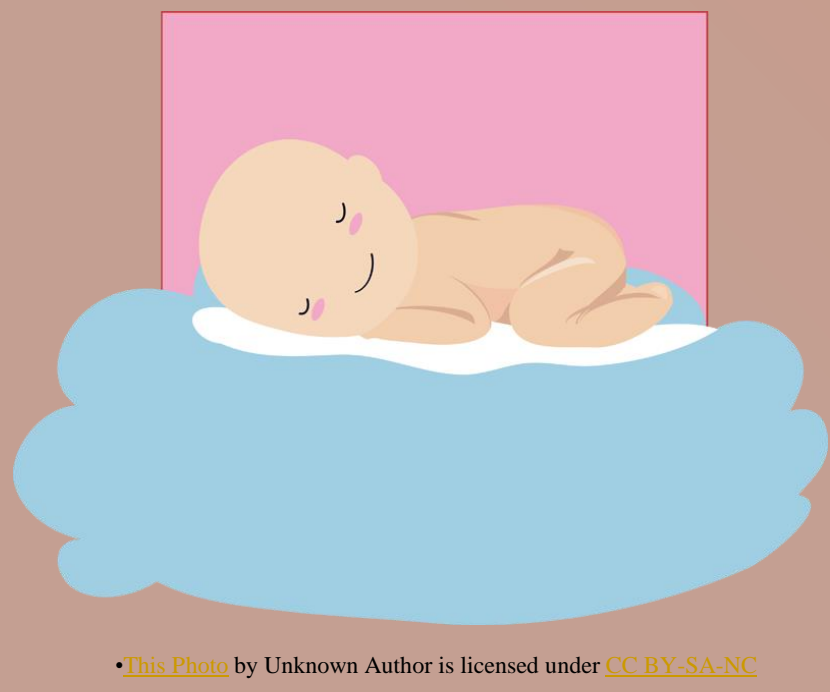




THE IMPORTANCE OF KANGAROO CARE IN THE NEONATAL INTENSIVE CARE UNIT (NICU)

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Introduction

“Kangaroo Care” (KC) is a technique used to comfort and care for premature infants. Also known as skin-to-skin care (SSC) because the baby's bare skin is touching parent's bare skin (Chan et al., 2016).

The technique entails carrying the baby skin-to-skin whilst usually being carried by the mother. Kangaroo care is vital in NICU as Valle Vasconcellos et al (2023) discusses KC creates an environment that reduces stress and provides comfort, support, and positive social interaction for both parents and infants. Therefore, it is vital to implement Kangaroo Care and recommendations into NICU to be sure the preterm does not miss out on these benefits.



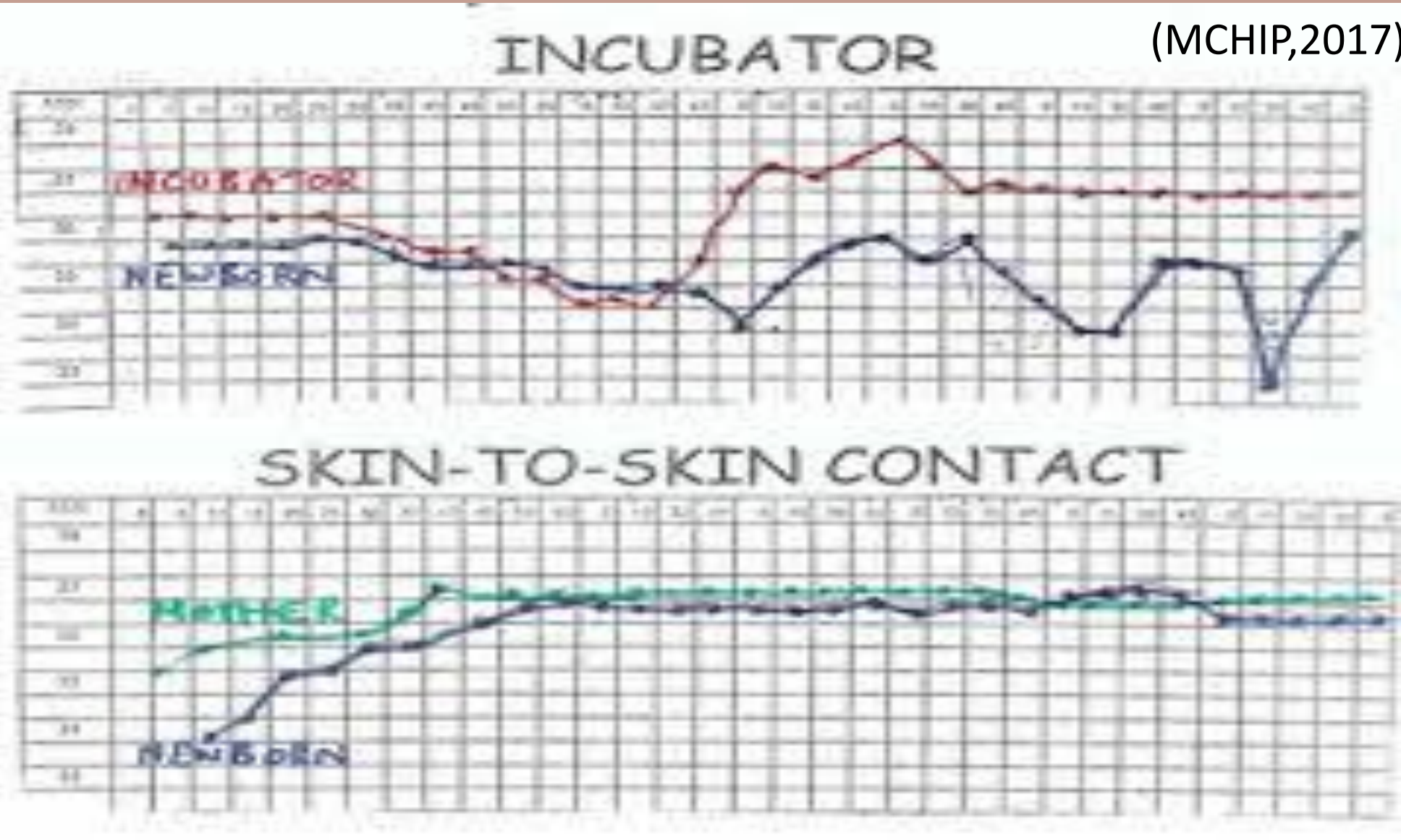
(Robson, 2015)

Background

Kangaroo Care was implemented by Dr. Rey and Dr. Martinez in the 1970's in Colombia where the use of incubators for traditional newborn care was either unavailable or unsafe (Coutts et al., 2021). KMC's primary objective is to meet the newborn's biological demands for warmth, nourishment, and affection. Research has repeatedly demonstrated that KC lowers the risk of morbidities such hypothermia, hypoglycemia, neonatal sepsis, and hospital readmission (Bear & Mellor, 2017).

Benefits

- **Regulates observation's:** Maintains babies' temperature, heart rate and breathing. During KC alarm systems are triggered less during this time(Bear & Mellor, 2017).
- **Enhanced breastmilk:** Improves mothers milk production by stimulating hormones responsible for milk production (Al-Shehri & Binmanee, 2019).
- **Improved bonding:** Support's parent's bond with their baby, promotes the interaction, bonding and attachment between infant and mother essential for emotional and social development (Cristóbal Cañadas et al., 2022).
- **Better sleep:** Improve in babies sleep, because KC is used as a stress reducer which can promote overall growth and development. Sleep in KC is more restful with natural sleep cycles. (Cristóbal Cañadas et al., 2022).
- **Enhanced neurodevelopment:** Improves neurodevelopmental outcomes in premature infants. The close physical contact and sensory stimulation during kangaroo care support brain development and sensory processing, leading to better cognitive, motor, and emotional development (Boundy et al., 2016).



•Figure 1. of thermal control of LBW baby in incubator care versus KMCComparison

General guidelines for performing kangaroo care (NICE,2018):

1. Prepare for kangaroo care
2. Find a comfortable position
3. Maintain skin-to-skin contact
4. Support the baby's head and neck
5. Monitor the baby's comfort and safety
6. Maintain a quite and calm environment
7. Initiate breastfeeding if possible
8. Follow the NICU'S guidelines.

Challenges

Busy wards: Nurses may be reluctant to allow parents to do KC if wards are too busy. Nurses not having time, to train or support mothers with KC (Chan et al., 2017).

Time constraints: Parents may not be present to do KC with their baby due to family responsibilities or transportation issues. Due to shortage of staff, parents have reduced time of KC (Saltzmann et al., 2021).

Medical instability: Clinical judgement of whether neonates with complex medical conditions are safe for KC.

Parental physical discomfort: Mothers who have recently given birth may find physical discomfort in KC. Fatigue or back pain can make it challenging to sustain kangaroo care sessions for an extended duration.

Lack of privacy: NICU is often busy limiting privacy to KC sessions, so parents feel self-conscious about exposing their body in public settings (Al-Shehri & Binmanee, 2019).

Misunderstandings: Parents have misunderstandings that an incubator is the best place to provide care for their baby.

Infections: Boundy et al (2016) says taking very premature babies out of the incubator could expose them to germs but contradicts this by also saying it has decreased sepsis levels.

•Figure 2



Conflict and solution in practice:

Possible Conflict: Preterm's in NICU are often attached to wires/cords due to ventilation, CPAP or BiPap, making parents afraid to do kangaroo care with their baby due to the fear hurting their baby and being concerned about their safety (Chan et al., 2017).

Solution:

- Provide parents with the necessary information/education about the care of their baby
- Provide reassurance and positive support
- Use different types of bonding, e.g., bonding square, mother's breastmilk

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