



ILCA's *Inside Track* for breastfeeding mothers

A Publication of the International Lactation Consultant Association®



Skin-to-Skin at Birth: A New Model of Care

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Keeping mothers and babies together in the hospital is the best way to help both bonding and breastfeeding. The World Health Organization (WHO) suggests that all healthy mothers and babies practice skin-to-skin care for the first hour after birth. This is an important part of the WHO's Baby-Friendly Hospital Initiative. Skin-to-skin care is best for all mothers and babies, whether they are breastfeeding or not, and whether they have a vaginal or a cesarean birth.

- The baby can be dried off before being placed on the chest—this keeps baby warm and is important if the room is cool or in places where there are no warmed blankets.
- Babies do not need to go to a warmer for a checkup before being put skin-to-skin.
- The cord can be cut when baby is on mother's chest.
- Tests like Apgar scores can be done when the baby is in skin-to-skin.
- Other things like weighing and bathing can wait.

Why Is Skin-to-Skin Important?

Skin-to-skin has many benefits, including:

- Bonding for mothers and babies
- Breastfeeding success
- Keeping baby warm
- Keeping baby's blood sugar level stable
- "Normalizing" a cesarean birth
- Keeping mothers and babies together

How Does Skin-to-Skin Happen?

The WHO says babies born vaginally should be put on the mother's chest or belly right after birth. Babies born by cesarean should go to the mother's chest as soon as she can respond to her baby. This means that for healthy mothers and babies:

- The baby will be placed naked, except for a diaper and a hat, on the mother's bare chest or belly.
- The baby will then be covered with a warmed blanket.
- Hospital staff should monitor the baby carefully while baby is skin-to-skin.
- Mother and baby should be skin-to-skin for at least 1 hour with no interruptions.



Skin-to-skin following a vaginal birth. (Source: Image courtesy of Lisa Frey/Nantucket Event Media, Inc.)



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- Babies will normally show feeding cues in the first hour, like sucking on their hands or rooting, and can breastfeed well.
- Both mom and baby are usually alert in the first hour after birth.

Did You Know?

- If the newborn is put on the mother's belly, within about 1 hour, she or he will crawl to the breast, attach to the nipple, and start to feed! As baby crawls, the kicking motion of the feet helps to deliver the placenta.
- Babies who go skin-to-skin breastfeed better and for longer than babies who do not.

Frequently Asked Questions

- **Is skin-to-skin safe?** Skin-to-skin is safe, but all newborns need to be watched carefully to make sure there are no unusual health problems, so hospital staff should monitor the baby while in skin-to-skin.
- **What if I am not well enough to do skin-to-skin?** If you are unwell, for example, after an emergency cesarean, the baby's father, or another support person, can hold the baby skin-to-skin.
- **I'm not planning to breastfeed. Should I do skin-to-skin?** Yes. Skin-to-skin is good for all mothers and babies.
- **What if my baby is born early?** This will depend on how healthy your premature baby is. Once baby is stable, you can do "kangaroo care." Kangaroo care is a common way to describe skin-to-skin care of premature babies.
- **If I have a cesarean, can my baby be skin-to-skin in the operating room?** As long as the hospital has set up a safe way to make this happen, and you and the baby are healthy, you should be able to do skin-to-skin care in the OR.

Find Help Fast

An IBCLC® is an "International Board Certified Lactation Consultant®": someone with special training to help breastfeeding families. Go to "Find a Lactation Consultant" at www.ilca.org to locate a lactation consultant in your area. You can also ask your doctor or a nurse at your hospital.

- **No one has mentioned skin-to-skin during my prenatal care. How do I find out about it?** Ask! Teaching about skin-to-skin care before baby is born should be a routine part of your prenatal care.
- **I don't think the hospital where my baby will be born practices skin-to-skin care. What do I do?** Again, ask. If you don't get a helpful reply, then tell your doctor or nurse that you would like skin-to-skin care for you and your baby. If the hospital does not offer this, think about choosing a different hospital, or find a health care worker who can help make this happen for you and your baby.

In Summary

Skin-to-skin care is best for moms and babies and should be a part of routine care when baby is born. If your hospital doesn't have this, find a caregiver who can help you—an International Board Certified Lactation Consultant, midwife, or another support person. You can also plan ahead to deliver your baby at a hospital where skin-to-skin care is routine. Although in some countries this is the norm, others are only now starting this practice. No doubt, mothers and babies have done this for thousands of years, since keeping babies warm, close to their mothers, and near to the breast is the best way to ensure newborns survive!

Other Resources

The *Journal of Human Lactation* published an article that explains the process of doing skin-to-skin after a cesarean birth [Postcesarean section skin-to-skin contact of mother and child. *J Hum Lact.* 2014;30(3):283-286]. This article has a link to a video that shows skin-to-skin with a mother after her cesarean: <https://www.youtube.com/watch?v=NAUIXYz2SIk>.

Your local lactation consultant: