Introduction

Human milk is recognized by the American Academy of Pediatrics as the optimal feeding for all infants **(Gartner et al., 2005)**. Exclusive breastfeeding is recommended for the first six months after birth, and partial breastfeeding (breast milk plus complementary foods) for up to two years of age **(WHO, 2005).**

Factors that promote successful exclusive breastfeeding include nursing immediately following delivery, rooming-in, early skin-to-skin contact (SSC), and frequent on-demand feedings in the early postpartum period **(WHO, 1998).**

Initiating breastfeeding within one hour of birth is one of the Ten Steps to Successful Breastfeeding (Step 4) on which the Baby Friendly Hospital Initiative was based when it was launched in 1991. A new interpretation for Step 4 was introduced in 2006 by UNICEF that stated that "*initiation of breastfeeding should be started by placing the baby in skin-to-skin for 1-2 hours or up to the first breastfeed"* **(Gartner et al., 2005)**.

Evidence-based medical practice supports breastfeeding initiation within the first hour after delivery, for all stable babies. Early physical contact between the mother and the newborn in the immediate postpartum period with contact between the baby's lips and mother's nipple are associated with successful breastfeeding continuity.

Early SSC has important effects on the newborn as well as on the maternal health, behaviour and bonding. If the mother and baby are in continuous, undisturbed SSC few minutes after birth, the infant will take the breast at its own speed.

Infants placed skin- to-skin and allowed time to find the breast and self attach are more likely to show correct suckling techniques than those who are separated **(Righard and Alade, 1999)**.The baby also receives early colostrum for the first feeds (liquid gold), sometimes called the gift of life since it is very rich in all categories of immunoglobulins **(Hanson, 2004).**

Early SSC has a positive effect on breastfeeding duration, increases milk volume and doubles rates of successful breastfeeding **(Mohrbacher and Stock, 2003)**. Also mother's body helps to keep the baby appropriately warm, which is especially important for small and low birth weight babies **(Fransson et al., 2005).** In addition the baby is less stressed, calmer and has steadier breathing and heart rates **(Kroeger et al., 2004).**

The newborns that have been exposed to SSC maintain adequate blood glucose levels, and have better metabolic adaptation **(Maynooth and Christensson, 1992, 1996).**

Separated infants exhibit a specific crying signal, the "*separation distress call*". This distress call is immediately stopped on SSC with the mother and her smell, sound and touch, which reduce physiologic and behavioral pain responses**,** with restful sleep**,** and earlier discharge **(Christensson et al, 1995, Ludington-Hoe et al., 2005, London, 2006).**

The technique of SSC allows the baby to be colonized by the mother's skin micro flora which are mostly harmless or against which the mother's milk contains protective factors. Also when mother's bacteria colonize the baby's gut and skin, they can compete with more harmful bacteria from the health providers and the environment, and so prevent them from causing serious infection to the neonate in this critical period of its life **(Hanson, 2004).**

Neonatal touching, mouthing and suckling responses when on the mother's chest ending at the breast stimulates oxytocin release. This is important for many reasons; as oxytocin causes the uterus to contract, this aids in the delivery of the placenta and reduce maternal bleeding after the birth **(Sobhy, 2004)**. It also facilitates the release of other hormones as the endogenous endorphins which cause a mother to feel calm, relaxed.

Oxytocin is sometimes referred to as "*the hormone of love*", as it causes the mother to "*fall in love*" with her baby, and finally stimulates the flow of milk from the breast **(Matthiesen, 2001).**

Women experience incredible joy with this first meeting with their baby, and fathers often share this delight. The process of bonding between the triad of the father, mother and baby begins, strengthening with it family bonds. This is centred around the process of breastfeeding initiation through SSC for achieving optimal nutrition and nurture for the newcomer.

However decisions to initiate breastfeeding through early prolonged SSC are influenced by many environmentally and iatrogenically induced factors including personal beliefs, myths and traditions. Hence there are many barriers to initiate breastfeeding through the natural process of SSC.

In Egypt this method was first implemented by the team of **Widstrom et al. (2007)** through the Healthy Children USA project in Aswan, (Komombo district hospital), Mansoura, Cairo and Port Saed. They used the problem solving approach and they showed that the technique could be done in Egypt but there are many obstacles that need to be overcome at hospital level by direct contact with staff of the labour ward.

No further studies were conducted in Egypt following this experience to explore the effectiveness and acceptance of this as a method for promoting early

breastfeeding.

The medicalization of birth which replaced natural birth by the use of sophisticated technology impedes nature and changes the way humans come into life and thereby has had a negative effect on human relationships and behaviour. There is no reason that the vast majority of babies cannot be placed skin-to-skin with their mothers immediately after birth for at least an hour. Hospital practices and medical routines should not take precedence over physiological practices, especially if these practices are associated with a significant reduction of neonatal mortality.

This is the baby's first journey in the outside world and the mother and her baby should just be left in peace to enjoy each other's company **(Newman and Kernerman, 2008).**