

Mother and Baby Separation

Following the hard work of labor, many women enjoy the time they spend with their newborn baby immediately after the birth. This is a time where the two can gaze at each other and begin to interact. A healthy newborn that has not been affected by drugs during labor will usually be very alert for the first 1-2 hours after the birth. Mothers also, if not affected by drugs, often find they are very alert during this time. The baby may have the first breastfeed in this time, and the parents begin to get to know their baby. However, doctors, nurses, and parents continue to be swayed by a number of myths about the time just after birth, myths that keep mothers and babies apart unnecessarily.

Myth: A baby can be better observed for breathing problems in the nursery. A new mother may not notice any breathing problems.

If a mother chooses to have opiates such as pethidine for pain relief during labor, her baby's breathing may be affected. Professor of Obstetrics and Gynaecology Geoffrey Chamberlain confirmed that opiates do cross the placenta and can have a depressing effect on a newborn baby's breathing.¹ To counteract the effects of opiates, a baby may be given an antidote at birth. However, in some cases the antidote wears off while the baby still has high enough levels of opiates in its blood to cause breathing difficulties. Babies who have *not* been exposed to opiates and who are healthy are unlikely to spontaneously stop breathing. If you have not had opiates during labor you are more likely to be alert and responsive. You are also more likely to notice breathing problems if they do occur in your baby.

Myth: A newborn baby will sleep and will not notice he has been separated from his mother.

If this were the case, new mothers and fathers would get a lot more rest in the early days! Associate Professor of Paediatrics Katarina Michelsson and her colleagues observed the number of times a newborn baby cried. **In the first 90 minutes after birth, babies separated from their mothers cried almost 10 times more than babies in body contact with their mothers.**² Health care researchers at the Karolinska Hospital in Sweden had similar findings. They observed that babies separated from their mothers began to cry and stopped when they were reunited. The Karolinska researchers concluded that the most appropriate place for a healthy newborn baby was in close body contact with his mother.³ Babies cry less in their

mother's arms than when they are kept in a nursery or when they are swaddled and left beside their mother's bed.

There are other benefits of skin contact compared to separation. Polish researchers observed three groups of newborns. The first were in skin contact their mother, the second were swaddled and lying beside their mother, and the third group were swaddled and placed away from their mother. They found that the number of crying episodes was significantly greater in the separated group. Those with skin contact cried on 7 occasions, babies in the swaddled group beside their mother cried 17 times, and those in the separated group cried 38 times. They also found that blood glucose levels were highest for the skin contact group and lowest for the separated group. **Body temperature was most stable for the skin contact group. The researchers concluded that skin-to-skin contact with their mothers was the best place for newborn babies.**⁴

Myth: Separating a newborn from its mother for several hours does not affect the mother-baby relationship.

Being separated from your baby for the first few hours after birth does not necessarily mean that you will be unable to bond with your baby. Bonding and the building of a relationship takes place over time. However, in *A Guide to Effective Care in Pregnancy and Childbirth*, the authors review the medical literature and describe several studies that investigated the effects of separating mother and baby. This research indicated that separation was more likely to result in less maternal affection. Separation was found to be ineffective and possibly harmful. The authors concluded that unless new evidence showed some benefit from separation, mothers should have unrestricted access to their babies.⁵

Myth: Separating a newborn from its mother for several hours does not affect the success of breastfeeding.

Several studies dispute this. Paediatricians at the Malmo General Hospital in Sweden found that even a separation of 20 minutes after birth could result in suckling problems, even in those mothers who had not received medication during labor.⁶ The authors of *A Guide to Effective Care in Pregnancy and Childbirth* confirm that separation can have a negative effect on breastfeeding success. Their reviews of the available research found that women who had restricted contact with their babies were significantly more likely to discontinue breastfeeding in the first 3 months.⁷

Myth: Babies need to go to the nursery to be bathed and warmed after they are born.

This practice appears to have begun after the Second World War. The intention was to reduce the number of staphylococcal skin infections that were occurring. Babies were separated from their mothers and taken to the newborn nursery to be bathed, often in medicated bathwater. However, evidence now clearly shows that there is no benefit in bathing a newborn baby in

the nursery, whether the water is medicated or not. *A Guide to Effective Care in Pregnancy and Childbirth* explains that skin contact between mothers and babies is protective. The babies become colonized with the organisms of their mothers rather than the antibiotic-resistant organisms often found in hospitals.⁸

Key Findings

- Some caregivers have a policy that babies will be placed in the nursery for observation for several hours following the birth. After searching The National Library of Medicine's database, the Cochrane Library* and the Midwives Information and Resource Service,† we were unable to find any evidence that this is beneficial for either the parents or a healthy newborn.
- We were unable to find any evidence that either a healthy mother or a healthy newborn that have had no exposure to drugs that could impair alertness, benefits in any way from separation immediately after the birth.
- Babies separated from their mothers after birth cry significantly more than babies in skin contact with their mothers.
- Babies separated from their mothers after their birth have significantly lower blood pH levels and less stable temperatures than babies in skin contact with their mothers.
- There is evidence that routine separation could affect the success of breastfeeding and impair the mother-infant relationship.

* The Cochrane Library contains one of the most comprehensive collections of obstetrical and gynaecological research and reviews.

† The Midwives Information and Resource Service (MIDIRS) is a collection of research published in peer-reviewed journals relevant to midwifery and maternity care.

References

1. Chamberlain, G., & Findley, I., 1999, 'ABC of Labor Care', *British Medical Journal*, vol 318, pp. 927-930.
2. Michelsson, K., Christensson, K., Rothganger, H., & Winberg, J., 1996, 'Crying in separated and non-separated newborns: sound spectographic analysis', *Acta Paediatrica*, April;85(4), pp. 471-475.
3. Christensson, K., Cabrera, T., Christensson, E., Uvnas-Moberg, K., & Winberg, J., 1995, 'Separation distress call in the human neonate in the absence of maternal body contact', *Acta Paediatrica*, May;84(5), pp. 468-473.

4. Mazurek, T., Mikiel-Kostyra, K., Mazur, J., Wieczorek, P., Radwanska, B., Pachuta-Wegier, L., 1999, 'Influence of immediate newborn care on infant adaptation to the environment', *med Wieku Rozwoj*, Apr-Jun;3(2), pp. 214-225.
5. Enkin, M., Keirse, Marc J.N.C., Neilson, J., Crowther, C., Duley, L., Hodnett, E., & Hofmeyer, J., 2000, *A guide to effective care in pregnancy and childbirth*, Oxford University Press, New York, p. 437.
6. Righard, L., Alade, M.O., 1990, 'Effect of delivery room routines on first breast-feed', *Lancet* Nov 3;336(8723), pp.1105-7.
7. Enkin, M., Keirse, Marc J.N.C., Neilson, J., Crowther, C., Duley, L., Hodnett, E., & Hofmeyer, J., 2000, *A guide to effective care in pregnancy and childbirth*, Oxford University Press, New York, p. 430.
8. Enkin, M., Keirse, Marc J.N.C., Neilson, J., Crowther, C., Duley, L., Hodnett, E., & Hofmeyer, J., 2000, *A guide to effective care in pregnancy and childbirth*, Oxford University Press, New York, p. 432.

www.childbirthinternational.com