

## The role of mothers and fathers voice and touch in improving neonatal transition at birth - David J R Hutchon, *Darlington Memorial Hospital, UK*

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### Abstract

Transition from placental respiration to pulmonary respiration at birth is one of the most radical changes in both the circulation and the pulmonary function, changes which have to occur within a few minutes after birth if the baby is to survive intact. It is the moment when the mother can see, touch and speak directly to their newborn for the first time. The neonate can recognize the voice of its mother (and father) and these voices have an immediate calming effect. The maternal voice has been shown to be recognized by the newborn baby having heard it in utero during the months before. Even before birth, processing of the maternal voice is apparent within the temporal cortex of the fetus. After birth, it is no surprise that the mother's voice can quickly calm a crying baby. The father's voice can also be recognized if the fetus has been exposed sufficiently during pregnancy. Emotional closeness through vocalization and touch are important in the future parent-infant relationship and may have beneficial effects on the recovery of the neonate. Nothing can be more reassuring than the mother's voice. When the neonate is born asphyxiated, ventilation is a priority. This is carried out away from the mother, but mother side resuscitation, as opposed to the traditional room side resuscitation, allows the mother to speak to and touch her newborn baby and aid the recovery. Equipment is now available to allow this approach. With the neonate by the mother the placental circulation can remain intact.

Perinatal care usually concentrates on the postpartum mother and her newborn infants. Reflecting this phenomenon, most perinatal care research has concentrated on the mother during the pregnancy and birthing experience, without the feelings and functions of the father. A qualitative study by Hsieh found that new parents begin to experience parenting anxiety from the moment their child is born. They collect the necessary to realize their ideal parenting roles using adjustments, tradeoffs, trial and error, and external assistance. Aside from confronting the needs of new mothers and newborn infants, postnatal care delivered by nurses and midwives need advantage of new fathers as well. For some men, the significance of being a father begins at childbirth.

Numerous studies have proved the efficacy of "kangaroo care" (skin-to-skin contact, SSC) in steadying the blood-oxygen level, body temperature, and breathing rate of neonates. Moreover, SSC reduces infant crying, enhances infant growth and development, stimulates early breastfeeding, increases lactation, and enhances the parent-child attachment relationship. Further, parental SSC with one's child that is performed with the intention of deepening attachment and emotional relationships has been shown to raise parental confidence toward child care. Activities, such as allowing new fathers to see the face of their newborn, hug or touch their newborn, and engage in SSC, facilitate the role transition of expectant fathers. The first instance of intimate contact between a father and his child creates self-awareness for the former—who is a key provider for the newborn—and may further catalyze feelings of affinity and protectiveness.

New fathers have been demonstrated not only to develop close emotional ties with their child 3 days postpartum, but also to invest and sustain a strong interest in him or her during this period. Consequently, skin-to-skin contact may help decrease parental anxiety and enhance the dependency relationship. More frequent interaction with his infant may indicate that a father is providing increased levels of positive parenting behavior as measured by the five facets: sensory stimulation, physical care, warmth, nurturing, and "fathering". According to Mau and Huang, the father plays

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a pivotal role in terms of family functionality, childhood development, and child well-being. Children with positive father-child relationships may develop models of caregivers as trustworthy and supportive and later approach others with positive attitudes and expectations.

Postpartum father-neonate SSC engenders great feelings in the father for his newborn, enhances the infant's environmental stimulation, gives critical emotional support, and encourages the father to become actively involved in infant caring responsibilities. Touching, massaging, and hugging an infant as well as learning to respond appropriately to an infant's crying that help new fathers correctly interpret changes to infant appearance and behavior; give appropriate information; reduce parenthood discomfort and anxiety; better prepare for parenting role responsibilities; and enhance infant care confidence. Several studies affirm that early father-neonate contact not only fosters a close father-neonate relationship, but also hastens the development of paternal attachments. These benefits recommend that fathers may assume a bigger role in early postpartum parental touch when new mothers are physically weak.

Today, it is common for expectant fathers to actively participate in the childbirth process as well as to reminisce on the experience with their spouse or others. This study implemented a SSC intervention for fathers and their newborn infants throughout postpartum hospitalization, monitoring the intervention effects on father-child attachment. Results are intended as a reference to help maternity ward staff and administrators provide high-quality, family-centered care.

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