# FPIN's Help Desk Answers

## Skin-to-Skin Contact for Improved Duration of Breastfeeding

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### Clinical Question

Does skin-to-skin-contact in healthy, vigorous newborns improve the duration of breastfeeding in lactating mothers?

### Evidence-Based Answer

Skin-to-skin-contact in the immediate postnatal period should be recommended to all mothers because it is associated with a higher likelihood of exclusive breastfeeding at hospital discharge and for up to six months afterward (number needed to treat [NNT] = 5 to 8). (Strength of Recommendation: A, based on a meta-analysis of randomized controlled trials [RCTs] and a subsequent RCT.)

### Evidence Summary

A 2016 meta-analysis of 46 RCTs (N = 3,850) evaluated the effect of maternal–neonatal skin-to-skin contact immediately after delivery on the duration of breastfeeding.[1] Participants had a mean gestational age of 32 to 41 weeks and no immediate complications after delivery. The skin-to-skin contact group included direct contact between the mother and infant for 10 minutes to two hours; the control group required infants to be fully separated from the mother, placed in incubators or on warmer beds, or dressed and placed on the mother's chest. Outcomes included frequency of breastfeeding and exclusive breastfeeding at hospital discharge and for up to one year postpartum. Compared with women in the control group, those in the skin-to-skin contact group were 30% more likely to exclusively breastfeed at hospital discharge and through one month postpartum (six trials; n = 711; relative risk [RR] = 1.3; 95% CI, 1.1 to 1.5; NNT = 6), 24% more likely to breastfeed between one and four months (14 trials; n = 887; RR = 1.2; 95% CI, 1.1 to 1.4; NNT = 8), and 50% more likely to exclusively breastfeed at six weeks to six months (seven trials; n = 640; RR = 1.5; 95% CI, 1.2 to 1.9; NNT = 5). The quality of evidence was moderate.

A 2016 RCT (N = 200) examined the effectiveness of early skin-to-skin contact on the rate of exclusive breastfeeding compared with a control intervention.[2] Participants (mean age: 25 years) had low-risk pregnancies, and most were primiparas; however, 22% to 25% had prior breastfeeding experience. Neonates were term, vigorous, and delivered vaginally at a tertiary hospital in India. Those with major congenital malformations, breech presentation, twin gestations, or assisted vaginal delivery were excluded. Neonates in the skin-to-skin contact group were placed in the prone position on the mother's bare chest for 45 minutes, and those in the control group were placed under a radiant warmer for the same duration. Mothers in both groups received routine breastfeeding counseling. The primary outcome included exclusive breastfeeding at six weeks of age. A higher proportion of infants in the skin-to-skin contact group were exclusively breastfed at six weeks of age compared with those in the control group (72% vs. 58%; RR = 1.3; 95% CI, 1.02 to 1.5; NNT = 7).



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### References

1. Moore ER, Bergman N, Anderson GC, et al. Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database Syst Rev.* 2016;(11):CD003519.
2. Sharma A. Efficacy of early skin-to-skin contact on the rate of exclusive breastfeeding in term neonates: a randomized controlled trial. *Afr Health Sci.* 2016; 16(3):790-797. ■