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THE ROLE OF THE MOTHER'S AND FATHER'S VOICE AND TOUCH IN IMPROVING NEONATAL TRANSITION AT BIRTH

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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 motherside 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.

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