

The Importance of Skin to Skin Contact by Jack Newman, MC FRCPC

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 needs for oxygen, and keeps them more stable in other ways as well.

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 information sheet, Handout #1 *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 not have a lot of milk (**but she has enough!**), and a good latch is important to help the baby get the milk that is available (yes, the milk is there even if someone has proved to you with the big pump that there isn't any). 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 has the following positive effects on the baby:

- Are more likely to latch on
- Are more likely to latch on well
- Have more stable and normal skin temperatures
- Have more stable and normal heart rates and blood pressures
- Have higher blood sugars
- Are less likely to cry
- Are more likely to breastfeed exclusively longer

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. The mother, of course, may make some attempts to help the baby, and this should not be discouraged. 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 cesarean 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 still good and 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 not interested yet in feeding may object strenuously and thus is pushed even more, resulting, in many cases, in babies 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 #26 *When a Baby Refuses to Latch On*).

Newman, J. and Pitman P. *The Ultimate Book of Breastfeeding Answers* Three Rivers Press: New York 2006

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