



**Wrightington, Wigan and  
Leigh Teaching Hospitals**  
NHS Foundation Trust

# Skin to Skin Contact

# Skin to Skin Contact

Patient Information

## Maternity Department

- Author ID: KA
- Leaflet ref: Obs 052
- Version: 5
- Leaflet title: Skin to Skin Contact
- Last review: October 2023
- Expiry Date: October 2025

## What is Skin to Skin Contact?

Skin to skin is where the baby is held close on your bare chest naked or wearing just a nappy with a warm blanket placed over you both. You can then spend time getting to know your baby. Skin to skin contact between you and your baby has a massive effect on how your baby adapts to their new world. No matter how you choose to feed your baby spending time in skin to skin contact is very beneficial (UNICEF 2012).

Skin to skin contact is a fantastic way to bond with your baby. It's especially important if you intend to breastfeed, but regardless of your feeding intentions holding your baby close and safe will help to keep your new-borns' breathing calm whilst adjusting to its new surroundings.

We don't just recommend skin to skin contact at delivery— it's a great way to calm and settle your baby anytime and stimulate your milk supply.

No matter by which method of delivery your baby is born, we will do our utmost to ensure that your baby gets the best start possible and help you to enjoy skin to skin contact safely and for as long as you'd like.

## Meeting your baby for the first time

After your baby is born, hold him against your skin as soon as possible, and for as long as you want. This will calm him and give you both the chance to rest, keep warm and get to know each other.

If you want to breast feed, this is a great time to start as your baby might move towards the breast and work out the best way to suckle for himself. Breastfeeding also releases lots of oxytocin hormone in baby and mother, which will help you to feel close and connected.

## What are the benefits of Skin to Skin?

Researchers have examined the impact of early skin-to-skin contact on breastfeeding and infant physiology and found that skin-to-skin contact supported both the establishment and

maintenance of breastfeeding (Moore et al 2012).

We know that babies who have spent an hour in skin to skin contact are significantly less stressed after the birth experience – this means that their breathing and heart rate are more stable, they cry less and when they start to feed, they digest their food better. Skin to skin will also help to initiate breastfeeding and encourage your baby's instinct to feed. It will help to stimulate your own milk supply and will pass on the protection of your own skin bacteria to your baby providing extra protection. It can also be beneficial in reducing eczema and some allergies for your baby and in preventing postnatal depression, so it helps you and your baby.

## When should Skin to Skin start?

Skin to skin should start immediately or as soon as possible after birth. If for any reason there are complications, it may mean that skin to skin contact may be delayed. Your midwife will be able to help you to have skin to skin contact as soon as possible. If you are unable to have skin to skin contact, your partner can start skin to skin contact with your baby. Skin to skin contact is beneficial at any time; it can help comfort you and your baby over the first few days and weeks after childbirth.

## Skin to Skin and Caesarean Sections

It is still possible to enjoy skin to skin contact if your baby is born by caesarean section.

If you are awake for your operation, we will begin skin to skin contact as soon as your baby is born. If you require a general anaesthetic, then your birth partner can perform skin to skin contact until you are awake and able to do so.

## Skin to Skin contact on the neonatal unit

Skin to skin contact is known to be very beneficial to premature babies (Charpak 2016) and if your baby needs to spend any time in the Neonatal Unit the staff will support you to enjoy skin to skin contact. Knowing you are close and hearing your voice will release a hormone called oxytocin which is important for your baby's brain development.

## What if I don't want to breastfeed?

If you choose to bottle feed, giving the first feed in skin contact while holding your baby close and looking into his eyes will also help you bond.

It is likely that whilst you are holding your baby in skin contact, he/she will start to show some signs of being ready to feed such as rooting and moving his hand towards his mouth. You may at this point feel that you would like him to have a breast feed; some women have a strong feeling to do this even if they planned to bottle feed. The staff will help you to do this if you choose.

Hold your baby next to you, in a slightly upright position. Offer frequent breaks throughout the feed.

If you decide that you want to bottle feed it can be lovely for you and your baby to offer the first bottle whilst you are both in skin-to skin contact.

## Other useful contacts

Infant Feeding Team: 01942 778557 07917 580276

Email: [wwl-tr.maternityinfantfeeding@nhs.net](mailto:wwl-tr.maternityinfantfeeding@nhs.net)

## References

Charpak, N (2016) Twenty year Follow up of Kangaroo Mother Care versus Traditional Care. *Paediatrics* 139 (1): e20162063.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003519.pub4/full>

NICE (National Institute for Health and Clinical Excellence) (2007) *Intrapartum Care: Care of*

healthy women and their babies during childbirth

UNICEF (2012) Guide to Baby Friendly Initiative Standards UNICEF United Kingdom



Version number: **5**  
Last modified date: **13th June 2026**

All rights reserved © 2026  
WWL Teaching Hospitals NHS Foundation Trust