

SKIN-TO-SKIN CARE FOR NEONATES – GRACE CENTRE FOR NEWBORN CARE

PRACTICE GUIDELINE[®]

DOCUMENT SUMMARY/KEY POINTS

- Skin-to-skin cuddles are offered to all parents whose infants are in the Grace Centre for Newborn Care
- The infant must be physiologically stable
- Skin-to-skin cuddles are supported for a one hour period to enable the infant to regulate a normal sleep-wake transition
- The first skin-to-skin cuddle is documented in the CCIS under 'procedure'
- Subsequent skin-to-skin cuddles are documented in the patient's notes under procedure including duration and tolerance.

Key Performance Indicator:

1. Every infant will have the opportunity for a skin-to-skin cuddle within the first week following admission if physiologically stable.
2. All parents are given an information brochure on the benefits of skin-to-skin cuddles when their infant is admitted.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st May 2015	Review Period: 3 years
Team Leader:	Clinical Nurse Consultant	Area/Dept: CHW GCNC

CHANGE SUMMARY

- N/A – new document

READ ACKNOWLEDGEMENT

- All clinical staff in Grace Centre for Newborn Care (GCNC) are required to read and acknowledge they understand the contents of this document.

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Background

Skin to skin contact is the process whereby an infant dressed only in a nappy is placed directly onto the bare chest of their mother or father and nursed in a prone, upright and flexed posture for a minimum period of one hour.

A cuddle differs to skin to skin contact. A parent is encouraged to hold their infant close to their chest in an upright position (as in skin to skin) but the parent and/or the infant remain clothed or wrapped. This may be offered when the parent is uncomfortable with skin to skin contact or undressing the infant may disturb their calm state.

Documentation

- The first skin-to-skin cuddle undertaken in Grace Centre for Newborn Care is documented in the CCIS (patient electronic record) under 'procedures'.
- All subsequent skin-to-skin cuddles are also documented in the CCIS under the procedure tab.
- This documentation enables the targets to be identified and provides opportunities for benchmarking across NSW with other NICUs.

Objectives

Parent

- To help foster parent/infant bonding and attachment through closeness.
- Provide positive interaction between parent and infant which contributes to maternal/paternal psychological and emotional well being.
- Promote parental confidence in handling their premature/unwell infant.
- Creates a sense of positive involvement and beneficial contribution to infant care.
- Helps to promote a mother's lactation. Found to increase maternal oxytocin secretion, assisting with maternal relaxation and milk 'let-down' or release.

Infant

- Help to regulate infant heart and respiratory rate as well as oxygenation.
- Promote temperature stability. With skin to skin contact heat is conducted from the parent to keep the infant warm.
- Reduce incidence of apnoea and bradycardia.
- To help infant to maintain an organised state which enhances a deeper and longer sleep cycle leading to improved neuro-behavioural outcomes.

- Create an environment which facilitates optimal growth and development.
- Introduces infant to breastfeeding. Familiarises infant with the scent of mother's breast milk and helps them to locate the nipple for future feeding.

Criteria

- Infant must be physiologically stable. This means they must have temperature stability, able to rapidly recover baseline observations after handling during a procedure, and should have infrequent episodes of self-limiting bradycardia and apnoea.
- Infants of any weight, gestation, and medical condition can have skin-to-skin as long as they demonstrate physiological stability.
- Infants requiring respiratory support are also eligible for skin to skin contact as long as they are stable. (This includes infants receiving: mechanical ventilation, CPAP, midline CPAP and high flow oxygen therapy)
- If there is any doubt or concern about providing skin to skin contact/cuddles for an infant then refer to and discuss case with team leader and/or medical/surgical team.
- Ascertain the parent/s are aware of the principles and benefits of skin to skin care/cuddles to reduce apprehension and promote this method of care as an ongoing treatment. Ensure they receive the information brochure when their baby is first admitted.
- Infant should preferably be in a wakeful state to avoid disruption of the sleep cycle.

Contraindications

- If the infant's condition is unstable as they are unlikely to tolerate the procedure causing major decline in their physical stability.
- Presence of intercostal catheter, major surgical drains, or other external drains.
- Infants in immediate post-operative state requiring ventilation and/or immobilisation (muscle relaxed).
- Infants in traction.
- Infants who have a silo for management of a gastroschisis.
- If the parent is unwell with an illness of infective nature.
- If the parent is uncomfortable with partaking in this method of care.

Precautions

- Care **MUST** be taken with infants with arterial lines. All connections need be checked for security before the infant is removed from the cot for skin-to-skin and once the infant is moved into position on parent/s chest. Continued monitoring of line placement during care should be carried out.

- Infants requiring respiratory support will need at least two (or possibly 3) nursing staff to assist with initialising this care. One nurse will need to support respiratory equipment, if necessary one to support the lines and cables and one to support infant placement on parent.
- Caution needs to be taken with an infant who has any intravenous lines to ensure dislodgement does not occur during the care process.

Procedure

Parents - preparation

- Ensure parent/s are informed and aware of the principle of skin to skin contact/cuddles.
- Ensure parent can afford sufficient time for care, that is: at least one hour.
- Advise parent to be prepared. May need to use bathroom, express, and have a drink before commencing.
- If parent is not wearing a button up shirt or blouse, offer them a hospital gown to change into (with front open)
- Following a Caesarean Section the mother maybe in a wheelchair. Check her mobility and offer a supportive recliner chair.
- Must adhere to strict hand washing prior to handling infant. Remove any rings, watches or accessories which may scratch or cause injury.

Infant – preparation

- Ensure infant is physiologically stable. Vital signs and temperature should be within normal parameters.
- Any monitoring leads should be secure.
- Infant should be in a wakeful state.
- Dress the infant in a nappy only for skin to skin contact. A hat can be used if concerned about heat loss or infant is weighs less than 2500gram.
- Ensure any IV lines are secure and leads are able to be moved close to recliner chair where cuddle will take place. Access to power supply must be attainable.
- If infant is having oxygen therapy make sure that nasal prongs are secured firmly into place and tubing extends adequately for comfortable placement from crib to recliner chair.
- For ventilated infants consider suction of ETT prior to coming out for cuddling.
- Ensure taping of ETT is secure
- Ventilation or CPAP tubing may also need to be cleared of any water build up.
- Ensure that there is sufficient length or ventilation tubing for ease of infant transfer.
- There must always be sufficient staffing when considering skin to skin care with infants in NICU.

Method

- Align recliner adjacent to or in close proximity as possible to infant's cot. Ensure there is enough access between the cot and chair for the assistance of other staff if required.
- All equipment should be positioned so accessible at all times, ie: Ventilator, IV pumps, feed pumps and monitors.
- Have privacy screen in place for comfort of parent if required.
- Have a blanket ready for infant transfer.
- Wash hands as per NICU guidelines.

Modes of transferring infants: standing or sitting.

- Standing transfer is often used with infants who have less attachments or who maybe in a high open-care bed.
- The parent stands at the cot side. The nurse places a blanket under the infant then picks up the infant and blanket and places the infant prone onto parent's chest. The parent then moves to sit into the recliner chair with baby already secured and supported on their chest.
- A sitting transfer maybe chosen for infant removal when many lines and tubing are present. Two nurses will need to move the infant (contained in a blanket) onto the parent who is sitting in the recliner chair. One nurse will handle the infant and the other nurse will move and secure respiratory tubing and lines.
- The infant should be placed prone between its mother's breasts or on father's chest. The infant should be in a flexed position with legs tucked in and head placed to one side in a neutral position.
- Cover infant with a warm blanket, leaving head free. Then secure parent's clothing around the infant (ie: do up gown or button shirt)
- If the infant is ventilated the tubing will require securing with tape to the parent/s shoulder or recliner chair to avoid the potential of disconnection.
- Continue to monitor infant throughout care.
- Ensure skin to skin care is recorded in infants notes, including duration and level of tolerance.

Standing Transfer

Steps	Details	Image
Prepare mother	Explain procedure and process to mother	
Adequate staff	Have a second nurse to assist in the transfer of a ventilated infant	
Prepare baby	One nurse stands at head of bed to guide ventilator tubing. Second nurse prepares to pass baby to mother standing at cot-side	
Passing baby to mother	Nurse hands baby to the mother ensuring tubes and cables are free	
Mother places baby skin-to-skin	Nurses ensure mother has hold of baby and supporting baby in a skin-to-skin position	
Mother sits in recliner chair	One nurse guides mother to a sitting position. Second nurse guides all tubing and wires	
Securing tubing and cables	Mother settles into chair. Nurses ensure all tubing secure, rechecks all connections and secures tubes to mother's gown	

<p>Skin-to-skin experience</p>	<p>Provide a quiet environment for the skin-to-skin time. Make sure no lights are shining into the baby's eyes. Make sure there is a bottle/glass of water available within mother's reach. Support the experience for approximately one hour ensuring the baby's vital signs are stable during the cuddle.</p>	
<p>Returning to the bed</p>	<p>Mother stands with two nurses available to support the tubes and cables.</p>	
<p>Placing baby in bed</p>	<p>Nurse takes baby and places in the warm nested bed. The mother can do this if she is comfortable. Second nurse ensures all tubes and connections are secure.</p>	
<p>Settling baby</p>	<p>Mother can support baby while they settle back into their bed</p>	
<p>Documentation</p>	<p>For all skin-to-skin cares the experience is documented in the CCIS under procedure. State the duration and behaviour of the baby.</p>	

Sitting transfer

Step	Details	Image
<p>Prepare baby and mother for the experience</p>	<p>Explain procedure of preparation</p>	
<p>Preparing baby for skin-to-skin contact</p>	<p>Mother undresses baby in a paced and supportive way. Keep small woollen hat on head.</p>	
<p>Securing tubes and wires</p>	<p>Nurse makes sure feeding tube is secure and monitoring leads are free from tangles</p>	
<p>Transferring baby</p>	<p>Mother sits in comfortable recliner chair. Nurse opens incubator and gets ready to transfer baby to mother</p>	
<p>Positioning baby</p>	<p>Nurse slides baby down stretch top so baby next to mother's skin. Wrap is removed.</p>	
<p>Securing tubes and cables</p>	<p>Cables are positioned to avoid tension</p>	

Settling into position	Nurse supports mother in adjusting position so both mother and baby are comfortable	
Maintaining position	A warmed wrap is placed over mother and baby. Ensure no lights or drafts are focused on the baby. Ensure a bottle /glass of water is available within the mother's reach	
Time	A settled baby can be left with the mother in this position for several hours. Baby maybe fed in this position and will usually settle in sleep cycles	
Documentation	For all skin-to-skin care the experience is documented in the CCIS under procedure. State the duration and behaviour of the baby.	

References

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