

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



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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

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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

The transfer between crib/cot and the parent/carer's chest is the most physically demanding aspect of Kangaroo Care (KC). Parent-led Standing Transfers is the practice of a parent/carer lifting their neonate from the crib/cot to their chest and then lowering themselves into the chair. These transfers limit the movement of the neonate through space, causing less disturbance by avoiding vestibular overload and helping maintain physiological stability.

Parent-led standing transfers support the FiCare model by facilitating opportunities for parent/carers to be involved in their neonate's care and help build parental/carer confidence, however parents/carers are unable to perform this activity by themselves.

2 RESPONSIBILITIES

2.1 Staff

- 2.1.1 Medical – To identify neonates who are eligible for KC daily and promote the practice where appropriate.
- 2.1.2 Nursing – To facilitate the safe provision of parent-led standing transfers after careful consideration of eligibility criteria. To provide education and support to families undertaking parent-led standing transfers. To monitor the neonate throughout the process.

3 PROCEDURE

3.1 Equipment

- Comfortable, stable chair with seat no lower than knee height, arm rests and high back (Picture 3). Not suitable for folded recliner chairs (used in NICU).
- Blanket (from linen warmer if appropriate)
- Hat/beanie
- Hospital gown if parent/carer's clothing not stretchy/button down front
- Neopuff™ with appropriate size face mask accessible
- Self-inflating bag with appropriate size face mask accessible
- Suction & appropriate size suction catheters accessible
- Stethoscope

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- Tape to secure respiratory support (optional)
- Pillow (optional)
- Footstool (optional)
- Privacy screen (optional)
- Mirror (optional)

3.2 Eligibility for Parent-led Standing Transfers

- Parental/carer choice
- Staff comfort level
- Self-ventilating neonates
- Neonates on Low Flow Nasal Cannula (LFNC) respiratory support
- Neonates on Humidified High Flow Nasal Prongs (HHFNP) respiratory support

Neonates who may not be eligible:

- Neonates on respiratory support greater than HHFNP
- Neonates who are clinically unstable
- Neonates nursed in NICU

3.3 Clinical Practice

3.3.1 Transferring from crib/cot to parent/carer

- Discuss with parent/carers the benefits, risks and eligibility criteria for parent-led standing transfer for KC and establish an appropriate time.
- Discuss the procedure with parent/carers and provide education (demonstration video and/or demonstration with doll).
- Make everyone aware of allocated roles.
 - RN to ensure that any intravenous line is secured during the transfer
- Assess neonates' readiness for KC (See: NCC CBR [Kangaroo Care of Non-Ventilated & Ventilated Neonate/s](#))
- Ask parent/carers to perform hand hygiene and clean mobile phone with neutral detergent wipes prior to KC.
- Transferring neonate from bed to parent/carer (See: Appendix 1 for video demonstration).
 - Perform hand hygiene and ensure hands are warm
 - Position the neonate in a side-lying position facing the parent and swaddle if possible. If in a crib, open the side door and pull tray out slightly (Picture 1).

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Picture 1

- Have the parent/carer pick up the neonate with one hand supporting the head and neck, and the other hand supporting the body.
- Advise parent/carer to place the neonate directly on their chest, in a horizontal position (Picture 2).



Picture 2

- Ask the second person (either nurse or second parent/carer/support person) to assist in transferring any cables, tubes and IV lines from the crib/cot.

Note:

Ensure the PIVC/PICC lines are watched carefully during transfer to avoid accidental removal/dislodgment or pulling on lines.

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- While the parent/carer continues to hold the neonate against their chest, the supporting person is to position the chair behind the parent, with the back of parent/carer's knees touching the chair. Ensure the brakes of chair are on (Picture 3).



Picture 3

- The parent/carer will slowly lower themselves into the chair whilst the support person helps guide them.
- Once the parent/carer is in the chair, the neonate can be moved into a vertical position and swaddle can be removed enough to allow skin-to-skin contact (Picture 4 & 5).



Picture 4 & 5



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- Position and settle neonate and equipment as per Kangaroo Care of Non-Ventilated and Ventilated Neonate/s CBR.

3.3.2 Returning neonate to bed

- Perform hand hygiene.
- Return parent/carer to seated position in chair.
- Open the crib door and slide out bed tray (if nursed in crib).
- Remove blanket and prepare any tubes and lines for transfer.
- Assist the parent/carer to move the neonate into a horizontal position on their chest whilst maintaining skin-to-skin contact.
- Ask parent/carer to stand up from chair.
- Move chair out from behind parent/carer's legs.
- Have parent/carer transfer and position neonate into nest in side-lying position facing parent/carer and reposition as required.
- Slide bed tray back in and close crib door (if nursed in crib).
- The second person (either nurse or second parent or carer/support person) assists in transferring any cables, tubes and IV lines back into crib/cot.
- Document session time and transfer mode ("parent-led standing transfer") in notes and in eRIC.

3.4 Documentation

- Kangaroo care Clinical Event in eRIC
- Progress notes (include "parent-led standing transfer")

3.5 Education Notes

- Parent-led standing transfers cause less disturbance to the neonate by reducing the amount of movement through space that can overload the neonate's vestibular system¹.
- Parent-led standing transfer's support the FiCare model which aims to "facilitate a partnership and collaboration between parents and NICU staff. This allows for more parental involvement in their neonate's care, improves parent/carer self-esteem and strengthens parent/carer-neonate bonding².

3.6 Abbreviations

KC	Kangaroo Care	FiCare	Family Integrated Care
LFNC	Low Flow Nasal Cannula	HHFNP	Humidified High Flow Nasal Prongs

3.7 Related Policies/procedures

- RHW NCC Medical CBR - High Flow Nasal Cannula Therapy in NICU
- RHW NCC Nursing- Kangaroo Care of Non-Ventilated & Ventilated Neonate/s

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3.8 References

1. Warren I, Reimer MO. Foundation Toolkit for Family Centred Developmental Care. FINE Partnership; 2020.
2. About FiCare [Internet]. Family Integrated Care. 2021. [cited 2024 Oct 1]. Available from: [About FiCare - Family Integrated Care](#)
3. HNEkidshealth. Supporting parent led kangaroo care [Internet]. Youtube; [cited 2024 Oct 1]. Available from: https://www.youtube.com/watch?v=9_ghvdo48kQ

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 5 Comprehensive Care
- Standard 8 Recognising and Responding to Acute Deterioration

7 REVISION AND APPROVAL HISTORY

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2.10.2024	1	G Vanderlaan (RN), H Basson (RN)
10.2.2025	1	RHW BRGC

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Appendix 1

Parent-led standing transfer demonstration video:

[Supporting Parent Led Kangaroo Care \(youtube.com\)](https://www.youtube.com/watch?v=...)

