

## **Skin-to-Skin Contact**

Skin to skin contact is an opportunity for all mothers to hold their baby close to their skin at the birth (regardless of chosen method of feeding). Skin to skin contact after delivery (or as soon as possible) is important for the well being of both you and your baby.

Your midwife should offer skin to skin contact to you at delivery. The Trust encourages you to hold your baby for as long as you wish in an unhurried and uninterrupted environment, at least until after the first breastfeed, or when you choose to end it. Whether you decide to breast or bottle feed, your baby can have skin contact at any time in the hospital or when you have gone home.

If you have a Caesarean section or instrumental delivery you will be offered skin contact as soon as possible.

### **How to do skin contact**

Your baby will be dried well after birth and left undressed against your skin. You and your baby will be covered to ensure warmth and privacy.

You do not need to worry about what you are wearing. Your baby can be tucked down the front of your night-dress or tee shirt. You can be transferred to the ward having skin contact. Dads may also like the opportunity of having skin contact with their babies.

Why is it important

- ❖ Skin contact keeps your baby warm
- ❖ Skin contact helps to calm you and your baby
- ❖ Skin contact encourages bonding between you and your baby

- ❖ Skin contact regulates baby's breathing and heart rate
- ❖ Research shows that skin contact and early feeding promotes successful breastfeeding

### **Feeding Your Baby**

Not all babies want to feed immediately after birth. Injections you may have had for pain relief can make your baby sleepy at delivery. Your baby may be happy just being close to you, listening to your heartbeat and the sound of your voice.

Your baby will show signs when he/she is ready to feed. Your baby's instinctive behaviour is to open his/her eyes and mouth and move his/her head from side to side these are called feeding cues. You will quickly learn these signs over the next few days and weeks.

### **Weighing your Baby**

Your midwife will either weigh your baby after delivery and then you can have skin contact or you can have skin contact first and then have your baby weighed. You may wish to let your family know that sometimes they may not find out the baby's weight immediately.

### **Babies admitted to Neonatal Unit**

The staff on neonatal unit will encourage you and your partner to have skin to skin contact. The staff will ensure privacy and help you get comfortable whilst you are holding your baby. Skin to skin contact once your baby is stable is very advantageous. Parents who have had skin contact have stated that they have enjoyed the closeness they felt with their babies.

## **References :**

1. Anderson, G.C., Moore, E., Hepworth, J., Bergman, N. (2003) Early skin to skin contact for mothers and their healthy new born infants (Cochrane Review). The Cochrane Database of Systematic Reviews 2
2. Carfoot, S. Williamson, P., Dickson, R. (2005) A randomised controlled trial in the north of England examining the effects of skin to skin care on breast feeding. Midwifery, 21 (1), 71-79
3. Christennsson, K. et al (1992) Temperature, metabolic adaptation and crying in healthy full term new borns cared for skin to skin or in a cot. Acta Paediatric. 81 (6-7), 488-493

## **Further Information**

For further information please contact the Infant Feeding Team at Liverpool Women's Hospital on 0151 702 4293. There is a list of useful web sites which can be found on the Liverpool Women's Hospital web site.

Go to

[www.lwh.org.uk](http://www.lwh.org.uk)

Click on

Clinical services

Support and information

Useful organisations

If you require any advice about the information on the web sties please speak to a midwife or doctor at the hospital or a community midwife at the GP surgery.

This information is available in different formats on request

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