AIMS For a better birth...

Is it time for an "oxytocin-based" maternity system?

AIMS Journal, 2025, Vol 37, No 2



AIMS comments on a blog post by Toni Harman's blog post Is it time for an "oxytocin-based" maternity system?

In her blog post in February Toni Harman discusses a recent paper by neuroscientist Dr Nils Bergman where he presents a powerful argument for implementing an "oxytocin-based perspective" in maternity care.[1] Dr Bergman makes the case that the current paradigm of routinely separating mothers and babies could be putting newborns at increased risk of morbidity and mortality and that **avoiding separating** newborn babies from their mothers is absolutely **critical** for healthy development. Dr Bergman argues that this means restoring "a deeper understanding of infant physiology, the ethics of beneficence, and putting paramount the 'best interests of the child' within maternity and neonatal services".

In 2021, the results of a randomised controlled trial of skin-to-skin for preterm babies were published.[2] This study was of low birth-weight babies in low-resource settings with control group neonatal mortality rates higher than those in developed countries. 1,609 babies received immediate skin-to-skin care (Kangaroo Mother Care). In the control group, 1,602 babies were separated from their mothers but otherwise received identical conventional state-of-the-art care. The results showed a **25% reduction in mortality** after 28 days for those babies who had skin-to-skin contact. This led to the World Health Organisation publishing a Global Position Paper in 2022, which said:

> "From the moment of birth, every "small and sick" newborn should remain with mother in immediate and continuous skin-to-skin contact, receiving all required clinical care in that place."

[3]

As well as this difference in mortality, prolonged uninterrupted skin-to-skin contact, with the baby placed directly on the mother's naked chest, can also provide other benefits. These include helping to: calm and relax the baby; regulate heart rate, breathing and temperature; enhance bonding; enhance release of oxytocin and reduce stress; benefit the baby's skin microbiome; and improve brain development and help establish breastfeeding.

As Dr Bergman states,

> "We need to put the **physiological needs** of every baby, and every family, front and centre, first and foremost. This means support for all babies to have **prolonged, uninterrupted skin-to-skin contact."**

AIMS comment: First developed as an alternative to incubator care for low weight or preterm infants, Kangaroo Mother Care is usually defined as prolonged skin-to-skin contact ideally with exclusive breastfeeding. It is usually associated with earlier discharge home from hospital.[4] AIMS fully supports implementing the changes outlined here by Toni and Dr Bergman, an important example of physiology informed maternity care. AIMS has for many years been highlighting the need for this form of care (see our articles describing some of the research behind kangaroo care here and here). Most recently, we strongly argued in our Evidence Submission to The House of Lords Preterm Birth Committee that routine separation of mothers/parents and babies is harmful and kangaroo care needs to be more widely implemented. We note also that women have been practicing kangaroo care outside of hosptial settings for hundreds of years (and probably since the dawn of time) - indeed doctors Rey Sanabria and Hector Martinez, who first introduced this concept into hospitals were reportedly influenced by seeing a grandmother holding her grandchild on her bare skin "like a kangaroo carrying her joey" . Lay knowledge of how to care for premature babies in this way is of course also referenced in the story of Conchita Warren's baby in "Call the Midwife" by Jennifer Worth, which is based on a true account.

Bio: Toni writes evidence-based blog-posts about the microbiome, pregnancy, birth and breastfeeding, she is also the producer and director of the 2014 film Microbirth and founder of the Microbirth school.

http://microbiomecourses.com

https://toni-harman.medium.com

---

[1] Bergman NJ. (2024) 'New policies on skin-to-skin contact warrant an oxytocin-based perspective on perinatal health care', Front Psychol. Jul 9;15:1385320. doi: 10.3389/fpsyg.2024.1385320. PMID: 39049943; PMCID: PMC11267429: https://pubmed.ncbi.nlm.nih.gov/39049943

[2] Arya, S., Naburi, H., Kawaza, K., Newton, S., Anyabolu, C. H., Bergman, N.,*et al* (2021) 'Immediate

"kangaroo mother care" and survival of infants with low birth weight',*N. Engl. J. Med*. 384: 2028–2038. doi: 10.1056/NEJMoa2026486: https://pubmed.ncbi.nlm.nih.gov/34038632

[3] World Health Organisation (2022), WHO advises immediate skin to skin care for survival of small and preterm babies. www.who.int/news/item/15-11-2022-who-advises-immediate-skin-to-skin-care-for-survival-of-small-and-preterm-babies

[4] World Health Organization (2003) Kangaroo mother care: a practical guide. https://iris.who.int/bitstream/handle/10665/42587/9241590351.pdf?sequence=1