Introduction
The benefit of skin-to-skin contact (SSC) immediately after birth for stable mothers and babies is so well documented and recommended by all major organizations. To address the changing of practice, clinical staff of O&G raised their concern about the safe practice and neonatal thermoregulation issues during SSC from Delivery Suite to Postnatal Ward.

Objectives
In order to monitor the practice and evaluate the effectiveness of SSC on stabilizing the babies' body temperature, a clinical audit was conducted in April and May 2015.

Methodology
The Practice Guide and Assessment of SSC in Delivery Suite was developed. Two training sessions had been conducted to enhance safe practice and staff competency. All newborn babies in April and May 2015 with SSC practice in Delivery Suite were recruited as audit samples. Excel 2013 and SPSS version 19 were used for clinical data analysis.

Result
Total 873 live births in April and May 2015. 523 (59.91%) mother and newborn baby dyads had initiated SSC in Delivery Suite and recruited as audit sample. Early initiation of SSC within 5 minutes immediate after birth was 56.6% (n=296) and 46.5% (n=243) babies could have SSC duration with their mothers for longer than an hour (>60 minutes). Results showed that longer duration of SSC (mean = 60.69 minutes) indicated increasing the mean of babies' temperature from 0.13 - 0.2°C. Pearson test showed positive correlation between maternal temperature and baby temperature at one hour (r = 0.107, sig. 2-tailed p = 0.02) with SSC. Statistical analysis the methods of neonatal transportation from Delivery Suite to Postnatal Ward, one-way ANOVA revealed a significant difference between group on mean temperature, F(3, 519)= 22.75, p= 0.000, n2 = 0.116. Well wrapped baby holding by mother demonstrated the significant higher mean baby temperature (n = 109, mean temp = 36.93°C, SD =
Group of babies continue SSC (n = 176) had higher mean temperature than the group of transporting by incubator (n = 115, p = 0.002) on arrival to postnatal ward.