



Crumlin | Temple Street | Tallaght | Connolly

## Children’s Health Ireland Nursing Practice Guideline on Kangaroo Care and Comfort Hold

<b>Area of use:</b>	All of organisation <input checked="" type="checkbox"/>	CHI at Connolly <input type="checkbox"/>	CHI at Crumlin <input type="checkbox"/>
	CHI at Herberton <input type="checkbox"/>	CHI at Tallaght <input type="checkbox"/>	CHI at Temple Street <input type="checkbox"/>
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## 1.0 Introduction

CHI recognises the importance of providing family centred care and enabling parents to bond with their baby. Kangaroo Care (KC), also known as skin-to-skin, is a very important aspect of care provided to babies and their parents. As Healthcare professionals it is important that we facilitate and encourage families to participate in KC with their baby. This is particularly important when babies are hospitalised, as it is not always possible for parents to hold and cuddle their babies due to the medical or surgical condition of their baby. Providing support to parents to help bond with their baby and offer KC will support a positive relationship between parent and baby (NHS Northern Devon, 2018).

## 2.0 Definition of the Guideline

There are many benefits to KC for both infant and parent. This Guideline on KC will explain when it is appropriate to do KC and the many benefits to the baby and their parent. Due to limited availability of incubators, KC was first introduced in a NICU in Bogota, Columbia in 1978 as a low-cost, safe and effective intervention to maintain a baby's temperature (Nargoski Johnson, 2007). KC is defined as the "Early, prolonged & continuous skin-to-skin contact between a mother/father & their new-born infant. KC is when the baby is placed on the parent's skin on their chest", however, this form may not always be suitable due to the baby's medical or surgical condition and this SOP will explain different types of KC.

## 3.0 Applicable to

- All staff caring for Neonatal patients.
- KC should be offered and encouraged to families that have babies in CHI.
- Medically stable babies and their parents.

## 4.0 Objectives of the guideline

Staff caring for neonatal patients should encourage KC where it is medically safe to do so. If a baby cannot be placed onto a parent's chest, then other forms of skin-to-skin should be encouraged. Hand holding and comfort holding are also a positive form of skin-to-skin touch that should be encouraged.

The aim of this SOP is to inform staff of the benefits if KC and also how to perform KC.

## 5.0 Benefits of Kangaroo Care for the baby

Kangaroo care is known to:

- decrease the morbidity and mortality rates in neonates (Conde-Anguelo *et al*, (2003); Cochrane review 2014).
- promote physiological stability (World Health Organisation, 2003).
- help regulate heart beat and breathing rate, reduces apnoea and bradycardia (O'Brien – Abel, 2016)
- help to regulate body temperature (Conde-Anguelo *et al* (2003); Cochrane review, 2014).
- reduce episodes of hypoglycemia (O'Brien –Abel, 2016).
- maintain and improve oxygen saturation. (Feldman *et al*, 2002; O'Brian-Abel, 2016).
- improve sleep (Bastani *et al*, 2017).
- help to initiate breastfeeding, improve breastfeeding success and breastfeeding duration (Hake-Brooks and Anderson, 2008; Moore *et al*, 2016; O'Brien-Abel, 2016).
- provide an analgesic effect during painful procedures (Johnston *et al*, 2017).
- decrease episodes of crying (Johnston *et al*, 2017; Baker-Rush, 2016).
- increase immunity, resulting in fewer infections (Conde-Aguelo *et al*, (2003); Cochrane review, 2014).

- increase weight gain, (Evereklian and Posmontier, 2017; Feldman *et al*, 2002).
- decrease length of hospital stay (Conde-Aguelo *et al*, (2003); Cochrane review, 2014; Feldman *et al*, 2002).
- reduce readmission to hospital (O'Brien-Abel, 2016).
- augment development and growth improvements after 12 months of age (Bera *et al*; 2014).

## 6.0 Benefits of Kangaroo Care for the Mother/Parents

Kangaroo care is known to:

- facilitate maternal-infant attachment and bonding (Baker-Rush, 2016; Eun-Sook *et al*, 2016).
- improve initiation and duration of breast feeding (World Health Organisation, 2003).
- increase breast milk production (Baley, 2015).
- decrease breast feeding problems (Conde-Agudelo *et al*, 2003).
- improve parental mood, and decrease incidence of post-natal depression (Feldman *et al*, 2002).
- decrease maternal stress (Eun-Sook *et al*, 2016).
- improve maternal satisfaction with care given (Conde-Agudelo *et al*, 2003).
- enhance sense of empowerment, reduce feelings of inadequacy, anxiety and frustration experienced by the father (Neu, 2004).
- improve paternal role (Shorey *et al*, 2016).

## 7.0 Definitions / Terms

- Kangaroo Care: positioning a baby in skin-to-skin contact with their parent.
- Comfort Holding: used as a form of positive skin-to-skin touch when KC may not be appropriate.

## 8.0 Procedures

Before introducing kangaroo care:

- the stability of the baby should be discussed with the medical/surgical team.
- ensure adequate staffing before initiating KC, to ensure baby can be safely transferred to and from parent.
- ensure access to emergency equipment is checked.
- staff should be competent in the transfer of a baby for KC.
- it is recommended that KC is performed for minimum of 1 hour and monitored regularly based on the baby's clinical condition (Unicef Baby Friendly Health Initiative, (YEAR)).

## 9.0 Parent Preparation

- Inform parent about KC.
- Choose a time that is suitable.
- Provide privacy.
- A hand held mirror can help parent to see their baby.
- A comfortable chair and a calm environment will help make KC and enjoyable experience.

## 10.0 Transfer of baby for Kangaroo Care

Before commencing kangaroo care:

- Confirm positive patient identification.
- Assess baby is medically stable for KC.
- Explain KC and the transfer to parent.
- Perform hand hygiene.
- Ensure parent washes her/his hands with warm water and a soap solution.
- Provide a comfortable and supportive chair for the parent that is positioned near cot or incubator.

- Parent should sit in the chair with their chest exposed for easy transfer onto parent’s skin.
- Prepare tubes, connections, intravenous (IV) lines, leads etc that are connected to baby for transfer.
- Baby should be in a nappy only to ensure maximum skin exposure with parent.
- Keep baby warm while preparing for transfer, do not open incubator until baby is ready for transfer and place a blanket over the baby if necessary.
- A second healthcare worker may be needed to help with tubing and machines.
- Place baby in a prone position onto parent’s chest. Parent should support baby’s head and body and position baby’s head to the side, to protect airway.
- Place a blanket over the back of the baby.
- Ensure that all tubing and lines are connected and secured.
- KC is recommended for at one hour to ensure maximum benefits.

### 11.0 Comfort hold

Before commencing comfort hold:

- Confirm positive patient identification.
- Explain comfort hold to parent.
- Ensure the parent washes her/his hands with warm water and a soap solution.
- The parent places a warm hand for baby to hold or the parent can place their hands in a cupping position around baby’s feet, body and head. Encourage parents to talk softly to their baby while touching baby.
- Comfort hold is recommended frequently throughout the day while the parent is present.

### 12.0 Stakeholder involvement

Name	Grade	Organisation
Caroline O Connor	NPDC	Temple Street
Susan Keane	CNM 3	Temple Street
Siobhan O Connor	NPDC	Tallaght
Fionnuala O Neill	NPDC	Crumlin

### 13.0 Implementation Plan

- Education on Kangaroo care and comfort hold is provided at breastfeeding study days and neonatal study days throughout CHI. Informal education at ward level is also provided.
- KC and comfort hold are encouraged throughout CHI.
- The Neonatal Clinical Nurse Specialist (CNSp) will inform the relevant staff and ward areas of this SOP.

### 14.0 Evaluation and Audit

Members of the Neonatal CNS team encourage staff and parents to perform KC and Comfort hold. The Neonatal CNSp will audit adherence to this SOP as necessary and evaluate the frequency that KC and Comfort hold are provided.

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Unicef Baby Friendly Initiative – Neonatal Standards and Professional Resources:

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/>

[www.northdevonhealth.nhs.uk/wp-content/uploads/2018/Developmental-Care-Guidelines-V-4.0.pdf](http://www.northdevonhealth.nhs.uk/wp-content/uploads/2018/Developmental-Care-Guidelines-V-4.0.pdf)

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