



PERCEPTION, ATTITUDE, BARRIERS, AND IMPLEMENTATION OF SKIN-TO-SKIN CONTACT AMONG PRIMIPAROUS MOTHERS IN ABA, NIGERIA.

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Article History	Abstract
Received: 17 May 2026 Accepted: 25 Jun 2026 Published: 03 Aug 2026	Background: Skin-to-skin contact (SSC) is one of the simplest yet most effective practices involving newborns whereby the newborn is positioned on the chest of the mother skin-to-skin without clothes shortly after birth. This helps in maintaining the body temperature of babies, early breast-feeding of infants, and also helps the mother-baby bonding process. Even though the benefits associated with this practice have been discovered over a period of time, this is practiced sparingly by developing countries, including Nigeria, due to factors such as institutional routine, poor antenatal education, and lack of privacy, among others. Methods: Mixed methods research design was adopted. For the collection of quantitative data, questionnaires were administered to 100 mothers, while qualitative data were collected from 22 mothers using semi-structured interviews until saturation was attained. Quantitative data were analyzed using SPSS, while qualitative data were analyzed using a thematic approach. The ethical approval for the study was provided by the Ethics Review Board, University of Port Harcourt. Results: Just 18% of the mothers engaged in SSC right after delivery. Nonetheless, most of the mothers had sufficient awareness about the technique (mean = 14.43; SD = 1.43) and a positive attitude toward SSC (77%). There was a significant positive correlation between perception and attitude toward SSC ($r = 0.482$; $p < 0.05$). There was also a significant correlation between perception, attitude, and barriers to performing SSC. Conclusion: Although first-time mothers recognize the significance of SSC and accept it, it remains underused due to structural challenges. More attention must be focused on education, healthcare, and hospital systems. Evidence-based hospital policies and better healthcare practitioner support can lead to the increased adoption of SSC by first-time mothers.
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Introduction

Skin-to-skin contact (SSC), which is also referred to as kangaroo mother care, entails positioning a child immediately after birth on their mothers' chests without wearing clothes. Skin-to-skin contact is a very easy method that is being widely practiced in many parts of the world owing to its role in improving survival rates among infants, facilitating breastfeeding success, and fostering maternal bonding with infants (WHO, 2018). In the past, skin-to-skin contact was considered an alternative treatment option mainly used for infants who were born prematurely; however, nowadays, it is recommended that skin-to-skin contact should be practiced by all mothers.

Broad Background and Context

This time period is very significant for both the mother and the child as the former prepares herself for being a caregiver while developing emotional attachments whereas the latter goes through physiological adjustment from intrauterine to extrauterine life. Increased interaction in the initial days promotes emotional attachment between the two while stabilizing the baby (Ludington-Hoe et al., 2019). In skin-to-skin contact, heat is transferred from the mother to the baby due to which the temperature of the newborn is regulated as a result of reduced risk of morbidity and mortality caused by hypothermia, especially in underserved settings.

The skin-to-skin contact technique originated in Colombia during the seventies and gradually became one of the globally recognized techniques due to its health advantages. Research studies confirmed the safety of this procedure along with its advantages for the improved likelihood of survival for premature or low birth weight infants. Several benefits of skin-to-skin contact for full term infants have also been reported. Breastfeeding, heart rate stability, respiratory functions and maternal satisfaction were some of the effects of this method among others. Reduced baby crying, mother-infant bonding, maternal confidence building, and early breastfeeding are included in its benefits as well.

Physiologically, skin-to-skin contact leads to the elevation of the oxytocin hormone in mothers, leading to improved uterine contractions, breast milk production, and breast feeding. This is vital in establishing SSC as an essential procedure in neonatal care.

Review of Relevant Literature

Nonetheless, even with the many benefits associated with SSC, implementation is not consistent among healthcare facilities. According to WHO (2022), continuous and immediate SSC ought to be carried out for one hour after birth, or up to when the baby completes his/her initial breastfeeding. Sadly, the adherence to the recommendation is not always consistent, particularly in developing countries.

There have been numerous reports in the literature about hindrances in the application of SSC in sub-Saharan Africa. As indicated by Agho et al. (2021), lack of antenatal education, personnel shortages, and normal hospital processes affect the timely application of SSC. For instance, the infant is normally separated from the mother immediately after delivery for assessments such as weighing, cleaning, or observation. In the process, the initial interaction between the mother and the child may be affected. First-time mothers, or primiparous mothers, experience these challenges significantly since they rely heavily on the support of health professionals during the process (Lumbiganon et al., 2016). In this case, the perception and attitude of primiparous mothers towards SSC may greatly influence acceptance of or resistance to this practice. This is because the mothers are inexperienced with childbirth and therefore dependent on healthcare professionals.

From the Theory of Planned Behavior by Ajzen (1991), intentions can be predicted using individual perceptions and beliefs associated with certain behavior. As such, mothers with positive perceptions about SSC will tend to have favorable attitudes toward the behavior. Misconceptions as well as the fear of potentially hurting the baby may make the behavior unacceptable. Mothers with negative attitudes toward SSC could arise from cultural beliefs as well as embarrassment, lack of privacy, and lack of proper counseling by health care providers (WHO, 2018).

Gap in Knowledge

While numerous studies have been carried out on the effectiveness of SSC in the clinical environment, very few have been done to examine the effect of mothers' perceptions, attitudes, and barriers to the implementation of the practice among first-time mothers in a particular geographical region such as Aba in Abia State. Many sources of information are concerned with general groups of mothers or outcomes for infants without considering the impact of psychological and behavioral issues on the implementation of the practice. Previously, most studies have centered around the outcomes of infants and the general population of mothers without focusing on the perceptions of mothers and other factors that influence the implementation of SSC among first-time mothers in Nigeria.

Importance of the Study

Addressing these gaps will contribute significantly to improving the outcomes related to maternal and neonatal health. In particular, neonatal mortality, which is one of the most common problems in Nigeria nowadays, remains one of the major public health concerns due to the avoidable reasons such as hypothermia, infections, and delays in breastfeeding, which can be avoided with the implementation of SSC techniques. It has been

established that immediate SSC is associated with improved breastfeeding initiation, better adjustment of the neonates to postnatal environment, as well as prevention of newborn problems that relate to delayed thermoregulation and insufficient maternal bonding.

Apart from the clinical importance of the proposed research, there are educational implications as well. The study concerning the perceptions and attitudes of mothers to SSC can help to develop effective strategies for providing health education and counseling that are based on the assessment of attitudes towards SSC among mothers. In practice, knowledge obtained from the proposed research can be utilized by nurses and midwives working directly with pregnant women. At the same time, in terms of policy making, evidence provided by the study can become the basis for the development of SSC guidelines.

Therefore, knowledge on the perception, attitudes, and practice of SSC among first-time mothers is key for improvement of the healthcare services for maternal and neonates in healthcare facilities in Aba, Abia State.

In conclusion, SSC is a very effective method but at the same time, it is a low-cost, scientific process that would significantly minimize the number of deaths and morbidities of newborns. For making SSC popular, both maternal and system-related obstacles need to be addressed.

Research Questions

This study is guided by the following research questions:

1. What are the perceptions of primiparous mothers regarding skin-to-skin contact?
2. What are the attitudes of primiparous mothers toward skin-to-skin contact?
3. What is the level of implementation of skin-to-skin contact among primiparous mothers after childbirth in selected hospitals in Aba, Abia State?
4. What relationship exists between maternal perception, attitude, and perceived barriers to the implementation of skin-to-skin contact?

Methodology

Study Population

The study population comprised 133 primiparous mothers who delivered their infants in selected health facilities in Aba, Abia State, within the period of investigation. These primiparous mothers were considered because they delivered their babies for the first time. First-time mothers were selected because they rely more on the expertise of healthcare practitioners in newborn care practices such as skin-to-skin contact (SSC).

Primiparous mothers who delivered healthy babies, remained in good physical health following delivery, and were willing to participate in the study constituted the study population. Primiparous mothers who experienced complications following childbirth were excluded because they could not practise SSC. Likewise, primiparous mothers who delivered infants requiring urgent medical assistance were excluded because SSC could not be initiated immediately after birth.

Research Methods and Study Design

This method adopted a strategy where both qualitative and quantitative approaches were used to give a holistic view of the research problem. This approach was considered appropriate because it involved the measurement of the perceptions and attitudes of primiparous women about the practice of SSC, as well as their experiences in respect of SSC.

The quantitative method involved the collection of numerical data from the participants using structured questionnaires. The quantitative part of this research sought to get measurable information in respect of maternal perception, attitude, barriers, and practice of SSC among primiparous mothers. The qualitative part of the research, on the other hand, involved the administration of interviews to collect information about experiences and perceptions regarding SSC practices after childbirth.

Mixed methods allowed the researcher to get numerical and descriptive information about the practice of SSC among primiparous mothers.

Study Variables

The variables for this study include perception, attitude, barriers, and implementation of skin-to-skin contact (SSC) practice. Perception is the term used to describe how primiparous mothers perceive SSC and its impacts on their health and neonatal well-being. Attitude is the emotional state of mothers with regard to SSC as influenced by factors such as knowledge, culture, and health care.

Barriers to SSC may arise from hospital policies, privacy issues, prenatal education gaps, staffing problems, and hospital procedures that hinder early SSC following childbirth.

Implementation refers to the actual practice of skin-to-skin contact by primiparous mothers immediately after childbirth. It involves placing the newborn directly on the mother's bare chest soon after birth and maintaining uninterrupted contact for an appropriate period. In this study, implementation was assessed by determining whether mothers practised skin-to-skin contact immediately after delivery, the duration of the contact, and who encouraged the practice.

Sample Size Determination

The research design has been combined with both qualitative and quantitative elements. For the quantitative element, the following equation from Yamane (1967) was used to establish sample size:

$$n = \frac{N}{1} + N(e^2)$$

A total of 100 primiparous mothers were selected for the quantitative phase of the study using the calculated sample size based on hospital delivery records. This sample size was considered adequate to achieve sufficient statistical power at a 95% confidence level and a 5% margin of error. In addition, 22 primiparous mothers participated in the qualitative phase through in-depth interviews, with recruitment continuing until data saturation was achieved.

For the qualitative element, 20–25 women have been selected. The sample size is based on data saturation when there are no new themes anymore (Guest et al., 2017). In all, 22 mothers took part in the interviews before reaching saturation.

Sampling

Simple random sampling method was adopted during the process of quantitative data analysis. Delivery reports were obtained from the chosen hospitals, and random numbers were applied in order to determine the participants. Therefore, all eligible mothers had an equal chance of participating in the study.

Purposive sampling approach was used in the qualitative data collection process. The mothers that underwent SSC process and who were ready to take part in interviews were selected. This strategy allowed gathering more detailed information about SSC practice from women who had experienced SSC after delivery.

Study Instrument

For data collection, both a questionnaire and an interview guide were employed. The questionnaire consisted of sections about socio-demographic, perceptions, attitudes, barriers, and practices of SSC amongst primiparous mothers. The questions in the questionnaire were based on the Likert Scale in order to establish the levels of agreement by the participants with certain statements regarding SSC.

As for the interview guide, it contained questions regarding mothers' experience, views, feelings, and difficulties they encounter while practicing SSC. Open-ended questions were applied during interviews in order to give mothers enough space for expressing their experience after childbirth.

Data Collection

The data collection process was done in the maternity wards and postnatal clinics within the chosen hospitals. In addition, immunization clinics were used as mothers who come to such clinics are more relaxed and can remember their experiences related to skin-to-skin contact practices after delivery.

Permission and consent were acquired from the hospital management before starting the data collection process in order to explain the nature of the research to the participants. It should be noted that the participation of the participants is voluntary.

Those respondents who were literate completed the questionnaire, while those who could not fill out the questionnaire received assistance from trained interviewers. Nurses and midwives helped in data collection due to hospital activities and to make the process easier.

Concerning the qualitative method, face-to-face interviews were conducted in the appropriate environment within the hospital premises. Interview responses were thoroughly recorded.

The process of performing skin-to-skin contact procedure was conducted through regular practices in maternal and infant care. The skin-to-skin contact took place right after delivery if the mother and the baby were healthy and stable. The infant was dried and thereafter laid on the chest of his mother who was unclothed but

appropriately covered to conserve heat and promote close contact between mother and infant.

Duration of Study

The experiment was carried out for three weeks from February 2 to February 23, 2026. Since there were frequent patient admissions at the chosen facilities, the researcher was able to get the required sample within the stated period of time. It also aided in minimizing environmental interferences with the implementation of SSC within the same period.

Data Processing

Quantitative data analysis was done through the use of SPSS (Statistical Package for Social Science) software. Descriptive statistics included frequency distribution, percentage distribution, mean, and standard deviation that were used in data analysis of socio-demographic factors, maternal perception, attitude, barriers, and the implementation of SSC.

Correlational analysis was applied to find out the association between maternal perception, attitude, and barriers towards the implementation of SSC among primiparous women.

Thematic analysis was used in the qualitative data collected through interviews. Data was grouped into themes according to the similar views of the respondents concerning SSC practices.

Ethical Clearance, Permission, and Consent

Approval for the conduct of the study was sought from the relevant ethical committee before the start of the study. Approval was also obtained from the respective management of the chosen hospitals prior to commencing the process of data collection.

All participants were appropriately informed about the aim and objective of the study. Information provided was assured of privacy and anonymity throughout the research. The participation of all participants in the study was voluntary, and their informed consent was sought before questionnaire and interview administration.

All information acquired during the process of research was kept confidential, and data collected was utilized solely for the purpose of research only.

In reporting the current study, the STROBE guidelines were used. Besides, the qualitative aspect of the study was conducted in accordance with COREQ guidelines.

Results

The distribution of 100 questionnaires was done among primiparous mothers from chosen hospitals within Aba, Abia State. All the questionnaires were accurately answered and collected, thus achieving an effective response rate of 100%. Also, twenty-two respondents participated in the qualitative interviews.

Socio-Demographic Characteristics of Respondents

Most of the participants were between the ages of 20–29 years (57%), while those aged 30–39 years were 28% (Table 1). Those who fell under the age range of 18–19 years accounted for ten percent of the participants while those whose age was above 40 years were five percent. Most of the participants were married (85%), while fifteen percent were singles. More than half of the participants received their education up to the tertiary level (50%) followed by those who attained secondary level (42%), while eight percent obtained primary education. Majority of the participants experienced vaginal delivery (73%) compared to caesarean delivery (27%).

Table 1: Socio-Demographic Characteristics of Respondents (N = 100)

Variable	Frequency	Percentage
Age 18–19 years	10	10%
Age 20–29 years	57	57%
Age 30–39 years	28	28%
≥40 years	5	5%
Single	15	15%
Married	85	85%
Primary Education	8	8%
Secondary Education	42	42%
Tertiary Education	50	50%
Vaginal Delivery	73	73%
Caesarean Section	27	27%

Maternal Perception of Skin-to-Skin Contact

The mean score for respondents' perception was 14.43 with a standard deviation of 1.43. The minimum score on perception was 12, while the highest score was 18. Respondents had positive perceptions towards SSC practices. The majority of the respondents opted for answers that indicated knowledge about the advantages of SSC for both mothers and newborns.

Table 2: Perception Scores of Respondents (N = 100)

Variable	Mean	SD	Min	Max
Perception Score	14.43	1.43	12	18

Maternal Attitude Toward Skin-to-Skin Contact

Positive attitudes towards SSC were indicated by 77 respondents constituting 77%, whereas negative attitudes were indicated by 23 respondents constituting 23% (Table 3). Positive attitudes were found to be prevalent among the respondents than negative attitudes towards SSC.

Table 3: Attitude Toward SSC (N = 100)

Attitude	Frequency	Percentage
Positive	77	77%
Negative	23	23%

Implementation of Skin-to-Skin Contact

Respondents who practiced skin-to-skin contact (SSC) immediately after childbirth accounted for 18 (18%), while 82 (82%) did not practice SSC immediately after childbirth (Table 4). This indicates that the majority of respondents did not practice skin-to-skin contact immediately after delivery, suggesting a low level of implementation among primiparous mothers in the selected hospitals.

Table 4: Practice of Skin-to-Skin Contact (N = 100)

Practice	Frequency	Percentage
Yes	18	18%
No	82	82%

Perceived Barriers to Skin-to-Skin Contact

Hospital routines were identified by 65% of the participants as an obstacle to the practice of SSC. Antenatal education had not been provided to 52% of the participants, while the problem of privacy was identified by 40% of them. Lack of staff was pointed out by 35% of the participants. Hospital routine emerged as the most

common challenge faced by all the participants. Antenatal education was also another common challenge identified by the participants.

As per the participants, babies were separated from their mothers immediately after birth to weigh and observe them. In addition to this, poor SSC-related information during the antenatal period was identified by the participants.

Table 5: Perceived Barriers to SSC (N = 100)

Barrier	Frequency	Percentage
Hospital Routine	65	65%
Lack of Antenatal Education	52	52%
Lack of Privacy	40	40%
Staff Shortage	35	35%

Relationship between Perception, Attitude, and Barriers

There is a positive relationship between perception and attitude regarding SSC ($r = 0.482$; $p < 0.05$). Barriers related to SSC have negative relationships with perception ($r = -0.376$) and attitude ($r = -0.402$).

Qualitative Findings

Four main themes were identified from the interviews conducted qualitatively. The participants indicated an emotional connection between the mothers and the babies in relation to the use of skin-to-skin contact. The respondents further indicated an improvement in confidence among the mothers and a decrease in crying among the babies while using the skin-to-skin technique. The participants indicated that the routine procedures of early separation between the mother and baby were a barrier to implementing immediate skin-to-skin contact.

Discussion

This study determined the perception, attitude, and practice of SSC by primiparous women in select hospitals in Aba, Abia State. Results indicate that the majority of the participants expressed positive perception and attitude towards SSC despite having low practice rate of the activity immediately after delivery. The study also established some maternal and institutional obstacles that prevented practice of immediate SSC by mothers immediately after childbirth. The results obtained answered the research questions

outlined in the introductory part of the paper and provided insights into how maternal perception, attitude, and other healthcare factors affect practice of SSC.

The socio-demographic characteristics showed that 57 (57.0%) of the respondents were aged 20–29 years, 85 (85.0%) were married, 50 (50.0%) had tertiary education, and 73 (73.0%) delivered vaginally. High educational levels among the respondents might have played a role in their awareness about best practices in maternity and neonatal healthcare such as SSC. This result is consistent with previous studies where it was found out that well-educated women are more aware about the need for best maternal and neonatal healthcare practices (Moore et al., 2016).

Results from the study showed that the majority of respondents exhibited positive perceptions about SSC. The mothers were aware of the need for SSC to enhance the wellbeing of mothers and neonates. These results are consistent with the study conducted by Bigelow and Power (2020), who found that mothers with adequate knowledge about SSC tended to have positive perceptions due to the benefits accruing from the process. In a similar vein, Sharma et al. (2021) observed that mothers who acquired adequate information on SSC while undergoing prenatal care had positive perceptions about it. It is essential that there are positive maternal perceptions since this would determine readiness to engage in newborn care practices after delivery.

Moreover, the results showed that most respondents had positive attitudes about SSC practices. Positive maternal attitudes towards SSC indicate that the mothers are willing to engage with their infants soon after delivery. These results align with the theory of planned behavior proposed by Ajzen (1991). The researcher argues that an individual's perceptions and beliefs affect attitudes and behavioral intention. This finding is congruent with Ajzen's Theory of Planned Behavior (1991) positing that individual beliefs and perceptions affect attitudes and intentions. Beliefs held by mothers regarding the benefits of SSC would make them have a positive attitude toward SSC. This result is also in line with findings from Moore et al. (2016), where positive maternal attitudes towards SSC made mothers more accepting of SSC.

Even though the favorable perception and attitudes were noticed among the respondents, SSC following delivery was still low. Based on this outcome, it is evident that the

favorable perception and attitude of the mother cannot ensure the practice of SSC soon after delivery. This outcome is similar to that of Agho et al. (2021), which highlighted how healthcare and institutional constraints can prevent the implementation of SSC practices in developing countries.

The qualitative findings revealed four major themes: Emotional Fulfilment and Maternal Bonding, Enhanced Maternal Confidence and Competence, Perceived Physical Benefits to the Baby, and Structural and Institutional Barriers to Skin-to-Skin Contact. Mothers described SSC as an experience that strengthened bonding with their babies, increased their confidence in caring for their newborns, reduced infant crying, and promoted warmth and breastfeeding. These findings agree with Uvnäs-Moberg et al. (2015) and Ludington-Hoe et al. (2019), who reported that SSC improves mother–infant bonding and maternal well-being. Triangulation of the findings showed that the qualitative results supported the quantitative findings. While the quantitative results showed positive maternal perception (mean = 14.43 ± 1.43) and attitude (77%) but low implementation (18%), the qualitative findings explained that routine hospital procedures, inadequate support from healthcare providers, limited antenatal education, and lack of privacy were the major reasons why many mothers did not practise SSC.

Systemic Barriers to SSC Implementation

The research highlighted various structural barriers that hampered the SSC process among primiparous women. The institutional processes were one of the structural barriers that hampered SSC immediately after childbirth. Respondents revealed that the baby was always separated from the mother after birth to weigh, clean, and observe her. Poor antenatal education, lack of privacy, and inadequate staffing were other barriers associated with immediate SSC implementation. These findings agree with existing studies done in sub-Saharan Africa that indicate that structural barriers, such as poor health care support, impede SSC process (Agho et al., 2021; Boundy et al., 2016).

The results relating to lack of antenatal education indicate that some mothers delivered their babies while lacking enough information on SSC. Proper antenatal counseling is essential in preparing the mother mentally to carry out the newborn practices right from the time the baby is born. As previous researchers have indicated,

mothers who receive proper antenatal information about SSC are more likely to seek to do SSC as soon as the baby is born (Sharma et al., 2021).

Inadequate privacy in the hospital setting has also been noted by many respondents. Some mothers may be shy of carrying out SSC practices in an environment that does not provide enough privacy for them. One major factor that has emerged from this study as well is shortage of staff members. Shortage of healthcare staff may limit supervision offered to the new mother immediately after giving birth to her baby.

The results on correlations indicated a positive association between maternal perception and attitude towards SSC. Based on this finding, one can infer that mothers with positive perceptions also had a tendency to develop positive attitudes towards SSC. In addition, negative associations were observed between barriers perceived and maternal attitude and perception towards SSC practice. The findings obtained support the assumptions proposed in the Theory of Planned Behavior suggested by Ajzen (1991), as per which beliefs, perceptions, and environment have a profound impact on behavioral intentions and practices.

The findings of the current study helped reduce the gap identified in the introductory part of the paper concerning a lack of context-specific literature on maternal perception, attitude, and barriers towards SSC implementation among primiparous women in Aba, Abia State. Prior studies mostly concentrated on the effects of SSC on neonates and the general population of mothers while ignoring specific groups of mothers. In particular, in contrast to previous research, this paper considers mothers having their first child and healthcare-related barriers towards the implementation of SSC practice.

The results of this study have implications for health care practitioners, hospital management, policy makers, and researchers. Nurses and midwives dealing directly with mothers during pre-natal care, birth process and postnatal care will be able to use these results to enhance maternal education concerning SSC. Hospitals management can also evaluate their policies that lead to early separation of mothers and their babies immediately after delivery. Policy makers will be able to use these results to formulate policies on routine implementation of SSC.

The strength of this study was the utilization of both qualitative and quantitative research methods in the collection of data, which facilitated greater insight into the mothers' perceptions, attitudes, barriers and implementation of SSC. This study offered context-specific evidence on SSC practices in selected hospitals in Aba, Abia State

While the study met its aims, there were some constraints to note. The study relied partly on subjective responses of the participants, who might not have accurately recalled their experiences with skin-to-skin contact following childbirth. Nevertheless, the study has contributed significantly to the understanding of maternal perception, attitude, barriers, and SSC implementation among first-time mothers.

Further studies could involve larger samples. Future studies could also focus on healthcare practitioners' perceptions and institutional readiness toward SSC implementation. There is also a need for more research on possible strategies that can be used to enhance SSC practices in healthcare institutions.

Conclusion

The study examined perception, attitude, barriers and practice of skin-to-skin contact among primiparous women in selected hospitals in Aba, Abia state. The results showed that the majority of the respondents had positive perceptions and attitudes towards SSC. Nevertheless, SSC after birth was practiced very little because of some obstacles, including hospital routine, lack of education about SSC during pregnancy, lack of privacy, and shortage of nursing staff.

The study made a contribution to existing knowledge through context-specific information about the effect of maternal perception, attitude, and obstacles within the healthcare institution in the practice of SSC. The study also emphasized the need for support from healthcare institutions to facilitate SSC practices among mothers after childbirth. Positive experiences of mothers who practice SSC include maternal emotional attachment, confidence, and baby's decreased cries.

The study provided additional insights into the importance of enhanced antenatal education, effective hospital policies, and support for healthcare workers in increasing the uptake of SSC in healthcare facilities. There should be enough counseling of mothers on SSC by nurses and midwives through antenatal and postnatal care services. Hospital management is advised to review

processes within institutions that hinder immediate mother-infant bonding following childbirth. Regular training of staff on the right evidence-based practices during delivery could enhance SSC uptake.

Despite the limitation in the geographical coverage of the study, the results could help healthcare providers, policymakers, and researchers gain additional knowledge on how to promote SSC in Nigerian hospitals. Future research using more diverse samples across different healthcare facilities is highly recommended.

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Conflict of Interest

No Conflict of Interest.

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