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*Hug Me Gently:*

Advocacy for the Right to Privacy  
of the Mother and Child (Family)  
in the First Hour after Birth

# *Gentle Initiative*

First version

abridged and adapted text of the Slovene Initiative

Authors: Zalka Drglin, PhD., and Irena Šimnovec  
Natural Beginnings Society

## Who is Gentle Initiative for?

Gentle Initiative is for you, expectant mothers, and your partners, future fathers. We would like to provide you with information and support you, so that you will be attuned to your needs as well as to the needs of the baby you are expecting. We recommend that you explore options to satisfy key needs that arise at the beginning of your family life.

Gentle Initiative is for you, healthcare providers. We would like you to listen to the mother, father and child, and do everything in your power to enable them to spend the first hours after birth as they choose.

Gentle Initiative is for you, healthcare policy and decision makers. We would like you to support creation of conditions in the first hours after birth that contribute to short- and long-term health of newborns (children), mothers, fathers and families, as well as to their wellbeing.

## What do we talk about in Gentle Initiative?

Gentle Initiative focuses on the first hours of family life in healthcare institutions. The initiative highlights key needs of the child, mother and father, and proposes ways to strengthen good practices that facilitate families to spend their first hours together with no interruptions (Note A, page 16).

We propose integrating modern scientific findings with intuitive knowledge and forming sound practices at the very beginning of family life: compelling reasons described in detail in continuation illustrate the vital need for family members to be provided with opportunities to connect as effortlessly as possible. Where separation has been standard practice, opportunities for uninterrupted close contact should be created and sustained, and close contact should be maintained for as long as those involved need it.

In the hope that together we can create a gentle welcome for newborns, we invite you to continue reading Gentle Initiative.

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*»Mummy, take me into your arms as soon as I am born.*

*Daddy, hold me in your arms.«*



## Birth of a child is an exceptional event, we should be considerate

Childbirth is the culmination of a great anticipation. Each birth is an exceptional event – a unique child is born to unique parents, mother and father, and very special bonds are being forged among them. Moments after the birth are irreplaceable. The child and parents meet for the very first time. We should be considerate and not disturb them. Allow them to be at ease, to be spontaneous and to get to know one another at their own pace. They are beginning their family life together.

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Human contact is vital for newborns, in particular contact with their mother and father (significant other).

Uninterrupted skin-to-skin contact (SSC) should be maintained for as long as family members need it. World Health Organisation (WHO) recommends it should be maintained for at least one hour. Nevertheless, close physical contact between the newborn and mother (father, significant other) is important also after the first hour has passed. The so-called kangaroo mother care is very beneficial for newborns; this applies (inter alia according to WHO guidelines) to healthy and full-term babies as well as babies with low birth weight and medically stable pre-term babies. Pre-term babies are even more vulnerable to the negative effects caused by separation from their mother. In case of medically stable pre-term babies, the benefits of »full-time« kangaroo care are extraordinary and are proven to contribute to short- and long-term health of children.

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Newborns are **sensitive beings**: they can hear, see, smell, taste; feel touch and pain; sense movement, rhythm, balance and surrounding space; experience satisfaction when breastfeeding, suckling, defecating and when in contact with other beings, in direct human contact. Sense organs of newborns are already developed to a certain degree and they will continue to mature actively; they are connected and coordinated. Newborns are competent beings. They are capable of intricate activities: they feel, they experience, they learn, they balance periods of activity and rest, they play.

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Newborns are **alert beings: they are especially perceptive in the first hours after birth**. Newborns are curious and open, they express feelings, they initiate and bring an end to communication, they develop relationships with living beings. They can experience fear, abandonment, danger, terror as well as security, belonging, love. Close contact with people, especially with their mother and father (significant other), is vital for them.

Newborns think, search for meaning, understand, remember, dream. They remember their birth, events before and after it. The latter help shape their experiences of the world, of relationships, of themselves. They have a sense of self (they are able to distinguish between him, her and others, »not-him«, »not-her«).

The importance of communication and play with newborns is referred to also by organisations such as the WHO, which recommends that we speak to them and play with them by changing facial expressions, that we respond to their verbal and non-verbal initiatives, that we establish and maintain contact and that we respect it when they end the contact.



## **Hospital birth is significantly different from childbirth outside healthcare institutions**

Nowadays, family life in Slovenia usually begins in hospitals. With the shift of childbirth from home to hospital during the second half of the 20th century, circumstances of childbirth changed significantly. What used to be a family and often private event has since then been taking place in institutional settings. Efficient functioning of hospitals is facilitated by rules, order and routine, which should be respected by employees as well as women who come to give birth and future fathers or significant others chosen by women giving birth. Written and unwritten rules of each institution also serve to outline acceptable and unacceptable behaviour of those involved. Hospital birth is significantly different from childbirth outside healthcare institutions.

### **Privacy is essential for free human beings**

Birth of a child is an extraordinary event, during which we, as human beings, are open as well as vulnerable; birth is an intimate event. The woman and child work together with everything they are, both physically and mentally; oftentimes this is also true for the father.

The right to privacy is one of the key rights in the lives of individuals and families. The right to privacy also encompasses the right to undisturbed family life. We have the right to choose circumstances in which we become parents and shape them. Birth of a child is an extraordinary event; together with other aspects of family life, relationships with friends and partners, personal and intimate relationships, including emotional and sex life etc., it is an integral part of what we most want to maintain private.

Article 35 of the Constitution of the Republic of Slovenia guarantees protection of the right to privacy and personality rights: »The inviolability of the physical and mental integrity of every person, his privacy and personality rights shall be guaranteed.« Article 8 of the European Convention on Human Rights explicitly states that everyone has the right to respect for their private and family life.

Institutional births entail a thorough reflection on the freedom of individuals, which is achieved with the aid of the guaranteed right to respect for privacy and respect for decisions regarding family life.

### **Freedom of choice in matters of family life at the very beginning**

One of the key questions we are faced with in the 21st century is:

**How to balance public and private life, how to maintain and develop individual traits as people, as couples, as families; how to live life freely; in our case, how to enjoy freedom of choice in matters of our private and family life?**

**How best to reconcile the necessary rules and practical routine at healthcare institutions and mandatory procedures and interventions with the right to privacy at the very beginning of family life?**



This poses a challenge, prompting reflections and search for answers to further questions:

- How to shield childbirth from excessive interfering in physiologic processes as well as from unnecessary standard procedures and interventions, and how to cope with the primacy of institutional rules over the needs of family members?
- How to uphold the role of healthcare institutions, whose purpose is health care –maintaining and improving health and diagnosing and treating illnesses, and at the same time mitigate excessive control and supervision over the behaviour of (future) parents and newborns?
- How to abandon maternity care practices that are unnecessary or even harmful from the point of view of individuals, couples or families? How to promote those that contribute to the health and wellbeing of the newborn, mother, father and family?
- How to avoid uniform approaches, how to personalise care and ensure the greatest possible degree of personal freedom and privacy? How to provide an environment conducive to the family having as much freedom as possible in matters of family life at the very beginning?

A key role in the support system of the budding family is played by healthcare providers. The common objective is integral health of the child, mother and father; healthcare providers sustain, improve and safeguard health, prevent complications and illnesses, and detect and treat them appropriately. Parents must be afforded genuine opportunities to make decisions about conditions and procedures during and after childbirth; this includes decisions about how the child is to be treated and how relationships among family members are formed. This can be achieved in cooperation between parents and healthcare providers, midwives, doctors and nurses.

### **First experiences of newborns are of great importance**

Human nature (perceived as the result of biological, evolutionary and cultural factors) has developed effective patterns of action, thinking and feelings. One such pattern is the behaviour of newborns and their mothers immediately after birth.

The first hours after birth are a distinct time when newborns are exceptionally receptive to learning (some call this the “golden hour” or “sacred hour” or “magical hour”). Key patterns for learning about themselves, about what the world is like and most of all about what people are like as well as key patterns for responding to all of this are established in this time.

This is the first time children experience themselves in a world outside their mother's body, the first time they sense their own bodies and feelings.

This is also the time when they experience the outside world through different senses. The outside world is made up of animate and inanimate world, living beings and everything else that surrounds them, immediate physical environment, inanimate nature and technology; this includes space and time experienced anew after arrival into the world of gravity and with the beginning of a life more independent from the one in the womb.



The most important part of the outside world are people: mother, father (significant other); nonetheless, important experiences are also gained through contact with healthcare professionals and doula (if she is present) or others that are present after birth.

Mother, father and child bond in a different way after birth, they establish communication, while the processes of getting to know one another, of validation, of acceptance and of bonding are particularly potent. Relationships between parents and children generally begin developing already before the birth; they are always singular, special, vibrant; they are a matter of mutual feelings, experiences and learning through exchanges. Relationships between the mother, father and child are enhanced, fostered and developed through mutual exchange.

### **The environment in which children are born into is of great importance**

The environment in which children are born into is important. It is important that procedures and interventions are kept to a minimum and that they are minimally invasive as this allows the newborn, mother and father to be as undisturbed as possible. It is important how healthcare providers conduct themselves.

**The child, mother and father (parents) belong together from the very beginning. Parents and children set out patterns of their relationship, its pace, sequence of actions, ways of establishing, maintaining and bringing an end to communication by themselves.**

Newborns develop through relationships. They know how to establish, maintain and end contact. Close physical contact with their mother is essential. It is a primordial state, grounded in biology and complemented with evolutionary processes; it is inscribed in our DNA, our genes. It is a unique state that has enabled (but not ensured) survival of newborns over millions of years and fortified their health. We, as humans, are accustomed to spending the first hours in close physical contact; our brain is adapted to feelings and stimuli experienced in the mother's arms. Important connections both in the child's and mother's brain are formed during this time. Close physical contact is the best foundation for lactation and breastfeeding; it is important to establish periods of activity and rest; to feel a sense of security and acceptance and thereby readiness to be open to the world and relationships.

Close physical contact is natural. Separation of the child and mother, however, is unnatural as it disrupts physiologic processes, undermines well-functioning patterns, imposes adjustments, harms the child and mother.

Close physical contact is important for all newborns, those that are healthy and full-term and those that are born prematurely; the latter are even less »immune« to being separated from their mother and are even more vulnerable to the effects of separation.



## Freedom and ease instead of routine

**We know the patterns, we facilitate their development, but we don't regulate relationships. Each newborn is unique. Each mother and father will develop their own particular relationship with their child.**

We are not suggesting a new doctrine to replace the old one, we are not advocating for new norms and definitions of conduct. We propose routine is disrupted whenever health and lives are not at risk.

We propose boosting information on the needs of the child, mother and father (physical, mental, relationship needs).

We propose more weight is given to the needs of the child, mother and father as integral human beings (and their positions regarding e. g. expression of feelings and emotions, nudity, presence of others in the room etc.); we also propose promotion of practices that facilitate individualised care.

A comprehensive approach to meeting the needs of family members should be adopted: we should take into account potentially differing needs of those involved (e. g. when the newborn needs uninterrupted contact with his mother and the mother needs some time to compose herself and only then take the baby into her arms) and bear in mind that needs change with time and that they always depend on the individual.

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Article 14 of Maternity Care Initiative (2010; <http://www.mamazofa.org/en/akcije/maternity-care-initiative>) states that excellent maternity and newborn care facilitates constant contact between the child and the mother (father, significant other) in birth settings. In continuation, please find descriptions of various aspects of postpartum care in the first hours after birth that contribute to conditions for excellent physical and mental health of children and parents in each family and each community.

New findings lead us to believe that proposed procedures and abandonment of certain practices improve the health of women, children and families both in the short- and long-term.

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### CLARIFICATION

This refers to cases when the child and the mother aren't in need of emergency medical interventions which cannot be carried out without separating them.

Understandably, in some cases there are compelling reasons that prevent these proposals to be implemented in full (e. g. there are reasonable grounds to believe that the mother suffers from a serious mental illness and requires careful supervision of behaviour).



## 10 articles of Gentle Initiative

I. A barely born baby expresses with all his being:

1. **I need direct physical closeness to my mother – it is best when I lie naked against her naked skin.** I need to be close to my father. I need direct and prolonged contact with those closest to me. I need to be close to my siblings if they nearby after my birth. If none of this is possible, then I need to be close to other people.

If my mother can't or doesn't want to take me into her arms, my father will place me against his naked skin. Please provide relevant information and support.

Please consider: Could my mother be the first to touch my head during my birth? Can my mother take me into her arms and place me on her belly or breasts by herself?

Loneliness doesn't do me good. I want to feel my mother even when I am asleep; I sleep best when I am next to her.

I want to be as close to my mother as possible; if I can't be next to her, I want her in the room with me 24 hours a day.

My mother and I would probably like it if my father could be with us even after the first hours after birth have passed.

I need to be rocked, jiggled, bounced, I need rhythm (in verbal and non-verbal speech, in changes between activity and rest, in movements); this is all done by my mother and father when I am in their arms.

When I am awake, I gaze into the world from their safe arms with curiosity.

2. **I need as much silence as possible. Voices and noises should be measured and muted.**

When I am in my mother's arms, sounds of her body soothe me; one example is the beating of her heart, which is familiar to me from when I was growing and developing inside her.

**I want to listen to my mother and father, to their voices. Don't talk to me, let my mother and father do that.** I heard sounds from the surroundings even when I was in the womb, my mother's and father's voices, voices of my siblings and voices of other people who kept my mother company.

Don't talk to me, let my mother and father do that. When it is necessary to talk to them, e. g. when checking information on identification bands, speak calmly and softly.

3. **I need time; be calm and patient, don't hurry.**

Be patient and give me time. Don't hurry (without good reason), be calm; acting in this manner conveys to me and my parents that everything is alright and we can focus on one another.



4. **I need to be warm: I like skin to skin contact in my mother's arms best. I like my father's arms, too.**

I want to lie on my mother's belly and breasts, I feel warm there. I much prefer being in close contact with my mother or father than being in a warming unit or a cot.

**Dry me gently: my mother or father can dry me; if not them, then healthcare professionals (for example with a warm cotton nappy).**

**Vernix caseosa (white substance coating the skin) is beneficial.** My mother and father can rub it gently into my skin or leave it as it is as it will absorb itself into the skin during the first hours.

**Don't wash me.** Any meconium or blood present can be wiped off by my mother or father; if my parents don't want to do this, healthcare professionals should wipe it off gently.

If possible, wait at least a day before giving me my first bath.

**The room should be pleasantly warm and there should be no draughts.**

5. **I need a gentle and firm touch. I like human touch, the touch of my mother and father, best. I like touching others and myself, too.**

**My parents should be given priority to touch me over the midwife, nurse, doctor and doula, who should touch me as little as possible;** or should touch me only to the extent necessary; or in case my parents can't touch me (e. g. my mother is under anaesthesia and my father is not present).

**Be gentle, sensitive and cautious with me; also when you use instruments for my care.**

I can feel pain. **If at all possible, avoid anything that causes me pain.**

Touching me with a coarse cloth, cold surface or instrument as well as quick or jerky movements and similar make me uncomfortable. Surfaces that touch my skin should be pleasant, comfortable, soft.

6. **I need soft, dimmed light. There should only be so much light that I can look into my mother's and my father's eyes. My primary eye contact should be with my parents and not with the midwife, nurse, doctor or doula.**

Intense light should be used only in emergencies and should be localised.

I can see things best from  $\pm 25$  cm away; this is usually the distance between my mother's breasts and eyes. When I lie on my mother's breasts, her eyes and face are in my sharpest focus; this is another reason why I like lying on her breasts.



**7. I need the smells of my mother's body; they also help me when breastfeeding.**

I need the opportunity to use my sense of smell when I am first in contact with my mother and the first time I am breastfed; don't wipe my hands, my mother shouldn't use any fragrances ...

**8. I need the »good« bacteria from my mother's body. They are essential for formation of my microbiome.** If I was delivered by vaginal birth, I had obtained some of the »good« bacteria. I need the »good« bacteria also after a Caesarean section.

**9. The first time I am breastfed, when I get colostrum (first milk), is very important for me. Allow me to start breastfeeding by myself; give me time. If I or my mother need help, be gentle, considerate and respectful.**

Colostrum is produced in sufficient quantities by my mother's breasts and is readily available as soon as I am born. The more childbirth unfolds spontaneously, the easier it will be for me to follow the innate pattern of moving from my mother's arms to her breasts and begin breastfeeding. This is facilitated by uninterrupted physical contact between me and my mother.

DON'T force breastfeeding. I will start breastfeeding by myself. I shouldn't start on someone else's initiative.

I might need some encouragement or help. Let it be offered first by my mother, and if necessary only then by a healthcare professional.

Later I will need my mother's milk.

**10. I need contact with my mother and as much peace as possible even during procedures or interventions conducted because of my or my mother's health.**

**I need contact with my mother and as much peace as possible even during procedures or interventions conducted because of my or my mother's health.**

**Perform only emergency interventions, standard mandatory procedures and interventions should be postponed to a later time.**

**When deciding how to carry out emergency medical procedures or interventions, take into account the importance of contact between myself, my mother and my father, too.**

**All three Apgar tests should be done when I am in my mother's arms.**

**Any exams should be conducted when I am in my mother's arms; if this is not possible, when I am close to my mother; if this is not possible, so that my mother sees me. If none of these options are possible, then my father should be with me.**

**My airways don't need routine suctioning.** It is very likely that I won't need suctioning even in the event of a Caesarean section, in case of meconium in the amniotic fluid etc.

**Procedures such as weighing, measuring and potential washing can wait.**



**If my parents decide I should receive eye drops (ointment) and/or vitamin K, their application should be postponed to a later time.**

**When deciding when to cut the umbilical cord, bear in my mind that cutting it disturbs contact with my mother.** If my parents decide they want to store my stem cells, the umbilical cord must be cut as soon as possible. Otherwise it can be cut several minutes after my birth; for example, after it stops pulsating. You can decide not to disturb us and not cut it at least until the placenta is delivered.

If it is necessary to perform a medical procedure or intervention because of my or my mother's health, please take into account the importance of contact between myself, my mother and my father when deciding how to carry it out. If at all possible, perform the procedure or intervention when I am in my mother's arms or while I am breastfeeding.

In life-threatening situations, do everything in your power to not increase my levels of stress (e. g. by cutting off the supply of oxygen-rich blood). I wish there would be technology that would allow healthcare providers to perform the necessary procedures (such as CPR) at my mother's bed while I remain attached to the placenta.

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II. In addition to the things described above, families need the following immediately after the birth of their child:

1. **Every woman, man and newborn should be treated with respect and dignity.** Newborns are very young, but this doesn't make them any less worthy and give them fewer rights

**Families need minimum interference with words, body language, looks, gestures as well as with interventions and procedures that can be postponed to a later time unless parents decide otherwise. Patience is key, allow families to get to know one another at their own pace; don't hurry. Give them enough time. Routine tasks can wait. They should be able to spend this time however they want to as long as the child's and mother's health permit it.**

Don't disturb, don't hurry, don't rush them regardless of what the clock says.

One aspect of excellent maternity and newborn care described in Article 1 of Maternity Care Initiative (launched in 2010) is: **"The attitude to every woman is respectful. The dignity of women is guaranteed."** This promotes personalised care and acting accordingly is especially important immediately after birth when relationships begin to form.

2. **Future parents need information on the needs of newborns, mothers and fathers as well as on procedures, interventions and alternatives after childbirth. Conditions for comprehensive informed consent should be met.**

Healthcare providers should familiarise future parents with the needs and abilities of newborns as well as with the parents' own needs immediately after birth in advance.



Future parents should be familiar with the procedures planned to take place after the child's birth and should know in which situations healthcare providers can help with procedures and interventions.

Article 10 of Maternity Care Initiative, which was written in pursuance of the Patients Rights Act, includes the following statement: "Women's participation in making decisions on their care is guaranteed. Parents' participation in making decisions regarding the care of their baby is guaranteed. Medical experts wait for consent to, acceptance of and agreement with or rejection of the suggested procedure, intervention or medication. The common goal is safe and effective care of baby and mother."

3. **Families need as much privacy as possible; this should be provided with special consideration for vulnerable individuals.** In addition, it is important that the mother doesn't feel lonely or abandoned.

**Create appropriate conditions that are conducive to the mother and father acting as spontaneously as possible and maintain them:**

- mother and father 's comfort should be taken care of (for example with pillows, blankets, dimmed light, a bed suitable for three);
- don't supervise how the mother and father act with their child and how they respond to it, don't tell them what »correct« attitude and behaviour are – if you, a healthcare provider or doula, think the parents and their child need something, suggest it tactfully or ask them;
- only essential personnel should be present in the room; your presence should be felt as little as possible, only to the extent needed for monitoring health status;

Undue, unwarranted interferences and excessive supervision as well as critical and assessing looks affect the mother's behaviour and as a result she will not be able to act spontaneously. Mothers and fathers are susceptible to social pressure, which may (among other things also) be caused by actions of medical personnel.

Invasions of privacy hamper physiologic processes during labour and in the first hours after birth.

4. **Families need opportunities for close contact with the child both immediately after the birth and later at the maternity ward.**

Provide opportunities for the mother to maintain uninterrupted eye and physical contact with her child: to see him, to hear him, to touch him, to feed him, to hold him, to rock him, to nurse him ... Facilitate prolonged skin-to-skin contact between the newborn and mother.

5. **Families need peace. Provide a peaceful environment. Use of medical devices should be as discreet as possible. Use of devices such as mobile phones, cameras and video cameras should be as discreet as possible. Any recordings that are not vital should be postponed to a later time.**





## **Bonds between children and mothers (fathers, significant others)**

There are numerous studies, explanations and theories on what goes on between the foetus and expectant mother, between the newborn and his mother and father; theorists use words such as bonding and attachment. Our initiative doesn't offer opinions on any of them; we talk about a very important relationship, which is personal and particular, and as such must be respected. Med očetom (pomembnim drugim) in otrokom se vzpostavljajo vezi (navadno že) v nosečnosti, po rojstvu otroka pa se še okrepijo. Pogosto se govori o simbiozi med dojenčkom in mamo; tudi oče je lahko v podobnem razmerju z otrokom. Številni avtorji še posebej opozarjajo na izjemen pomen časovnega okna tik po rojstvu otroka, ko gre za posebno odprtost navezovanju med otrokom, mamo, očetom (pomembnim drugim), s tem pa tudi na ranljivost vseh naštetih.

## **Circle of support for newborns, mothers and fathers**

When talking about the roles of healthcare providers and roles of others present at birth, the focus is always on newborns, mothers and fathers (and other family members); this is also recommended by WHO guidelines. Healthcare providers and doulas are part of their circle of support, playing different roles that complement one another: they are present at birth, they offer companionship, support and guidance, they diagnose and treat. The circle of support plays a vital part in providing security, support and assistance with regard to the needs of the mother, father and child. We recommend that wherever hierarchical relationships still exist, they are transformed into collaborative relationships with shared responsibilities.

To be present at birth of a child is a unique gift; to know when to intervene and when to step back is an exceptional talent, which merits nurture and improvement. Being humble and remaining humble is not an easy task, it involves prudence and occasional restraint.

## **Healthy children and children with health problems**

Gentle Initiative focuses on all newborns: close physical contact is easy to achieve with children that don't require emergency medical help.

When the child or mother are in need of medical interventions, everything must be done to maintain their close contact. If possible, perform the procedure when the newborn is in his mother's arms. If the child must be separated from the mother, it is advisable to ensure that the mother and father can at least see him. It is vital that the parents are fully and as far as possible regularly apprised of the child and his condition, and the child must be reunited with the mother and father as soon as possible.

In some cases it is necessary to perform emergency procedures and interventions in other areas, away from the mother. Such procedures should be carried out as quickly as possible. When the child can't be accompanied by the mother, if possible, the father should be with him. In such cases, regular updates and participation in decisions regarding the child's treatment and care are crucial for the mother and father.



## What not to say

As we know, the child needs his mother immediately after his birth, and the mother needs him. After birth, it matters not only what you do, but also what you say. Instead of saying for example »You will have plenty of opportunities to hold him in your arms yet«, »He's not hungry«, »You don't have any milk yet«, »The baby needs to rest in his cot«, »You need to rest without the baby being with you«, try to create conditions conducive to uninterrupted contact between the mother and child and father, including different types of verbal and non-verbal communication, activities such as breastfeeding as well as rest. Perhaps you don't need to say anything.

## Pattern of survival developed for the benefit of newborns and mothers

The basic pattern of survival emerges immediately after birth. The mother is connected to her baby through a variety of mechanisms, she may not know them, but they are nevertheless operating, especially in case of a spontaneous labour. Physiology of the first and second stage of labour is an excellent foundation for physiologic processes after birth.

Immediately after the child's birth, the mother who touches her child, caresses him, studies his body, smells him and feels joy upon meeting him experiences a surge of oxytocin, the hormone associated with feelings of love. Levels of oxytocin are especially high when the child begins breastfeeding.

Oxytocin and other hormones associated with relaxation prevent stress and contribute to conditions for establishing and fortifying the relationship between the mother and child.

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NOTE A

There are many different types of families. At the time of birth, the majority of mothers are in a relationship with the child's father. Some women decide to become mothers without a partner; some, intentionally or not, become single during pregnancy; lesbian couples also opt to become parents; some biological mothers don't become social mothers; not all biological fathers are also social fathers... Gentle Initiative includes all of them, which is why »significant other« is used alongside »father«; however we didn't go into more details about characteristics of different types of family in the first hours after birth in the text.

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*»Mummy, hug me gently; daddy, welcome me gently, too.«*



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