

Immediate Skin to Skin

Step	Vaginal birth at 32-35 weeks gestation
1.	Midwifery team to discuss skin to skin with mother and whaanau
2.	Neonatal team informed – aim for NNP/senior reg attendance with resource nurse
3.	Aim for room temperature 23°C. Warm merino wrap and linen
4.	Start Apgar timer when baby is born
5.	Once born place skin to skin during DCC. DCC to continue for at least 1 minute*, aiming for 3 minutes. Depending on staff constraints baby can stay skin to skin after the cord is cut, aiming for at least 10 minutes
6.	Dry and stimulate baby with a warm towel
7.	Cover baby with warmed merino wrap
8.	Place sats probe on right hand
9.	Continue to reassess tone/activity/HR and respiratory effort
10.	Check axillary temperature at 10 minutes (or at completion of skin to skin if earlier). Recheck prior to transfer to NNU
11.	Give Vitamin K if consented while skin to skin
12.	Cease skin to skin if baby does not have regular respirations, there is increasing respiratory effort, baby is cold or baby requires resuscitation
13.	Infants of mothers with GDM, or with SGA/FGR are at high risk of hypoglycaemia and should have a BSL on admission to NNU (aim for within 1 hour) and proceed as per guidelines
14.	Early input from lactation consultants

*Contraindications to DCC:

- Placental abruption
- Other obstetric emergency
- Prolonged fetal bradycardia <60bpm
- En caul birth
- MCDA twins with TTTS

Resuscitation should commence immediately if baby is pale, limp or apnoeic or has HR <60

Targeted pre-ductal SpO₂ after birth

1 min	60-70%
2 min	65-85%
3 min	70-90%
4 min	75-90%
5 min	80-90%
10 min	85-90%

Link to questionnaire:

