

Impact of Skin-to-Skin Contact and Lactation Coaching on Exclusive Breastfeeding

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BACKGROUND

Exclusive breastfeeding during the first six months of life is widely recommended by the World Health Organization (WHO) and the American Academy of Pediatrics (AAP) due to its significant benefits for infant growth, immune protection, and maternal health. Despite these recommendations, exclusive breastfeeding rates remain below global targets, often due to challenges in early initiation, milk supply concerns, and limited maternal confidence.



Early skin-to-skin contact, placing the newborn on the mother's chest after birth, promotes breastfeeding, stabilizes temperature and heart rate, and enhances bonding through oxytocin release.

Lactation coaching teaches proper latch and positioning, addresses maternal concerns, and provides ongoing support, increasing breastfeeding confidence and duration while reducing formula supplementation.

Combined, skin-to-skin contact and consistent lactation support are evidence-based interventions that improve the likelihood of exclusive breastfeeding, contributing to better short and long-term health outcomes for both mother and infant.

PURPOSE

To highlight evidence demonstrating how skin-to-skin contact and structured lactation support promote exclusive breastfeeding and improve maternal-infant health outcomes.

METHODS

- Lactation support available 7 days/week; each patient seen at least once, more as needed.
- Perinatal coaching in triage/labor provides feeding education and planning.
- Skin-to-skin contact initiated post-delivery during the "golden hour"; support person may provide if mother unavailable.
- Benefits of skin-to-skin: temperature and glucose regulation, bonding, improved breastfeeding rates, reduced crying, deeper sleep, and shorter hospital stay.
- Breastfeeding encouraged 8–12 times/24 hours, alternating both breasts; hand expression of colostrum taught.
- Deep latch support provided for optimal milk transfer and maternal comfort.
- Pacifiers/bottles discouraged for exclusive breastfeeding unless medically indicated; donor human milk offered if supplementation needed.
- Lactation coaching includes demonstrations, verbal/visual aids, handouts, and community resource guidance.
- Goal: mothers/families competent and confident in newborn feeding by discharge.



At UMC, we advocate for skin-to-skin contact and lactation consultation to promote and support exclusive breastfeeding. Empowering mothers with evidence-based support to achieve successful exclusive breastfeeding.

RESULTS

- Skin-to-skin contact increases breastfeeding initiation within the first hour of life.
- Lactation coaching reduces early formula supplementation and improves breastfeeding duration.
- Combined interventions enhance maternal confidence, satisfaction, and adherence to exclusive Breastfeeding recommendations.
- Infants demonstrate improved growth, thermoregulation, and bonding outcomes.



CONCLUSIONS

Skin-to-skin contact and lactation support are evidence-based strategies that significantly enhance exclusive breastfeeding outcomes. Incorporating these interventions into routine clinical practice can strengthen maternal-infant health and promote long-term benefits. More importantly, it moves us closer to Baby-Friendly Hospital recognition.

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