Step 8: Encourages All Mothers, Families to Touch, Hold, Breastfeed, Care for Their Babies

The Coalition for Improving Maternity Services:

Sharon Storton, MA, CCHT, LMFT

ABSTRACT

Step 8 of the *Ten Steps to Mother-Friendly Care* encourages all mothers and families, including those with sick or premature newborns or infants with congenital problems, to touch, hold, breastfeed, and care for their babies to the extent compatible with their conditions. The rationales for compliance with the step and systematic review are presented.

Journal of Perinatal Education, 16(1–Supplement), 74S–76S, doi: 10.1624/105812407X173209
Keywords: parent care of ill or premature neonates or infants, neonatal intensive care, NICU, and parents

For a description and discussion of the methods used to determine the evidence basis of the Ten Steps of Mother-Friendly Care, see this issue's "Methods" article by Henci Goer on pages 5S–9S.

Step 8: Encourages all mothers and families, including those with sick or premature newborns or infants with congenital problems, to touch, hold, breastfeed, and care for their babies to the extent compatible with their conditions.

Keeping mothers and babies together, including infants with medical problems, enhances attachment, increases breastfeeding initiation and duration, and decreases infant stress. There is no evidence of harm in encouraging mothers and families to touch, hold, breastfeed, and care for their babies to the extent compatible with their condition.

Touch, Hold, Breastfeed

Rationale for Compliance	Evidence Grade
No evidence of harm was found for encouraging mothers and families to touch, hold, breastfeed, and care for their babies to the extent compatible with their conditions.	NEH
No evidence of harm was found for encouraging mothers and families of sick or premature infants or infants with congenital problems to touch, hold, breastfeed, and care for their infants to the extent compatible with their conditions.	NEH
Touching, holding, and caring for healthy infants enhance attachment between mothers and babies (Anderson, 2003; DiMatteo, 1996; Klaus, 1998; Rowe-Murray, 2001; Wendland-Carro, 1999).	Quality: A Quantity: A Consistency: A

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Touch, Hold, Breastfeed

Rationale for Compliance	Evidence Grade
Touching, holding, and caring for sick or premature infants or infants with congenital problems enhances attachment between mothers and babies (Charpak, 2001; DiMatteo, 1996; Feldman, 1999; Klaus, 1998; Rowe-Murray, 2001; Schroeder, 2006; Tessier, 1998; Wendland-Carro, 1999).	Quality: A Quantity: A Consistency: A
Eliminating or minimizing separation for procedures whenever possible reduces distress in healthy infants and mothers (Anderson, 2003; Gray, 2000; Klaus, 1998).	Quality: A Quantity: A Consistency: A
Eliminating or minimizing separation for procedures whenever possible reduces distress in sick or premature infants, infants with congenital problems, and mothers (Feldman, 1999; Klaus, 1998; Mörelius, 2005).	Quality: A Quantity: A Consistency: A
Minimizing separation during the hospital stay increases breastfeeding initiation and duration in mothers with healthy infants (Anderson, 2003; Klaus, 1998).	Quality: B Quantity: B Consistency: A
Unimpeded early skin-to-skin contact increases breastfeeding initiation and duration in mothers with healthy infants (Anderson, 2003; Klaus, 1998).	Quality: A Quantity: A Consistency: A
Breastfeeding is universally accepted as the biologically normal human infant-feeding method.	
<ul style="list-style-type: none"> Lack of breastfeeding accounts for 13% of all deaths among children under 5 years of life, worldwide (Jones, 2003). 	Quality: A Quantity: A Consistency: A
<ul style="list-style-type: none"> Infants in the United States who are not breastfed are 25% more likely to die between 28 days and 1 year of life than breastfed infants (Chen, 2004). 	Quality: A Quantity: A Consistency: NA*
<ul style="list-style-type: none"> A mother's relative risk of acquiring breast cancer decreases 4.3% for every 12 months of breastfeeding, above and beyond the 7% risk reduction for each birth (Collaborative Group on Hormonal Factors in Breast Cancer, 2002). 	Quality: A Quantity: A Consistency: A**
<ul style="list-style-type: none"> Infants should be exclusively breastfed for the first 6 months of life, followed by appropriate introduction of complementary foods and continued breastfeeding (Kramer, 2004). 	Quality: A Quantity: A Consistency: A**
<ul style="list-style-type: none"> Breastfeeding mitigates the harmful effects of organochlorine compounds to which infants are exposed prenatally. (Ribas-Fito, 2003). 	Quality: A Quantity: A Consistency: NA*

A = good, B = fair, NA = not applicable, NEH = no evidence of harm

Quality = aggregate of quality ratings for individual studies

Quantity = magnitude of effect, numbers of studies, and sample size or power

Consistency = the extent to which similar findings are reported using similar and different study designs

*only 1 study

**multiple studies in SR

INCLUDED STUDIES

- Anderson, G., Moore, E., Hepworth, J., & Bergman, N. (2003). Early skin-to-skin contact for mothers and their healthy newborn infants. *The Cochrane Database of Systematic Reviews*, (2). Art No: CD003519. DOI: 10.1002/14651858. CD003519.
- Charpak, N., Ruiz-Pelaez, J., Figueroa de, C. Z., & Charpak, Y. (2001). A randomized, controlled trial of kangaroo mother care: Results of follow-up at 1 year of corrected age. *Pediatrics*, 108(5), 1072–1079.
- Chen, A., & Rogan, W. (2004). Breastfeeding and the risk of postneonatal death in the United States. *Pediatrics*, 113(5), e435–439.

- Collaborative Group on Hormonal Factors in Breast-cancer. (2002). Breast cancer and breastfeeding: Collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries including 50,302 women with breast cancer and 96,973 women without the disease. *Lancet*, 360, 187–195.
- DiMatteo, M. R., Morton, S., Lepper, H., Damush, T. M., Carney, M. F., Pearson, M., et al. (1996). Cesarean childbirth and psychosocial outcomes: A meta-analysis. *Health Psychology*, 15(4), 303–314.
- Feldman, R., Weller, A., Leckman, J., Kuint, J., & Eidelman, A. I. (1999). The nature of the mother's tie to her infant: Maternal bonding under conditions of

Members of the CIMS Expert Work Group were:

- Henci Goer, BA, Project Director
- Mayri Sagady Leslie, MSN, CNM
- Judith Lothian, PhD, RN, LCCE, FACCE
- Amy Romano, MSN, CNM
- Karen Salt, CCE, MA
- Katherine Shealy, MPH, IBCLC, RLC
- Sharon Storton, MA, CCHT, LMFT
- Deborah Woolley, PhD, CNM, LCCE

- proximity, separation and potential loss. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 40(6), 929–939.
- Gray, L., Watt, L., & Blass, E. (2000). Skin-to-skin contact is analgesic in healthy newborns. *Pediatrics*, 105(1), 38–46.
- Jones, G., Steketee, R., Black, R., Bhutta, Z., & Morris, S. (2003). Bellagio Child Survival Study Group. How many child deaths can we prevent this year? *Lancet*, 362, 65–71.
- Klaus, M. (1998). Mother and infant: Emotional ties. *Pediatrics*, 102, 1244–1246.
- Kramer, M. S., & Kakuma, R. (2004). The optimal duration of exclusive breastfeeding: A systematic review. *Advances in Experimental Medicine and Biology*, 554, 63–77.
- Mörelus, E., Theodorsson, E., & Nelson, N. (2005). Salivary cortisol and mood and pain profiles during skin-to-skin care for an unselected group of mothers and infants in neonatal intensive care. *Pediatrics*, 116(5), 1105–1113.
- Ribas-Fito, N., Cardo, E., Sala, M., Eulalia de Muga, M., Mazon, C., & Verdu, A., et al. (2003). Breastfeeding, exposure to organochlorine compounds, and neurodevelopment in infants. *Pediatrics*, 111(5), e580–e585.
- Rowe-Murray, H., & Fisher, J. (2001). Operative intervention in delivery is associated with compromised early mother-infant interaction. *British Journal of Obstetrics and Gynaecology*, 108, 1068–1075.
- Schroeder, M., & Pridham, K. (2006). Development of competencies through guided participation for mothers of preterm infants. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 35(3), 358–368.
- Tessier, R., Cristo, M., Velez, S., Giron, M., Calume, de Z. F., Ruiz-Palaez, J. G., et al. (1998). Kangaroo mother care and the bonding hypothesis. *Pediatrics*, 102(2), 17–25.
- Wendland-Carro, J., Piccinini, C., & Millar, W. S. (1999). The role of an early intervention on enhancing the quality of mother-infant interaction. *Child Development*, 70(3), 713–721.
- EXCLUDED STUDIES**
- Buranasin, B. (1991). The effects of rooming in on the success of breastfeeding and the decline in abandonment of children. *Asia-Pacific Journal of Public Health*, 5, 217–220. **Reason:** Data included in Klaus (1998).
- 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, 468–473. **Reason:** Included in Anderson (2003).
- Gartner, L., Morton, J., Lawrence, R. A., et al. (2005). Breastfeeding and the use of human milk. *Pediatrics*, 115(2), 496–506. **Reason:** Not relevant. Material is AAP recommendation, not a systematic review.
- Golding, J., Emmett, P. M., & Rogers, I. S. (1997). Breastfeeding and infant mortality. *Early Human Development*, 49, S143–S155. **Reason:** Data included in Chen (2004).
- Lopez-Alarcon, M., Villalpando, S., & Fajardo, A. (1997). Breastfeeding lowers the frequency and duration of acute respiratory infection and diarrhea in infants under six months of age. *The Journal of Nutrition*, 127, 436–443. **Reason:** Data included in Chen (2004).
- McVea, K., Turner, P., & Pepler, D. (2000). The role of breastfeeding in sudden infant death syndrome. *Journal of Human Lactation*, 16(1), 13–20. **Reason:** Data included in Chen (2004).
- Michelsson, K., Christensson, K., Rothganger, H., & Winberg, J. (1996). Crying in separated and non-separated newborns: Sound spectrographic analysis. *Acta Paediatrica*, 85, 471–475. **Reason:** Updated data in Anderson (2003).
- Nyqvist, K. H., Sjoden, P. O., & Ewald, U. (1994). Mothers' advice about facilitating breastfeeding in a neonatal intensive care unit. *Journal of Human Lactation*, 10, 238–243. **Reason:** Not relevant. Article is a survey, not a study.
- Purdy, I. (2006). Embracing bioethics in neonatal intensive care, Part I: Evolving toward neonatal evidence-based ethics; Part II: Case histories in neonatal ethics. *Neonatal Network*, 25(1), 33–42, 43–53. **Reason:** Not relevant.
- Righard, L., & Blade, M. O. (1994). Effect of delivery routines on success of first breastfeeding. *Lancet*, 336, 1150–1157. **Reason:** Data included in Klaus (1998).
- WHO Collaborative Study Team on the Role of Breastfeeding in the Prevention of Infant Mortality. (2001). Effect of breastfeeding on infant and child mortality due to infectious diseases in less developed countries: A pooled analysis. *Lancet*, 355, 451–455. **Reason:** Not relevant. Recommendation, not a systematic review.
- Yngve, A., & Sjostrom, M. (2001). Breastfeeding in countries of the European Union and EFTA: Current and proposed recommendations, rationale, prevalence, duration and trends. *Public Health Nutrition*, 4, 631–645. **Reason:** Data included in Chen (2004).

SHARON STORTON is a psychotherapist who specializes in women's mental health and trauma recovery. She is also a member of the CIMS Leadership Team.