

Skin to skin contact

Information for parents on the
importance of skin to skin contact



This leaflet is designed to give pregnant women, mothers and their families' information on early skin-to-skin contact. It explains why it is so beneficial, and how to do it safely.

What is skin to skin contact?

Skin-to-skin contact straight after birth, is where a baby is held close, naked (or in a nappy), usually on their mother's bare chest, ensuring the baby can breathe easily. Mother and baby are covered with a blanket to keep warm so that they can stay together for at least one hour or as long as the mother wishes, (WHO, 2007). This first "golden hour" of life is a time for you and your baby to get to know each other. A baby's natural habitat is being close to its mother. When a baby is taken away from this natural habitat, it shows all the signs of being under great stress (UNICEF, 2011). Therefore caring for your baby in this way provides comfort, and can be enjoyed by parents in the first few weeks and months of your baby's life.

When to start?

Early skin-to-skin contact can start as soon as possible after birth. Your midwife will help you achieve this in a safe and comfortable way for you both.

Key safety points to remember:

- You and your baby need to be dry. Then hold your naked baby close onto your chest, ideally just below or above your breast height in direct skin contact.
- Ensure your baby's head is turned to the side, and slightly tilted back so the baby's nose mouth and airway is free, enabling baby to breathe easily. You can look into your baby's eyes and get to know

each other. Your midwife can help you with this.

- Warm towels or blankets are placed securely over you and your baby, and a hat maybe placed onto baby's head.
- Touch, caress and cuddle your baby snugly, taking care not to clasp too tightly.
- We will ask your partner/supporter to supervise you if you are feeling sleepy as we don't want your baby to fall onto the floor.
- **Caution:** Extra care maybe needed during suturing, and consider delaying skin contact if using entonox.
- **Caution:** Extra vigilance is needed and it may be delayed initially if you are feeling extremely drowsy, unwell or are unsupervised.
- **Caution:** Do not have skin contact if you are using a mobile phone or tablet or any other distracting activity.

Research suggests that this first contact between mother and baby is extremely important and as long as your baby is healthy, other activities such as weighing and dressing can wait (NICE, 2006).

What are the benefits?

- Keeps baby warm and calm.
- Stabilises baby's heart rate and breathing.
- Baby is colonised by the same beneficial bacteria as the mother, building up an initial immune system.
- Helps promote intuitive feeding behaviour from your baby, (tongue poking and licking, becoming more alert and active) Baby may move toward the breast and self-attach for the first feed, allow your baby time to explore and work things out. If choosing to formula feed then this is the time to feed your baby on these early signals, our staff can guide you with this.

- Promotes the release of prolactin (mothering hormone) which stimulates breast milk production and oxytocin, (another hormone), which promotes well-being and helps release the milk (let down).
- Babies who engage in skin-to-skin contact cry less and for shorter periods.
- Babies who latch well breastfeed exclusively for longer.
- Increases feelings of affection in mothers by allowing for that period of bonding.
- Builds a mother's confidence in looking after her baby.
- Decreases maternal breast engorgement (painful buildup of milk).
- Decreases the chance of postnatal depression.

If you wish, your birthing partner may also take part in skin-to-skin contact with your baby, if for any reason you are unable to initially (WHO 2007). This option can be discussed with the midwife on the day.

Sometimes there can be complications during or after your birth, or you may feel too exhausted or not alert enough to focus on the needs of your baby, skin-to-skin contact may be delayed and this maybe an opportunity for your partner to get involved. You can resume skin contact once you are more recovered and alert.

We will most likely transfer you in skin contact to the postnatal ward and while on the wards, you will be supported and encouraged to continue skin to skin as much as possible by our staff.

Skin-to-skin contact is also actively encouraged with premature babies wherever possible, research has shown that this contact can contribute positively to the care of premature babies (WHO, 2007 and UNICEF, 2011).

Useful contacts

Iffley Ward: 0118 322 7323

Marsh Ward: 0118 322 7319

Postnatal helpline: 0300 330 0773

Or contact your midwife or community health visitor.

Further Information

- <http://www.nbc.ca/>
- www.unicef.org.uk/BabyFriendly/News-and-Research/Research/Skin-to-skin-contact/
- <http://bfsupport.me.uk/reading/>

References

1. National Institute for Health and Clinical Excellence (2007) Intrapartum Care: care of healthy women and their babies during childbirth.
2. National Institute for Health and Clinical Excellence (2006) Routine postnatal care of women and their babies.
3. United Nations Children's Fund (2011) *Skin-to-skin contact* [Online]. Available at: <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/skin-to-skin-contact/>
4. World Health Organisation (2007) *Early skin-to-skin contact for mothers and their healthy newborn infants* Available at: <https://extranet.who.int/rhl/topics/newborn-health/care-newborn-infant/early-skin-skin-contact-mothers-and-their-healthy-newborn-infants>.

This document can be made available in other languages and formats upon request.

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