

Healthy Birth Practices

from Lamaze® International

#6: Keep Mother and Baby Together – It's Best for Mother, Baby, and Breastfeeding

Jeannette Crenshaw, MSN, RN, NEA-BC, IBCLC, LCCE, FACCE

After giving birth, a woman held her healthy newborn baby for a few minutes. Then, hospital staff took her baby to the well-baby nursery and moved the mother to her hospital room. During the day, the mother and her baby stayed together in the hospital room; during the night, however, the baby stayed in the nursery because, as hospital staff advised the mother, she would get more sleep this way. The mother realized she had spent a lot of time apart from her baby, and she wondered if the hospital's routine procedure truly met the needs of mothers and babies after birth.

Years ago, when birth moved from homes to hospitals, most babies didn't stay with their mother. The mother went to a hospital room, while her baby was cared for in a nursery. Mothers waited long hours to see their baby, and their baby's visits were often only during feeding times. The medical community thought that when babies were cared for in the nursery, the babies were safer and healthier and the mothers were more rested.

Yearning for Closeness

As an essential resource for helping you understand how decisions about your care during pregnancy and childbirth can positively affect you and your baby, Lamaze International offers scientific evidence about why keeping your baby close after birth is important for both of you. Since the beginning of time, women have needed and wanted their baby close to them. In their arms following birth, and while resting or sleeping, women kept their baby safe, warm, and nourished. Today, we know this "yearning for closeness" is a physical and emotional need shared by mothers and babies.

In recent years, studies have shown that it's best for mothers and their healthy baby to stay together after birth (Bergman, Linley, & Fawcus, 2004; Bystrova, Matthiesen, et al., 2007; Bystrova, Widstrom, et al., 2007; Christensson et al., 1992; International Lactation Consultant Association, 1999; Moore & Anderson, 2007; Moore, Anderson, & Bergman, 2007; World Health Organization [WHO], 1998). And experts agree that unless a medical reason exists, healthy mothers and babies shouldn't be separated after birth or during the early days following birth (Academy of Breastfeeding Medicine [ABM] Protocol Committee, 2007; American Academy of Family Physicians, 2007; American Academy of Pediatrics [AAP] Expert Workgroup on Breastfeeding, 2005; International Lactation Consultant Association, 1999; UNICEF/WHO, 2004; WHO, 1998). Interrupting, delaying, or



limiting the time that a mother and her baby spend together may have a harmful effect on their relationship and on breastfeeding success (Enkin et al., 2000).

Keeping Mothers and Babies Together

Babies stay warm and cry less, and breastfeeding gets off to a good start when mothers and their baby have frequent time together, beginning at birth. Mothers learn to recognize their baby's needs, responding tenderly and lovingly. A connection that lasts a lifetime begins to form.

The Moment of Birth

Nature prepares you and your baby to need and seek each other from the moment of birth. Oxytocin, the hormone that causes your uterus to contract, will stimulate “mothering” feelings after birth as you touch, gaze at, and breastfeed your baby (Uvnäs-Moberg, 1998; Winberg, 2005). More oxytocin will be released as you hold your baby skin-to-skin. Your brain will release endorphins, narcotic-like hormones that enhance these mothering feelings. These hormones help you feel calm and responsive and cause the temperature of your breasts to rise, keeping your baby warm (Uvnäs-Moberg, 1998). Because of the normal “adrenaline rush” babies experience right after birth, your baby will be bright, alert, and ready to nurse soon after birth (Porter, 2004; Righard & Alade, 1990). During the hours and days following birth, you will learn to understand your baby's cues and unique way of communicating with you.

Skin-to-Skin Contact

Healthy newborns placed skin-to-skin on their mother adjust easily to life outside the womb. They stay warm, cry less, have lower levels of stress hormones, are more likely to breastfeed, and breastfeed sooner than newborns who are separated from their mother (Bystrova, Widstrom, et al., 2007; Bystrova et al., 2003; Carfoot, Williamson, & Dickson, 2005; Christensson, Bhat, Amadi, Eriksson, & Hojer, 1998; Christensson et al., 1992; Lindenberg, Cabrera Artola, & Jimenez, 1990; Mikiel-Kostyra, Mazur, & Boltruszko, 2002; Uvnäs-Moberg, 1998). The benefits of skin-to-skin contact continue beyond the first hour after birth. The longer and more often mothers and babies are skin-to-skin in the hours and days after the birth, the greater the benefit (Moore & Anderson, 2007; Syfrett, Anderson, Neu, & Hilliard, 1996). Babies who are cold, including premature babies, return to a normal temperature more quickly when held skin-to-skin by their mother (Charpak et al., 2005).

When a mother and her baby are skin-to-skin, her baby is exposed to the normal bacteria on her skin, which may protect her baby from becoming sick due to harmful germs (WHO, 1998). Research suggests that women who hold their baby skin-to-skin following birth care for their baby with more confidence, and they recognize and respond to their baby's needs sooner than mothers who are separated from their baby (Widström et al., 1990). And mothers often prefer holding their baby skin-to-skin rather than swaddled in a blanket!

Other benefits to babies from skin-to-skin contact include easier breathing, higher and more stable blood sugar levels, and a natural progression to breastfeeding (K. Christensson, Cabrera, E. Christensson, Uvnäs-Moberg, & Winberg, 1995; Christensson et al., 1992; Johanson, Spencer, Rolfe, Jones, & Malla, 1992; Walters, Boggs, Ludington-Hoe, Price, & Morrison, 2007). Babies placed skin-to-skin with their mother immediately after birth have a natural instinct to attach to the breast and begin breastfeeding, usually within one hour (Righard & Alade, 1990; Walters et al., 2007; Widström et al., 1990). Mothers who hold their baby skin-to-skin after birth are more likely to make greater amounts of breastmilk, breastfeed longer, and breastfeed without offering formula (Bystrova, Matthiesen, et al., 2007; DiGirolamo, Grummer-Strawn, & Fein, 2001; Mikiel-Kostyra et al., 2002; Moore et al., 2007; Vaidya, Sharma, & Dhungel, 2005). It is also important to note that experts recommend *exclusive* breastfeeding—no other liquids or foods—during the first six months of life (AAP Expert Workgroup on Breastfeeding, 2005).

Rooming-In With Your Baby

In the days following birth—whether in a hospital, at a birth center, or at home—mothers' and babies' physical and emotional need for each other continue. It makes sense that the more time two people spend together, the sooner they get to know each other. Mothers who are with their baby for longer periods of time, including during the night, have higher scores on tests that measure the strength of a mother's attachment to her baby (Klaus et al., 1972; Norr, Roberts, & Freese, 1989; Prodromidis et al., 1995). While together, mothers quickly learn their baby's needs and how best to care for, soothe, and comfort their newborn.

Keeping your baby with you continuously during the day and at night (called “rooming-in”) has many benefits. Rooming-in with your baby makes

breastfeeding easier. Studies done throughout the world suggest that mothers who room-in with their baby make more milk, make more milk sooner, breastfeed longer, and are more likely to breastfeed exclusively compared with mothers who have limited contact with their baby or whose baby is in the nursery at night (Bystrova, Matthiesen, et al., 2007; Daglas et al., 2005; Declercq, Sakala, Corry, & Applebaum, 2006; Fairbank et al., 2000; Flores-Huerta & Cisneros-Silva, 1997; Lindenberg et al., 1990; Pérez-Escamilla, Pollitt, Lönnerdal, & Dewey, 1994; Syafruddin, Djauhariah, & Dasril, 1988; Yamauchi & Yamanouchi, 1990).

Rooming-in is better for babies. While babies are with their mother, they cry less, soothe more quickly, and spend more time in quiet sleep (Keefe, 1987). Babies who room with their mother are more likely to take in more breastmilk (Bystrova, Matthiesen, et al., 2007), gain more weight per day (Yamauchi & Yamanouchi, 1990), breastfeed exclusively (Mikiel-Kostyra, Mazur, & Wojdan-Godek, 2005), and are less likely to develop jaundice, a yellowing of the skin that sometimes requires treatment (Syafruddin et al., 1988).

Normal newborn care in the hospital (e.g., exams, vital signs, and baths) can be done while rooming-in. You can be close to your baby and even help with some of the care if you wish. Babies bathed by their mother and held skin-to-skin stay just as warm as babies bathed in the nursery and placed in warmers (Medves & O'Brien, 2004).

Well-meaning friends and family may advise you to let your baby stay in the nursery at night so that you can get more sleep. However, studies show that mothers whose baby is cared for in the nursery do not get more sleep than mothers who room-in with their baby at night (Keefe, 1987, 1988; Waldenström & Swenson, 1991). Many mothers sleep more peacefully knowing that their baby is with them.

Rooming-in may have other long-term benefits for mothers and babies. Research suggests that rates of child abuse, neglect, and abandonment are lower for mothers who have frequent and extended contact with their newborn during the early postpartum period (N. Lvoff, V. Lvoff, & Klaus, 2000; O'Connor, Vietze, Sherrod, Sandler, & Altemeier, 1980).

Unlimited Opportunities for Breastfeeding

When you and your baby are together, skin-to-skin, and rooming-in, you'll have unlimited opportunities for breastfeeding "practice." Make those times happen! If you have lots of visitors, tell them it's time for breastfeeding. If you're holding your baby skin-to-skin, your baby's special ways of communicating will tell them he's hungry. If your baby is unable to be in your room, ask for your baby to be brought to you for breastfeeding. Researchers found that mothers are more likely to continue breastfeeding if their baby is brought to them for feeding when rooming-in isn't possible (DiGirolamo, Grummer-Strawn, & Fein, 2008).

Recommendations from Experts

The benefits of keeping moms and babies together are so impressive that many professional organizations have made recommendations promoting skin-to-skin contact and rooming-in and opposing routine separation of mothers and babies after birth. These organizations include the Academy of Breastfeeding Medicine (ABM Protocol Committee, 2007); American Academy of Pediatrics (AAP Expert Workgroup on Breastfeeding, 2005); the American College of Obstetricians and Gynecologists (ACOG Committee on Health Care for Underserved Women & Committee on Obstetric Practice, 2007); the Association of Women's Health, Obstetric and Neonatal Nurses (2000); the World Health Organization (1998); and the International Lactation Consultant Association (1999).

Recommendations from Lamaze International

You wait nine months to meet your baby. You dream about your baby and look forward to the moment of birth with excitement. After birth, you and your baby will want and need to be together. Studies show that being together is best for both of you. Lamaze International, which bases its education on the latest scientific research, joins the many organizations that recommend keeping moms and babies together after birth. Lamaze International encourages you to give birth in a place where you and your baby can be together without unnecessary interruptions. If you're having your baby in a hospital, tell your caregiver that you plan to hold your baby skin-to-skin after birth and keep your baby with you throughout your stay. And reassure your friends and family that the best place for your baby is with you!

To learn more about safe, healthy birth, read *The Official Lamaze Guide: Giving Birth with Confidence* (Lothian & DeVries, 2005), visit the Lamaze Web site (www.lamaze.org), and sign up to receive the *Lamaze...Building Confidence Week by Week* e-mails.

Most recent update: July 2009

References

- Academy of Breastfeeding Medicine [ABM] Protocol Committee. (2007). ABM Clinical Protocol #7: Model breastfeeding policy. *Breastfeeding Medicine*, 2(1), 50–55.
- American Academy of Family Physicians. (2007). *Family physicians supporting breastfeeding (position paper)*. Retrieved April 15, 2009, from <http://www.aafp.org/online/en/home/policy/policies/b/breastfeedingpositionpaper.html>
- American Academy of Pediatrics Expert Workgroup on Breastfeeding. (2005). Breastfeeding and the use of human milk. *Pediatrics*, 115(2), 496–506.
- American College of Obstetricians and Gynecologists [ACOG] Committee on Health Care for Underserved Women & Committee on Obstetric Practice. (2007). ACOG Committee Opinion No. 361: Breastfeeding: Maternal and infant aspects. *Obstetrics and Gynecology* 109(2, Pt. 1), 479–480.
- Association of Women's Health, Obstetric and Neonatal Nurses. (2000). *Evidence-based clinical practice guideline: Breastfeeding support: Prenatal care through the first year*. Washington, DC: Author.
- Bergman, N. J., Linley, L. L., & Fawcus, S. R. (2004). Randomized controlled trial of skin-to-skin contact from birth versus conventional incubator for physiological stabilization in 1200- to 2199- gram newborns. *Acta Paediatrica*, 93, 779–785.
- Bystrova, K., Matthiesen, A.-S., Widstrom, A.-M., Ransjo-Arvidson, A.-B., Welles-Nyström, B., Vorontsov, I., et al. (2007). The effect of Russian maternity home routines on breastfeeding and neonatal weight loss with special reference to swaddling. *Early Human Development*, 83(1), 29–39.
- Bystrova, K., Widstrom, A.-M., Matthiesen, A.-S., Ransjo-Arvidson, A.-B., Welles-Nyström, B., Vorontsov, I., et al. (2007). Early lactation performance in primiparous and multiparous women in relation to different maternity home practices: A randomized trial in St. Petersburg. *International Breastfeeding Journal*, 2, 9.
- Bystrova, K., Widstrom, A.-M., Matthiesen, A.-S., Ransjo-Arvidson, A.-B., Welles-Nyström, B., Wassberg, C., et al. (2003). Skin-to-skin contact may reduce negative consequences of “the stress of being born”: A study on temperature in newborn infants subjected to different ward routines in St. Petersburg. *Acta Paediatrica*, 92(3), 320–326.
- Carfoot, S., Williamson, P., & Dickson, R. (2005). A randomized controlled trial in the north of England examining the effects of skin-to-skin care on breast feeding. *Midwifery*, 21(1), 71–79.
- Charpak, N., Ruiz, J. G., Zupan, J., Cattaneo, A., Figueroa, Z., Tessier, R., et al. (2005). Kangaroo mother care: 25 years after. *Acta Paediatrica*, 94, 514–522.
- Christensson, K., Bhat, G. J., Amadi, B. C., Eriksson, B., & Hojer, B. (1998). Randomised study of skin-to-skin versus incubator care for rewarming low-risk hypothermic neonates. *Lancet*, 352(9134), 1115.
- Christensson, K., Cabrera, T., Christensson, E., Uvnäs-Moberg, K., & Winberg, J. (1995). Separation distress call in the human neonate in the absence of maternal body contact. *Acta Paediatrica*, 84(5), 468–473.
- Christensson, K., Siles, C., Moreno, L., Belaustequi, A., De La Fuente, P., Lagercrantz, H., et al. (1992). Temperature, metabolic adaptation and crying in healthy full-term newborns cared for skin-to-skin or in a cot. *Acta Paediatrica*, 81(6–7), 488–493.
- Daglas, M., Antoniou, E., Pitselis, G., Iatrakis, G., Kourounis, G., & Creatsas, G. (2005). Factors influencing the initiation and progress of breastfeeding in Greece. *Clinical and Experimental Obstetrics & Gynecology*, 32(3), 189–192.
- Declercq, E. R., Sakala, C., Corry, M. P., & Applebaum, S. (2006). *Listening to mothers II: Report of the second national U.S. survey of women's childbearing experiences*. New York: Childbirth Connection.
- DiGirolamo, A. M., Grummer-Strawn, L. M., & Fein, S. (2001). Maternity care practices: Implications for breastfeeding. *Birth*, 28(2), 94–100.

- DiGirolamo, A. M., Grummer-Strawn, L. M., & Fein, S. (2008). Effect of maternity-care practices on breastfeeding. Maternity care practices: Implications for breastfeeding. *Pediatrics*, 122(Suppl. 4), S43–S49.
- Enkin, M., Keirse, M. J. N. C., Neilson, J. Crowther, C., Duley, L., Hodnett, E., et al. (2000). *A guide to effective care in pregnancy and childbirth*. New York: Oxford University Press.
- Fairbank, L., O'Meara, S., Renfrew, M., Woolridge, M., Sowden, A., & Lister-Sharp, D. (2000). A systematic review to evaluate effectiveness of interventions to promote the initiation of breastfeeding. *Health Technology Assessment*, 4(25), 1–71.
- Flores-Huerta, S., & Cisneros-Silva, I. (1997). Mother-infant rooming-in and exclusive breast feeding. *Salud Pública de México*, 39(2), 110–116.
- International Lactation Consultant Association. (1999). *Evidence-based guidelines for breastfeeding management during the first 14 days* [Booklet]. Raleigh, NC: Author.
- Johanson, R. B., Spencer, S. A., Rolfe, P., Jones, P., & Malla, D. S. (1992). Effect of post-delivery care on neonatal body temperature. *Acta Paediatrica*, 81(11), 859–863.
- Keefe, M. R. (1987). Comparison of neonatal nighttime sleep-wake patterns in nursery versus rooming-in environments. *Nursing Research*, 36(3), 140–144.
- Keefe, M. R. (1988). The impact of infant rooming-in on maternal sleep at night. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 17(2), 122–126.
- Klaus, M. H., Jerauld, R., Kreger, N. C., McAlpine, W., Steffa, M., Kennel, J. H., et al. (1972). Maternal attachment: Importance of the first postpartum days. *The New England Journal of Medicine*, 286(9), 460–463.
- Lindenberg, C. S., Cabrera Artola, R., & Jimenez, V. (1990). The effect of early post-partum mother-infant contact and breast-feeding promotion on the incidence and continuation of breast-feeding. *International Journal of Nursing Studies*, 27(3), 179–186.
- Lvoff, N. M., Lvoff, V., & Klaus, M. H. (2000). Effect of the baby-friendly initiative on infant abandonment in a Russian hospital. *Archives of Pediatrics & Adolescent Medicine*, 154(5), 474–477.
- Medves, J., & O'Brien, B. (2004). The effect of bather and location of first bath on maintaining thermal stability in newborns. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 33(2), 175–182.
- Mikiel-Kostyra, K., Mazur, J., & Boltrusko, I. (2002). Effect of skin-to-skin contact after delivery on duration of breastfeeding: A prospective cohort study. *Acta Paediatrica*, 91(12), 1301–1306.
- Mikiel-Kostyra, K., Mazur, J., & Wojdan-Godek, E. (2005). Factors affecting exclusive breastfeeding in Poland: Cross-sectional survey of population-based samples. *Sozial- und Präventivmedizin/Social and Preventive Medicine*, 50(1), 52–59.
- Moore, E. R., & Anderson, G. C. (2007). Randomized controlled trial of very early mother-infant skin-to-skin contact and breastfeeding status. *Journal of Midwifery & Women's Health*, 52(2), 116–125.
- Moore, E. R., Anderson, G. C., & Bergman, N. (2007). Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database of Systematic Reviews*, Issue 3, Art. No.: CD003519.
- Norr, K. F., Roberts, J. E., & Freese, U. (1989). Early postpartum rooming-in and maternal attachment behaviors in a group of medically indigent primiparas. *Journal of Nurse-Midwifery*, 34(2), 85–91.
- O'Connor, S., Vietze, P. M., Sherrod K., Sandler, H. M., & Altemeier, W. A. (1980). Reduced incidence of parenting inadequacy following rooming-in. *Pediatrics*, 66(2), 176–182.
- Pérez-Escamilla, R., Pollitt, E., Lönnerdal, B., & Dewey, K. G. (1994). Infant feeding policies in maternity wards and their effect on breastfeeding success: An analytical overview. *American Journal of Public Health*, 84(1), 89–97.
- Porter, R. H. (2004). The biological significance of skin-to-skin contact and maternal orders. *Acta Paediatrica*, 93, 1560–1562.
- Prodromidis, M., Field, T., Arendt, R., Singer, L., Yando, R., & Bendell, D. (1995). Mothers touching newborns: A comparison of rooming-in versus minimal contact. *Birth*, 22(4), 196–200.

- Righard, L., & Alade, M. O. (1990). Effect of delivery room routines on success of first breast-feed. *Lancet*, 336(8723), 1105–1107.
- Syafuruddin, M., Djauhariah, A. M., & Dasril, D. (1988). A study comparing rooming-in with separate nursing. *Paediatrica Indonesiana*, 28(5–6), 116–123.
- Syfrett, E. B., Anderson, G. C., Neu, J., & Hilliard, M. E. (1996, October). *Very early kangaroo care beginning at birth for preterm infants and mothers who choose to breastfeed: Effect on outcome*. Abstract presented at the first Workshop on the Kangaroo-Mother Method for Low Birth Weight Infants (sponsored by the World Health Organization, Maternal-Child Health Collaborating Center), Trieste, Italy.
- UNICEF/WHO. (2004). *Baby-Friendly Hospital Initiative in the U.S.—The ten steps to successful breastfeeding*. Retrieved April 15, 2009, from <http://www.babyfriendlyusa.org/eng/10steps.html>
- Uvnäs-Moberg, K. (1998). Oxytocin may mediate the benefits of positive social interactions and emotions. *Psychoneuroendocrinology*, 23(8), 819–838.
- Vaidya, K., Sharma, A., & Dhungel, S. (2005). Effect of early mother-baby close contact over the duration of exclusive breastfeeding. *Nepal Medical College Journal*, 7(2), 138–140.
- Waldenström, U., & Swenson, A. (1991). Rooming-in at night in the postpartum ward. *Midwifery*, 7(2), 82–89.
- Walters, M. W., Boggs, K. M., Ludington-Hoe, S., Price, K. M., & Morrison, B. (2007). Kangaroo care at birth for full term infants: A pilot study. *MCN: The American Journal of Maternal/Child Nursing*, 32(6), 375–381.
- Widström, A. M., Wahlberg, V., Matthiesen, A. S., Eneroth, P., Uvnäs-Moberg, K., & Werner, S., et al. (1990). Short-term effects of early suckling and touch of the nipple on maternal behavior. *Early Human Development*, 21(3), 153–163.
- Winberg, J. (2005). Mother and newborn baby: Mutual regulation of physiology and behavior—A selective review. *Developmental Psychobiology*, 47(3), 217–229.
- World Health Organization [WHO]. (1998). *Evidence for the ten steps to successful breastfeeding* (rev. ed., WHO/CHD/98.9). Geneva, Switzerland: Author.
- Yamauchi, Y., & Yamanouchi, I. (1990). The relationship between rooming-in/not rooming-in and breast-feeding variables. *Acta Paediatrica Scandinavica*, 79(11), 1017–1022.

Acknowledgements

This healthy birth practice paper was revised and updated by Jeannette Crenshaw, RN, MSN, NEA-BC, IBCLC, LCCE, FACCE.

The six healthy birth practice papers were originally written in 2003 by Lamaze International as the 6 Care Practice Papers.