friendly Hospital	Ádila Roberta Rocha Sampaio; Aylene Bousquat; Claudia Barros.	2016	This is a cross-sectional study with data from interviews with postpartum women during a typical week in 2014	A total of 107 puerperal women were interviewed; 9.3% performed the fourth step properly

Source: constructed by the author (2022).

DISCUSSION

SKIN-TO-SKIN CONTACT: DEFINITION AND SYMBOLOLOGY

The moment of childbirth is accompanied by uncertainties and permanent changes for mother and child, so offering hospital practices of comfort for both is to provide humanized care, with respect for the uniqueness of each individual. Therefore, the CPP translates into considering the first moments of the child's life in order to promote a bond between the two protagonists of pregnancy: the parturient and the newborn. Thus, this simple procedure can promote positive physiological, immunological and emotional phenomena for them, nurturing them, providing confidence and leading them to the other stages of the puerperium, such as breastfeeding, with more tranquility.

Thus, according to Fucks et al. (2015, p. 31) "early contact between the mother and her baby needs to be stimulated from the first minutes of life, this moment needs to be respected in its individuality and symbolism". The author also adds that the first interaction, which should occur soon



after childbirth, is reflected in a range of feelings and sensations on the part of the mother, such as love, affection and desire. These emotions are transmitted to the newborn, also developing a series of stimuli in him, which are returned to the mother, thus strengthening the intimate relationship between them.

In addition, according to the authors cited above, the mother-baby contact in the delivery room, through an intense and uninterrupted relationship, fosters receptivity and early adaptation of the baby to extrauterine life, in view of the environmental and physiological changes that it undergoes abruptly and unexpectedly. In this sense, the CPP continues the bond initiated during the gestational period. Therefore, enabling it for at least 30 minutes in the first hour of life helps in mother-child involvement, breastfeeding, in addition to indicating the success of delivery.

It is worth noting that early contact should be made soon after delivery, for healthy babies and mothers, because, according to Abdala; According to Cunha (2018, p. 357), "the first 45 to 60 minutes of life, the NB is in a calm alert state, that is, he is calm, with his eyes open and with very little motor activity". Also according to the authors, this moment is called "sacred hour" or "magic hour", special and unique moments, fundamental, then, for the interaction between mother and child.

Fucks et al. (2015, p. 34) complement this reference about the "magic hour" that happens promptly after childbirth: "After childbirth, the mother is anxious to touch the newborn and both are full of substances that make them biologically prepared for interdependence, as this is the moment for the affective bond to be strengthened".

On the other hand, for the baby born prematurely, PPC is not always possible immediately, that is, depending on the clinical state of the newborn, the separation needs to be abrupt, soon after conception. The relationship with the mother is established gradually, according to the evolution of the condition. Based on a positive prognosis, it is essential to conceive of the mother-child approach as a way to calm them down and even promote physiological optimization and improvement of the baby's hospitalization circumstance (SACO, et al., 2018).

Other situations, in addition to prematurity, postpone PPC, which cannot be performed immediately after delivery. Some occurrences are cited in the literature as: "when the baby's vitality is impaired and/or moments of fragility of the woman. However, contact should be resumed as soon as mother-child are in adequate physical and emotional condition" (MATOS, et al., 2010, p. 999).

Following this, the evidence about the repercussion of the PPC in favor of the parturient and newborn is addressed in numerous scientific studies and they validate the physiological and psychosocial benefits of the practice for both. From this perspective, it is important to highlight a study carried out in an Obstetric Center and Accommodation Unit of a maternity hospital located in the state of Santa Catarina, by Matos et al., in 2009, which aims to clarify the meaning of PPC for puerperal women, through interviews with women who had normal delivery. The consequences



expressed by them after the procedure of contact with the child were: feeling of happiness; relief; strength; Reduced anxiety.

However, even with these perceptions associated with CPP and being a simple and cost-free technique, Abdala; Cunha (2018) reiterate that its prevalence varies within public and private hospitals. In a study conducted by these authors in a public hospital in southern Brazil, in 2016, with pregnant women considered healthy during labor and continued after pregnancy, they obtained the following answer: the incidence of PPC was 81% of cases. Of these, 53.2% performed exclusive PPC, 18.9% performed exclusive skin-to-cloth contact, and 27.9% performed mixed contact during the first hour of life. The mean duration of PPC was 30 minutes (min.: 15; max.: 45).

Another study conducted at a University Hospital in Rio Grande do Sul, in 2018, by Campos et al. (2020), with parturients in labor, corroborates the issue raised above. Also through interviews, the women affirmed the deficiency regarding the information about the importance of CPP during prenatal consultations, and most of them were informed about it at the Obstetric Center. Finally, through the same research, it was found that 60.1% of the NB in the study performed the CPP.

Therefore, the answers indicated by the studies presented in the article expose the need to discuss more vehemently the benefits of PPC for mother and child, especially because it is an important stage for the progress of breastfeeding. Thus, they indicated: lack of the procedure in some cases, execution time, in certain situations, below expectations, and lack of information about the practice and its benefits. For now, it is necessary to emphasize the symbology that surrounds the CPP, an instant in which mother and baby recognize and identify each other without the physical barrier. In addition, in addition to acting in physiological support, the technique offers emotional support, which intimately interferes in the bond that will be established throughout their lives.

BENEFITS OF SKIN-TO-SKIN CONTACT

In view of the above in reference to the symbology and importance of the CPP, it is necessary to understand how the method is performed. He, according to Abdala; Cunha (2018, p. 357), "consists of placing the naked newborn on his mother's lap also naked". Santos et al. (2014, p. 203) reiterate the previous quotation by stating that early PPC "means placing the newborn, if it is active, without clothes directly on the mother's chest or abdomen, in a prone position, immediately after delivery."

Performing this simple procedure promotes benefits for both mother and baby. The literature exposes the main effects of this practice, so that Matos et al. (2010) explain that the PPC positively influences the emotional scope of both, promotes warmth, calm and, therefore, provides harmony between mother and child; acts on the child's blood stabilization, heartbeat and breathing; reduces



crying and stress in the newborn, reducing energy loss; in addition to keeping the baby warm through the mother's heat transmission (MATOS, et al., 2010).

Abdala and Cunha (2018) describe that recent studies show that healthy newborns at birth, when exposed to contact with the mother's skin, immediately after delivery, have a less painful transition to the extrauterine environment, with less restlessness. They add that "these neonates have fewer episodes of crying and signs of stress, as well as faster stabilization of respiratory rate and body temperature when in skin-to-skin contact with the mother, with a lower risk of hypothermia and less weight loss" (ABDALA; CUNHA, 2018, p. 357).

Therefore, the intimate contact between mother and baby soon after birth, in addition to contributing to the early development of the affective bond, also helps babies to adapt to the new non-sterile environment, since if the newborn immediately after delivery is placed in skin-to-skin contact with the mother, he recovers his body temperature, it accelerates their metabolic adaptation, providing better adaptive conditions for extrauterine life, early initiation and late weaning of breastfeeding, as well as advantages for women in the immediate puerperium and the reduction of hospitalization for neonatal hyperbilirubinemia (BEZERRA, et al., 2016, p. 2051).

The above-mentioned authors list some more benefits from the practice of early PPC described in academic studies: it favors breastfeeding soon after delivery; assists in the colonization of the newborn's skin from the mother; improves blood glucose control in the neonate; Lower body weight loss and maternal satisfaction. However, for the procedure to be successful, it is necessary to create an environment that contributes to the practice, with the availability of time and a quiet space for mother and baby to feel protected and at ease.

Therefore, Bezerra et al. (2016) conclude that PPC brings additional benefits in the short and long term for the parturient and the child. In the first moment, it promotes thermal stability in the newborn, helps in the expulsion of the placenta and encourages bonding between mother and child. Soon after, it will have repercussions on breastfeeding and the feeling of trust and attachment between them. In this way, the PPC is a simple procedure, whose practice favors the recovery of the mother after the gestation period, the adaptation of the baby to the new environment and to the new impressions, the psychic, motor and emotional development of the NB and the affective construction between them. In addition, PPC is the main facilitator of breastfeeding within the first hour of birth, which may be associated with a reduction in infant mortality.

SKIN-TO-SKIN CONTACT AND BREASTFEEDING

Breastfeeding has a reduction in the morbidity and mortality rate and has a positive impact on the child's development. In view of this understanding, the World Health Organization (WHO) together with the Pan American Health Organization (PAHO) have been offering strategies to encourage the practice of lactation. To this end, these international agencies specialized in health,



together with the United Nations Children's Fund (UNICEF), since the 1980s, have been encouraging policies to encourage breastfeeding, implemented with the creation of the Baby-Friendly Hospital Initiative (BFHI) (SANTOS, et al., 2014).

The key point of the BFHI is the application of guidelines called "Ten Steps to Successful Breastfeeding. This package translates into policies and procedures that health institutions that provide maternity services should employ in their care for newborns and pregnant women to promote breastfeeding and humanize care for women in childbirth. Among the instructions endorsed in this list, exactly in the fourth step, PPC immediately after birth stands out as an initial and important way for the success of early breastfeeding (FUCKS, et al., 2015).

Abdala and Cunha (2018) corroborate the above information and argue that the efforts promoted by the WHO through the BFHI to support breastfeeding, whose guidelines list the "Ten steps to successful breastfeeding", specifically deliberate in the fourth step that health professionals involved in care help and encourage mothers to start breastfeeding in the first hour of the baby's life in PPC, "immediately after delivery, for at least one hour and instructing them to identify if the newborn shows signs that he wants to be breastfed. It is expected that 80% of mothers confirm that their newborns underwent PPC immediately after birth" (ABDALA; CUNHA, 2018, p. 357). Failure to perform this procedure is justified if the baby or mother has clinical reasons that compromise them and other imminent care is necessary.

Campos et al. (2020) complement the implementation of the BFHI, they describe that the WHO considers the ten-step policies as an introduction of good practices in labor and birth care and adds that adherence to the guidelines, in addition to qualifying care, reduces the use of unnecessary interventions and provides important advantages for the mother and newborn. They also validate the CPP as a primary instrument to encourage breastfeeding and confirm the relevance of health professionals to offer support to mothers for the beginning of lactation and to encourage the correct and uninterrupted execution of the CPP.

The benefits of PPC for the newborn are better effectiveness of the first feeding, reduction of the time to develop effective sucking, regulation and maintenance of the newborn's body temperature, and cardiorespiratory stability. For women, there is a decrease in pain caused by breast engorgement, a feeling of relief, security, and a decrease in anxiety developed throughout pregnancy. In addition, CPP can result in better breastfeeding rates in the first four months after delivery, longer duration of breastfeeding, better behavior of affection and attachment to the mother, bonding, feelings of happiness, love, tranquility and comfort for the woman and the newborn. This mixture of feelings causes women to divert their attention from the discomfort and pain of childbirth to the pleasure of being with their newborn (CAMPOS, et al., 2020, p.02).

Santos et al. (2014) highlight the importance of carrying out the fourth step of the BFHI, i.e., the CPP. They affirm that it is necessary to take advantage of the period right after childbirth, a time when mother and child are still in a state of alert and can interact in a natural way, to stimulate the



baby's sucking reflex. This is because it is common a few hours after conception for the newborn to fall asleep for a prolonged time, which makes it difficult to establish early contact if the approximation between them is postponed. As a result, proper compliance with the fourth step is essential to continue the breastfeeding phase, as it promotes bonding in an organic way.

Abdala; Cunha (2018) indicate the reason why early PPC is an essential predecessor practice for breastfeeding, these authors also portray below about the protection of the health of the puerperal woman and the baby that the mother-child approach brings:

Healthy and full-term newborns, when placed on the mother's chest soon after birth, are already able to locate the nipple by means of smell. Sensory stimuli such as touch, heat and odor involved in the PPC process comprise a powerful vagal stimulus, which generates oxytocin release in the puerperal woman. Oxytocin acts to aid uterine involution after delivery, reducing the risk of hemorrhage, causing an increase in maternal temperature in the breast region, providing warmth to the newborn placed there; in addition to stimulating the maternal instinct to protect and care for the newborn, contributing to the maintenance of lactation by stimulating the descent and ejection of milk (ABDALA; CUNHA, 2018, p. 357)

Therefore, Santos et al. (2014) state that encouraging breastfeeding provides advantages for both the child and women. In the first moment, lactation prevents neonatal morbidity and mortality, when associated with the durability of breastfeeding and the exclusivity of breastfeeding. As far as women are concerned, it helps in the release of oxytocin, a hormone that is related to a decrease in cases of postpartum depression. In the second moment, lactation contributes to the motor development of the newborn, reduces the risk of diabetes, obesity, gastroenteritis, among other childhood comorbidities. For mothers, lactational amenorrhea occurs, that is, the suspension of menstruation and its effects, reducing the risk of type 2 diabetes, ovarian and breast cancers.

Furthermore, Campos et al. (2020, p. 02) add that "breast milk is the food with the highest amount of nutrients and immune agents that protect the NB from infections, which are the main causes of neonatal mortality". In addition, they add that breastfeeding soon after delivery prevents 22% of neonates from dying as a result of infections, and that lactation prevents hemorrhages in puerperal women, one of the main reasons for maternal death. For this reason, the combination of CPP and breastfeeding is so valuable, so that they are actions that have an analgesic effect and help in the recovery of mother and child, in addition, the NB offered with these practices have less stress, such as less crying, decreased heart rate and increased sucking.

The assertiveness of humanized practices in labor and birth demonstrates that obstetric centers should adhere to and obey policies to encourage breastfeeding, accrediting the actions of the IHCA, since not all institutions are part of this project. These practices safeguard the rights of the puerperal woman and the baby and, above all, ensure a favorable progress for them in various instances, such as immunological, physiological and emotional. In order to get an idea of the lack of observance of these actions, in the National Survey of Demography and Health of Children and Women (PNDS), in



2006, it was revealed that the execution of the CPP and breastfeeding in the first hour of life in Brazil were performed in only 42.9% of the children. In other words, even with the information regarding the benefits of one or the other, the practices are neglected (SANTOS, et al., 2014).

In a study carried out in a maternity hospital in the city of São Paulo, between 2004 and 2010, based on the verification of medical records, a result analogous to that of the PNDS was presented, with a low prevalence of PPC and early breastfeeding conducts, in which among the 1,787 children born, only 549 had early contact with the mother, 118 in the first 30 minutes of life. i.e. 7% and 431 between 30 and 60 min, i.e. 24%. Thus, the low rates of this practice have been a challenge to be faced by health institutions, since their advantages have been proven to be recognized and the immunological, nutritional, and psychosocial benefits they foster have been ratified, hence the importance of finding ways for the effective application of procedures (SACO, et al., 2019).

Therefore, it is salutary that the health professionals responsible for the care of pregnant women, especially the nursing team, which is in a larger contingent in the care units and communicates assiduously with the patient and other health members and employees, understand the importance of humanization in the delivery room, with respect to all stages of the puerperium. Considering the time of each event linked to mother and child, without rushing the process due to tasks and protocols, of course, understanding the clinical condition of the child and the mother and their primordial needs.

NURSING AND SKIN-TO-SKIN CONTACT

The importance of professional care for mothers and newborns soon after birth directly reflects on the creation of bonds and affection between the mother and the child and, consequently, on the health of both. In this way, the relevance of the practice of humanization of the woman in the delivery room and of the child at birth is understood, since it interferes in the realization of a healthy and organic relationship of intimacy and in the favorable evolution of the puerperium (FUCKS, et al., 2015).

Therefore, the nursing work in obstetric centers should embrace interventions that foster intimacy between mother and child, stimulating PPC, advising during its practice and also offering emotional support in the development of the process of approximation between mother and early child and in the resulting breastfeeding. This is because, according to Fucks et al. (2015, p. 34), the nursing team "can act as a facilitator and act together with other health professionals, encouraging the adoption of actions that provide opportunities and strengthen the mother's bond with her baby".

Complementing the above argument, Bezerra et al. (2016) argue that the nurse working in the delivery room should be prepared to guide the parturient woman on the method of performing the PPC and on the advantages of performing it minutes after birth. The authors state that parturients



should be informed about the practice even before the clamping of the umbilical cord and ocular prophylaxis. It is recommended that when placing the baby in the mother's arms, he should be dry and still dirty. Thus, the nursing professional has the ability to offer help at the first moment of recognition between mother and child.

Monteiro (2006 apud MATOS, 2010, p. 1.002) explains that "the support of the nursing team is important in this moment of transition, in which women become mothers and nursing mothers". In addition, Matos et al. (2010) state that these professionals have the opportunity to serve as an initial instigator in the process of mother-child contact, encouraging and encouraging the approximation and touch between them.

Continuing the statements about the importance of health professionals for PPC, Matos et al. (2010) consider them to be decisive for the adequate implementation of the practice. This is because they come from patiently postponing routine care, through the perception of the value of the practice and its effects, to position the baby comfortably on the mother's chest and perform the first touch between the two, paying attention to the recommended method and duration, offering time and a quiet environment for recognition between mother and child, respecting the "magic hour". Therefore, it is the professionals' choice to provide humanized care in the delivery room or to centralize care in mechanical and automatic practices.

However, the praxis in hospitals and in current obstetric care has been prioritizing technical care practices, protocols, demands, without properly valuing the effects and benefits caused by PPC and, unfortunately, nursing is no exception to this reality. Thus, situations such as the brevity of the approximation between mother and child, concentration on performing routine procedures and mechanized actions are some of the occurrences glimpsed in delivery rooms. The justifications of these professionals are varied and, in some scenarios, even plausible, since certain health institutions invest little in hiring staff in view of the demand for care, so time is scarce for personalization of care.

Skin-to-skin contact of the newborn with its mother is important for a successful bond between them. In practice, we are faced with everyday situations that hinder this direct contact, such as: haste to provide care that could be postponed in uneventful cases, meeting goals, excessive demand for deliveries, institutional routines, lack of sensitivity of professionals, among others (BEZERRA, et al., 2016, p. 2051).

Silva, et al. (2016) establish that in order to change the mentality of health professionals, with a focus on nursing, regarding the benefit of PPC, it is necessary to regularly make them aware of the promising effects of the approximation between mother and child and how much it reverberates in their emotional and biological spheres, including being of fundamental relevance for the success of breastfeeding through the early strengthening of the bond, still in the delivery room. This



circumstance develops, in addition to coziness, the guarantee of protection to the health of both, reduces adverse events and iatrogenesis.

From this perspective, numerous studies point to the lack of emphasis on PPC and early breastfeeding in obstetric centers. As an example, Silva et al. (2016), in a retrospective study with data taken from a standardized care protocol for breastfeeding women treated at a public maternity hospital in Minas Gerais, came up with the following response: "the lack of guidance from nursing mothers, on the part of health professionals, regarding breastfeeding in the delivery room and mother-baby contact, contributes to the reduction of these practices and exclusive breastfeeding" (SILVA, et al., 2016, p. 468).

In another study, carried out by Santos, et al., in 2014, this time in a public maternity hospital in the interior of Bahia, with 14 puerperal women, they obtained results that legitimized the above finding. In it, they observed that the incentive to the fourth step was done mechanically, the priority was the execution of procedures and the first breastfeeding was stimulated only in order to comply with the institutional protocol, moreover, it occurred at a late moment.

Continuing with this last study, the women interviewed stated that the nursing professionals of the maternity hospital prioritized care to the detriment of the PPC, in this way, they previously performed the procedures, and only then presented the NB to the mother, after about an hour. The mothers stated in the research that the members of the nursing team, when making the approach, did not bother to observe issues that provide relaxation between them, such as help in the correct positioning for the mother's comfort, attention to alertness, and a calm environment (SANTOS, et al. 2014).

Thus, the challenge of applying the CPP requires the observance of all those who work in obstetric centers, thus, institutions, managers and health professionals must take care of the proposals and strategies to support women and newborns in the delivery room. In this sense, nursing, a team whose premise is humanized and comprehensive care, is also largely responsible for the implementation and encouragement of healthy practices that favor the safety and health of mother and child, contributing to a sense of comfort for them (ABDALA; CUNHA, 2018).

Campos et al. (2020) believe that continuing education and knowledge renewal can collaborate with nursing to improve the quality of care provided. For this, they consider the involvement of these professionals and others who are part of the puerperal follow-up to be essential for the feasibility of humanized labor and birth practices, since the indicators show the benefits that these provide for the evolution of mother and child. Not only that, it is necessary for caregivers to be empathetic with their patients, in order to propose therapeutic strategies that minimize their anguish.



FINAL CONSIDERATIONS

Thus, based on the review of the academic literature on early PPC in maternity hospitals and obstetric centers and the participation of nursing in this process, it was possible to reach the following conclusion: the approximation of the mother-child binomial soon after birth, according to the research corpus, offers numerous benefits that will reflect during the life of the parturient and the newborn. Thus, referring to the immediate effects, the following were observed: emotional security and warmth for both, help for breastfeeding, prevention of infection. On the other hand, as for the long-term effects, the following stand out: progress of the baby's immune system and its motor development and hormonal and physiological help for mothers.

As for nursing and its collaboration for humanized therapies in the delivery room, it was found that this profession is of esteem importance for the implementation of the practice of PPC, since the principle of this area of health is comprehensive care for the patient, with superior attention to the health-disease dynamics, that is, through the perception of the being in its totality, with respect to the effective execution of each stage of care. These people are found in greater contingency in hospitals and are responsible for several moments of care for pregnant women, which facilitates communication with the mother and other members of the health team.

The analyzed studies demonstrated the relevance of the implementation of BFHI in maternity service providers to improve the qualification of care, however, even accredited health institutions do not correctly comply with the precepts dictated by the ten steps of success for breastfeeding.

During the observation of the material, several studies showed lag with regard to the execution of early CPP, an important stage in the lactation process, with inadequate duration, without an environment conducive to its ideal execution.

Health professionals, especially nursing, were identified as determinants for quality care for parturients and newborns in the delivery room. However, in the real context, in many cases there was a lack of concern for the CPP. The studies claimed that there was more appreciation for routine and mechanical procedures than for practice, in addition, they indicated the performance of the service with speed and carelessness with the moment that should be special and unique for mothers and babies.

Thus, it is hoped that this work will serve as another academic contribution in order to highlight the importance of early PPC, in order to stimulate this practice in obstetric centers, placing it as an essential care action in delivery rooms. Through this article, it is hoped that the nursing team understands the value of PPC soon after birth, putting to light the premises of these professionals, which is the care to the patient in the physical and emotional context, because, as seen, this simple practice has great repercussions for the mother and her child.



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