

Introduction

- “The Golden Hour” is typically the first hour after birth when the baby is placed skin-to-skin on the mother’s chest to aid a smooth transition from the womb to the outside world.
- When a baby is born preterm or with high medical risk the “Golden Hour” is a critical period when the baby is stabilised with evidence-based medical interventions associated with long-term benefits.
- These interventions can make this a traumatic experience compounded by physical separation of mother and baby.
- Neurodevelopmental care strategies are widely recognised for improving neonatal outcomes, but little is known about their application during the “Golden Hour”.

Background

- Stress and pain are linked to poor health and development outcomes.
- Babies in the neonatal unit can experience over 20 painful and/or stressful events in one day.
- Bab E, born at 33 + 2 -weeks gestation in a stable condition experienced 31 painful and/or stress events during the ‘Golden Hour’.
- **Mother’s mother was her birth partner.**

Acknowledgements and Contact

Acknowledgement and Contacts

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Method

- Case study for FINE level 3 training.
- Observation and documentation of 1st hour of life recorded minute by minute.
- Modified Neonatal Infant Stressor Scale (NISS) used to categorise painful or stressful interventions Fig 1.
- Interventions categorised as Invasive (A), Non-Invasive (B), Handling/Positioning (C) Fig 2.

Results

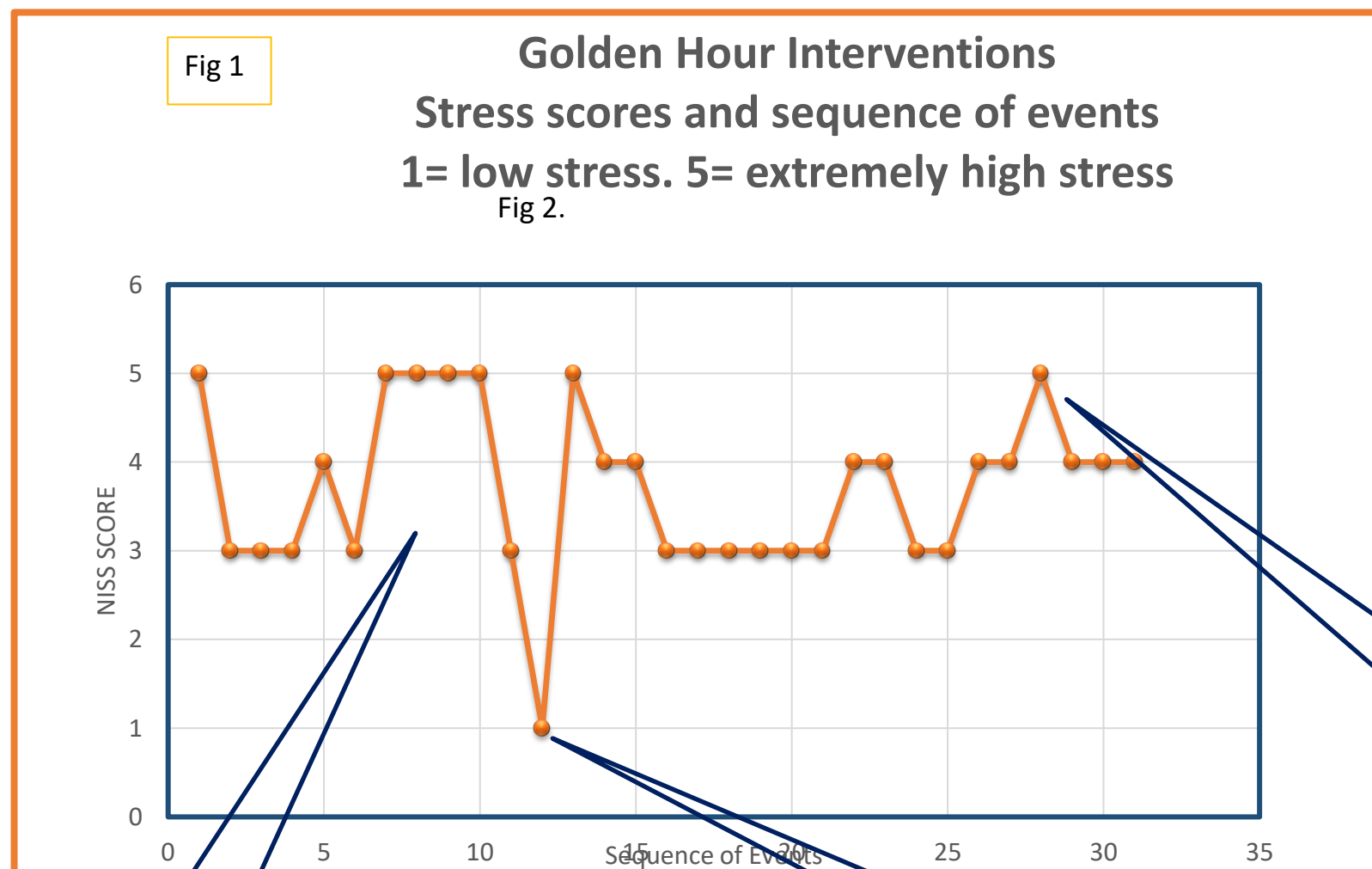
- Baby E experienced 31 stressful and/or painful events during the “Golden Hour”
- These included multiple episodes of handling and movement through space as well as medical procedures
- Some provision was made for comfort with wrapping, holding, positioning and Baby E bried contact with her mother.
- The picture that emerged from the observations was that routine “Golden Hour” interventions may have increased the need for medical intervention and that moments of connection between mother or grandmother and baby had a stabilising effect.



Baby E immediately after delivery. Stable, resting on mother’s legs



Shows stress signs before drop in Sats.



Sats <70
Gasps,
Loss of tone



Stabilises on mother’s chest
Sats 100%



Baby E after contact with grandmother’s on NNU.

Sats <70, HR <90,
grunting

Conclusions

- This case study raises questions about how interventions during the “Golden Hour” are managed to avoid iatrogenic effects of treatment.
- Neurodevelopmental care strategies with family participations may improve infant stability during the “Golden Hour”.

Recommendations

Opportunities may arise to implement neurodevelopmental care strategies that may improve the “Golden Hour” experience and outcomes. E.g.

- Skin to skin straight after birth. (Ref)
- Which procedures e.g. observation, cannulation, vit K, and noninvasive respiratory support, can be carried out on the mother or birth partner?
- Four handed care for all procedures.
- Nesting, lateral positioning .
- Pacing.

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