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## THE SKIN-TO-SKIN STS APPROACH TO DELIVERY AT KURASHIKI CENTRAL HOSPITAL

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Kurashiki Central Hospital is a general hospital that regularly deals with high-risk pregnancies and babies. In 2011, we had 1235 deliveries, with 881 being born vaginally and 354 by caesarean section.

Skin-to-Skin Care (STS) has been proven effective in bringing about emotional attachment to the mother, successful breastfeeding and neonatal physical stability.

However, recently due to negative media influence concerning accidents involving STS in ill-prepared environments, there are many pregnant women who express concerns about and object to undertaking STS.

We have been performing STS at our hospital since 2000. Since then, we have established a set of standardized criteria for observation in STS. Before the pregnancy, we explain to our patients about STS, the benefits, areas of caution and strategies for neonatal safety. If a patient consents, STS will go ahead according to pre-determined criteria.

The criteria includes: gestational age over 37 weeks, no evidence of respiratory problems, an SpO2 level over 90% after 10 minutes and 95% after 20, satisfactory condition of the mother and consent obtained. Discontinuance criteria are: $SpO_2$ level being under 95%, evidence of respiratory problems, evidence of hypothermia and any abnormality evident in the mother.

We also have safety measures which must be performed for STS: compulsory use of a physiological monitor, staff being present at all times, use of headwear and towels to keep the infant warm, the mother in the Fowler position, and keeping the infant's face to the side.In order to provide adequate care to any neonatal that may be in an unstable condition, one member of staff is assigned to the role of monitoring, using an 11 point checklist in an effort to detect any abnormalities as early as possible. The items for this checklist are: SpO2 level; sound of breathing; retraction score; respiratory and heart rate frequency per minute; cardiac rhythm; skin color; evidence of cyanosis; body temperature; the direction in which the baby is facing; and the mother's alert state. This is carried out at intervals of 10 minutes, 20 minutes, 1 hour, 2 hours, 3 hours, and 4 hours after birth.

With accidents in the past for STS, it is evident that monitoring was not undertaken and patient supervision wholly inadequate. It is essential that staff are aware of care procedures for early detection of problems. Furthermore, it is vital that consent be obtained for STS, medical staff who are trained in newborn resuscitation be present, and a standardized checklist is used.

STS is both meaningful and worthwhile for families. We believe that the above measures can prevent any unfortunate accidents.