

Introduction:

This presentation will look at the concept of skin-to-skin in NICU. It explores the benefits and disadvantages of the Skin to Skin, Kangaroo mother's care. We will discover the development considerations and consider ways nurses can support families.

Background:

A newborn infant, or neonate, is a child under 28 days of age. During these first 28 days of life, the child is at the highest risk of dying.

Srivastava et al, (2014) conducted a study that concluded that skin-to-skin attachment is an effective intervention that improves a baby's suckling competence, maternal satisfaction, breastfeeding rates and temperature control and weight patterns. However, this study was completed only on term babies and disregards premature infants. Therefore, we must consider the impact of skin-to-skin on preterm babies.

In preterm babies' skin to skin contact is also referred to as Kangaroo mother care, "a type of newborn care involving skin-to-skin contact with the mother or primary caregiver. Kangaroo care was first developed to manage the risk of hypothermia in prematurely born babies in Columbia, where they struggled with a lack of access to incubators. This method, in essence, uses the mother's or father's body heat to keep their babies warm. By placing their tiny baby close to their heartbeat, they provide nurturing care. In the earliest experiments, researchers saw the positive effects of such care. The effects were so marked in terms of how much they helped tiny babies thrive that kangaroo care has become normal practice in every neonatal ward (Feldman et al., 2014).



Skin-to-Skin care in neonates.

by Nyorovai Chapuka

Pros and Con's of Skin-to-Skin attachment in neonates:

1. To support the use of skin-to-skin attachment also known as Kangaroo mother care Oleti & Murki,(2021) discovered that Kangaroo mother care (KMC) is one of the low-cost interventions known to reduce mortality, infections, duration of hospitalisation and cost of care among low-birth-weight infants.
2. Pados (2019) suggested that Skin to Skin Care helps promote parent-child interaction, encourages infant feeding, growth, and neurodevelopment and protects infants from the detrimental effects of pain and stress. In his study.
3. Gupta et al., (2021) conducted a systematic review of the literature to identify the benefits of early skin-to-skin contact (SSC) for all gestational ages. Very early SSC is an effective intervention that improves a baby's suckling competence, maternal satisfaction, breastfeeding rates and temperature control and weight patterns.

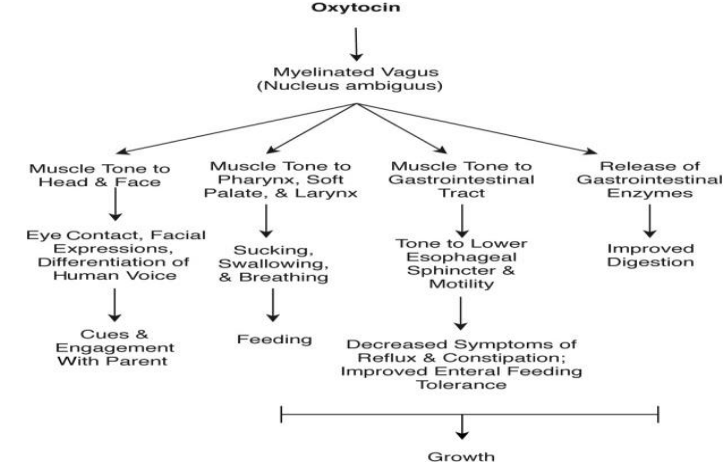
However,...

1. There is limited information on the recommended frequency and duration of skin-to-skin contact and the specific criteria for stopping skin-to-skin contact (Chan et al., 2015). In this study, they explore how skin-to-skin contact has limited information on what is the correct recommend timings and conditions for skin-to-skin to be effective and have long-lasting effects It establishes that there are several barriers to implementing kangaroo mother care, including the need for time, social support, medical care and family acceptance.
2. Kangaroo mother care has been deemed requires a lot of time for it to be effective. The Kangaroo mother care fails to accommodate mothers who have other children at home. Therefore, they would need to ensure that they take time out of the neonatal intensive care unit to look after their other responsibilities. Hadush et al., (2022) studied the barriers to the kangaroo mother care approach and found that Participants repeatedly mentioned that holding an infant in the kangaroo position can interfere with the mother's routine activities as the mother is responsible for household work.
3. Sahlén Helmer et al., (2019) completed a study that compared the interaction between preterm infants and their mothers after continuous versus intermittent SSC from birth to discharge. In this randomized trial There were no significant differences between groups in maternal interactive behaviour toward their infants regarding sensitivity, interference, availability, acceptance, withdrawal, or intrusive. There was no correlation between mean time in SSC and quality of interaction.

Implications to practice:

Nurses play a key role in facilitating SSC to optimise outcomes of care in the NICU this is by working through the different barriers to facilitate skin-to-skin care and improve infant health outcomes. For example, nurses should focus less on meeting the medical and technological needs of the infant and involving themselves in building relationships between parents and the child to help guide them in the kangaroo experience and helping to prepare a quiet space for this to take place effectively. Neonatal nurses are in a unique position to help parents deal with their stress in the NICU and to facilitate a relationship with their children. However, if the quality of nursing care does not meet the individual needs of the parents, this can be detrimental to the formation of attachment. Adama et al.,(2021) found that Healthcare workers' understanding and supporting the needs in the NICU is likely to increase parental satisfaction and improve health outcomes for parents, infants and their family

- Educating mothers and fathers on the importance of adequate nutrition and health.
- Providing optimal care during and after birth.
- Educating parents on infant feeding and hygiene.
- Constantly updating and providing information to parents regarding any health interventions and keep them involved.



(Porges et al., *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation. First Edition ; the pocket guide to the polyvagal theory: The transformative power of feeling safe. first edition* 2011)

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