



Humanized care in the sacred hour of the newborn: the importance of trinomial bonding in the first moments of life

<https://doi.org/10.56238/homeIIsevenhealth-116>

Ruth Belén Gallegos

Pontificia Universidad Católica del Ecuador Sede Santo Domingo

Maricelys Jimenez Barrera

Pontificia Universidad Católica del Ecuador Sede Santo Domingo

1 INTRODUCTION

The moment when a newborn meets his parents for the first time is like opening a window and starting to form a new family, being important in life, and occurs during the first hour after birth. This hour is unique and sacred, emotional, affective and sensitive of full connection and identification (Conti, 2018).

In this sense, Torres, Alcántara and Garduño (2022) state that during birth, the presence and emotional support of the couple, as well as that of the nurses, is crucial to ensure a positive experience for the parents. This active involvement of the couple is seen as a distinctive and memorable feature, and is validated by the performance of the nurses, who play an important role in providing humanized care that will be transcendental in the life of this family, giving them ownership and relevance to the process of the birth of their child.

Humanized care by the nurse during the sacred hour of the baby's birth is of utmost importance to ensure a positive experience for the mother, father and newborn. This involves a focus on the emotional and physical well-being of the mother and baby, and on promoting the active participation of the father in this process. It also implies care that takes into account the individual needs of each family, establishing a warm and welcoming environment in which the newborn - mother - father feel safe and full of love when shared with someone endowed with values such as the humanism that identifies the nurse.

In this sense, Waldow (2008) states that humanized care by the nursing professional is fundamental, since the emotional needs of the patient must be taken into account and a welcoming and safe environment must be provided.

In this regard, Waldow (2008) argues that humane care by the nursing professional is fundamental, as they must take into account the emotional needs of the patient and provide them with a welcoming and safe environment.



Watson (2007) considers that human caring involves a set of universal humanistic values, such as kindness, empathy, concern and love, which are essential to the expression of the ten Caritas factors. These factors promote the best professional care and are necessary for the science and ethics of care, the nursing professional must cultivate these values throughout life, especially when providing care in the sacred hour of the newborn. As Boff (2012) mentions, human care is a loving attitude that implies a gentle and harmonious relationship with other human beings and with nature as a whole, and is necessary to build a more just and sustainable society.

It is necessary to highlight the fundamental values underlying newborn care, such as love, respect and humanism, in particular the sacred hour of the newborn, as well as the affective bond that is established between the parents and the newborn; humanization arises in early newborn care. It is therefore essential to provide humanized care in newborn care, in which the human dimensions of care are considered from the nurse's perspective, ensuring a focus not only on the newborn and the mother, but also on the family, which promotes balance and well-being in the environment.

2 OBJECTIVES

Reveal the importance of the mother-father-newborn bond during the sacred hour, promoting humanized care.

3 METHODOLOGY

A literature review with a descriptive design was carried out, taking into account the selected scientific articles, which presented quantitative and qualitative approaches. Databases such as Scopus, Scielo, LILASC and SCIENCEDIRECT were consulted as sources of information. In order to improve the quality of the literature search, the selection criterion was that the articles were published in the last five years, considering 2019 as the deadline, and that they were related to the subject; the exclusion criterion was: publications that corresponded to postgraduate theses, such as master's degrees, specializations and doctorates, as well as review studies and articles that were published before 2014. Specific keywords: "humanized care", "newborn" and "sacred hour" were also used to limit the results and obtain relevant information for the study.

Specific terms and specialized vocabulary were identified and "humanized care", "newborn" and "sacred hour" were used as descriptors.

These were translated into other languages, such as English and Portuguese, and then logical or Boolean operators were used: OR, AND, NOT, ("Sacred Hour" OR "Sacred Hour") NOT (Humanized care) AND ("Skin-to-skin contact") AND ("Trinomial connection").

After identifying the studies, a critical reading of the texts was carried out in an exhaustive manner. The analysis of the information was carried out in an inductive way, and a total of 14 texts



were found in English, Portuguese and Spanish, distributed as follows: 1 in Scopus, 10 in Scielo, 2 in LILASC and 1 in SCIENCE DIRECT. The process of classification and information search was carried out by two researchers, who reviewed the material and applied the criteria to ensure its consistency with the objectives of the study, thus guaranteeing quality and rigor in the selection of information. In this way, the quality and accuracy of the information selection process was ensured.

4 RESULTS AND DISCUSSION

The trinomial union in humanized care

This approach focuses on the importance of the emotional bond between the newborn, mother and father during the first moments of the baby's life. This approach recognizes that the newborn is not simply an object of care, but a person who needs to establish meaningful bonds with his or her parents for emotional, cognitive and social development.

Similarly, Torres, Alcántara and Garduño (2022) highlight in their study the participation of the father and the significance of his accompaniment in the care of the newborn and in comprehensive perinatal care, thus demonstrating his intervention as part of the trinomial. Thus, this bond establishes an emotional connection that allows the couple to actively participate in humanized care at the time of birth, helping to ensure the health and well-being of the mother and baby, which can have a beneficial effect on their later development.

In the opinion of Fonseca, et al (2020) the presence of the family is paramount for the recovery of the newborn and for the development of parenthood. He places great value on the creation of a safe and familiar environment, which promotes the development of the newborn and helps to establish an early emotional bond between the parents and the baby. Therefore, it is important that the family is encouraged and allowed to be present in the care of the newborn whenever possible and safe.

A study by Hasicic (2021) highlights the importance of young people's companionship in promoting active and responsible parenthood, and advocates for more inclusive and gender-sensitive hospital practices to ensure a positive and meaningful experience for all involved in the labor and birth process.

In the same vein, Souto (2020) highlights the importance of paternal involvement in the pregnancy and birth process, having a positive impact on the father's contact with his newborn child by being present during the labor and birth process, thus influencing the health and well-being of his child by feeling more connected.

The importance of active and responsible fatherhood and a positive and meaningful experience for all fathers involved in the birth process and the newborn's sacred hour are important goals that can be achieved through accompanying fathers and adopting more inclusive and gender-sensitive hospital practices.



Skin-to-skin contact in the newborn's holy hour

The use of this practice offers multiple benefits for the baby, parents and family. Encouraging and supporting this practice contributes to a more positive and satisfying experience of birth and postpartum and newborn sacred time, as well as promoting the health and well-being of the newborn. When the mother and father are present and establish skin-to-skin contact with the baby, it creates an environment of safety and warmth that helps the baby to regulate their emotions and feel secure.

In this regard, Lilliesköld, et al (2022) report that skin-to-skin contact promotes an essential caring role for parents, fostering feelings of bonding with their newborns. When parents provide skin-to-skin contact in the sacred hour, staff should recognize and address their vulnerabilities. The authors state that good rapport with nursing staff, mediated by staff behavior and availability, facilitated skin-to-skin contact with the tri-child.

According to Agudelo, et al (2020), early skin-to-skin contact decreases the incidence of postpartum depression in mothers. However, in this practice, the role of the nurse is important and should be trained to provide care in skin-to-skin contact, even if they are fragile, and the importance of this knowledge can be seen, so that this stimulus is widely effective in the care of the mother and the newborn in the first hour of life (Souza, Pereira and Melo, 2020).

For Monteiro, et al (2022), it is crucial to train medical staff to promote and support early mother-baby contact, regardless of the circumstances of the birth. The results of the study show that in 82.9% of cases, the duration of immediate contact during the "golden hour" was only 1-5 minutes, and only 37.1% of newborns had skin-to-skin contact. Moreover, in 67.6% of cases, contact was immediately interrupted to perform procedures on the newborn, indicating the vulnerability of medical practices in the delivery room. The authors suggest research to identify other factors that may influence immediate contact, and to develop effective interventions to improve mother-infant contact.

Breastfeeding at the Newborn's Holy Hour

According to the Pan American Health Organization/World Health Organization PAHO/WHO, it is recommended that breastfeeding be initiated within the first 60 minutes after birth and that exclusive breastfeeding be maintained until 6 months of age, supplemented with other foods until 2 years of age. However, in Latin America and the Caribbean, half of newborns do not receive breast milk in the first hour of life, which is crucial to prevent neonatal mortality (PAHO, 2018).

In this perspective, breastfeeding is considered important, as well as starting within the first 60 minutes after the birth of the newborn and maintaining exclusive breastfeeding until 6 months of life. This recommendation is based on the fact that breast milk is essential to provide essential nutrients for the healthy growth and development of the newborn, as well as to prevent childhood diseases. However, it is alarming that in Latin America and the Caribbean, half of newborns do not receive breast



milk in the first hour of life, which may increase the risk of neonatal mortality. In this context, PAHO calls for measures to promote, protect and support breastfeeding to ensure the well-being of newborns.

Rodriguez (2021) points out that promoting and supporting breastfeeding from initiation to continuation in newborns is beneficial for both mother and child, as well as involving health professionals in addressing the obstacles and challenges that arise in their practice to achieve a higher success rate in breastfeeding. Encouraging and supporting breastfeeding is remarkable for improving the health of both the newborn and the mother. It is essential to stress the importance of the "sacred hour" after birth, during which immediate contact between mother and newborn and father is promoted, thus favoring early breastfeeding. To achieve success in breastfeeding, health professionals and society in general must be involved in promoting and supporting this practice.

In Ecuador, the Ministry of Public Health (MSP) has established health regulations to certify Mother and Child Friendly Health Establishments (ESAMyN) with the aim of reducing maternal and newborn mortality and morbidity. These regulations seek to ensure adequate care for pregnant women, humanized deliveries and the support, protection and promotion of exclusive breastfeeding. It is important to note that compliance with these regulations by health facilities is crucial to achieving these objectives and improving maternal and child health in the country (MSP, 2016).

The implementation of health regulations in Ecuador to certify maternal and child health facilities is crucial to ensure adequate care for pregnant women and promote exclusive breastfeeding from the sacred hour, thus improving maternal and child health in the country. In addition, exclusive breastfeeding during the first 6 months of life has long-term health benefits for the child and the mother, thus reducing maternal and neonatal mortality and morbidity in the country.

5 CONCLUSION

The sacred hour of the newborn is a crucial moment in the formation of the trinomial bond between mother, father and baby. During this period, it is essential that nurses provide humanized care focused on the emotional and physical well-being of the family, establishing a warm and nurturing environment in which they feel safe and loved. Likewise, the nursing professional must cultivate essential values throughout their life, such as humanism, responsibility and especially when providing care in the sacred hour of the newborn.

RECOMMENDATION

Nursing professionals should receive appropriate ongoing training in the humanized care of the newborn at the sacred hour and his or her family, taking into account the importance of the trinomial bond in the first moments of life.



REFERENCES

- Agudelo-Pérez, Sergio, Aguirre-Díaz, Lina María, Valderrama-López, María Alejandra, Jaller-Duarte, María Fernanda, Buitrago-Reyes, Lina, & Gamboa-Garay, Óscar. (2020). Análisis interino de un ensayo clínico aleatorizado sobre contacto piel a piel temprano versus inmediato en recién nacidos de término. *Revista mexicana de pediatría*, 87(4), 126-131. Epub 16 de diciembre de 2021. <https://doi.org/10.35366/95821>
- Boff, L. (2012). *El cuidado necesario*. Colección estructuras y procesos. Serie Religión.
- Conti, C. S. (2018). Primera hora de vida: una ventana de oro. *Rev. Hosp. Mat. Inf. Ramón Sardá*, 3(3), 167-78. Recuperado de https://sarda.org.ar/images/2018/2018-3_4.Articulo_especial.pdf
- Hasicic, C. (2021). Acompañar el parto. Experiencias de jóvenes varones padres de un barrio popular platense en hospitales públicos. *Cuadernos de la Facultad de Humanidades y Ciencias Sociales. Universidad Nacional de Jujuy*, (60), 213-237. Recuperado de https://scholar.google.es/scholar?hl=es&as_sdt=0%2C5&as_ylo=2019&q=argentina+la+presencia+del+padre+en+el+parto+y++primera+hora+del+nacimiento+del+recien+nacido&btnG=
- Lilliesköld, S., Zwedberg, S., Linnér, A., & Jonas, W. (2022). Parents' experiences of immediate skin-to-skin contact after the birth of their very preterm neonates. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 51(1), 53-64. Recuperado de <https://www.sciencedirect.com/science/article/pii/S0884217521002768>
- Ministerio de Salud Pública. (2016). *Programas y Servicios: ESTABLECIMIENTOS DE SALUD AMIGOS DE LA MADRE Y DEL NIÑO (ESAMyN)*. Recuperado el 20 de abril de 2023, de <https://www.salud.gob.ec/establecimientos-de-salud-amigos-de-la-madre-y-del-nino-esamyn/>
- Monteiro, B. R., Silva, V. G. F. D., Andrade, A. S. D. S., Machado, L. S., Pinto, E. S. G., & Souza, N. L. D. (2022). Elementos que influenciaram no contato imediato entre mãe e bebê na hora dourada. *Revista da Escola de Enfermagem da USP*, 56. Recuperado de <https://www.scielo.br/j/reeusp/a/cvgbYk36W6WkpSgPFxZJr8F/?lang=pt>
- (SciELO BRASIL)
- OPS. (2018). Leche materna desde la primera hora de vida. Recuperado de https://www3.paho.org/hq/index.php?option=com_content&view=article&id=14530:3-in-5-babies-not-breastfed-in-the-first-hour-of-life&Itemid=0&lang=es#gsc.tab=0
- Rodríguez -Soberado, M Pilar. (2021). Fomento y apoyo al inicio, exclusividad y la continuación de la lactancia materna para recién nacidos, lactantes y niños pequeños. *Ene*, 15(2), 1279. Epub 31 de enero de 2022. Recuperado en 21 de abril de 2023, de http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1988-348X2021000200012&lng=es&tlng=es.
- Souto, V. A. (2020). Participación paterna en el embarazo y el nacimiento. Efectos en el contacto del padre con su hijo recién nacido durante la internación hospitalaria. *Calidad de Vida y Salud*, 13(2), 21-29. <http://revistacdvs.uflo.edu.ar/index.php/CdVUFLO/article/view/323> esta en latindex
- Souza, H. L. R., Fernandes, F. E. C. V., Pereira, R. C. L. D. F., & Melo, R. A. D. (2020). Compreensão da enfermagem sobre o contato pele a pele entre mãe/bebê na sala de parto. *Rev. enferm. UFSM*, e93-e93. Recuperado de <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1177226> Esta en LILACS
- Torres, D. G., dos Santos Xavier, B. T. U., Alcántara, K. S. G., & Garduño, M. D. M. (2022). Atención de parto bajo un modelo obstétrico de trinomio su significado en visión de parejas. *Revista Eletrônica de Enfermagem*, 24



Waldow, V. (2008). *Cuidar: expresión humanizadora de la enfermería*. México: Editorial Nueva Palabra.

Watson, J. (2007). Watson's theory of human caring and subjective living experiences: Carative factors/caritas processes as a disciplinary guide to the professional nursing practice. *Texto & Contexto-Enfermagem*, 16, 129-135. Recuperado de <https://www.scielo.br/j/tce/a/yZCPbQkVBhjq6sxxFvwCftC/?format=html&lang=en>