

The Importance of Implementing Kangaroo Care (KC) - Skin to Skin on Neonatal Intensive Care Units (NICU) Jitka King

Introduction

Kangaroo Care (KC) is a skin-to-skin contact between a mother and her new-born (Chan et al., 2016). Preterm and sick babies who are admitted to the Neonatal Intensive Care Unit (NICU) are often separated from their mothers due to health problems. This traumatic experience impacts both the baby and the mother physically and psychologically (Moore, 2014).

Background

Kangaroo care was established in Columbia in the 1970s in the Neonatal Intensive Care Unit (NICU). This was due to the high mortality and morbidity of preterm babies under 1,500g (Engmann & Batra, 2018).

According to an analytical estimate, 450,000 preterm deaths could have been avoided by implementing the Kangaroo Care practice (Engamnn & Batra, 2018; Hendricks-Munoz & Prendergast, 2014). Understanding the importance of introducing Kangaroo Care to parents in the NICU is a vital element in improving preterm and sick babies' health outcomes and survival rates.

Key Points

- Establish effective rapport to enhance KC practice and engaging parents.
- Educating and supporting parents.
- Neonatal nurses must advocate KC for all babies when appropriate.
- Implementing training opportunities for staff on the use of KC.

Challenges

Several challenges have been identified as disruptive factors when implementing KC.
These challenges are

- Environment- NICUs settings have larger areas to utilise reclining chairs whereas other settings have limited capacity, unsuitable, limited equipment and lack of privacy areas. Noise and light can be very distressing to a preterm baby (Coutts et al., 2021).
- ❖ A Mother's physical & emotional state, Child-birth is an exhausting process and can be emotionally distressing. Recovery especially from caesarean delivery can delay delivering KC (Lewis et al., 2019).
- Inadequate staff training and knowledge, inconsistent knowledge and training programmes (Moore, 2014).
- ❖ Healthcare providers inconsistent KC practice policies and monitoring documentation (Fluharty et al.,2021).
- ❖ Utilising Family-Centred Care (FCC) values in NICU is challenging and inconsistent by different neonatal staff (Coutts, et al., 2021).
- Parents' confidence, social or cultural barriers (Billal et al., 2021; Chan et al., 2017).

Benefits

KC has been identified as an effective strategy in NICU for its significant impacts on preterm babies/low weight babies and their parents (Cooper, et al., 2014). Fraser (2017) addressed in the study the importance of KC as being a vital part of 'family centred care' contributed to preterm babies clinically stable conditions as a result.

The paramount advantage of KC are the positive impact for preterm infants and mother health outcomes, reducing mortality by maintaining neutral-thermal environment and nurturing physiological and emotional benefits in preterm babies (Vasconceloss et al., 2022).

Advantages of KC include the reduction of stress, hospital infection, pain, apnoea and desaturation episodes. Further advantages are regular vital signs: heart and respiratory rates reducing apnoea and bradycardia episodes, improves brain development(Davanzo et al., 2013).

Improving immunity, mental and physical health, increasing breastfeeding, bonding and attachments, enhancing parents' confidence when providing care to babies (Cambell-Yeo et al., 2015).

Background image http://www.perinatalservicesbc.ca/health-professionals/professional-resources/kangaroo-care

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