

The Importance of Skin to Skin Contact

There are now a multitude of studies that show that mothers and babies should be together, skin to skin (baby naked, not wrapped in a blanket) immediately after birth, as well as later. The baby is happier, the baby's temperature is more stable and more normal, the baby's heart and breathing rates are more stable and more normal, and the baby's blood sugar is more elevated. Not only that, skin to skin contact immediately after birth allows the baby to be colonized by the same bacteria as the mother. This, plus breastfeeding, are thought to be important in the prevention of allergic diseases. When a baby is put into an incubator, his skin and gut are often colonized by bacteria different from his mother's.

We now know that this is true not only for the baby born at term and in good health, but also even for the premature baby. Skin to skin contact and Kangaroo Mother Care can contribute much to the care of the premature baby. Even babies on oxygen can be cared for skin to skin, and this helps reduce their need for extra oxygen, and keeps them more stable in other ways as well (See www.kangaroomothercare.com) (See handout *Preemie*).

To appreciate the importance of keeping mother and baby skin to skin for as long as possible in these first few weeks of life (not just at feedings) it might help to understand that a human baby, like any mammal, has a natural habitat in which he is supposed to be: with and on his mother. When a baby or any mammal is taken out of this natural habitat, it behaves in a way which is unnatural. A baby wrapped in a blanket or swaddled behaves not so much like a baby, but instead becomes too sleepy or lethargic and needs to shut down; or becomes disassociated altogether. Or, such a baby may shake and cry and protest in despair. When a baby is swaddled it cannot interact with his mother, the way nature intended, and the way that is necessary for his very survival. The mother and the baby exchange sensory information that **stimulates and elicits "baby" behaviour**: rooting and searching to eat, calming in his mother's arms, staying warm and maintaining his temperature.

From the point of view of breastfeeding, babies who are kept skin to skin with the mother immediately after birth for at least an hour, are more likely to latch on without any help and they are more likely to latch on *well*, especially if the mother did not receive medication during the labour or birth. As mentioned in the handout *Breastfeeding—Starting out Right*, a baby who latches on well gets milk more easily than a baby who latches on less well. When a baby latches on well, the mother is less likely to be sore. When a mother's milk is abundant, the baby can take the breast poorly and still get lots of milk, though the feedings may then be long or frequent or both, and the mother is more prone to develop problems such as blocked ducts and mastitis. In the first few days, however, the mother does have the appropriate amount of milk that baby requires. She is not supposed to have a large amount—that would be *inappropriate* for baby and no baby could safely consume a large amount of milk—**Mother has enough!** Yes, the milk is there even if someone has proved to you with the big pump that there isn't any. How much does or does not come out in the pump proves nothing—it is irrelevant. Also note, **no one who squeezes a mother's breast can tell whether there is enough milk in there or not.** And a good latch is important to help the baby get that milk that is available. If the baby does not latch on well, the mother may be sore, and if the baby does not get milk well, the baby will want to be on the breast for long periods of time worsening the soreness.

To recap, skin to skin contact immediately after birth, which lasts for at least an hour (and should continue for as many hours as possible throughout the day and night for the first number of weeks) has the following positive effects on the baby:

- Is more likely to latch on
- Is more likely to latch on well
- Is more stable and has normal skin temperature
- Is more stable and has a normal heart rate and blood pressure
- Has higher blood sugar
- Is less likely to cry
- Is more likely to breastfeed exclusively longer
- Will self wake when hungry

There is no reason that the vast majority of babies cannot be skin to skin with the mother immediately after birth for at least an hour. Hospital routines, such as weighing the baby, should not take precedence.

The baby should be dried off and put on the mother. Nobody should be pushing the baby to do anything; nobody should be trying to help the baby latch on during this time. Baby may be placed vertically on mother's chest and be allowed to slowly find his way to the breast, while mother supports him if necessary. During this period mother should be encouraged to allow baby to find his way while keeping her hands off his head. The mother, of course, may make some attempts to help the baby, and this should not be discouraged. This is baby's first journey in the outside world and the mother and baby should just be left in peace to enjoy each other's company. (The mother and baby should not be left alone, however, especially if the mother has received medication, and it is important that not only the mother's partner, but also a nurse, midwife, doula or physician stay with them—occasionally, some babies do need medical help and someone qualified should be there “just in case”). The eye drops and the injection of vitamin K can wait a couple of hours. By the way, immediate skin to skin contact can also be done after caesarean section, even while the mother is getting stitched up, unless there are medical reasons which prevent it.

Studies have shown that even premature babies, as small as 1200 g (2 lb 10 oz) are more stable metabolically (including the level of their blood sugars) and breathe better if they are skin to skin immediately after birth. The need for an intravenous infusion, oxygen therapy or a nasogastric tube, for example, or all the preceding, does not preclude skin to skin contact. Skin to skin contact is quite compatible with other measures taken to keep the baby healthy. Of course, if the baby is quite sick, the baby's health must not be compromised, but any premature baby who is not suffering from respiratory distress syndrome can be skin to skin with the mother immediately after birth. Indeed, in the premature baby, as in the full term baby, skin to skin contact may decrease rapid breathing into the normal range.

Even if the baby does not latch on during the first hour or two, skin to skin contact is important for the baby and the mother for all the other reasons mentioned.

If the baby does not take the breast right away, *do not panic*. There is almost never any rush, especially in the full term healthy baby. One of the most harmful approaches to feeding the newborn has been the bizarre notion that babies must feed every three hours. Babies should feed when they show signs of being ready, and keeping a baby next to his mother will make it obvious to her when the baby is ready. There is actually not a stitch of proof that babies must feed every three hours or by any schedule, but based on such a notion, many babies are being pushed into the breast because three hours have passed. The baby who is not yet interested in feeding may object strenuously, and thus is pushed even more, resulting, in many cases, in baby refusing the breast because we want to make sure they take the breast. And it gets worse. If the baby keeps objecting to being pushed into the breast and gets more and more upset, then the “obvious next step” is to give a supplement. And it is obvious where we are headed (see handout *When a Baby Has Not Yet Latched*).

Questions? Email Jack Newman at drjacknewman@sympatico.ca, or Edith Kernerman at breastfeeding@sympatico.ca or consult: Dr. Jack Newman's Guide to Breastfeeding (called *The Ultimate Breastfeeding Book of Answers* in the USA) or our DVD, *Dr. Jack Newman's Visual Guide to Breastfeeding*; or *The Latch Book and Other Keys to Breastfeeding Success*; or *L-eat Latch & Transfer Tool*, or the *GamePlan for Protecting and Supporting Breastfeeding in the First 24 Hours of Life and Beyond*. See our website at www.drjacknewman.com. To make an appointment email breastfeeding@ccnm.edu and respond to the auto reply or call 416-498-0002.

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