



SOUTH CENTRAL
REGIONAL MEDICAL CENTER

BABY FRIENDLY

**INFORMATION AT
18-20 WEEK VISIT:**

Skin-to-Skin Contact, Newborn



Skin-to-skin contact between you and your baby is encouraged as soon as birth takes place, whether you had a vaginal delivery or delivered your baby by cesarean section (C-section). Skin-to-skin contact may also be called kangaroo care. The close contact helps to keep your baby warm and calm. It also provides many other benefits.

Skin-to-skin contact may be done to support all newborn babies, including premature or low-birth-weight babies. It is done as early and as often as possible in the hospital and may be continued at home. It may also be used when your baby has a minor procedure done, such as having blood taken for testing.

How is skin-to-skin contact done?



As soon as your baby is born, he or she will be placed on your bare chest in an upright position. A warm blanket may be placed over your baby. If you and your baby are both stable, you will be encouraged to hold your baby in this position for an hour. Watch your baby for feeding cues, like rooting or sucking, and help the baby to your breast for his or her first feeding.

Your partner may also choose to do skin-to-skin contact with your baby. This can be a special time to bond for both of you.

Your health care provider will show you how to do skin-to-skin contact as often as possible. Follow his or her instructions. While you are in the hospital, the process may look something like this:

1. Your baby will be dressed in a diaper and cap.
2. You will open or remove your shirt. If you are a female, you will remove your bra.

3. Your baby will be placed on your bare chest, with your baby's ear resting above your heart. If you are female, the baby will be positioned so that his or her head is between your breasts. Your health care provider will help to transfer the baby and position him or her for proper breathing.
4. Your baby will be covered with a towel to keep him or her warm.
5. You will lie back and relax.
6. If needed, your baby's heart and breathing may be monitored by the health care provider.

During the first week after birth, you will be encouraged to hold your baby, skin-to-skin, for at least 1 or 2 hours a day.

Can skin-to-skin contact be done with premature babies?

Skin-to-skin contact can be done with premature babies who can breathe on their own and have no other serious health problems.

With a team of hospital support to guide you, skin-to-skin contact can be safely performed with preterm babies as young as 26 weeks old, including babies on assisted ventilation for breathing problems.

How often should skin-to-skin contact be done?

You and your partner are encouraged to have frequent skin-to-skin contact with your baby while in the hospital and after you are discharged home.

Rooming in, or having your baby stay in the same room as you, will allow you to have skin-to-skin contact as often as possible while you are in the hospital.

What are the benefits of skin-to-skin contact?

For your baby, the benefits of skin-to-skin contact include:

- Warmth.
- Stabilization of heart rate, which can help to keep your baby calm.
- Reduced crying.
- Longer periods of sleep.
- Improved breathing and increased oxygen.
- Improved ability to breastfeed.
- Improved weight gain.
- Better bonding with parents.
- Reduced length of stay in the hospital.
- Lowered risk of infection.

You and your partner can also benefit from skin-to-skin contact with your baby. The practice will:

- Help you feel close to your baby.
- Reduce stress.
- Give you confidence in the care of your baby.

As the mother, skin-to-skin contact with your baby will also:

- Increase your breast milk supply.
- Help you breastfeed more successfully.

Are there any precautions I should take before having skin-to-skin contact?

- Use the bathroom prior to starting skin-to-skin time.
- Wash your hands with soap and water.
- Be aware of your level of fatigue. Ask your partner to take over if you feel like you might fall asleep during your skin-to-skin time.
- **Do not** smoke.
- Avoid using any creams, powders, lotions, or perfumes.

Follow these instructions at home:

- Continue to practice skin-to-skin contact as you transition home. This is especially important during the first few weeks after your baby is born.
- Practice skin-to-skin contact on a regular basis along with breastfeeding.
- Encourage your partner to also have skin-to-skin bonding time with your baby.
- If you practice skin-to-skin contact while on your feet or moving around, make sure your baby is secure and well supported in an upright position.

Where can I get more information about skin-to-skin contact?

For more information on skin-to-skin practices, visit:

- La Leche League: www.llusa.org
- March of Dimes: www.marchofdimes.org

Summary

- Skin-to-skin contact between you and your baby is encouraged as soon as birth takes place.
- You and your partner are encouraged to have frequent skin-to-skin contact with your baby while in the hospital and after you are discharged home. Be aware of your level of fatigue. Ask your partner to take over if you feel like you might fall asleep during your skin-to-skin time.
- Rooming in, or having your baby stay in the same room as you, will allow you to have skin-to-skin contact as often as possible.
- Skin-to-skin contact between you and your baby has many benefits, including better bonding between parents and baby, and better breastfeeding for the mother.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Rooming-In With Your Newborn



Rooming-in is when a newborn baby stays in his or her mother's hospital room 24 hours a day instead of staying in the hospital's nursery.

Rooming-in can provide many benefits. It can help new parents understand their baby's needs, establish a routine for eating and sleeping, and prepare for a smoother transition to home.

How does this affect me?

As a new mother, rooming-in has many benefits for you, including the following:

- You will get to know your baby, and the two of you will have time to form a close bond.
- You will learn when and how often your baby wants to eat.
- You will learn to identify the clues that your baby gives to show that he or she is hungry and ready to feed. These may include:
 - Starting to open his or her mouth.
 - Making sucking motions.
 - Sucking on fingers or hands.
- You may have less pain after your delivery, and you may not need as much medicine.
- Your breast milk supply may come in sooner.
- You will be able to practice breastfeeding.
- You can watch your baby's health care team interact with your baby, which can help you learn how to care for the baby. Also, when your baby's team is in your room examining your baby, you will have the opportunity to talk with them and ask questions.

How does this affect my baby?

Rooming-in will also provide benefits for your baby, including these:

- Your baby will begin to learn what your voice sounds like, how you feel, and how you smell. This will help your baby form a close bond with you.
- Your baby may eat better.
- Your baby will sleep better and develop a better sleep pattern.
- Your baby will cry less and be more at ease.

Follow these instructions in the hospital:

- Take part in your baby's checkups, baths, and screenings at the bedside as directed by your health care provider. Your partner may also be allowed to participate in these activities. This will make it easier to learn how to care for your baby when you go home.
- Ask for help with feeding if needed.
- Rest when your baby sleeps or ask your partner to care for your baby while you sleep.
- Talk to your health care provider if you are in pain or need medicine for pain.
- Ask your health care provider to use cluster care for your baby in order to cut down on interruptions. This means that tasks such as bathing and newborn screenings are done at the same time instead of at separate times.

Questions to ask your health care provider

- What are my options for rooming-in with my baby?
- What are your visitor rules or hours?
- How can I request help if I need it?
- Can my partner stay with me?
- What are the different ways to feed my baby (if breastfeeding is not for you)?

Tell a health care provider if your child:

- Has a fever or chills.
- Has few or no wet or dirty diapers.
- Has trouble eating.

Get help right away if your child:

- Grunts or has trouble breathing.
- Has a bluish skin color.
- Is not moving or is moving only when touched.

Summary

- Rooming-in is when a newborn baby stays in his or her mother's hospital room 24 hours a day instead of staying in the hospital's nursery.
- Rooming-in can help new parents understand their baby's needs, establish a routine for eating and sleeping, and prepare for a smoother transition to home.
- While rooming-in, you should rest when your baby sleeps or ask your partner to care for your baby while you sleep.
- Ask your health care provider about rooming-in options, how to get help with the baby or with pain, and other ways to feed your baby while you are in the hospital.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Breastfeeding Tips for a Good Latch

Breastfeeding can be challenging, especially during the first few weeks after childbirth. It is normal to have some problems when you start to breastfeed your new baby, even if you have breastfed before. Latching is an important part of having a good breastfeeding experience. This refers to how your baby's mouth attaches to your nipple to breastfeed. Your baby may have trouble latching due to:

- Poor positioning.
- Nipple confusion. This can occur if you introduce a bottle or pacifier too early.
- Abnormalities in your baby's mouth, tongue, or lips. This includes conditions like tongue-tie or cleft lip.
- The shape of your nipples, such as nipples that are flat or turned in (inverted).
- Your baby being born early (prematurely). Small babies often have a weak suck.

Work with a breastfeeding specialist (lactation consultant) to find positions and strategies that will help make sure your baby has a good latch.

How does this affect me?

A poor latch may cause you to have problems such as:

- Cracked or sore nipples.
- Breasts becoming overfilled with milk (engorgement).
- Plugged milk ducts.
- Low milk supply.
- Breast inflammation or infection.

How does this affect my baby?

A poor latch may cause your baby to not be able to feed effectively. As a result, he or she may have trouble gaining weight.

Follow these instructions at home:

How to position your baby

- Find a comfortable place to sit or lie down, with your neck and back well supported.
- If you are seated, place a pillow or rolled-up blanket under your baby to bring him or her to the level of your breast.
- Make sure that your baby's abdomen is facing your abdomen.
- Try different positions to find one that works best for you and your baby.

How to help your baby latch



To begin each breastfeeding session, gently massage your breast. With your fingertips, massage from your chest wall toward your nipple in a circular motion. This encourages milk flow. If your milk flows slowly, you may need to continue this action during feeding.

Position your breast for an ideal latch. Support your breast with four fingers underneath and your thumb above your nipple. Keep your fingers away from your nipple and your baby's mouth.

To help your baby latch, follow these steps:

1. Stroke your baby's lips gently with your finger or nipple.
2. When your baby's mouth is open wide enough, quickly bring your baby to your breast and place your entire nipple, and as much of the areola as possible, into your baby's mouth. The areola is the colored area around your nipple.
3. Your baby's tongue should be between his or her lower gum and your breast.
4. More areola should be visible above your baby's upper lip than below the lower lip.
5. When your baby starts sucking, you will feel a gentle pull on your nipple, but you should not feel pain. Be patient. It is common for a baby to suck for about 2–3 minutes to start the flow of breast milk.
6. Make sure that your baby's mouth is correctly positioned around your nipple. Your baby's lips should create a seal on your breast and be turned outward (everted).

General instructions

- Look for the following signs that your baby has successfully latched on to your nipple:
 - The baby is quietly tugging or quietly sucking without causing you pain.
 - You hear the baby swallow after every 3 or 4 sucks.
 - You see muscle movement above and in front of the baby's ears while he or she is sucking.
- Be aware of these signs that your baby has not successfully latched on to your nipple:
 - The baby makes sucking sounds or smacking sounds while nursing.
 - You have nipple pain.
- If your baby is not latched well, insert your little finger between your baby's gums and your nipple to break the seal. Then try to help your baby latch again.

Contact a health care provider if:

- You have cracking or soreness in your nipples that lasts longer than 1 week.

- You have nipple pain. Nipple cracking and soreness are common during the first week after birth, but nipple pain is never normal.
- You have breast engorgement that does not improve after 48–72 hours.
- You have a plugged milk duct and a fever.
- You follow suggestions for a good latch but you continue to have problems or concerns.
- You have pus-like discharge coming from your breast.
- Your baby is not gaining weight or loses weight.

Summary

- Many common breastfeeding challenges are caused by poor latching. Latching refers to how your baby's mouth attaches to your nipple during breastfeeding.
- If problems continue, seek help from a lactation consultant in your community. He or she can assess you and your baby for any latching problems. The lactation consultant can work with you to develop a plan to overcome any breastfeeding challenges.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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****La Leche League International – Article on Positioning****

THE FIRST WEEK: POSITIONING AND LATCH

Breastfeeding is a gift only you can give your baby. A healthy, full term baby is likely to know instinctively what to do at the breast.

During the early weeks skin-to-skin contact helps your baby be connected to his instinctive breastfeeding skills and helps you and baby enjoy breastfeeding. Each mother discovers what works for her, and what works for one mother may not work for another. Mary Renfrew wrote in *Journal of Human Lactation* that learning to breastfeed is like mother and baby learning a dance. Use what works in these suggestions and tailor them for you and your baby. Trust that you know what works for you and your baby. You will know when the positioning is ideal for you, when you and your baby are comfortable. When positioning is right for you, your nipples stay healthy and your baby can feed most efficiently. Concern about sore nipples or breastfeeding comfortably is a common reason that mothers contact La Leche League. Improving positioning helps eliminate many cases of sore nipples.

You may have noticed this description is long. Be assured that many mothers have successfully accomplished breastfeeding their babies for centuries and you too will learn how to best position your baby. These suggestions are not meant to tell the mother that if she follows all the steps the position will be “right”. The suggestions are meant to give you ideas on how you and your baby can learn to breastfeed and enjoy the breastfeeding experience.

However, like other seemingly simple tasks, it takes a lot of words to describe what other mothers have found works well for them. LLL Leaders are experienced in guiding mothers through the positioning process. If you feel overwhelmed by preparing to breastfeed your baby, contact your **local Leader** for information and support. She will be happy to simplify matters for you.

In the first three to five days after birth, if you experience nipple soreness beyond a slight tenderness when your baby latches on, it may be a sign that something isn't right with the baby latch, position, or suck. An adjustment to the latch or positioning can help your baby be more comfortable. When you have mastered the “dance” of breastfeeding, sore or cracked nipples are allowed to heal.

If nipple pain worsens after the early days of breastfeeding your nipple pain may be due to other causes like thrush, bacterial infection, or tongue-tie. Contact a La Leche League Leader or lactation consultant for help if you need further assistance to improve your sore nipples. See information on **sore nipples** for more information.

Learn to recognize your baby's early feeding cues so you have time to get in a good position before he becomes desperately hungry. Early cues include opening his mouth, moving his head side to side – also known as rooting reflex or sucking on hands and fingers. Don't wait for baby to cry to let you know he is hungry. Crying is a very late hunger cue.

BASIC STEPS FOR POSITIONING

We will discuss several different positions. If you have pain or feel uncomfortable, try a different position. Adjusting the position can significantly improve breastfeeding pain. Some general tips are:

1. **Position yourself comfortably** with back support, pillows supporting your arms and your baby, and your feet supported by a footrest or a telephone book.
2. **Position baby close to you**, with his hips flexed, so that he does not have to turn his head to reach your breast. His mouth and nose should be facing your nipple. His body should be so close that he is touching you. If possible, ask your helper to hand you the baby once you are comfortable.
3. **Support your breast** so it is not pressing on your baby's chin. Your baby's chin should touch your breast, then the baby's nose.
4. **Attach or latch baby onto your breast.** Encourage him to open his mouth wide and pull him close by supporting his back (rather than the back of his head) so that his chin touches your breast first. His nose will be touching your breast. Your hand forms a "second neck" for your baby.
5. **Enjoy!** If you are feeling pain, detach baby gently and try again.

These steps may need to be repeated frequently during the early weeks. You and your baby will find a technique that works for you after some practice.

Going Beyond the Basics

As you and your baby become more experienced at breastfeeding, you will find that breastfeeding positions can be altered in many ways, even from feeding to feeding. As long as you are comfortable and baby is nursing successfully, use what works for you. Try experimenting with the four positions below.

Remember, in any of these positions, it is very important to bring the baby to your nipple height.

Leaning over your baby can cause backaches, neck/shoulder strain or sore nipples.



LAIID-BACK BREASTFEEDING OR BIOLOGICAL NURTURING

Laid-back breastfeeding, or Biological Nurturing, means getting comfortable with your baby and encouraging you and your baby's natural breastfeeding instincts.

- Dress yourself and your baby as you choose. Mother and baby skin-to-skin is good option too.
- Position yourself comfortably in bed, on the couch, or in a recliner with back support, and pillows to also support your head, shoulders, arms. Lean back, with your pillows for support. When you comfortably lean back, and put your baby on your chest, gravity will keep him in position with his body molded to yours.
- Let your baby's cheek rest somewhere near your bare breast. Rub your nipple on baby's upper lip to encourage baby to open wide. Bring your baby close. Have his chin touch your breast first, and then his nose will touch your breast.
- Position baby close to you, with hips flexed, so that he does not have to turn his head to reach your breast. Baby's feet need to be supported by your body so they don't dangle in the air.
- Use one hand to hold your breast as needed and the other hand to support baby's thigh or bottom.

- If you feel pain, detach baby gently by using your finger to touch the corner of baby's mouth and try again.
- Relax and enjoy each other.

CRADLE POSITION

The cradle position is most commonly used after the first few weeks. The cross-cradle position (see below) gives you more control.



Fig. 1 Cradle Position

- To nurse your baby while cradling or holding him across your lap, he should be lying on his side, resting on his shoulder and hip with his mouth level with your nipple. His whole front of his body should touch the front of your body.
- Use pillows to lift your baby and support your elbows to bring your baby up to nipple height, especially during the first few weeks.
- Support your breast with either the “U” hold” or “C” hold as described in the “Breast Support Techniques” section below.
- Your baby's head will be on your forearm and his back will be along your inner arm and palm. When you look down, you should see his side.
- His mouth should be covering at least a half inch of the dark area around your nipple. Be sure his ear, shoulder and hips should be in a straight line. As a newborn, your baby's head and bottom should be level with each other.

CROSS-CRADLE POSITION

During the early weeks, many mothers find a variation of the cradle position, called the cross-cradle position to be useful.



- To nurse your baby in this position, your baby is supported on a pillow across your lap to help raise him to your nipple level. Pillows should also support both elbows so your arms don't hold the weight of the baby; they will tire before the feeding is finished.
- If you are preparing to breastfeed on the left breast, your left hand supports that breast in a "U" hold. If you are breastfeeding on the opposite breast, reverse hand used. (See the "Breast Support Techniques" section of this FAQ for a description of this hold.)
- Support your baby with the fingers of the right hand.
- Do this by gently placing your hand behind your baby's ears and neck with your thumb and index finger behind each ear. Your baby's neck rests in the web between the thumb, index finger and palm of your hand, forming a "second neck" for baby. The palm of your hand is placed between his shoulder blades.
- As you prepare to latch on your baby, be sure his mouth is very close to your nipple from the start.
- When baby opens his mouth wide, you push with the palm of your hand from between the shoulder blades. His mouth will be covering at least a half-inch from the base of your nipple.

CLUTCH OR FOOTBALL POSITION

This is a good position for a mother who has had a Cesarean birth, as it keeps the baby away from the incision. Most newborns are very comfortable in this position. It also helps when a mother has a forceful milk ejection reflex (let down) because the baby can handle the flow more easily.



Fig. 4 Clutch or Side Position

In the clutch position you support your baby's head in your hand and his back along your arm beside you. You support your breast with a "C" hold. (See "Breast Support Techniques" section of this FAQ for a description of this hold.) He is facing you, with his mouth at nipple height. Your baby's legs and feet are tucked under your arm with his hips flexed and his legs resting along the your back rest so the soles of his feet are pointed toward the ceiling. (This keeps him from being able to push against your chair.) Pillows help bring the baby to the correct height.



Side-Lying Position

SIDE-LYING POSITION

For some mothers, this position works best after the early days of breastfeeding. The other positions may be easier to learn first. Some mothers find that practicing with this position during the daytime is very helpful.

Many mothers find lying down to nurse a comfortable position, especially at night. Both mother and baby lie on their sides facing each other. You can use pillows behind your back and behind or between your knees to help get comfortable. A pillow or rolled blanket behind the baby's back will keep him from

rolling away from you. The baby can be cradled in your arm with his back along your forearm. Having his hips flexed and his ear, shoulder and hip in one line helps your baby get milk more easily.

BREAST SUPPORT TECHNIQUES

As you hold your baby in any of the above positions, you may need to support your breast with your free hand. This removes the weight of the breast from the baby's chin, allowing him to breastfeed more effectively.

“C” hold—See the cradle hold illustration above. Support your breast with your thumb on top, well back from your areola (the darker skin surrounding the nipple) and the fingers underneath. Your fingers should also be well back from your baby's mouth. This hold is helpful when breastfeeding in the clutch or football position as well as the cradle position.

“U” hold—Place your fingers flat on your ribcage under your breast with your index finger in the crease under your breast. Drop your elbow so that your breast is supported between your thumb and index finger. Your thumb will be on the outer area of your breast and your fingers will be on the inner area. This hold is helpful when breastfeeding in the cradle and cross-cradle positions.

IS MY BABY LATCHED ON WELL?



When latching on your baby, use your nipple to tickle the center of your baby's bottom lip. This will encourage him to open his mouth wide (like he is yawning). Aim your nipple slightly towards the roof of his mouth, bringing baby to you, chin first.

Good latch-on checkpoints for your baby include:



- His nose is nearly touching your breast, that is, no further away than a credit card edge
- His lips are flanged
- At least ½ inch of your breast around the base of your nipple is in his mouth.



If the latch is uncomfortable or painful, gently place your finger in the baby's mouth, between his gums, to detach him and try again.

A baby who is offered the breast will suck without swallowing as he positions the nipple in his mouth and tells your breast he is ready for the milk to let down. When he begins to receive milk, you will see his jaw working all the way back to his ear. His temples will wiggle. You will also hear him swallowing, quickly at first, then more slowly, as his appetite is satisfied.

La Leche League International – Article on Skin to Skin Care

Skin-to-skin care (SSC) is a biologically normal practice. It consists of placing an unclothed or diaper-only newborn baby chest-to-chest with mother immediately after delivery and keeping them together for at least the first hour after birth, whether the mother has had a vaginal or cesarean birth and regardless of the feeding method planned. This practice is supported by the World Health Organization (WHO), Baby Friendly Hospital Initiative (BFHI), the Academy of

Breastfeeding Medicine (ABM), and the American Academy of Pediatrics (AAP). This is an important component of family-centered care.

Immediate SSC for a minimum of one hour after birth is one of the most effective methods for promoting exclusive breastfeeding. Babies who have early SSC are more likely to be exclusively breastfed at discharge, exclusively breastfed after discharge, and breastfed for longer durations.

Reasons why SSC is important for baby and mother:

- Keeps mother and baby together.
- Promotes bonding between mother and baby.
- Provides for earlier initiation of the first breastfeeding experience.
- Reduces crying.
- Helps baby maintain body temperature better than a hospital warmer, as your body will alter your own temperature to warm or cool the baby to maintain a normal temperature.
- Helps regulate baby's breathing and heart rate.
- Helps keep baby's blood sugar level stable.
- "Normalizes" a difficult or surgical birth.
- Decreases pain for baby from any procedures done while skin-to-skin.
- Reduces postpartum hemorrhage in mother.
- Can reduce maternal stress and postpartum depression.
- Increases the probability of breastfeeding as well as the length of time you will breastfeed your baby beyond the hospital time.

Skin-to-skin right after birth:

- Mother is in a slightly reclined position.
- Baby is placed on mother's abdomen, dried, and covered with a blanket until the cord is clamped.

- Once the cord is clamped, baby is placed chest-to-chest with mother and remains there uninterrupted for at least one hour and preferably until the first breastfeeding is completed. This provides optimal physiological stability.
- Baby's face is easily visible and uncovered, neck is straight, knees are bent.
- Baby may be naked or diapered.
- Baby can be dried during process of placing skin-to-skin then baby and mother are covered by a warmed blanket.
- Other tests like Apgar scoring can be done while baby is being held skin-to-skin.
- Most other "standard procedures," like a Vitamin K shot, can be done while baby is on mother's chest.
- Baby's measurements can be delayed for up to six hours – they are not going to change dramatically in that time frame.
- Time in a warmer will not be needed since mother's body will keep baby warm.
- Baby and mother are monitored by nursing staff during SSC.
- Mother notices baby's feeding cues, like rooting or sucking on hands, and can guide baby to breast for first feeding.
- SSC can continue as mother and baby are moved from the labor suite to the postpartum setting with proper observation for safety.

Continued SSC:

- Regardless the birth setting – hospital, birth center or home – SSC can be part of the normal care of the newborn.
- The more that mother and baby are together, the easier it is for mother to recognize baby's early feeding cues, more frequently baby will breastfeed, and a greater milk volume will be stimulated.
- Mothers who "room-in" in the hospital will tend to practice SSC more frequently.
- Mothers who practice SSC report greater confidence in their ability to feed and care for their baby.
- Babies who "room-in" have more quiet sleep than those who are separated.

Remember that SSC can continue past the birth period and early postpartum. Many mothers have found that snuggling baby skin-to-skin can be soothing at any time and any age.

Mothers often ask:

- How safe is SSC?
 - Very safe when mother and baby are positioned properly and observed.
 - There is nursing staff there to observe mother and baby to monitor temperature, heart rate, respiration, as well as assessing for any unusual health issues.
- I'm expecting twins. Can I still do SSC?
 - Absolutely! Each one is positioned side-to-side, one over each breast.
 - Studies have shown that the temperature of each breast will rise or fall to warm to cool each baby independently
- What if I'm not feeling well enough?
 - Let staff know if you are not feeling well enough to hold your baby.
 - Allow your support person for labor hold the baby skin-to-skin until you are ready.
- How does this work if I have a cesarean?
 - Check your hospital's policy to be sure they are set up for this practice.
 - If it is a planned cesarean, you can arrange to have your support person with you to hold the baby skin-to-skin until you are ready.
 - Your baby will be placed on your chest, above the drape. Many hospitals are set up to have SSC begin even while your incision is being closed. Your support person can help with positioning as needed.
- What if my baby comes early?
 - If the baby will be going to the mother-baby floor with you, you can begin SSC right after birth and any specific medical checks needed due to the early arrival.

- If the baby is premature and going to a neonatal intensive care unit (NICU), you can begin SSC as soon as baby is stable enough to be held outside the isolette. (See “Skin-to-Skin Care in the NICU” [create link](#))
- How do I find out my hospital’s policy for SSC?
 - Ask your OB or midwife about their practice with regards to skin-to-skin. They can tell you if there are any limitations at the facility you have chosen for your birth.
 - Attend a prepared childbirth class. The instructor will have a good sense of the practices of the hospitals in your area.
 - If you are preparing a birth plan, include this request in your plan.
 - If the hospital where you plan to deliver does not have SSC as part of their standard of care for childbirth, ask your healthcare team to advocate for you. If you chose another hospital or practice, make sure you let them know **why** you have made the switch.