CARE DURING THE GOLDEN HOUR

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CARE DURING THE GOLDEN HOUR

- The first 60 minutes after birth is a critical time for a woman and her newborn. It has been called the “Golden Hour”
- This is a time of transition for a newborn, moving from the internal to the external uterine environment. The first hour of life requires the rapid adaptation of multiple newborn organ systems and includes pulmonary, circulatory, metabolic, and hemodynamic changes.
CARE DURING THE GOLDEN HOUR

The three key components of the Golden Hour consist of:

1) maternal–neonatal skin-to-skin contact,
2) delayed cord clamping,
3) and breastfeeding,

all of which serve to improve mother–newborn bonding and neonatal adaptation.
SKIN-TO-SKIN CONTACT

Those mothers who experience skin-to-skin contact, experience less anxiety by Day 3 of the postpartum period and are more confident in their parenting abilities at discharge when compared with women who are separated from their newborns after birth.
SKIN-TO-SKIN CONTACT

A Golden Hour protocol emphasizes skin-to-skin contact, or the placing of the dried, unclothed newborn directly on his/her mother’s chest and abdomen just after birth, before cutting the umbilical cord.

There is no routine bulb suctioning of the newborn’s mouth. Instead, a dry blanket or towel is used to gently dry and stimulate the newborn and wipe away secretions from the mouth and nose.
SKIN-TO-SKIN CONTACT

All initial neonatal assessments should be performed with the newborn remaining on the mother’s abdomen, maintaining skin-to-skin contact and facilitating delayed cord clamping.

Non-urgent tasks of care, such as weighing and bathing the newborn, should be postponed for at least an hour, thereby providing the woman and her newborn with 60 minutes of uninterrupted time for bonding, during which breastfeeding can be initiated.
SKIN-TO-SKIN CONTACT

Authors of a 2016 Cochrane Review report that early skin-to-skin contact initiated in the first 10 minutes of life improves the chances of successful breastfeeding and successful newborn transition to the outside world.

A dose-dependent relationship appears to exist between skin-to-skin contact and breastfeeding.
SKIN-TO-SKIN CONTACT

Newborns placed skin to skin for 31 to 60 minutes or longer are more likely to be breastfeeding at 3 months postpartum than those who are held skin-to-skin contact for only 11 to 20 minutes.
SKIN-TO-SKIN CONTACT

Other advantages of skin-to-skin contact:

✓ increased rates of exclusive breastfeeding in the first 1 to 4 months of life.

✓ improved interactions between mother and infant.

✓ reduced infant crying.

✓ reduces risk for neonatal hypoglycemia by raising glucose levels.
SKIN-TO-SKIN CONTACT

✓ regulates newborn temperature.
✓ stabilizes the newborn’s respiratory rate and blood pressure.
✓ promotes neonatal brain development.
✓ reduced postpartum bleeding.
✓ Increased oxytocin levels.
DETERMINED CORD CLAMPING

After birth, delayed cord clamping is done by the maternity care provider to allow for the placental transfusion of blood to the newborn, which promotes improved transitional circulation and red blood cell volume, increased birth weight, and greater iron stores in infants at 6 months of age.

Delayed cord clamping decreases the need for neonatal blood transfusions and decreases risk of necrotizing enterocolitis, iron-deficiency anemia, and intraventricular hemorrhage.
DELAYED CORD CLAMPING

For term and preterm infants who do not require resuscitation at birth, it may be reasonable to delay cord clamping for longer than 30 seconds. (NRP 2020)

Where immediate resuscitation or stabilization is not required, aim to delay clamping the cord for at least 60 seconds. (ERC 2021)
EXCLUSIVE BREASTFEEDING

The initiation of exclusive breastfeeding, which is facilitated by delayed cord clamping and prolonged skin-to-skin contact, promotes more immediate maternal health by contributing to more rapid uterine involution, decreased postpartum blood loss, and increased postpartum weight loss.

WHO 2015
EXCLUSIVE BREASTFEEDING

Continued breastfeeding offers further lifelong maternal health benefits such as longer intervals between pregnancies, which allows for maternal nutritional and energy replenishment, and reduced risk of breast, ovarian, and endometrial cancer.
EXCLUSIVE BREASTFEEDING

It’s common for caregivers to assist baby to latch onto the nipple, which is unnecessary in most cases. When babies who have not been exposed to medications are placed skin to skin with their mothers and left undisturbed, they will instinctually crawl to their mother’s breast and attach themselves to the nipple. This is now known as the ‘breast crawl’.

INTERNATIONAL BREASTFEEDING JOURNAL 2015
BREAST CRAWL
CARE DURING THE GOLDEN HOUR

Staff should address a woman’s privacy concerns by keeping curtains in front of hallway doors closed and covering a woman and her newborn with a clean dry sheet or gown while still facilitating skin-to-skin contact and breastfeeding.

Post a sign on the door to a woman’s room that alerts visitors and staff that the Golden Hour is in progress.
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Postpartum care should be designed to reduce disruptions; for example, signs can be hung on the doors to women’s rooms for those families that desire privacy.

Women’s gowns should be removed or opened to facilitate skin to skin contact and breastfeeding.

A hospital-wide policy should be publicized that limits the number of visitors in the first hour after birth.
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If a mother is temporarily unable to participate in the Golden Hour because of a medical condition, the protocol should include the option of placing the newborn skin to skin on the father’s abdomen until the mother can take the newborn to continue with early breastfeeding and skin-to-skin contact.
THANKS FOR ATTENTION

A new baby is like the beginning of all things, Wonder, hope, a dream of possibilities.