

The effects of skin to skin maternal contact on body temperature, oxygen saturation of newborns



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Introduction

Skin to skin contact mean placing the naked infant, prone, on the mother's bare chest or abdomen, and covering both with a warm blanket. After delivery, While the mother's skin will help regulate the infant's temperature, promote frequent breastfeeding and enhance maternal-infant bonding.

Purpose

The purpose of research was to Compare body temperature and oxygen saturation of newborns between placing newborns under a radiant warmer and skin to skin contact

Methods

This quasi experimental research. Random sampling method was used to select 60 full-term newborns in the labor room at Ramathibodi Hospital. The subjects were equally, randomly assigned into two groups. The first group was kept warm by placing under a radiant warmer, while the second group was skin to skin contact of mother and the newborn. In Group 1, newborns wore a diaper, a hat, and wrapped with a dry cloth. The newborns slept under a radiant warmer. In Group 2, newborns also wore a diaper and a hat, but without wrapping with a dry cloth. The newborns laid face down on mothers' bare chests. Mothers were covered with a blanket.

Results

The results showed that average body temperature of newborns, within two hours of both groups, were at a normal level. But, within the first 30 minutes, the average temperature difference of the Group 1 was significantly statistical higher than Group 2. The results implied that both groups could maintain body temperature of the newborns at normal levels. But, Group 2 that was embraced with skin to skin contact, newborns had a higher increasing rate of body temperature than Group 1. However, the average temperature difference of the newborns, in the first 60 minutes measured at 30 and 60 minutes, was not statistically significant. The average levels of oxygen saturation in both groups were at the normal levels between 98.10 to 99.17%. The difference between the average levels of oxygen saturation in both groups during and after the trials had no significant different result.

Table 1: Body temperature between radiant warmer and skin to skin (N=60)

Temerature (°C)	Radiant warmer		skin to skin contact		t t	p
	Mean	SD	Mean	SD		
Before experiment	36.93	0.27	36.87	0.25	.840	.405
Experiment						
30 minute	36.54	0.25	36.79	0.20	-1.496	.000
60 minute	36.87	0.22	36.90	0.20	432	.668
After experiment						
30 minute	37.04	0.20	36.98	0.17	1.399	.186
60 minute	37.02	0.12	37.07	0.13	-1.378	.174

^{*}p < .01

Mean of body temperature (°C)

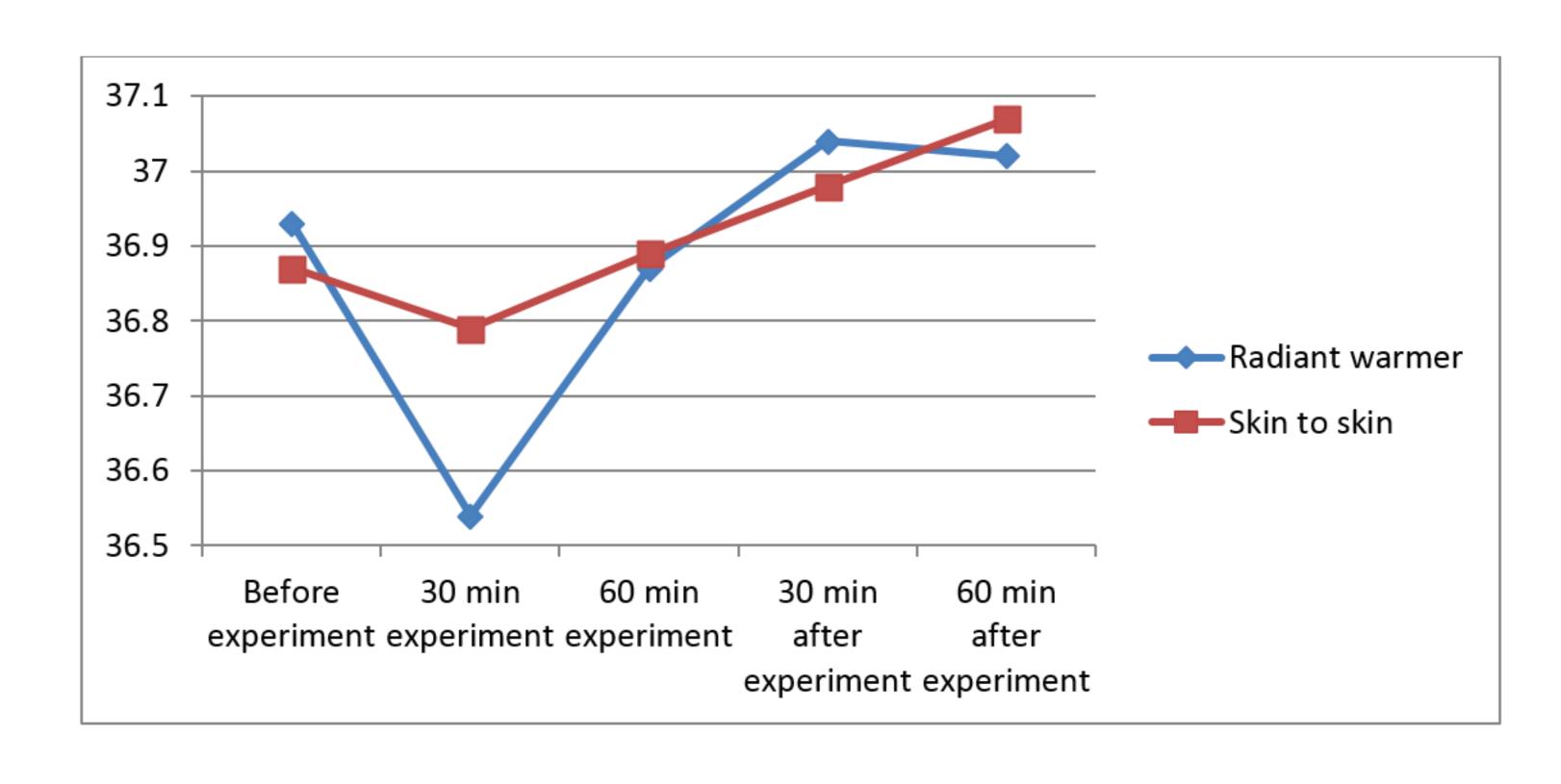


Table 2: Comparison of the difference body temperature between radiant warmer and skin to skin (N=60)

The difference of	Radiant war	mer	skin to skin		t	p	
body temperature	Mean change	SD	Mean change	SD		•	
Between 1 min – 30 min experiment	0.38	0.29	0.08	0.24	4.316	.000	
Between 1 min – 60 min experiment	0.02	0.33	-0.02	0.26	0.610	.544	
Between 1 min – 30 min after experimen	t -0.11	0.29	-0.11	0.31	-0.430	.966	
Between 1 min – 60 min after experimen	t -0.09	0.27	-0.18	0.29	1.219	.228	_

*p <.01

Table 3: Oxygen Saturation Between Radiant Warmer and Skin to Skin Contact (N=60)

Oxygen Saturation (%)	Radiant Warmer		Skin to Sk	act t	p	
	Mean	SD	Mean	SD		
Before Experiment	98.27	1.95	98.10	1.65	.358	.722
Experiment						
30 Minute	99.00	1.29	99.10	1.21	310	.758
60 Minute	98.60	1.28	99.13	0.90	-1.870	.067
After Experiment						
30 Minute	98.93	1.11	99.17	1.05	834	.407
60 Minute	99.10	1.07	99.13	1.07	121	.904

*p < .01

Conclusion

The study shown that the skin to skin maternal contact, under the blanket with a room temperature over 26 degree Celsius, could maintain body temperature and oxygen saturation of the newborns as well as the use of radiant warmer.