

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 the information sheet *Breastfeeding the Premature Baby*).

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 close contact with the mother (or father). When a baby or any mammal is taken out of this natural habitat, it shows all the physiologic signs of being under significant stress. A baby not in close contact with his mother (or father) by distance (under a heat lamp or in an incubator) or swaddled in a blanket, may become too sleepy or lethargic or becomes disassociated altogether or cry and protest in despair. When a baby is swaddled it cannot interact with his mother, the way nature intended. With skin to skin contact, the mother and the baby exchange sensory information that stimulates and elicits "baby" behaviour: rooting and searching the breast, staying calm, breathing more naturally, staying warm, maintaining his body temperature and maintaining his blood sugar.

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 *Breastfeeding—Starting out Right*, a baby who latches on well gets milk more easily than a baby who latches on less well. See the video clips of young babies (less than 48 hours old) breastfeeding at the website [nbc.ca](http://www.nbc.ca). 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 enough milk, but because it is not abundant, as nature intended, the baby needs a good latch in order to get that milk. 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. Many mothers with abundant milk supplies have difficulty expressing or pumping more than a small amount of milk. Also note, **you can't tell by squeezing the breast whether there is enough milk in there or not.** And a good latch is important to help the

baby get the 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. The baby:

- Is more likely to latch on
- Is more likely to latch on well
- Maintains his body temperature normal better even than in an incubator
- Maintains his heart rate, respiratory rate and blood pressure normal
- Has higher blood sugar
- Is less likely to cry
- Is more likely to breastfeed exclusively and breastfeed longer
- Will indicate to his mother when he is ready to feed

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 baby may be placed vertically on the mother's abdomen and chest and be left to find his way to the breast, while mother supports him if necessary. 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 cæsarean 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. 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 simply 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 the information sheet *When a Baby Has Not Yet Latched*).

Questions? First look at the website [nbc.ca](http://www.nbc.ca) or drjacknewman.com. If the information you need is not there, go to *Contact Us* and give us the information listed there in your email. Information is also available in **Dr. Jack Newman’s Guide to Breastfeeding** (called **The Ultimate Breastfeeding Book of Answers** in the USA); and/or our DVD, **Dr. Jack Newman’s Visual Guide to Breastfeeding** (available in French or with subtitles in Spanish, Portuguese and Italian); and/or **The Latch Book and Other Keys to Breastfeeding Success**; and/or **L-eat Latch and Transfer Tool**; and/or the **GamePlan for Protecting and Supporting Breastfeeding in the First 24 Hours of Life and Beyond**.

To make an appointment online with our clinic please visit www.nbc.ca. If you do not have easy access to email or internet, you may phone (416) 498-0002.

The Importance of Skin to Skin Contact, 2009©

Written and revised (under other names) by Jack Newman, MD, FRCPC, 1995-2005©

Revised by Jack Newman MD, FRCPC and Edith Kernerman, IBCLC, 2008, 2009©