

ROYAL HOSPITAL FOR WOMEN	APPROVED: NCC QUALITY COMMITTEE
DEPARTMENT MANUAL: DIVISION OF NEWBORN SERVICES	DATE: 2 nd December 2013

Guide to providing Kangaroo Care (KC)

*This LOP is developed to guide clinical practice at the Royal Hospital for Women.
Individual patient circumstances may mean that practice diverges from this LOP.*

PURPOSE & SCOPE: To provide Kangaroo Care safely for a parent and baby.

EQUIPMENT: Warm bunny rug (optional)
Lafuma Zero Gravity Recliner

Criteria:

1. Well and stable infants:
 - no acute respiratory problems, anomalies or complications such as pneumothorax
 - No infections or complications
 - Infant without multiple apnoeic and bradycardic episodes within the past 24 hours.
2. On respiratory support but stable infant
 - Physiological stability that is assessed by the nurse caring for the infant:
 - Temperature stability
 - Absence of bradycardia or desaturation with handling and rapid recovery of baseline vital signs after procedures (Gale & Lund, 1993, p51).
3. Infant receiving palliative care.

Exclusion Criteria:

1. infants in humidity
2. Presence of umbilical lines or chest drains
3. Infants who are on respiratory support and unstable
4. Infants on Inotrope infusions
5. In acute Post-operative period
6. Minimum of 4 hours post-extubation
7. Muscle-relaxed infants

NOTE:

Infant with a peripheral arterial line or surgical central venous line may be pouched. Ensure that the lines are firmly secured before the procedure.

Prerequisites:




Parent:

1. Informed consent of parent who is participating (mother or father).
2. Parent feels comfortable with the procedure.
3. Parent is agreeable to the length of time for KC to be minimum of 1 hour or longer.
4. Parent is able to KC the infant twice a day if the infant is stable.
5. Parent is agreeable to the use of a warm cuddly if needed.
6. Plan with parent/s a suitable time for KC.
7. Advise mother to express her breasts (if applicable) prior to KC.




Infant:

1. Check the infant's body temperature with a thermometer.
2. Ensure the cardio-respiratory monitor electrodes and oximeter probe are attached to the infant.
3. Ensure the infant's cares are attended e.g. perform ETT suctioning prior to KC.
4. Infant may be given KC twice a day if stable.
5. Remove the infant's clothing except the nappy.



Guide to providing Kangaroo Care (KC) continued

PROCEDURE		
	PROCESS	RATIONALE
1	Advise parent to wear a front opening garment or a hospital gown that serves as a wrap while pouching the infant.	To keep the infant warm.
2	Parent is invited to sit in the recliner.  <p align="center">Picture 1</p>	To be ready to receive the infant for KC.
3	Ensure that there is adequate room to open the humidicrib door.	To provide security to the infant. To minimise the infant's arms "flying" outward with tremors.
4	Position the infant prone with lower limbs snuggle-up (Picture 2).  <p align="center">Picture 2</p>	 <p align="center">Picture 3</p>
5	The nurse positions the palm of one hand under the head (Picture 3).	To support the infant's head.

Guide to providing Kangaroo Care (KC) continued

PROCEDURE		
	PROCESS	RATIONALE
7	<p>Continue maintaining the infant's flexion, the nurse picks the infant up (Picture 4) and places infant between the breasts/on the chest (Picture 5).</p> <div style="text-align: center; margin: 10px 0;">  <p>Picture 4</p> </div>	<p>To avoid accidents to and by parent and/or infant.</p> <div style="text-align: center; margin: 10px 0;">  <p>Picture 5</p> </div>
8	<p>Another nurse assists by taking out the infusion lines, ECG and oximetry leads (if required).</p>	<p>To minimise line tangles, avoid tension to lines and leads and accidental dislodgement.</p>
9	<p>Parent leans back into the recliner and gradually eases back until the recliner is in a horizontal position (Picture 6).</p> <div style="text-align: center; margin: 10px 0;">  <p>Picture 6</p> </div>	<p>To settle into a comfortable reclining position.</p>
10	<p>The nurse checks that the infant is:-</p> <ul style="list-style-type: none"> • lying on the parent's chest • prone with head to one side and chin is slightly extended • legs and arms are flexed. 	<p>To ensure the infant is comfortable. To ensure the infant's airway is patent. To encourage flexion and minimise tension in the infant. To keep the infant warm and snug.</p>

Guide to providing Kangaroo Care (KC) continued

PROCEDURE		
	PROCESS	RATIONALE
11	Wrap the parent's gown around the infant (if possible) (Picture 7) or cover the infant with a warm bunny rug if needed (Picture 8).	
12	Close the humidicrib door.	To keep the humidicrib warm for the infant's return post-KC.
	 <p>Picture 7</p>	 <p>Picture 8</p>
<p>Note: If the infant is on CPAP or requires some facial oxygen, position the tubes on the parent's shoulders to provide support and minimise tension of tubes on the infant's nares.</p>		
<p>Criteria for Discontinuing KC:</p> <ul style="list-style-type: none"> • Infant is unsettled and distressed and continues in that state. • Hypothermic • Infant shows signs of distress: <ul style="list-style-type: none"> ○ Apnoea/bradycardia ○ Desaturation ○ Colour change • Increasing oxygen requirements of 10-20% since the start of KC. 		
	<p><u>Post-KC and Returning infant to Bed.</u></p> <p>1 Remove the bunny rug.</p> <p>2 Assist parent to return from reclining position to sitting position in the Recliner.</p> <p>3 Open the humidicrib door.</p>	The parent has to hold-on to the infant and will be unable to hold-on to the arm rest to return to the upright position.

Guide to providing Kangaroo Care (KC) continued

PROCEDURE		
	PROCESS	RATIONALE
	<u>Post-KC and Returning infant to Bed</u> <small>continued...</small>	
4	Request for a nurse to assist: to hold the infusion lines, ECG and oximeter leads (if required).	To minimise tension on lines and prevent accidental dislodgement.
5	Nurse to pick the infant (maintaining flexion and containment) from the parent's chest. Provide support for the infant's head.	To provide containment and security.
6	Put the infant back into the humidicrib.	
7	Shut the humidicrib door. Access the infant via the humidicrib port-holes.	
8	Position the infant comfortably in the humidicrib and arrange the lines and leads neatly.	
9	Assess the baby's body temperature.	To check the infant's body temperature status.
10	Document the infant's tolerance of KC in nursing notes.	To provide reference data of the infant's behaviour towards KC.

References

- National Association of Neonatal Nurses. Kangaroo Care in Neonatal Nursing Policies, Procedures, Competencies and Clinical Pathways. www.NANN.org.
- Ludington-Hoe, SM., Morgan, K. & Abouelfetoh, A. (June, 2008). A Clinical Guideline for Implementation of Kangaroo Care with Premature Infants of 30 or more weeks' postmenstrual Age. *Advances in Neonatal Care*, 8(3S): S3-S23.
- Walters, MW., Boggs, KM., Ludington-Hoe, SM., Price, KM & Morrison, B. (Nov./Dec. 2007). Kangaroo Care at Birth for Full Term Infants, A pilot study. *Maternal-Child Nursing*, 32(6): 375-381.
- Ludington-Hoe, SM., Ferreira, C., Swinth, J. & Ceccardi, JJ. (Sept./Oct. 2003). Safe Criteria and Procedure for Kangaroo Care with Intubated Preterm Infants. *JOGNN*, 32: 579-588.

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