

## The Effect of Early Skin-To-Skin Contact with Fathers on Their Supporting Breastfeeding

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**Abstract :** Background: Multiple studies showed early skin-to-skin contact (SSC) with mothers was beneficial to newborns such as breastfeeding and maternal childcare. In cases of newborns unable to have early SSC with mothers, fathers' involvement could let early SSC continue without interruption. However, few studies had explored the effects of early SSC by fathers in comparison to early SSC with mothers. Paternal involvement of early SSC should be equally important in term of childcare and breastfeeding. The purpose of this study was to evaluate the efficacy of early SSC by fathers in particular in their support of breastfeeding. Methods: A quasi-experimental design was employed by the study. One hundred and forty-four father-infant pairs had participated the study, in which infants were assigned either to SSC with their fathers (n = 72) or to routine care (n = 72) as the control group. The study was conducted at a regional hospital in northern Taiwan. Participants included parents of both vaginal delivery (VD) and caesarean section birth (CS) infants. To be eligible for inclusion, infants must be over 37-week gestational ages. Data were collected twice: as pretest upon admission and as posttest with online questionnaire during first, second, and third postpartum months. The questionnaire included items for Breastfeeding Social Support, methods of feeding, and the mother-infant 24-hour rooming-in rate. The efficacy of early SSC with fathers was evaluated using the generalized estimating equation (GEE) modeling. Research Result: The primary finding was that SSC with fathers had positive impact on fathers' support of breastfeeding. Analysis of the online questionnaire indicated that early SSC with fathers improved the support of breastfeeding than the control group (VD:  $t = -4.98$ ,  $p < .001$ ; CS:  $t = -2.37$ ,  $p = .02$ ). Analysis of mother-infant 24-hour rooming-in rate showed that SSC with fathers after CS had a positive impact on the rooming-in rate ( $\chi^2 = 5.79$ ,  $p = .02$ ); however, with VD the difference between early SSC with fathers and the control group was insignificant ( $\chi^2 = .23$ ,  $p = .63$ ). Analysis of the rate of exclusive breastfeeding indicated that early SSC with fathers had a higher rate than the control group during first three postpartum months for both delivery methods (VD:  $\chi^2 = 12.51$ ,  $p < .001$  on 1st postpartum month,  $\chi^2 = 8.13$ ,  $p < .05$  on 2nd postpartum month,  $\chi^2 = 4.43$ ,  $p < .05$  on 3rd postpartum month; CS:  $\chi^2 = 6.92$ ,  $p < .05$  on 1st postpartum month,  $\chi^2 = 7.41$ ,  $p < .05$  on 2nd postpartum month,  $\chi^2 = 6.24$ ,  $p < .05$  on 3rd postpartum month). No significant difference was found on the rate of exclusive breastfeeding with both methods of delivery between two groups during hospitalization. (VD:  $\chi^2 = 2.00$ ,  $p = .16$ ; CS:  $\chi^2 = .73$ ,  $p = .39$ ). Conclusion: Implementing early SSC with fathers has many benefits to both parents. The result of this study showed increasing fathers' support of breastfeeding. This encourages our nursing personnel to focus the needs of father during breastfeeding, therefore further enhancing the quality of parental care, the rate and duration of breastfeeding.

**Keywords :** breastfeeding, skin-to-skin contact, support of breastfeeding, rooming-in

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