

# Gentle Initiative

## ABSTRACT

This is the abstract of Gentle Initiative

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

Daddy, hold me in your arms.«

Childbirth is the culmination of a great anticipation. Moments after the birth are unique and irreplaceable. The child and parents meet for the very first time. Be sensitive. Do not disturb them.

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.

**Newborns are sensitive and alert beings.  
Human contact is vital for them, in particular contact with their mother and father. Newborns need uninterrupted and prolonged skin-to-skin contact with their mother. This applies to all newborns: healthy, sick and disabled.  
This is why newborns should NOT be separated from their mothers.**

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*A barely born baby expresses with all its 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.
2. **I need as much silence as possible.** Voices and noises should be measured and muted. I want to listen to my mother and father, to their voices. Don't talk to me, let my mother and father do that.
3. **I need time;** be calm and patient, don't hurry.
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.  
Dry me gently: my mother or father can dry me; if not them, then a healthcare professional (for example with a warm cotton nappy). Vernix caseosa (white substance coating the skin) is beneficial. Don't wash me.  
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.  
Be gentle, sensitive and cautious with me; also when you use instruments for my care. If at all possible, avoid anything that causes me pain.
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.
7. **I need the smells of my mother's body;** they also help me when breastfeeding.
8. **I need the »good« bacteria from my mother's body.** They are essential for formation of my microbiome.
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.
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.**  
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 standard suctioning.  
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.

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

1. **Every woman, man and newborn should be treated with respect and dignity.** 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. Patience is key, allow families to get to know one another at their own pace; don't hurry. Give them enough time.
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.
3. **Families need as much privacy as possible; this should be provided with special consideration for vulnerable individuals.** 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 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.
4. **Families need opportunities for close contact with the child both immediately after the birth and later at the maternity ward.**
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.
6. **The mother requires healthcare and her health status should be monitored, but this should be done in a way that incorporates everything described above.** When delivering the placenta, the child should remain in the mother's arms. In the event suturing of lacerations or an episiotomy is needed, the child should stay in the mother's arms.



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



**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.

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 more weight is given to the needs of the child, mother and father as integral human beings; we also propose promotion of practices that facilitate individualised care.

Article 14 of Maternity Care Initiative (2010) states that excellent maternity and newborn care facilitate 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.

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