

**Royal Hospital for Women (RHW)**  
**NEONATAL BUSINESS RULE**  
**COVER SHEET**



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<b>SUMMARY</b>	To provide guidelines for clinicians on safely implementing Kangaroo Care for twins receiving respiratory support in the NICU.
<b>Key Words</b>	Kangaroo Care, Twins, Respiratory Support, Skin-to-Skin, CPAP, HHFNC

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**Kangaroo Care for Twins in Newborn Care  
Centre**

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**RHW CLIN155**

**Contents**

1	BACKGROUND .....	3
2	RESPONSIBILITIES .....	3
2.1	Staff	3
3	PROCEDURE .....	3
3.1	Eligibility for Twin KC .....	3
3.2	Equipment .....	4
3.3	Clinical Practice .....	5
3.4	Documentation.....	7
3.5	Education Notes .....	7
3.6	Abbreviations .....	8
3.7	Related Policies/procedures .....	8
3.8	References .....	8
4	ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION .....	9
5	CULTURAL SUPPORT .....	9
6	NATIONAL STANDARDS .....	9
7	REVISION AND APPROVAL HISTORY .....	10

## Kangaroo Care for Twins in Newborn Care Centre

RHW CLIN155

*This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.*

*Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.*

### 1 BACKGROUND

Kangaroo Care (KC), or skin-to-skin care, is an integral component of neonatal care. It involves placing the neonate directly onto the chest of a parent or carer to achieve maximum skin-to-skin contact.

This guideline outlines the safe and effective management of twin KC for neonates receiving respiratory support. This includes those on Continuous Positive Airway Pressure (CPAP), and Humidified High Flow Nasal Cannula (HHFNC).

### 2 RESPONSIBILITIES

#### 2.1 Staff

- 2.1.1 Medical- Identify twins that are safe for twin kangaroo cuddles, assess patient stability immediately prior to twin KC.
- 2.1.2 Nursing- Facilitate the safe provision of KC by assessing the clinical stability of each neonate to determine their suitability for twin KC. Identify twins positioned optimally within the unit to support safe and effective kangaroo cuddles. Assess patient stability immediately prior to twin KC. Ensure all necessary equipment is prepared for each neonate to enable safe participation in KC.

### 3 PROCEDURE

#### 3.1 Eligibility for Twin KC

- Twin KC is encouraged in the NCC with most neonates being eligible. However, there are individual circumstances that MUST be considered including:
  - Parental/carer choice
  - Nursing and medical staff have assessed patient stability immediately prior to readiness for KC
  - Availability of parent/ carer's time. KC should be provided for a minimum of 1 hour per session (no maximum time limit)

## Kangaroo Care for Twins in Newborn Care Centre

RHW CLIN155

- If siblings are present during KC, they MUST be supervised by a second parent/visitor and not the parent/carer participating in KC
- Workload of available medical and nursing staff (i.e. potentially unsafe NCC environment if medical/nursing team occupied for great lengths of time)

### 3.1.1 Eligibility:

- Twins deemed safe by medical and nursing staff.
- Twins on respiratory support, inclusive of CPAP and HHFNC
- Twins receiving palliative care
- Twins must be nursed in adjacent bed spaces (for example Twin 1 in bed 9 and Twin 2 in bed 11 or Twin 1 in bed 3 and Twin 2 in bed 4). (Picture 1)

### 3.1.2 Exclusion Criteria:

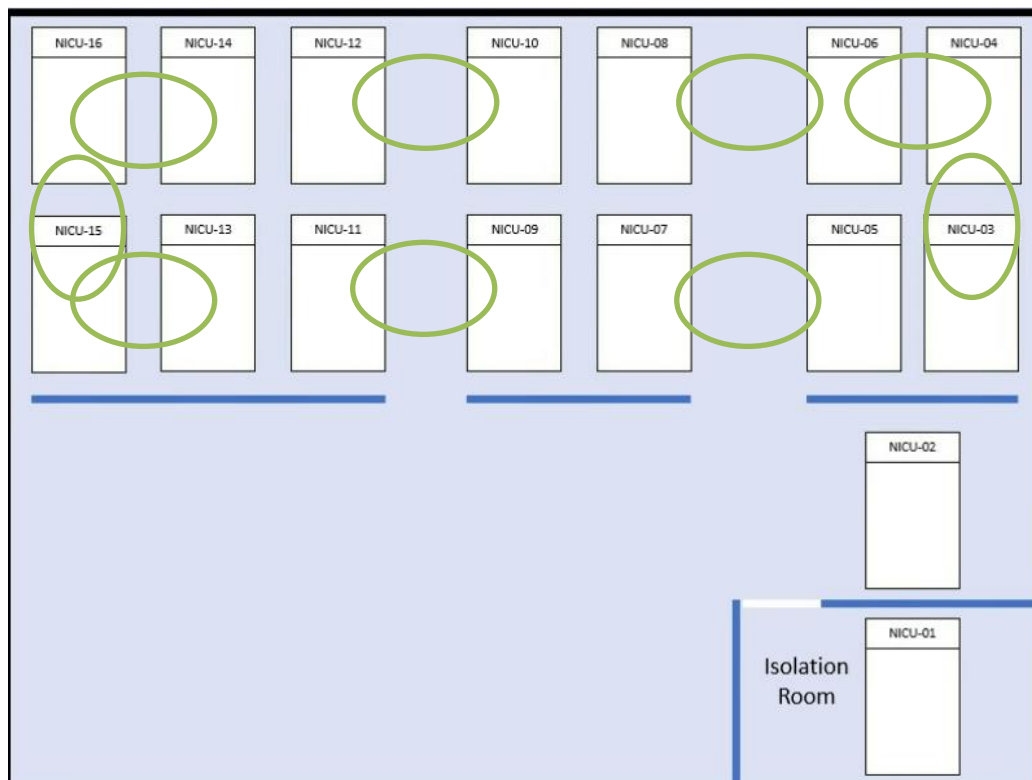
- Neonates who have had an acute deterioration within the last 24 hours
- Neonates requiring increasing level of respiratory support
- Neonates with chest drains
- Neonates that are on invasive ventilation or Non-invasive Neurally Adjusted Ventilatory Assist (NIV NAVA)
- Twins with umbilical lines
- Twins undergoing intensive phototherapy nearing exchange range
- Neonate under droplet or airborne transmission-based precautions (neonate must be nursed in a single room with doors closed prior to KC commencing)

## 3.2 Equipment

- Each neonate requires the following equipment (Neonates cannot share this equipment):
  - Neopuff™ & appropriate size face mask is accessible
  - Suction & appropriate size suction catheters are accessible
  - Draeger monitors or Massimo saturation monitors (if in Level 2)
  - Isolette or open cot
  - Identification (ID) bands (1x on ankle and x1 on feeding tube)
  - Stethoscope
- Other:
  - Comfortable, stable chair with arm rests and high back
  - Blanket (from linen warmer if appropriate)
  - Hospital gown if parent/carers clothing not stretchy/button down front
  - Resuscitation trolley available
  - Tape to secure respiratory support tubing (optional)
  - Pillow (optional)
  - Footstool (optional)
  - Privacy screen (optional)
  - Mirror (optional)

Kangaroo Care for Twins in Newborn Care  
Centre

RHW CLIN155



Picture 1

### 3.3 Clinical Practice

#### 3.3.1 Taking twins out for KC

1. Ensure neonates are in appropriate bedspaces to facilitate twin KC. Ask Nursing Unit Managers if neonates can be moved to adjacent bedspaces if possible.
2. Discuss with parents/carers the benefits of KC and establish an appropriate time.
3. Discuss the procedure with parents/carers (and staff members if needed). Ensure:
  - Parent is not due to express milk
  - Parent/carers has drinking water available
  - A toilet visit is not required
  - Parent/carers is agreeable to length of time for KC (minimum 1 hour)
  - Parent/carers is wearing appropriate clothing
3. Make everyone aware of allocated roles.
4. Ask parent/carers to perform hand hygiene and clean mobile phone with neutral detergent wipes prior to KC.
5. Immediately prior to KC, assess neonate:
  - Check neonates body temperature with thermometer as a baseline reading
  - Review work of breathing and respiratory status
  - Ensure cardio-respiratory electrodes and pulse-oximeter probe are attached to the neonate

## Kangaroo Care for Twins in Newborn Care Centre

RHW CLIN155

- Remove neonate's clothing except nappy
  - Ensure ID labels are attached to each neonate
6. Transferring neonate from bed to parent/carer:
- Settle parent into an appropriate chair in between the Twins bed spaces (please see Picture 1)
  - Place a pillow under the parent/carers arms to support twins.
  - Swaddle to keep neonate contained, if not available use hands to provide a "nest" to secure the neonate and contain cables.
  - Gently transfer Twin 1 to parent/carer's chest.
    - The most appropriate position to transfer is side-lying or lateral to keep neonate in a contained, midline position
    - Keep the neonate in a horizontal state until placed directly on to the parent/carer's chest to avoid vestibular disturbance
    - A second nurse/parent/carer may be required to assist in transferring cables, tubes and Intravenous (IV) infusion lines.
  - Ensure parent/carers are aware to maintain a neutral position of neonate's airway.
  - Parent/carer to ask for assistance if neonate requires repositioning.
    - Twins may be held on a slight diagonal position supported with pillows if this is easier for the parents/carers to facilitate.
  - Ensure cables, tubes and lines are supported with no tension.
    - Use clips on respiratory tubing to secure them to parent/carer's clothing/gown.
    - Tape can also be used to secure tubing if needed.
  - Ensure feeding tube is easily accessible.
  - Repeat above steps for Twin 2.
  - Assist parent/carer to gradually lean back into recliner chair until in a comfortable position. Lock chair in place.
  - Provide blanket as required and wrap neonates' into 'pouch-like' position using blanket and gown or parent/ carers clothing. (Picture 3).

**NOTE:**

KC is best performed after cares and before a feed.



Picture 2- Taken from Twins born at 22 weeks flourish following care in CHOC's NICU - CHOC Pediatrica

## Kangaroo Care for Twins in Newborn Care Centre

RHW CLIN155

### 3.3.2 Returning Twins to cot

1. Unlock chair. Assist parent/carer to return to sitting position.
2. Open crib door.
3. Remove blanket.
4. Gently transfer Twin 1 from parent/carer to crib in a horizontal position using hands to contain and secure neonate and cables.
  - A second nurse/parent/carer may be required to assist in transferring cables, tubes and IV infusion lines.
5. Position neonate comfortably in crib and organise cables, tubes and IV infusion lines appropriately.
  - Replace skin temperature probe if required.
6. Repeat the same for Twin 2.
7. Document session time in notes and in eRIC.
  - This should include start and stop times and how session was tolerated by both neonate and parent/carer in notes.

### 3.4 Documentation

- eRIC

### 3.5 Education Notes

- The benefits of KC include stabilised heart rate, reduced oxygen requirements, improved thermoregulation, enhanced weight gain, and a decreased risk of infection<sup>2,3,4,6,9,10</sup>.
- KC has also been associated with increased maternal milk supply and higher rates of breastfeeding<sup>3,7</sup>. Furthermore, it supports the development of parental and carer confidence by encouraging early interaction with the neonate in the NICU, thereby enhancing bonding<sup>1,5,8,9</sup>.
- KC also promotes improved recognition of neonatal cues, which can help reduce neonate stress and crying, while supporting self-regulation<sup>11</sup>.
- Twin KC in Neonatal Intensive Care Units is beneficial both the parents and the Neonates. Studies have shown that parents who regularly have Twin KC, have increased bonding leading to a better understanding of the neonates and their cues. Studies have also shown it leads to improved parental mental health as regular Twin KC reduces the mental stress and anxiety in caring for Twins<sup>12</sup>.
- A randomised controlled trial was conducted in five hospitals across five different countries on neonates receiving KC. The neonates who had KC had lower mortality rates and earlier stabilisation in vital signs at 28 days of age than the neonates who didn't receive KC. The trial also showed that the neonates who had KC had lower rates of infections, better weight gain and higher rates of exclusive breast-feeding compared to those who didn't receive KC<sup>13</sup>.
- It is important that before a Twin KC is performed, the bedspace and position of planned cuddle has had careful consideration. The bedspaces must be next to or adjacent to each other, this is to ensure in an emergency the correct equipment is readily available to be used and is personalised to the neonate.

**Kangaroo Care for Twins in Newborn Care Centre**

**RHW CLIN155**

**3.6 Abbreviations**

KC	Kangaroo Care	CPAP	Continuous Positive Airway Pressure
HHFNC	Humidified High Flow Nasal Cannula Therapy	NIV - NAVA	Non-Invasive- Neurally Adjusted Ventilatory Assist
ID	Identification		

**3.7 Related Policies/procedures**

- RHW NCC Nursing CBR – Co- Bedding in the Newborn Care Centre
- RHW NCC Nursing CBR- Humidification- GE Giraffe Omnibed
- RHW NCC Nursing CBR- Humidification – Dräger Isolette
- RHW NCC Nursing CBR- Immuno-Supportive Oral Care (ISOC)
- RHW NCC Nursing CBR- Visiting Policy to Newborn Care Centre
- NSW Health Policy- Breastfeeding- Protection, Promotion and Support PD2018\_034

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## Kangaroo Care for Twins in Newborn Care Centre

RHW CLIN155

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### 4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal Liaison Officers, health workers or other culturally specific services

### 5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017 044-Interpreters Standard Procedures for Working with Health Care Interpreters.

### 6 NATIONAL STANDARDS

- Standard 2 Partnering with Consumers
- Standard 3 Preventing and Controlling Infections
- Standard 5 Comprehensive Care
- Standard 6 Communicating for Safety
- Standard 8 Recognising and Responding to Acute Deterioration

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**Kangaroo Care for Twins in Newborn Care  
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**RHW CLIN155**

**7 REVISION AND APPROVAL HISTORY**

<b>Date</b>	<b>Revision No.</b>	<b>Author and Approval</b>
29.04.25 3.7.25	1	Emma Roylance (ACNE), Hannah Basson (CNS), Laura Booth (RN) Endorsed by NCC CBR Committee
21.7.25	1	RHW BRGC