Positive Touch and Containment Holding Guideline

Aim
To provide a framework to ensure that all premature infants experience appropriate and optimal touch.

Background information
“Touch builds the foundation for the complex and intimate interchange between infant and caregiver, supplying the infant with a beginning interpretation of the world and the relationships on which he comes to rely for survival.” (Brown 2000)

Increasing awareness from researchers and clinicians suggests that touch is at the very foundation of infant experience and a major factor in formation of an infant – parent bond; However, babies cared for on a neonatal unit receive a large amount of touch that is not loving or tender. For example; procedural touch when being turned or medically examined, painful touch when sitting intravenous lines or taking blood specimens.

The deliberate use of ‘positive touch’ on the neonatal unit aims to give babies the experience of touch that is not for a clinical purpose, but given tenderly, lovingly and gently and that responds to and not ignores their behaviour. In addition, positive touch is felt to help the infant to settle and calm, encourages self –regulation and promotes neurological stability.

Positive touch encompasses a wide variety of techniques or methods, including;
- Skin to skin / Kangaroo care- see individual guideline
- Infant massage- see individual guideline
- Co-bedding of twins/ triplets- as per local guidelines
- Containment holding
- Cuddling

Practice Guidelines
General Care
Wash hands and remove jewellery prior to beginning positive touch, as this reduces the risk of infection and potential abrasions from jewellery.

Consider the environment, all infants are likely to feel uncomfortable in a bright and loud environment, however, the extremely preterm or unwell infant may not be able to cope with being touched whilst also being bombarded with these stimuli. Try shading the infant’s eyes from light, using a hand or better still an incubator cover or cot canopy. Reduce noise levels near to the baby, perhaps by lowering alarm volumes, responding quickly to alarms and reducing unnecessary conversation with colleagues.

Before any form of care giving activity involving the baby it is best to ‘introduce yourself’ to the baby, this means simply to give the baby warning that you are approaching. For example;
- Speak softly to make your presence known
- Gently touch the area to be handled, using still touch, before proceeding to the task, i.e.
  - still touch of the arm/leg before venipuncture
  - touch face and mouth before oral suctioning
  - brief containment touch before turning baby over

Start with ‘still touch’ holding a hand or a foot and talk gently to the infant, offering reassurance. This offers a minimal amount of touch, so is not too invasive and allows the baby to get used to being touched and to learn that touch can be a positive experience.
Containment holds are resting holds and are best offered to the infant when the carer has warmed their hands. The carers two hands can be used to gently ‘contain’ the infant, making them feel enclosed and secure. The infant’s head can be cupped with one hand and the other hand placed on or over the infant’s tummy, trunk or bottom.

The hold is continued for as long as the infant’s condition allows, closely observing the infant’s behavioural cues and physiological condition throughout. These may be positive or negative.

The type of touch is adapted according to the infant’s behavioural cues, physiological and medical condition. Positive touch, ideally, should be introduced as soon as the infant experiences negative touch, to offer some counterbalance to these experiences.

Evaluate results of positive touch/containment holding and document in care plan.

Parents
- Assess the needs of the infant and his/her family considering their needs for support/privacy/readiness to learn about or begin positive touch.
- Explain the indications and rationale for positive touch to parents/carers and the benefits to themselves and their infant.
- Assist parents in identifying the most appropriate type of touch for their baby. If a baby is not well enough for a particular type of touch, explain to the parents why this is not currently beneficial. Wherever possible offer an alternative- i.e. containment hold instead of cuddle- so that the parents do not feel rejected by or barred from contact with their baby.
- Encourage the parent/carer to talk gently to their infant and to observe their behaviour and condition throughout, supported by the nurse caring for their infant.
- Offer parents the Bliss booklet ‘Look at me, I’m talking to you’ and show parents the posters illustrating containment holding.

Acknowledgement This guideline has been adapted from the South Central Neonatal Network Quality Care Group with permission.

References