

NCCU CLINICAL GUIDELINES

SECTION: 18

FAMILY AND DEVELOPMENTAL CARE

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Skin-to-skin contact (kangaroo care)
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SKIN-TO-SKIN HOLDING (KANGAROO CARE)

Skin-to-skin (S-T-S) holding (also known as Kangaroo Care) is the method of holding an infant between the mother's breasts or against the father's chest. The infant is dressed in a nappy only.

BENEFITS TO THE INFANT IN BEING HELD SKIN-TO SKIN

Published articles in the medical and nursing literature report the benefits of S-T-S for both premature and full term infants as well as the parents. Even very small infants and infants on ventilators have shown:

- Improved breathing, heart rate and oxygenation.
- Stable temperature.
- Better growth. Shorter time in hospital.
- More comfortable awake time.
- More deep sleep time. Less crying at six months old.
- Improved mental and movement development at one year old.

PARENTS EXPERIENCE

- Facilitation of parent-infant attachment
- Increased milk production, breast-fed their infants longer and more breast feeding success
- A positive effect on parenting i.e. reduction in stress and depression and increased confidence

RISKS TO THE INFANT DURING S-T-S

Infants are usually very stable during S-T-S to make the experience as beneficial as possible, the timing and positioning of the equipment and the infant during the move is very important to maintain a stable airway/environment.

PREPARATION FOR SKIN-TO-SKIN

S-T-S cuddles should be of at least 60mins duration to allow time for the infant to adjust to their new position and to allow the parent time to relax and interact with their infant. Can continue for as long as the infant is stable, not needing interventions and the parent is comfortable. Advise the parents to come prepared (had food, drink, toilet break etc.) and to wear clothing that opens down the front to maximize skin-to-skin contact with the infant. Mothers may wish to remove their bras entirely or wear a front closure bra that can be opened and moved aside. The time that infants are out for cuddles must take into consideration the number of infants out for cuddles at the same time, staff meal breaks and other procedures taking place within the nursery. A quiet, calm environment is preferable.

Infants receiving mechanical ventilation should have their chest auscultated immediately prior to being moved for parent-infant holding to ensure that ETT suction is not required and should have the staff member readily available throughout the cuddle to provide assistance should complications arise e.g. Dislodgment, blocked ETT.

High back chairs with arm supports are to be utilised for cuddles.

PROCEDURE

- Ensure the infant is dressed in a nappy only.
- Ensure ETTs, Umbilical lines and IV cannulas are well secured.
- Position infant on his/her back on an open blanket in the cot/incubator, then swaddle in the blanket.
- Ensure the parent is comfortable in appropriate seating. Footstool (optional, depending on height of chair, parent's preference).
- One nurse will support the infant on transfer from the cot / incubator whilst another nurse supports the ventilator tubing. The nurse will slowly lift the infant to a vertical position, and bring to the parent's chest in the prone position. Ensure the infant has enough support to maintain neutral head alignment (not over-extended neck) and flexed limbs.
- The nurse responsible for the ventilator tubing maintains the connection to the ventilator.
- The parent should be seated comfortably, usually in a reclining position.
- The nurse secures the ventilator tubing avoiding obstructing the parent's view of their infant.
- Other equipment is checked, connected and secured (e.g. feeding pumps).
- The blanket around the infant is loosened and may be removed **to allow as much skin to skin contact with the parent as possible**. The parent's shirt may be used as a cover. Additional covering may be necessary. Place a bonnet on the infant if necessary.
- When returning to the cot two nurses will assist with the move. One looking after the infant and one responsible for the securing of the ventilator tubing.
- Document on MR 489/491 date of parent-infant hold.

EXCLUSION

- Parents with unexplained / contagious skin rashes.
- Infants with chest and/or abdominal lesions / wounds / drains.
- Medically unstable infants ie. Muscle relaxed, continuous inotrope infusions, high frequency oscillatory ventilation / nitric oxide (unless consented by consultant)
- Surgical infants within 48 hours of major surgery.
- Unstable infants should not be moved for parent-infant holding without consent of the consultant neonatologist.

FURTHER READING

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Chatwin, S. L., & MacArthur, B., A. (1993). Maternal perceptions of the preterm infant. *Early Child Development & Care*, 87, 69-82.

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