IMAGING IN INTENSIVE CARE MEDICINE

Skin-to-skin care with sedated and ventilated mother

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A 36-years-old pregnant woman was admitted to our intensive care unit for severe pneumonia due to coronavirus disease 2019 (COVID-19) at 35 weeks of amenorrhea. Evolution of hypoxemia requiring high flow oxygen therapy led to remove the child by caesarean section with spinal anaesthesia. On day 7, the mother required mechanical ventilation and prone positioning for severe ARDS.

The baby needed two days of oxygen therapy.

On day 11, skin-to-skin care was realised for the first time. It was continued almost daily when the mother was in dorsal position.

Whereas the baby was quiet and needed stimulation in neonatal unit, he opened his eyes and was more aware of his environment when he was on his mother. Day after day, the skin-to-skin care had an ongoing impact on his awakening.

On day 46, while the mother was less sedated but still needing mechanical ventilation, the contact with her baby resulted in a more alert and calm state of the mother.

The COVID-19 pandemic that runs since more than one year has challenged intensive care units through the world. Usually used with premature newborns ventilated or not, with conscious mother, skin-to-skin care seems to be meaningful even though the mother is deeply sedated and ventilated (Fig. 1).

Fig. 1 Skin-to-Skin Care in adult ICU

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Author contributions

JH, EMP, RR and GF wrote the manuscript.

Declarations

Conflicts of interest

The authors have no conflict of interest to declare.

Informed consent

The authors declare to have informed consent of the patient to publish the image.

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