ROYAL HOSPITAL FOR WOMEN

LOCAL OPERATING PROCEDURES

NEONATAL SERVICES DIVISION

Approved by Quality & Patient Care Committee Date: 6/10/16

CO- BEDDING OF MULTIPLE INFANTS

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).

Using this document outside the Royal Hospital for Women or its reproduction in whole or part, is subject to acknowledgement that it is the property of NCC and is valid and applicable for use at the time of publication. NCC is not responsible for consequences that may develop from the use of this document outside NCC.

INTRODUCTION

Co-bedding means nursing two or more infants of multiple births in the same cot or incubator. Currently, many NICUs practice co-bedding for potential positive effects on growth and development. This requires consideration on the care and safety of these infants.

1. AIM

- To reduce stress of extrauterine transition
- To facilitate co-regulation
- To promote parent-infant attachment

2. PATIENT

Newborns

3. STAFF

· Medical and nursing staff

4. EQUIPMENT

- Twin Cot
- Swaddling cloth
- ID bands on infants

INCLUSION CRITERIA: Infants who are in stable condition confirmed by medical staff
Infants who are non-ventilated
Infants who are non-immune compromised
Verbal parental consent

5. CLINICAL PRACTICE

- 1. Explain to parents the procedure.
- 2. Prepare equipment.
- 3. Adhere to hand washing principles between infants.
- 4. Ensure infants have ID bands on at all times. (R1)
- 5. Dress infants appropriately. (R2)
- 6. Position infants side by side on their backs in the same cot.
- 7. Use one blanket or swaddling cloth to wrap infants together. (Picture 1)



Picture 1

ROYAL HOSPITAL FOR WOMEN LOCAL OPERATING PROCEDURES NEONATAL SERVICES DIVISION

Approved by Quality & Patient Care Committee Date: 6/10/16

CO-BEDDING OF MULTIPLE INFANTS cont'd

- 8. Infants who become irritable, may require re-positioning or undressed if too warm. (Picture 2)
- 9. Apply the principles of Individualised Nursing Care. Begin care with the infant who is most alert. (R3)



Picture 2.

- 10. Check ID against the infant's chart when attending to cares and feeds. (R4)
- 11. Document infants' tolerance to co-bedding in nursing notes. (R5)

6. DOCUMENTATION

- Integrated Clinical Notes
- Observation Chart

7. EDUCATIONAL NOTES

- It is postulated that two or more infants of multiple births interact or co-regulate with each other while in- utero.
- Co-regulation is about mutual support of each other in utero that might contribute to growth and development.
- The co-regulation activities include touching, holding, rooting and hugging.
- At birth, co-regulation is lost which may cause stress to these infants.
- Co-bedding is a measure aimed to reduce stress and may improve neonatal neurodevelopment including parental satisfaction.

8. RELATED POLICIES/PROCEDURES/CLINICAL PRACTICE LOP

N/A

9. RISK RATING

Low

10. NATIONAL STANDARD

11. REFERENCES

- Blair, PS., Platt, MW., Smith, IJ., Fleming, PJ. & CESDI SUDI Research Group. (2006).
 Sudden
 - infant death syndrome and sleeping position in pre-term and low birth weight infants: an opportunity for targeted intervention. *Archives of Disease in Childhood*, 91 (2), 101-106
- Feldman R, Eidelman AI, Sirota L, Weller A. Comparison of skin-to-skin (kangaroo) and traditional care: parenting outcomes and preterm infant development. Pediatrics 2002;110(1 Pt 1):16-26.
- Jarvis, M., Burnett M. (2009). Developmentally supportive care for twins and higher-order multiples in the NICU: a review of existing evidence. *Neonatal, Paediatric and Child Health Nursing*, 12(3), 1-5

ROYAL HOSPITAL FOR WOMEN LOCAL OPERATING PROCEDURES NEONATAL SERVICES DIVISION

Approved by Quality & Patient Care Committee Date: 6/10/16

CO- BEDDING OF MULTIPLE INFANTS cont'd

- Lockridge, R., taquino LT., & Knight, A., 1999. Back to sleep. Is there room in that crib for both? AAP recommendations and Developmentally supportive care. Neonatal Network, 18(5): 29-31.
- Lutes, ML., 1996. Bedding twin/multiples together. Neonatal Network, 15(7): 61-62.
- McKenna, JJ., Ball, HL. & Gettler, LT. (2007). Mother-infant cosleeping, breastfeeding and sudden infant death syndrome: what biological anthropology has discovered about normal infant
 - sleep and pediatric sleep medicine. *American Journal of Physical Anthropology*, Suppl 45, 133-61
- Nyquist, KH. & Lutes, ML., 1998. Co-bedding twins: A developmentally supportive care strategy. JOGNN, 27(4): 450-456.
- www.sidsandkids.org/wp-content/uploads/Cobedding-twins1.pdf

12. ABBREVIATIONS AND DEFINITIONS OF TERMS

NCC Newborn Care Centre ID Identification

13. RATIONALES

Rationale 1	To minimise identity confusion. To identify each infant's equipment.		
Rationale 2	To maintain normothermia.		
Rationale 3	To minimise interference with the development of co-regulatory mechanisms.		
Rationale 4	To ensure there is identification in place. To err toward safety and ensure the		
	correct infant is identified.		
Rationale 5	To provide some data of observation.		

14. AUTHOR:

Primary	Nov. 2002	CNS E. Jozsa
Revised	March 2010	CNC K.B. Lindrea & NCC Policy/ Procedure Working Group
Revised	17 th Nov.	CNC KB Lindrea
	2015	

REVISION & APPROVAL HISTORY

Endorsed Neonatal Services Division Quality Committee

FOR REVIEW: OCTOBER 2020