Skin to Skin and Kangaroo Care guidelines

Introduction
Skin to skin or Kangaroo Care (KC) is defined as a method of holding an infant in skin to skin contact, prone and upright on the chest of the parent. The infant is enclosed in parent’s clothing in order to maintain temperature stability. It is recommended that skin to skin with the parents should be employed regularly and consistently with medically stable premature infants, including those requiring respiratory support, due to its beneficial effects.

Benefits of Skin to skin or Kangaroo Care
- Inform parents about the benefits of KC and offer supporting information (BLISS “Skin to skin with your premature baby”)
- Helps to regulate baby’s temperature, heart rate, breathing and oxygen saturation associated with fewer episodes of apnoea and bradycardia
- Better maintenance of temperature
- Analgesic effect
- Increases time spent in quiet sleep
- Promotes parent baby attachment
- Improved breastfeeding success and longer breastfeeding duration
- Faster growth rates and earlier discharge from hospital
- Positive effect on parenting – reduces stress, triggers healing process and increases confidence
- Positive interactions with fathers during KC
- Recovery from birth-related fatigue
- Longer alert states and less crying at six months
- Promotes family centred care

Indications
Medically stable infants may have skin to skin, including infants on CPAP with a stable oxygen requirement.

Contraindications
Most babies receiving endotracheal ventilation.

Special precautions
- Ensure there is access to a Neopuff/oxygen and suction.
- Staffing numbers must be considered before offering skin to skin/Kangaroo care for ventilated infants. It should only be offered when there are sufficient nursing staff available, to carry out the safe transfer of the infant out of and into its incubator/cot.
- If junior staff are not familiar or confident to transfer baby out for KC please ensure senior staff can offer support.
- In infants with umbilical venous catheters (UVC), care should be taken that lines are well secured.
Procedure

Parent Preparation
- Ensure parents are aware that baby maybe briefly unstable during transfer from/to incubator/cot.
- Suggest parents do not smoke immediately before KC time.
- Choose a mutually convenient time for parents and baby.
- Provide privacy for parents to prepare clothing – suggests parents wear clothes that allow access to the chest (Observe culture preferences.).
- Provide a calm environment with a comfortable chair preferably one that reclines and screens.
- Offer a hand-held mirror – to enable parent to see baby.
- Advice parents to bring a drink and go to the toilet before KC time.

Nurse Transfer
- Get parent into comfortable chair and recline back, ensure clothing is open and ready to receive infant.
- Wash hands.
- Contain baby’s limbs and move gently.
- Second nurse to support CPAP/Ventilator tubing and lines.
- Place on parent’s chest, prone with head to parent’s sternum, get parent to support infant’s head and body with infant’s legs flexed. Turn infant’s head to side to protect airway.
- Use blanket to cover infant and provide support.
- Place hat on baby if necessary.

Parent Transfer
- Parent to stand at incubator/cot side, place forearm gently under “nest”, cup head with other hand, gently lift out of incubator/cot and rest infant’s head against sternum and continue to support back and bottom with forearm.
- Parent gently moves back to sit in chair guided by nurse.
- Nurse to check that infant’s legs are in flexion; turn infant’s head to side to protect airway, ensure hat in place and blanket tucked under both arms.

Feeding
It is acceptable to feed in the KC position.
Monitor infant’s position during feeding.

Duration of Kangaroo Care
Unicef’s Baby Friendly Health Initiative suggests a minimum of 1 hour and the baby should be monitored continuously. Parents should be encouraged to remain in Kangaroo Care position for at least one hour unless:-
- Prolonged increase in oxygen requirements of 10 – 20%
- Infant shows signs of distress i.e. apnoea/bradycardia/desaturation/colour change.
- Baby remains unsettled and distressed.
- Parents request that session ends.

Training
All staff to be given information and training relating to KC techniques.
Parents and staff to have access to the BLISS leaflet “Skin-to-sin with your premature baby”.

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Draft Skin to Skin and Kangaroo Care Guideline

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Acknowledgement: These guidelines have been adapted from the Southern West Midlands Newborn Network guidelines for the practice of Kangaroo care (Skin to skin) 2009 and Staffordshire, Shropshire and Black Country Newborn Network guidelines Kangaroo care 2011, with permission.

References
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