



Infant Feeding Alliance

Healthcare Special Investigation Branch (HSIB)
A1, Cody Technology Park
Farnborough
GU14 0LX

27 August 2021

Dear HSIB,

Feedback on ‘Neonatal collapse alongside skin-to-skin contact’ report

We are a parent-led organisation campaigning for compassion, autonomy and safety in infant feeding policy and practice. HSIB’s recently published maternity programme year in review brought to our attention the report ‘Neonatal collapse alongside skin-to-skin contact’¹. We write to highlight our concerns with this investigation.

HSIB’s remit is to ‘conduct independent investigations and make independent judgements’. We question how this investigation can be considered independent when Unicef Baby Friendly, the agency advocating most strongly for skin-to-skin practices to be incorporated into UK hospital protocol, was so closely involved. We fear that the investigation and any learning it offers have been undermined by the input of a key stakeholder in this way.

With Baby Friendly’s involvement, the report never questions the inherent risks of skin-to-skin practices. The conclusion reveals that in fact the aim of the report is ‘to support the maternity system to continue to safely provide evidence-based practice of skin-to-skin contact to help a baby adjust to life outside the womb and to support the establishment of breastfeeding’.

The report proceeds on the assumption that skin-to-skin has many proven benefits to term babies and is beyond questioning. This is not a correct assessment of the evidence base. The

¹ HSIB, 2020. National Learning Report Neonatal collapse alongside skin-to-skin contact. Available from: <https://www.hsib.org.uk/documents/238/hsib-national-learning-report-neonatal-collapse-alongside-skin-to-skin-contact.pdf>.

Accessed date: 17 August 2021.

2016 Cochrane Review² found a connection between skin-to-skin and breastfeeding, but was unable to draw conclusions on outcomes for infants:

‘Our review found evidence for a clinically meaningful increase in blood glucose in infants who received SSC. The data for all infant outcomes were limited, and we are unable to provide evidence to inform practice recommendations.’

‘We had too few babies in our included studies and the quality of the evidence was too low for us to be very confident in the results for infants.’

‘We still do not know whether early SSC for healthy infants helps them make the transition to the outside world more smoothly.’

The HSIB report relies on this Cochrane Review for its claims about the benefits of skin-to-skin. However, it cites the review in a factually inaccurate and highly misleading way. It says:

‘A Cochrane systematic review has shown through randomised controlled trials that skin-to-skin contact in the first hour after birth:

- calms and relaxes both mother and baby
- regulates the baby’s heart rate and breathing, helping them to better adapt to life outside the womb
- stimulates digestion and an interest in feeding
- regulates the baby’s temperature
- enables colonisation of the baby’s skin with the mother’s friendly bacteria, thus providing protection against infection
- stimulates the release of hormones to support breastfeeding and mothering.’

The Cochrane Review did *not* find evidence from randomised controlled trials for these processes. It discussed such hypothetical benefits in its background section. In fact, the results from the analysis of randomised trials were inconclusive, as cited above.

This error in interpreting the evidence is another fact about this HSIB report that is highly concerning. It suggests the justification for why skin-to-skin is beyond question is based on faulty foundations.

We acknowledge that many parents will want to hold their babies as soon as possible, but does skin-to-skin as an intervention encourage parents to persist with this process beyond their own level of comfort and confidence and their instinctive sense of safety for their baby? We point to statements such as this:

² Moore, E.R., Bergman, N., Anderson, G.C., Medley, N, 2016. Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database Syst. Rev. 11, CD003519. <https://doi.org/10.1002/14651858.CD003519.pub4>.

‘Observations of the mother’s vital signs and level of consciousness should be continued throughout the period of skin-to-skin contact. Mothers may be very tired following birth and so may need constant support and supervision to observe changes in their baby’s condition.’

We question whether someone whose vital signs are in need of monitoring should be encouraged to hold a baby.

At the heart of this report are the lives of at least six babies who died during skin-to-skin and the devastated families who grieve for them. We find it shocking that this tragic loss of life did not cause serious introspection on the part of Baby Friendly UK and disappointing that it did not lead HSIB to leave no stone unturned in its investigation.

We have discovered that Baby Friendly does not record data on its safety and its outcomes are not being monitored by any agency. We have found that concerns have been raised in the US about the link between Baby Friendly practices and SUPC, as well as an increase in newborn falls in hospital^{3, 4}. Several of our members experienced infant hospital readmissions for the complications of insufficient breastfeeding, including dehydration, jaundice and excessive weight loss, after Baby Friendly postnatal care. We are extremely concerned about the known rise in infant readmissions of this kind between 2006 and 2016 in the UK⁵.

We believe serious questions need to be asked about the safety of the Baby Friendly Initiative. The protocol has been introduced to UK hospitals without evidence for its safety or effectiveness in a similar high-income context. We feel this HSIB report fails to ask these questions in relation to skin-to-skin and SUPC, indeed whitewashes them by involving Baby Friendly UK so closely in its investigation.

We would be very grateful for HSIB’s response to these concerns.

Yours sincerely,

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Dr Ruth Ann Harpur
Catherine Roy
Dr Katie Cairns
On behalf of Infant Feeding Alliance

³ Bass, J., Gartley, T., Kleinman, R., 2016. Unintended Consequences of Current Breastfeeding Initiatives. *JAMA Pediatr.* 170 (10):923–924. <https://doi.org/10.1001/jamapediatrics.2016.1529>.

⁴ Goldsmith, J., 2013. Hospitals should balance skin-to-skin contact with safe sleep policies. *AAP News.* 34 (11) 22. Available from: <https://www.aappublications.org/content/34/11/22>. Accessed date: 27 November 2020.

⁵ Keeble, E., Kossarova, L., 2017. Focus on: Emergency hospital care for children and young people. Available from: https://www.nuffieldtrust.org.uk/files/2018-10/1540142848_qualitywatch-emergency-hospital-care-children-and-young-people-full.pdf. Accessed date: 27 November 2020.