

Bonding with Your Newborn

by William Sears, MD

Bonding--What it Means

Bonding--the term for the close emotional tie that develops between parents and baby at birth--was the buzzword of the 1980's. Doctors Marshall H. Klaus and John H. Kennell explored the concept of bonding in their classic book *Maternal-Infant Bonding*. These researchers speculated that for humans, just as for other types of animals, there is a "sensitive period" at birth when mothers and newborns are uniquely programmed to be in contact with each other and do good things to each other. By comparing mother-infant pairs who bonded immediately after birth with those who didn't, they concluded that the early-contact mother-infant pairs later developed a closer attachment.

Bonding is really a continuation of the relationship that began during pregnancy. The physical and chemical changes that were occurring in your body reminded you of the presence of this person. Birth cements this bond and gives it reality. Now you can see, feel, and talk to the little person whom you knew only as the "bulge" or from the movements and the heartbeat you heard through medical instruments. Bonding allows you to transfer your life-giving love for the infant inside to caregiving love on the outside. Inside, you gave your blood; outside, you give your milk, eyes, hands, and voice--your entire self.

Bonding brings mothers and newborns back together. Bonding studies provided the catalyst for family-oriented birthing policies in hospitals. It brought babies out of nurseries to room-in with their mothers. Bonding research reaffirmed the importance of the mother as the newborn's primary caregiver.

Bonding is not a now-or-never phenomenon. Bonding during this biologically sensitive period gives the parent-infant relationship a head start. However, immediate bonding after birth is not like instant glue that cements a parent-child relationship forever. The overselling of bonding has caused needless guilt for mothers who, because of medical complication, were temporarily separated from their babies after birth. Epidemics of bonding blues have occurred in mothers who had cesarean births or who had premature babies in intensive care units.

What about the baby who for some reason, such as prematurity or cesarean birth, is temporarily separated from his mother after birth? Is the baby permanently affected by the loss of this early contact period? Catch-up bonding is certainly possible, especially in the resilient human species. The conception of bonding as an absolute critical period or a now-or-never relationship is not true. From birth through infancy and childhood there are many steps that lead to a strong mother-infant attachment. As soon as mothers and babies are reunited, creating a strong mother-infant connection by practicing the attachment style of parenting can compensate for the loss of this early opportunity. We have seen adopting parents who, upon first contact with their one-week-old newborn, express feeling as deep and caring as those of biological parents in the delivery room.

Father-Newborn Bonding

Most of the bonding research has focused on mother-infant bonding, with the father given only honorable mention. In recent years fathers, too, have been the subject of bonding research and have even merited a special term for the father-infant relationship at birth--"engrossment." We used to talk about father involvement; now it's father engrossment--meaning involvement to a higher degree. Engrossment is not only what the father does for the baby--holding and comforting-- but also what the baby does for the father. Bonding with baby right after birth brings out sensitivity in dad.

Fathers are often portrayed as well meaning, but bumbling, when caring for newborns. Fathers are sometimes considered secondhand nurturers, nurturing the mother as she nurtures the baby. That's only half the story. Fathers have their own unique way of relating to babies, and babies thrive on this difference.

In fact, studies on father bonding show that fathers who are given the opportunity and are encouraged to take an active part in caring for their newborns can become just as nurturing as mothers. A father's nurturing responses may be less automatic and slower to unfold than a mother's, but fathers are capable of a strong bonding attachment to their infants during the newborn period.

7 Tips For Better Bonding

- 1. Delay routine procedures.** Oftentimes the attending nurse does routine procedures--giving the vitamin K shot and putting eye ointment in baby's eyes--immediately after birth and then presents baby to mother for bonding. Ask the nurse to delay these procedures for an hour or so, allowing the family to enjoy this initial bonding period. The eye ointment temporarily blurs baby's vision or causes her eyes to stay closed. She needs a clear first impression of you, and you need to see those eyes.
- 2. Stay connected.** Ask your birth attendant and nurses to put baby on your abdomen and chest immediately after birth, or after cutting the cord and suctioning your baby, unless a medical complication requires temporary separation.
- 3. Let your baby breastfeed right after birth.** Most babies are content simply to lick the nipple; others have a strong desire to suck at the breast immediately after birth. This nipple stimulation releases the hormone oxytocin, which increases the contractions of your uterus and lessens postpartum bleeding. Early sucking also stimulates the release of prolactin, the hormone that helps your mothering abilities click in right from the start.
- 4. Room in with your baby.** Of course, bonding does not end at the delivery bed--it is just the beginning! Making visual, tactile, olfactory, auditory, and sucking connection with your baby right after birth may make you feel that you don't want to release this little person that you've labored so hard to bring into the world, into the nursery--and you don't have to. Your wombmate can now become your roommate. We advise healthy mothers and healthy babies to remain together throughout their hospital stay.

Who cares for your baby after delivery depends upon your health, your baby's health, and your feelings. Some babies make a stable transition from the womb to the outside world without any complications; others need a few hours in the nursery for extra warmth, oxygen, suctioning, and other special attention until their vital systems stabilize.

Feelings after birth are as individual as feelings after lovemaking. Many mothers show the immediate glow of motherhood and the "birth high" excitement of a race finished and won. It's love at first sight, and they can't wait to get their hands on their baby and begin mothering within a millisecond after birth.

Others are relieved that the mammoth task of birth is over and that baby is normal. Now they are more interested in sleeping and recovering than bonding and mothering. As one mother said following a lengthy and arduous labor, "Let me sleep for a few hours, take a shower, comb my hair, and then I'll start mothering." If these are your feelings, enjoy your rest--you've earned it. There is no need to succumb to pressure bonding when neither your body nor mind is willing or able. In this case, father can bond with baby while mother rests. The important thing is somebody is bonding during this sensitive period of one to two hours of quiet alertness after birth. One of the saddest sights we see is a newly-born, one-hour-old baby parked all alone in the nursery, busily bonding (with wide-open, hungry eyes) with plastic sides of her bassinet. Give your baby a significant presence--mother, father, or even grandma in a pinch.

5. Touch your baby. Besides enjoying the stimulation your baby receives from the skin-to-skin contact of tummy-to-tummy and cheek-to-breast, gently stroke your baby, caressing his whole body. We have noticed that mothers and fathers often caress their babies differently. A new mother usually strokes her baby's entire body with a gentle caress of her fingertips; the father, however, often places an entire hand on his baby's head, as if symbolizing his commitment to protect the life he has fathered. Besides being enjoyable, stroking the skin is medically beneficial to the newborn. The skin, the largest organ in the human body, is very rich with nerve endings. At the time when baby is making the transition to air breathing, and the initial breathing patterns are very irregular, stroking stimulates the newborn to breathe more rhythmically--the therapeutic value of a parent's touch.

6. Gaze at your newborn. Your newborn can see you best with an eye-to-eye distance of eight to ten inches (twenty to twenty-five centimeters)--amazingly, about the usual nipple-to-eye distance during breastfeeding. Place your baby in the face-to-face position, adjusting your head and your baby's head in the same position so that your eyes meet. Enjoy this visual connection during the brief period of quiet alertness after birth, before baby falls into a deep sleep. Staring into your baby's eyes may trigger a rush of beautiful mothering feelings.

7. Talk to your newborn. During the first hours and days after birth, a natural baby-talk dialogue will develop between

mother and infant. Voice-analysis studies have shown a unique rhythm and comforting cadence to mother's voice.

Rooming-In vs. Nursery Care

Rooming-in. This is the option we encourage most mothers and babies to enjoy. Full rooming-in allows you to exercise your mothering instincts when the hormones in your body are programmed for it. In our experience, and that of others who study newborns, mothers and babies who fully room-in enjoy the following benefits:

- Rooming-in babies seem more content because they interact with only one primary caregiver--mother.
- Full rooming-in changes the caregiving mindset of the attending personnel. They focus their attention and care on the mother, who is then more comfortable and able to focus on her baby.
- Rooming-in newborns cry less and more readily organize their sleep-wake cycles. Babies in a large nursery are sometimes soothed by tape recordings of a human heartbeat or music. Rather than being soothed electronically, the baby who is rooming-in with mother is soothed by real and familiar sounds.
- Mother has fewer breastfeeding problems. Her milk appears sooner, and baby seems more satisfied.
- Rooming-in babies get less jaundiced, probably because they get more milk.
- A rooming-in mother usually gets more rest. She experiences less separation anxiety, not wasting energy worrying about her newborn in the nursery, and in the first few days newborns sleep most of the time anyway. It's a myth that mothers of nursery-reared babies get more rest.
- Rooming-in mothers, in our experience, have a lower incidence of postpartum depression.

Rooming-in is especially helpful for women who have difficulty jumping right into mothering. One day while making rounds I visited Jan, a new mother, only to find her sad. "What's wrong?" I inquired. She confided, "All those gushy feelings I'm supposed to have about my baby--well, I don't. I'm nervous, tense, and don't know what to do." I encouraged Jan, "Love at first sight doesn't happen to every couple, in courting or in parenting. For some mother-infant pairs it is a slow and gradual process. Don't worry--your baby will help you, but you have to set the conditions that allow the mother-infant care system to click in." I went on to explain what these conditions were.

All babies are born with a group of special qualities called attachment-promoting behaviors--features and behaviors designed to alert the caregiver to the baby's presence and draw the caregiver, magnet-like, toward the baby. These features are the roundness of baby's eyes, cheeks, and body; the softness of the skin; the relative bigness of baby's eyes; the penetrating gaze; the incredible newborn scent; and, perhaps, most important of all, baby's early language--the cries and precrying noises.

Here's how the early mother-infant communication system works. The opening sounds of the baby's cry activate a mother's emotions. This is physical as well as psychological. Upon hearing her baby cry, a mother experiences an increased blood flow to her breasts, accompanied by the biological urge to pick up and nurse her baby. This is one of the strongest examples of how the biological signals of the baby trigger a biological response in the mother. There is no other signal in the world that sets off such intense responses in a mother as her baby's cry. At no other time in the child's life will language so forcefully stimulate the mother to act.

Picture what happens when babies and mothers room-in together. Baby begins to cry. Mother, because she is there and physically attuned to baby, immediately picks up and feeds her infant. Baby stops crying. When baby again awakens, squirms, grimaces, and then cries, mother responds in the same manner. The next time mother notices her baby's precrying cues. When baby awakens, squirms, and grimaces, mother picks up and feeds baby before he has to cry. She has learned to read her baby's signals and to respond appropriately. After rehearsing this dialogue many times during the hospital stay, mother and baby are working as a team. Baby learns to cue better; mother learns to respond better. As the attachment-promoting cries elicit a hormonal response in the mother, her milk-ejection reflex functions smoothly, and mother and infant are in biological harmony.

Now contrast this rooming-in scene with that of an infant cared for in the hospital nursery. Picture this newborn infant lying in a plastic box. He awakens, hungry, and cries along with twenty other hungry babies in plastic boxes who have by now all managed to awaken one another. A kind and caring nurse hears the cries and responds as soon as time permits, but she has no biological attachment to this baby, no inner programming tuned to that particular newborn, nor do her hormones change when the baby cries. The crying, hungry baby is taken to her mother in due time. The problem

is that the baby's cry has two phases: The early sounds of the cry have an attachment-promoting quality, whereas the later sounds of the unattended cry are more disturbing to listen to and may actually promote avoidance.

The mother who has missed the opening scene in this biological drama because she was not present when her baby started to cry is nonetheless expected to give a nurturing response to her baby some minutes later. By the time the nursery-reared baby is presented to the mother, the infant has either given up crying and gone back to sleep (withdrawal from pain) or greets the mother with even more intense and upsetting wails. The mother, who possesses a biological attachment to the baby, nevertheless hears only the cries that are more likely to elicit agitated concern rather than tenderness. Even though she has a comforting breast to offer the baby, she may be so tied up in knots that her milk won't eject, and the baby cries even harder.

As she grows to doubt her ability to comfort her baby, the infant may wind up spending more time in the nursery, where, she feels, the "experts" can better care for him. This separation leads to more missed cues and breaks in the attachment between mother and baby, and they go home from the hospital without knowing each other.

Not so with the rooming-in baby. He awakens in his mother's room, his pre-cry signals are promptly attended to, and he is put to the breast either before he needs to cry or at least before the initial attachment-promoting cry develops into a disturbing cry. Thus, both mother and baby profit from rooming-in. Infants cry less, mothers exhibit more mature coping skills toward their baby's crying, and the infant-distress syndrome (fussiness, colic, incessant crying) is less common than with nursery-reared babies. We had a saying in the newborn unit: "Nursery-reared babies cry harder; rooming-in babies cry better." A better term for "rooming-in" may be "fitting in." By spending time together and rehearsing the cue-response dialogue, baby and mother learn to fit together well--and bring out the best in each other.

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