CUDDLE ME CLOSE™, SKIN-TO-SKIN

Term Infant

Being held skin-to-skin right after birth and during the first month of life is very good for the newborn and his family. Mom and baby do not wear clothing (bras, t-shirts). **Newborns held skin-to-skin:**

- Feel safe and contented
- Are happier
- Attach/bond with mom
- Adjust to newborn life more easily

**SKIN-TO-SKIN IS BEST because it helps your baby:**

- Have a good heart rate and easier breathing
- Stay warm up against the mother’s chest
- Breastfeed sooner, better, and longer
- Get the first immunizations from colostrum (mom’s first milk)
- Have fewer infections
- Less fussy /cry less
- Have good blood sugar levels
- Have hormones that help digestion
- Gain weight
- Sleep better (good sleep helps brain development)
- Have good interactions over the 1st year of life

Holding your baby in skin to skin helps moms by decreasing feeding problems, decreasing the time it takes for your uterus to go back to normal size, decreasing blood loss, increasing milk supply and comfort during feedings, increasing your sleep, **AND** increasing confidence in caring for your newborn.

**HOW TO DO SKIN-TO-SKIN**

It is important to remember that moms and babies are tired after labor and delivery and can fall asleep after birth. Be sure your baby’s position is safe.

- hair and body are dry
- head is covered with a head cap
- head is turned to one side, not bent forward or backward
- head is upright (top of baby’s head is beneath mother’s chin)
- face is *always* visible
- nose is uncovered
- shoulders are flat against your chest between you breasts (helps release oxytocin, “the love hormone”)
- legs and arms are bent (to promote motor skills)
- back is covered by a blanket or wrap for warmth
- body is well supported by your embrace


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Pre-Term

Kangaroo care helps your baby recover from preterm birth, prevent complications, and helps your baby grow and develop sleep better, digest better, and help the brain control body functions better than when in an incubator or crib. Your baby wants to be with you. Mothers love doing kangaroo care because they:

- Feel important to their baby
- Feel involved in the care of their baby
- Have increased milk production
- Have less anxiety and depression

SKIN-TO-SKIN helps your baby have:

- Stable heart rate, regular breathing and fewer apnea episodes
- Stable oxygen levels in body and brain and better brain function and development
- Fewer infections
- Better body temperature (you will keep your baby warmer than the incubator does!)
- Earlier and successful breastfeeding and better weight gain and growth
- In Kangaroo Care your baby can smell your milk and practice natural feeding behaviors that lead him to your nipples to latch on, and breast feed. Babies who get Kangaroo Care gain 10-30 grams (about a half ounce) more each day than those cared-for in incubators and develop up to three times faster.
- Better bonding, better attachment, and better interactions with family
- Shorter hospital stay

HOW TO DO SKIN-TO-SKIN WITH YOUR SPECIAL CARE BABY:

Some babies as young as 25 weeks get Kangaroo Care. Babies less than 1000 grams and 28 weeks need to wear a head cap and be under an overhead heater during Kangaroo Care. Older and bigger babies need to wear only a diaper and warm blankets or wraps across their backs during Kangaroo Care. Sit semi-reclined with your feet elevated, turn your baby's head to one side or the other, be sure nothing covers your baby's face and nose, bend the legs and arms, and place the shoulders against your chest as flat as possible to insure good contact.

YOUR BABY WANTS TO BE HELD SKIN-TO-SKIN AS MUCH AS POSSIBLE FOR AS LONG AS POSSIBLE EACH DAY FOR THE FIRST 6 MONTHS OF LIFE, tell the health care workers that you want to do Kangaroo Care as soon as possible and for as long as possible. Kangaroo Care is for EVERY baby and his/her parents. Kangaroo Care and breast milk are the BEST things you can do for your baby.

References

Hardy, W. (2011). Integration of Kangaroo Care into routine caregiving in the NICU. Advances in Neonatal Care, 11(2), 119-121

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