

Dear Editor,

We thank Mr. Macintosh for his comments. He claims that our conclusions are not supported by data presented. The hypothesis was that there would be no differences in temperature variations between infants exposed to Skin to skin and usual care and in fact, no drop in temperature in SSC newborns have indeed been observed, greater than  $0.1\text{ C}^{\circ}$  compared to the control group.

The discussion about the target of  $36.5\text{C}^{\circ}$  has been wide: Mr. Macintosh is right in spotting that the skin to skin group falls below the  $36.5\text{ C}^{\circ}$  on average (in the basis of pointwise C.I.). Nevertheless it should be noticed that, again, pointwise in time, the skin to skin group, is not inferior to the control group, which is clearly including the normal limit within its confidence interval.

The combination of an increase in temperature in skin-to-skin newborns not being different from that observed in the control group was the basis for the claim done in the paper, i.e.: that skin-to-skin protocol is safe in terms of children body temperature.

We accept the suggestion that we should have discussed, irrespective of comparison, the temperature ranges of controls as well.

Regarding the test for paired samples, the study was designed to both address a difference in mean temperatures between the skin-to-skin and control group and to address the drop in temperature in the skin-to-skin group. This was due to ensure the maximum safety for the children exposed to the skin-to-skin protocol. The mentioned procedure, of paired t-tests, is related to the latter aspect of the study.

Sincerely

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