

Should we continue to place mothers and newborns skin-to-skin at birth during the COVID-19 pandemic?

In these times of uncertainty, our anxiety triggers the temptation to question practices that have proven their benefits or to modify them.

Skin-to-skin is the safest transition for both mother and baby. We all know it quite well. Skin-to-skin, when immediate and uninterrupted, facilitates the development of the infant's microbiome from the mother's flora which is exactly what we want in times of pandemic. What we don't want is other bacteria or virus to colonize the infant's skin nor do we want a disinfected maternal skin, if that were even feasible.

Skin-to-skin is important and it must be immediate. There should be no delay: no time to observe a newborn under the warmer, no time to put a diaper on, no time to place a bracelet.

Immediate skin-to-skin is immediate so that benefits begin right away. The infant needs the immediate contact with mother's skin for the recognition of familiar odours that will attract the infant, facilitate the mother-infant bonding and stimulate hormones for the initiation of breastfeeding. Resist the temptation to disinfect the mother's chest as it is absolutely not necessary. In addition to being unnecessary, disinfection does direct harm, as it destroys those odours as well as the flora that help the newborn build his own microbiome.

To disinfect where it is not needed is as dangerous as not disinfect where it is needed. Washing hands frequently and for others to respect social distance are the simplest means to control dissemination. In addition, keeping mother and baby in the same room without separating them is also the safest way to avoid contamination.

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