Guide to Support the Use of the DVDs

“Enhancing Baby’s First Relationship: A Parents’ Guide for Skin-to-Skin Contact with Their Infants”
and
“Enhancing Baby’s First Relationship: Results from a Study on Mother-Infant Skin-to-Skin Contact”

The two DVDs present the findings of a Nova Scotia study on the effects of mother-infant skin-to-skin contact on mothers, babies, and the developing mother-infant relationship. “Enhancing Baby’s First Relationship: A Parents’ Guide for Skin-to-Skin Contact with Their Infants” (Disc 1) gives a general overview of the findings and “Enhancing Baby’s First Relationship: Results from a Study on Mother-Infant Skin-to-Skin Contact” (Disc 2) presents the findings in more detail.

Purpose
This Guide is to help facilitators introduce either DVD to groups of new and expectant parents or to health practitioners, and to facilitate the discussion of the material presented after the viewing. Facilitators should feel free to pick and choose the questions and information that they find most useful for their setting. “Enhancing Baby’s First Relationship: A Parents’ Guide for Skin-to-Skin Contact with Their Infants” (Disc 1) is 20 minutes in length. “Enhancing Baby’s First Relationship: Results from a Study on Mother-Infant Skin-to-Skin Contact” (Disc 2) is 28 minutes and can be viewed from start to finish or it can be viewed in specific sections. These sections are listed below and can be accessed by clicking the “Chapters” at the beginning of this DVD.

Chapters
1. Introduction
2. Breastfeeding
3. Maternal Sensitivity
4. Postpartum Depression
5. Infant Alertness
6. Infant Responsiveness
7. Overview
**Introduction to the DVDs**

Skin-to-skin contact is a method of caring for newborn infants that involves putting the infant on the mother’s chest skin-to-skin. Skin-to-skin contact is an important component of a method of newborn care called “Kangaroo Care”. In skin-to-skin contact, the baby is placed between the mother’s breasts dressed only in a diaper, and possibly a hat, so that frontal body contact of mother and infant is skin-to-skin; the infant and mother are covered, and the mother provides warmth and stimulation that simulates the prenatal environment. Although the benefits of skin-to-skin contact both for premature and full-term infants have been extensively researched, there has been less attention paid to its effects on the mother and the developing mother-infant relationship. A multidisciplinary team of researchers and practitioners led by Dr. Ann Bigelow, Professor of Psychology at St Francis Xavier University, Antigonish, Nova Scotia, Canada, conducted a study to examine the impact of mother-infant skin-to-skin contact on mothers and their developing relationship with their babies. The DVDs, “Enhancing Baby’s First Relationship: A Parents’ Guide for Skin-to-Skin Contact with Their Infants” and “Enhancing Baby’s First Relationship: Results from a Study on Mother-Infant Skin-to-Skin Contact”, highlight findings from this study along with accounts by mothers and fathers about their experiences with skin-to-skin care with their infants.

These DVDs have been created for expectant and new parents and for the perinatal care practitioners who support and care for them during this important time.

**Before Viewing**

The following questions are suggestions to facilitate participants’ thinking about mother-infant skin-to-skin contact prior to viewing either DVD.

**Pre-discussion questions**

1. What do you think skin-to-skin contact means?
2. Have you ever heard of mothers and babies practicing skin-to-skin contact? Tell us about what you have heard.
3. Have you, or anyone you know, practiced skin-to-skin contact? Tell us about this experience.
4. What are your predictions about what some of the benefits of skin-to-skin contact might be?

As they watch the DVD, viewers may consider what was learned from the study about:

- maintaining breastfeeding
- the nurturing of babies while feeding
- the feelings of depression that mothers of young babies may experience
- babies’ alertness
- babies’ responsiveness to their mothers
After Viewing

The following questions are suggested to engage participants in discussing implications of the findings from the study presented in the DVDs.

1. Were the findings of the study similar to your predictions?
2. Were any of the findings surprising to you?
3. If you were to tell someone about skin-to-skin contact, what words would you use to describe it? (Brainstorm a list of words that come to mind.)
4. What were the key findings from the study?
5. What did you find most striking about the findings?
   
   (Facilitation suggestion: Participants could be invited to break into small groups to discuss a specific finding, for example, breastfeeding or postpartum depression, and report back highlights of their discussion to the whole group.)
6. What did you conclude about the ease of skin-to-skin contact from the mothers’ and fathers’ accounts of their experiences?
7. What might encourage a mother to try skin-to-skin contact with her baby?
8. What might limit a mother from trying skin-to-skin contact with her baby?
9. What are your views on the role of the father in skin-to-skin contact?
10. How important is the role of health care practitioners in supporting skin-to-skin contact?
11. How can mothers gain the support of their health care practitioners for skin-to-skin contact after they give birth?
12. How can mothers support each other to provide skin-to-skin contact?
13. Do you think skin-to-skin contact has benefits for mothers and babies living in your area?
14. Do you have any comments you would like to make about the DVD?

Supplementary information

The benefits of skin-to-skin contact for the physiological adjustment of premature and full-term infants are well documented. Compared to newborns who do not have skin-to-skin contact with their mothers, infants with skin-to-skin contact have more stable temperatures, heart rates, respiratory rates, and gastrointestinal adaptation. Their sleep is more restful. They cry less, grow faster, breastfeed longer, experience less pain from routine procedures, and go home from hospital sooner, thereby reducing costs to hospitals and health systems.

How this happens is still somewhat of a mystery, although some things are known. Skin-to-skin contact simulates the prenatal environment, which reduces the stress on the infant. The baby can hear the mother’s heartbeat, which can also be heard prenatally. There is physical containment, as in the womb. The mother provides warmth as the infant is surrounded by body temperature skin contact. After a woman gives birth, her chest temperature is 1-2 degrees warmer than the
rest of her body, making it a natural warming place. One of the difficulties for newborns, particularly premature infants, is to maintain their body temperature. Prenatally this is done for them. After birth, they must maintain their body temperature themselves. Premature infants have less body fat to insulate their body, making the maintenance of their temperature more difficult. In mother-infant skin-to-skin contact, the mother’s chest heats up as the infant’s temperature cools down and the mother’s chest cools down as the infant’s temperature heats up. This thermo-regulation is believed to be part of the physiological mother-infant connection from the birth process and it occurs out of the mother’s awareness.

Although a good deal is known about the benefits of skin-to-skin contact on the physiological adjustment of infants, the effects of skin-to-skin contact on the mother and on the developing mother-infant relationship are less well researched. The purpose of the Nova Scotia study was to investigate these effects.

Skin-to-skin contact can influence the mother herself. In one sense it seems obvious that having an infant who cries less, sleeps better, and is more physiologically stable would lead to a calmer, happier mother. But skin-to-skin contact also can affect the mother directly at a physiological level, as it functions as an oxytocin releasing agent in the mother. Oxytocin is a hormone produced during birth and breastfeeding and also through touch and sustained physical contact. This hormone facilitates maternal communicative behaviors and positive maternal mood states. By engaging in skin-to-skin contact with their infants, mothers enhance their maternal behaviors and demonstrate more sensitivity to their infants – to the infants’ signals and their early social behavior.

The effect of skin-to-skin contact on the infant goes beyond physiological adaptation. Early skin-to-skin contact helps infants to be more aware of external stimulation from mother by increasing their ability to regulate their state organization. Newborn infants use much of their energy making physiological adjustments to postnatal life. Many of their physiological states (e.g., crying, sleeping) do not allow for taking in information from the external world. The one exception is the quiet alert state. There are large individual differences in the amount of time newborns spend in this state. Yet it is in this state that early cognitive and social developments begin. By facilitating infants’ ability to move into and maintain the quiet alert state, skin-to-skin contact allows infants to participate more actively in interactions with their mothers, which not only facilitates the infants’ own growth and development, but also fosters early social relations.

Thus mother-infant skin-to-skin contact facilitates the mother-infant relationship by influencing maternal sensitivity and the infants’ ability to notice, recognize, and engage with their mothers.
References


