

**CHILDBIRTH CENTER POLICY
SKIN-TO-SKIN HOLDING/KANGAROO CARE
NICU & NORMAL NEWBORNS**

2008														
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I. Personnel: Mother, Father, other Caregiver

II. Policy Statement:

To provide guidelines for kangaroo care (skin-to-skin holding) in the NICU and on the postpartum unit. KC is an *intervention* that promotes the health and well-being of infants, born preterm as well as full-term.

III. Definition:

Early, continuous and prolonged skin to skin contact, kangaroo care (KC) is when an infant is placed upright, directly on the mother’s chest. A warm blanket is used to securely hold the infant in place. The goal of KC is to promote parent-infant bonding and facilitate lactation while maintaining physiologic stability and minimize energy expenditure. The RN performs initiation of KC holding protocol.

Benefits:

- a. Mothers have increased milk production
- b. Infants have improved physiologic stability and feeding tolerance
- c. Contact with her infant stimulates the maternal **enteromammary immune system**. Maternal mucosal surfaces encounter microbes in her own and baby’s environment→Maternal lymphocytes at mucosal surfaces stimulated by microbes to produce specific IgA→Maternal lymphocytes migrate to breast→Maternal lymphocytes produce specific IgA against microbes encountered which is then secreted into breast milk
- d. Contact facilitates bonding and attachment.
- e. Gain weight faster and sleep better

IV. Criteria for KC readiness: NICU

- a. Physiologically stable (includes temperature stability, rapid recovery of baseline vital signs after procedures)
- b. No weight limitations
- c. Respiratory status stable: minimal A&Bs, oxygen therapy acceptable.
- d. PICC, Broviacs, or UVC are permissible per MD order.
- e. Infants receiving KC will have continuous cardio respiratory and oximetry monitoring with the following exceptions. If the infant is stable off oximetry, it is not necessary to restart oximetry for KC. All term infants can do continuous KC without monitoring.
- f. KC may be attempted before, during and/or after feeding, which ever works best for the infant.

V. Procedure:

Prior to initiation KC, the nurses will discuss the protocol with the parents and encourage participation.

A. Position as follows:

1. Parent will unbutton shirt or nurse will provide parent with a hospital gown. Nurse will assist in lifting infant into head-up position between breasts, maintaining tucked position. Mother may remove bra for greater comfort and skin contact.
2. Parents must be free of rashes, lesions or open areas of skin that could come into contact with the baby.
3. Infant will be dressed in diaper only. Hat is optional.
4. Parent may close clothing over infant
5. A warm blanket is placed over infant, assure parents that infant will not get cold
6. Explain that KC provides a safe “retreat” from the NICU/Nursery environment.

B. Provide privacy screen, offer extra pillows, footstool and fluids to ensure parent comfort.

C. Record temperature prior to and upon return to isolette. Maintain a neutral thermal environment (32-34° C, 89.6-93.2°. See attached: NEUTRAL THERMAL ENVIRONMENTAL TEMPERATURES.

D. Start gradually with 30-60 minutes, once daily and increase as tolerated (preterm). Term infants may be held skin to skin continuously.

E. Document:

1. Temperature before/after
2. Any adverse reactions/cold stress
3. Parent’s interaction on infant flow sheet.

SIGNS OF STRESS IN PRETERM INFANTS

MILD	MODERATE	SEVERE
Gaze aversion	Flushing	Pallor
Yawning	Mottling	Cyanosis
Hiccups	Sighing	Tachypnea
Grimacing	Emesis	Apnea
Closing eyes	Finger splaying	Bradypnea
Tongue thrusting	Extension of arms/legs	Tachycardia
Bowel movement	Jitteriness	Bradycardia
Coughing	Jerky movements	Arrhythmias
Sneezing	Limpness	Decr. O2 levels

VI. Criteria for KC readiness, NORMAL NEWBORN: Post Partum
Includes all stable babies:

- who can remain with their mothers
- who qualify for well baby care
- whose mother desires KC
- Whose mother is not over-sedated

VII. Procedure:

1. Explain to mother (& significant others) the value and guidelines for KC.
Encourage KC for at least one hour every shift.
2. Assess both parent and infant for readiness prior to KC experience.
3. Dress infant in a diaper and hat (hat optional, based on policy and care provider discretion)
4. Offer a reclining chair with arms or adjust the head of bed to 45-60 degree angle.
5. Place infant upright skin-to-skin against the mother's chest.
6. Cover infant and mother with a blanket, across infant's back, (not over neck & head)
7. All infants must have their temperature monitored after 30 minutes of KC
If infant's temperature is > 99 °(37.5°C), be sure cap is removed, and only 1 blanket covers infant. Monitor temperature every 15 minutes until WNL.
8. If infant's T < 97° F, assess maternal T & environmental T, hat onto baby, continue KC, check baby T q 30 minutes until stable.

Reference:

California Perinatal Quality Care Collaborative, Quality Improvement Toolkit: Nutritional Support of the Very Low Birth Weight Infant: Part 1

Cataneo, A., Davanzo, R., F., & Tamurlini, G. for the international Network on Kangaroo Mother Care. (1998). Recommendations for the implementation of Kangaroo mother care for low birth weight infants. Acta Paediatrica, 87 (4), 440-445

Luddington-Susan M. CNM, PhD, FAAN, Joan Y. Swinth, RNC, BSN: Developmental Aspects of Kangaroo Care. JOGNN, October 1996

REVIEWED BY:

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