

KANGAROO CARE

This LOP is developed to guide safe clinical practice in Newborn Care Centre (NCC) at The Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this Local Operations Procedure (LOP).

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INTRODUCTION

Kangaroo Care (KC) or skin-to-skin care is an integral part of neonatal care. The benefits include stabilised heart rate, decreased oxygen requirement, improved thermoregulation, bonding and improved milk supply and breastfeeding.

KC should be provided for a minimum of one hour per session. There is no maximum time limit for KC if it is well tolerated.

1. AIM

- To ensure safe provision of KC

2. PATIENT

- Neonates
- Parents

NOTE: KC is encouraged in the NICU with no specific exclusion criteria. However individual circumstances must be considered including:

- parental choice
- accessibility of medical and nursing staff
- infant's clinical condition

3. STAFF

- Medical and nursing staff

4. EQUIPMENT

- Recliner chair
- Blanket
- Hat

5. CLINICAL PRACTICE

1. Discuss with parents the benefits of KC and establish an appropriate time. Ensure:
 - Parent is not due to express milk or willing to express during KC
 - Has drinking water available
 - A toilet visit is not required
 - Parent is agreeable to length of time for KC, minimum 1 hour
 - Parent is wearing appropriate clothing, front opening shirt or hospital gown may be used
2. Assess infant's readiness for KC
 - Check infants body temperature with thermometer
 - Ensure cardio-respiratory monitor electrodes and pulse-oximeter probe are attached to infant
 - Remove infants clothing except nappy

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KANGAROO CARE

3. Transferring infant from bed to parent:
- KC is best performed after cares (R1) and not immediately after a feed (R2)
 - Ensure adequate room to open crib door and settle parent into an appropriate chair
 - If infant is not provided with security, use hands to provide a “nest” to secure the infant and contain cables (R3)
 - Gently transfer infant to parent’s chest, a second nurse may assist by transferring cables, tubes and IV infusion lines (R4)
 - Encourage parent’s hands to support infant, usually one hand on head and one under the bottom (R5)
 - Ensure tubes, lines and cables are supported with no tension. Use leukoplast tape to secure tubing to chair or parents clothing (R6)
 - Ensure feeding tube is easily accessible (R7)
 - Assist parent to lean back into recliner and gradually ease back to a comfortable position
 - Provide blanket and hat on baby as required
 - Ensure viewing mirror and drinking water are accessible to parent
 - Assess infant’s body temperature in one hour

4. Returning infant to bed:
- Remove blanket
 - Assist parent to return to sitting position
 - Open crib door
 - Gently transfer infant from chest to crib, use hands to contain and secure infant and cables.
 - Second nurse may assist by transferring cables and infusion lines
 - Position infant comfortably in crib and organise cables, tubes and infusion lines
 - Document KC
 - Assess infant’s body temperature in one hour

6. DOCUMENTATION

- eMR
- Observation Chart
- NICUS Database

7. RELATED POLICIES/PROCEDURES/CLINICAL PRACTICE LOP

- Ventilated infant for Kangaroo Parent Care

8. RISK RATING

- Low

9. NATIONAL STANDARD

- Standard 1 Governance for Safety and quality in Health Service Organisation
- Standard 2 Partnering with Consumers
- Standard 11 Service Delivery
- Standard 12 Provision of Care

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KANGAROO CARE**10. REFERENCES**

- Heimann, K., Vaessen, P., Peschgens, T., (2010) Impact of skin-to-skin care, prone and supine positioning on cardiorespiratory parameters in premature infants. *Neonatology*. 97(2010) pp. 311-317
- Ludington-Hoe, S.M. (2013) Kangaroo Care as a Neonatal Therapy. *Newborn and Infant Nursing Reviews*. 13(2013) pp. 73-75
- Baker-Rush, M. (2016) Reducing stress in infants: Kangaroo Care. *International Journal of Childbirth Education*. 13(4) pp. 14-17

11. ABBREVIATIONS AND DEFINITIONS OF TERMS

NCC	Newborn Care Centre	KC	Kangaroo Care
LOP	Local Operations Procedure	NICU	Neonatal Intensive Care Unit

12. RATIONALES

Rationale 1	Baby has already been disturbed, is comfortable and prepared for transfer
Rationale 2	To avoid vomiting or aspiration of feed during transfer
Rationale 3	To provide support and containment of infant, essential to reduce the stress of transfer
Rationale 4	To avoid accidental disconnection of lines
Rationale 5	To keep infant comfortable and secure in an optimal position
Rationale 6	Reduces weight of tubes to avoid drag to infant's head
Rationale 7	Have feeding tube accessible to minimise disruption of KC when feeds are due

13. AUTHOR:

Primary	17.1.17	Anna Scott-Murphy (RN), Renee Sheriff (RN)
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