

CONTATO PELE A PELE E ALEITAMENTO MATERNO: EXPERIÊNCIAS DE PUÉRPERAS

SKIN-TO-SKIN CONTACT AND BREASTFEEDING: EXPERIENCES OF PUERPERALMOTHERS

CONTACTO PIEL CON PIEL Y LACTANCIA MATERNA: EXPERIENCIAS DE MUJERES POSPARTO

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RESUMO

Objetivo: Descrever as experiências de puérperas quanto ao contato pele a pele com o recém-nascido, realizado na primeira hora de vida e o início do aleitamento materno. **Método:** Trata-se de um estudo exploratório-descritivo, realizado com abordagem qualitativa. A pesquisa foi desenvolvida com puérperas no Alojamento Conjunto de um hospital privado. Para a coleta dos dados foi utilizada a técnica de entrevista semiestruturada. As informações foram submetidas à técnica de análise de conteúdo do tipo temática. **Resultados:** Foram elaboradas duas categorias: Contato pele a pele, na primeira hora de vida e os sentimentos vivenciados e Vivenciando o início do aleitamento materno. Observou-se que o contato pele a pele não fora realizado, conforme preconizado, mas, apesar disso, as participantes consideraram esse momento como importante, para auxiliar no início do aleitamento materno, pois se sentiram mais confiantes. **Conclusão:** Identificou-se que a instituição ainda utiliza um modelo intervencionista. Dessa forma, esta pesquisa foi relevante, pois poderá contribuir para a reflexão dos profissionais em relação aos cuidados prestados ao binômio mãe-bebê, possibilitando a qualificação das práticas do contato pele a pele e do aleitamento materno na primeira hora de vida. **Descritores:** Interação Mãe-Filho; Salas de Parto; Aleitamento Materno; Recém-Nascido; Enfermagem Neonatal.

ABSTRACT

Objective: To describe the skin-to-skin contact experiences of puerperal mothers with their newborn in the first hour of life and the beginning of breastfeeding. **Method:** This is an exploratory-descriptive study, conducted with a qualitative approach. The research was developed with puerperal mothers in join accommodation of a private hospital. To collect the information, the semi-structured interview technique was used. The information was submitted to the thematic content analysis technique. **Results:** Two categories were elaborated: Skin-to-skin contact in the first hour of life and the feelings they had and The experiences in the beginning of breastfeeding. It was observed that the skin-to-skin contact was not performed as recommended, but despite this, the participants considered this moment as important to help in the beginning of breastfeeding, as they felt more confident. **Conclusion:** It was identified that the institution still uses an interventionist model. Thus, this research was relevant, as it may contribute to the professionals' reflection on the care provided to the mother-baby binomial, enabling the qualification of skin-to-skin contact practices and breastfeeding in the first hour of life.

Descriptors: Mother-Child Relations; Delivery Rooms; Breast Feeding; Infant, Newborn; Neonatal Nursing.

RESUMEN

Objetivo: describir las experiencias de las mujeres posparto con respecto al contacto piel con piel con el recién nacido en la primera hora de vida y el comienzo de la lactancia. **Método:** este es un estudio exploratorio descriptivo, realizado con un enfoque cualitativo. La investigación se desarrolló con madres en el alojamiento conjunto de un hospital privado. Para recopilar la información, se utilizó la técnica de entrevista semiestructurada. La información se envió a la técnica de análisis de contenido temático. **Resultados:** se elaboraron dos categorías: Contacto piel con piel en la primera hora de vida y los sentimientos experimentados y experimentando el comienzo de la lactancia materna. Se observó que el contacto piel con piel no se realizó según lo recomendado, pero a pesar de esto, los participantes consideraron que este momento era importante para ayudar al comienzo de la lactancia, ya que se sentían más seguros. **Conclusión:** se identificó que la institución aún utiliza un modelo intervencionista. Por lo tanto, esta investigación fue relevante porque puede contribuir a la reflexión de los profesionales con respecto a la atención brindada al binomio madre-bebé, permitiendo la calificación de las prácticas de contacto piel con piel y lactancia materna en la primera hora de vida.

Descritores: Relaciones Madre-Hijo; Salas de Parto; Lactancia Materna; Recién Nacido; Enfermería Neonatal.

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INTRODUCTION

Skin-to-Skin Contact (SSC) between the puerperal woman and the Newborn (NB) performed in the delivery room, in the first hour of the baby's life, is considered one of the actions to encourage breastfeeding (BF). The evidence supporting this practice is robust, indicating multiple benefits for mother and child⁽¹⁾.

Thus, in addition to stimulating the mother-baby bond, the SSC also provides other benefits for the NB, such as body temperature regulation, metabolic adaptation, maintenance of blood glucose levels and pain management⁽²⁻³⁾. There are also benefits for the puerperal, because the touch, heat and odor involved, in this process, include an important vagal stimulus, which releases oxytocin, promoting uterine contraction and reducing the risk of hemorrhage in the postpartum period⁽⁴⁾.

Therefore, except for significant clinical alterations, it is considered essential that the NB is not separated from the mother after birth, and should be early placed in SSC to facilitate the process of adaptation to the extrauterine environment and to allow the self-regulation of vital signs⁽⁴⁾. Therefore, the SSC should be implemented as a hospital routine, making it viable for most puerperal women, including in developing countries, since it is a low-cost strategy⁽²⁻³⁾.

For this, the traditional paradigms of delivery and birth care need to be modified⁽²⁾. In this sense, the World Health Organization (WHO) and the United Nations International Children's Fund (UNICEF) defined the completion of the SSC as one of the Ten Steps to successful BF⁽⁵⁾.

In view of this, it is considered that early and successful BF is one of the consequences of performing the SSC in the first hour of life, considering that such approximation between mother and NB constitutes a facilitating practice for breastfeeding⁽²⁻⁶⁾. Also on BF, its short, medium and long-term benefits are already duly proven, such as reduced risk of allergies, prevention of diarrhea and respiratory infections, decreased risk of childhood obesity, and positive effect on the child's cognitive development⁽⁷⁾.

However, despite all the scientific evidence supporting the superiority of BF over other ways of feeding the baby, in Brazil, the prevalence rate is still well below those recommended, and the health team should act to reverse the condition⁽⁷⁾. In this context, it is believed that knowing the perception of puerperal women in relation to the

beginning of BF is essential, especially after the SSC.

Therefore, the identification of these experiences adds support for the reflection on the work developed by health professionals, besides being an important instrument to build opportunities for improvement, providing well-being to the mother-baby binomial, since the aspects involved and the values attributed become clear, from the perspective of those who receive care⁽⁴⁻⁶⁾. Moreover, it is emphasized that the prevalence of SSC and breastfeeding in the first hour of life of newborns are currently considered indicators of care quality and should be monitored⁽⁴⁾.

Given these arguments and the need to understand the experience of the puerperal in relation to the SSC and the BF, aiming at greater conditions for the execution of comprehensive care⁽⁶⁾, this research is justified, which sought to answer the following guiding question: how do puerperal women experience skin-to-skin contact with newborns, still in the first hour of life, and the beginning of BF? Therefore, this study aimed to describe the experiences of puerperal women regarding the SSC with the NB performed in the first hour of life and the beginning of the BF.

METHODS

This is an exploratory-descriptive study, carried out with a qualitative approach. As proposed by Minayo, this method elucidates little explored social processes, deepening the meanings of actions and relationships, besides enabling the identification and analysis of feelings, perceptions and behavior of certain groups⁽⁸⁾. The research was carried out in the Rooming-In (RI) of a private hospital, in the Vale dos Sinos region, in the state of Rio Grande do Sul, which prioritizes the safety and well-being of the puerperal woman and newborn, being a regional reference in at-risk deliveries. The study included puerperal women who met the following inclusion criteria: aged 18 years or more, who attended over six prenatal consultations; mothers of full-term NB, classified as appropriate for gestational age (AGA), without complications at birth and who, therefore, performed the SSC in the baby's first hour of life. To define the sample, the following exclusion criteria were also established: puerperal women with contraindication of BF and/or those who presented postpartum complications. There was no refusal to participate in the research.

For data collection, the semi-structured interview technique was used, with open questions on the subject. Each interview lasted, on average, 20 minutes and the place chosen for its performance was the puerperal woman's own room in the RI, aiming not to distance her from her NB, and this option was considered appropriate and accepted by the participant. The information was recorded and fully transcribed, and the identification of the puerperal woman was coded by the letter "P", followed by numerical digit, according to the order of the interviews. The material was printed and each participant validated the veracity of her interview. The number of interviews was defined according to the data saturation criterion⁽⁸⁾.

The organization and processing of the information occurred with the help of the NVivo software. Subsequently, in order to achieve the research goal, the thematic content analysis technique was used, including pre-analysis, exploration of the material and treatment of the data obtained and the interpretation⁽⁸⁾. During the analysis, without changing the meaning of the information provided by the participants, small adjustments were made to the statements, considering the language biases and the fact that one of the puerperal women did not have the Portuguese language as the mother language.

The research project was conducted respecting all ethical precepts related to researches with human beings, as recommended by resolutions n. 466/12 and n. 510/16⁽⁹⁻¹⁰⁾, being submitted through CAAE 25763913.2.0000.5348 and approved by the respective Research Ethics Committee under Opinion n. 561,492. It is noteworthy that all the norms of the COREQ guideline were also contemplated⁽¹¹⁾.

RESULTS AND DISCUSSION

The participants were six puerperal women, aged between 22 and 33 years. Regarding the delivery route, three underwent normal deliveries and three underwent cesarean section. The number of prenatal consultations did not present great variability, from nine to 11 consultations. Two participants had completed high school and four had completed higher education. As for the newborns of these puerperal women, the gestational age at birth ranged from 37 to 40 weeks.

In relation to the delivery route, contrary to what was observed in this investigation, there is evidence that the SSC is usually performed

significantly more frequently in babies born by vaginal delivery⁽⁴⁻⁵⁾. In this context, cesarean section undoubtedly brings to the puerperal women greater discomfort, making contact with the NB difficult in the first hours and days after delivery⁽⁵⁾.

Regarding prenatal consultations, ideally, educational actions related to the SSC are recommended⁽¹⁾. Similarly, the information provided is critical to the successful BF. The orientations should include the preparation of the breasts and the correct positioning of the NB⁽⁷⁾. However, only two participants reported receiving this type of information. Furthermore, other variables may also influence, such as type of nipples, previous experience in breastfeeding, economic situation and maternal education⁽⁵⁻¹²⁾.

From the analysis of the information obtained, two thematic categories were constructed, which are discussed below.

Skin-to-skin contact in the first hour of life and the feelings experienced

In this category, the puerperal women reported their experiences regarding the SSC performed in the first hour of the newborn's life, including the moment the baby was delivered to them and the feelings experienced. As for the moment of the SSC, some puerperal women reported on how long this practice lasted, as evidenced below: "It was a short time (...) he stayed just like this, by my side, [the professionals] took him fast" (P2). "It was half hour to forty-five minutes" (P3).

Regarding the time to perform the SSC, the practice should start immediately after birth and be maintained for at least one hour⁽⁵⁾, differently from what was found in this investigation. Nevertheless, an observational study conducted with 111 mother-baby dyads identified that the mean duration of the SSC was 30 minutes⁽⁴⁾.

The SSC consists of placing the naked and dry baby in the trunk/abdomen of the puerperal woman, in direct contact, immediately after birth⁽⁵⁾. In this context, the participants' reports also allowed identifying that, in most cases, the SSC was not performed as recommended in the literature. The statements below confirm this aspect: "They prepared her, made every preparation of any other child (...) then brought me her" (P5). "The pediatrician took him, [the professionals] wrapped him up (...) they took him there to the bed to clean him up (...) and immediately brought him to me" (P6).

In practice, the mother-baby binomial can experience the SSC in different ways⁽⁴⁾. Nonetheless, the same authors evidenced in their research that the prevalence of exclusive SSC was 53.2%, while 18.9% exclusively performed the contact called "skin-cloth" and 27.9% performed both types of contact during the first hour of life⁽⁴⁾.

The findings of this investigation corroborate the results of another study, in which the SSC and the initiation of breastfeeding occurred only after the NB had been assisted by the health team, being delivered to the puerperal women wrapped in blankets and/or nappy⁽⁶⁾. However, considering a group of full-term NB, with appropriate weight and Apgar, as well as those involved in this research, a minimum need for intervention is expected, and the SSC between mother-baby can be prioritized⁽⁴⁾.

On the other hand, a recent study that evaluated 82 puerperal women hospitalized in RI identified that 95% of the participants performed the SSC with their baby, which was considered a very satisfactory result, which expresses the commitment of professionals and the quality of care provided⁽¹³⁾. Still, another study identified that half of the 107 puerperal women interviewed reported having performed the SSC in the first 30 minutes of their newborn's life, but only 9.3% maintained contact for more than 30 minutes or until breastfeeding for the first time⁽¹⁴⁾.

In this study, the only participant who received her daughter immediately after birth reported that she did not notice the presence of the NB due to exhaustion related to labor and delivery. The following excerpt illustrates this question: "[The professionals] put her on my belly, I only knew that she was on my belly when my husband pointed at her, because I was not feeling anything" (P1).

Therefore, from the statements of the puerperal women, most newborns received immediate professional assistance, being taken to meet the mother only after performing some procedures. Thus, a technical assistance is perceived, with care routines that still recommend that, immediately after birth, the priority should be executing procedures for the NB, even in situations where the NB does not require stabilization maneuvers⁽¹⁴⁾.

This fact leads to reflect on factors that may disfavor the practice of the SSC, such as the absence of institutional protocols for performing the SSC or the high demand for service, with the need to vacate the delivery room. Regarding this

last factor, a recent study found that the workload sometimes interferes with the performance of the SSC in the first hour of life⁽²⁾.

Health professionals notably have a relevant function in this context⁽⁴⁾. Thus, the multidisciplinary team must ensure that all measures are taken to enable the SSC, such as ensuring that the puerperal woman's apron is placed in such a way as to allow the newborn's immediate access after delivery⁽¹⁾.

In this logic, aiming to support the millennium goals of improving maternal-child health, it is recommended to provide all professionals working in the delivery room educational programs and continuous training on how to implement the SSC⁽²⁾. This fact is still justified, because, in the first hours after birth, the mother-baby dyad should be provided with an environment as appropriate as possible, paying attention to the temperature of the place, in addition to controlling noise and luminosity⁽⁴⁾.

The statements also unveiled that the participants reported the feelings experienced during the performance of the SSC, such as anxiety. The statement below confirms this aspect: "I was super anxious, all the time I asked them [professionals] when they were going to bring my baby, and every two minutes passed seemed like half an hour, because I saw him only from afar, there was no way to get him, I had nor even smelled him, nothing" (P3).

One of the puerperal women's anxiety is perceived because she did not have contact with her child at birth, although she received her NB within the first hour postpartum. Soon after labor and birth, the mother may feel exhausted and the contact with the baby can generate negative feelings, such as anxiety, fear, worry and insecurity in the performance of maternal function. Therefore, the health team should be sensitized to respect the time of the mother-baby dyad⁽¹⁵⁾.

However, most participants reported positive feelings about the experience of the SSC with their child. The following excerpts illustrate this question: "It is just like they say, there is no way for us to describe (...). It is just emotion, we do not stop looking, we just keep looking. It was elusive" (P4). "When they put him near me, I smelled him. Wow! There is no explanation, it is something inexplicable, it is wonderful!" (P6).

The reports reveal that the contact between the mother-baby dyad, soon after delivery, was considered as a singular moment, for which some

puerperal women could not find enough words to express the experience, considering how great the first encounter with their conceptus is for them. Thus, the birth of the child awakens new emotions, revealing the new life.

Therefore, in this investigation, all puerperal women identified that the SSC performed in the first hour, even if performed briefly and not immediately at birth, added benefits for the construction of the bond between mother and child, arousing strong feelings. Thus, the SSC produces happiness, love, tranquility and comfort for puerperal women and babies⁽⁶⁾.

Experiencing the beginning of breastfeeding

In this category, the research participants reported their experiences regarding the beginning of BF, the desire to breastfeed, as well as their expectations and feelings. There is evidence that breastfeeding is a complex process that involves the child's nutritional status, immunity, physiology and cognitive development, besides having implications for the physical and mental health of the puerperal woman⁽⁷⁾.

In this research scenario, among the six NB who underwent the SSC, four nursed, two born by vaginal delivery and two by cesarean section. The statements below prove such experiences: "She latched on [the breast], as if she knew what it was" (P1). "He already latched on [the breast] so strongly" (P3). "Yes, he nursed at first" (P4). "He nursed very strongly!" (P6).

It is possible that the late onset of BF, the one performed after the first hour of life, increases the risk of neonatal mortality⁽¹⁶⁾. Thus, early breastfeeding should be strongly encouraged by health professionals working in obstetric centers. In this sense, education actions in the delivery room are considered extremely relevant, which will help and clarify women on the subject⁽⁶⁾.

Nonetheless, although the benefits of immediate performance of SSC and early BF have been widely researched and validated, less than half of newborns worldwide are breastfed still within the first hour of life⁽¹⁶⁾. In this investigation, two participants did not live this experience in the first hour of life, as presented in the statements below: "He [newborn] stayed like this, by my side" (P2). "No [did not nurse], she just wanted to sleep" (P5).

It is also known that cesarean section may interfere with the mother-baby interaction, due to the use of medications that can influence the state of consciousness of the puerperal woman and her

child⁽⁷⁾. However, in this research scenario, this fact was not characterized by the type of delivery, because one puerperal woman had her child by cesarean section and the other by vaginal delivery. It is also noteworthy that, in both cases, the desire to breastfeed was present since the confirmation of pregnancy.

Also regarding the expectation of BF, all puerperal women referred to the desire to breastfeed, despite some fears. Their choices may be related to previous experiences, cultural conditions or knowledge acquired during the gestational period. The statements below confirm such wishes: "When I learned that I was pregnant, I already knew that I wanted to breastfeed" (P1). "From the beginning I knew [about pregnancy], I really wanted to breastfeed" (P5).

There is evidence that it is essential for women to be willing to breastfeed, a fact that should not be considered only as a biological aspect, because BF is a process that encompasses numerous values, being influenced by psychological and sociocultural factors⁽⁶⁾. In some circumstances, this desire to breastfeed is based on maternal knowledge about the benefits of Breast Milk (BM), as reported below: "When she was in my belly, I said to her: daughter, you have to nurse! (...) Otherwise we will spend a lot of money on milk powder and you will get very sick" (P1). "The benefits it brings to the baby and also to the mother (...) But I think more to the baby, for the affection, for the vitamin, for everything it passes to him" (P6).

The statements unveiled that the puerperal women identify as benefits of BM: provision of vitamins, exchange of affection, reduction of the weight of the puerperal woman and even economy, since it is less costly than industrialized formulas. In this sense, studies showed that mothers were aware of the benefits of BF and considered it as a protective factor against diseases, being essential for the baby's health⁽⁶⁻¹⁷⁾.

In this sense, the feeling of the puerperal mother offering all the benefits the BM brings to the baby generates a sense of accomplishment for this mother⁽¹⁷⁾. In addition, overcoming the difficulties that permeate the entire BF process also brings to the puerperal woman a feeling of satisfaction and happiness⁽¹⁸⁾.

However, some negative feelings may also be present at certain moments of BF, such as anxiety and frustration of not satiating the child⁽¹⁸⁾. In this research scenario, the most mentioned feelings were anxiety and fear of

breastfeeding their children. Regarding anxiety, this was mainly related to the amount of milk produced and offered, as presented in the statement below: "I am already anxious for my milk to leak, because it has not leaked yet" (P6).

In this context of insecurity, puerperal women need active support, including emotional support, as well as objective orientations, to develop the necessary confidence⁽⁷⁾. Thus, to support the breastfeeding process, the health team needs to understand what type of support, information and interaction puerperal women want, need or expect⁽⁷⁾.

However, regarding the confidence in breastfeeding, one of the puerperal women reported optimism since the gestational period, despite not knowing how the breastfeeding process would be, because it is her first child. The excerpt below illustrates this aspect: "I always thought it was going to work, you know? The fact I have no experience. But it seems that from one moment to another you know how things work" (P2).

Breastfeeding can bring psychological benefits to the mother-baby dyad, because the continuous contact between the puerperal woman and her child increases affectivity, bringing feelings of security and protection to the baby, besides increasing maternal self-confidence and accomplishment⁽⁷⁾. Thus, in this study, the participants experienced moments of anxiety and fear, which may have hindered the BF; however, these were overcome by their determination to breastfeed their children, allowing the transmission of all the benefits of BM to the baby.

FINAL THOUGHTS

The objective of the study was achieved from the construction of the thematic categories, which described the experiences of the puerperal women regarding the SSC performed in the first hour of life and the beginning of the BF. Nonetheless, the institution still uses an interventional model, immediately after delivery, which may have hindered the execution of the SSC as recommended in the literature, that is, with the NB naked in direct contact with the mother, immediately after delivery. This fact generated anxiety in the puerperal women, but, despite this, the participants considered this moment as important for both them and the baby, demonstrating positive feelings.

In relation to the beginning of BF, although not the focus of this investigation, the NB nursing

on the maternal breast in the first hour of life was equally distributed among the puerperal women who performed vaginal delivery and cesarean section. Furthermore, for successful breastfeeding process, the orientations should be initiated during the gestational period. Nevertheless, few mothers reported having received information about BF and SSC. Thus, nurses should start orientations since prenatal consultations so that the mother can know the benefits of the SSC. In addition, the preparation, during pregnancy, favors the mother to become confident in receiving her child, avoiding unnecessary fears and allowing her to feel pleasure at the contact with her child.

Therefore, in recent years, the Ministry of Health (MH) has been working to improve the care of women and children in prenatal care, childbirth, puerperium and childcare. For this, the Ministry of Health launched protocols and guidelines for health professionals, in addition to bringing incentives to health institutions. Among the guidelines is the performance of the SSC between mother and baby, in the first hour of life, the importance of BF and when those orientations should be performed.

This study described the perceptions of puerperal women in relation to the SSC. These findings demonstrated weaknesses in the execution of this practice. Therefore, the implications for nursing actions are the need to guide the correct performance of the technique, as well as ensure adequate conditions for this. In addition, this study allowed understanding how fundamental it is to conduct training of professionals providing prenatal consultations and/or working in obstetric centers.

The main limitation of this study is its development in only one hospital institution, which encourages exclusive breastfeeding from birth to six months of life, as well as the continuity of breastfeeding, after this period. Therefore, it does not fully match the reality of other services. However, this research becomes relevant, because the results may contribute to the reflection of professionals regarding the care provided to the mother-baby binomial, enabling the qualification of the practices of the SSC and BF in the first hour of life. Furthermore, there is need for other studies, in different scenarios, to evaluate better the possible gaps in the care of the puerperal woman and her NB, thus ensuring the recommended behaviors for the humanization of obstetric care.

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