

The Practice of Skin to Skin in Neonatal Intensive Care Units

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Introduction:

Skin to skin refers to as when a premature baby is directly laid onto the mothers bare chest, usually straight after birth (United Nations International Children's Emergency Fund (UNICEF), 2023a).

Figure 1 is an example of a mother and baby doing skin to skin in a hospital setting.

Within this poster, it will be discussing the background of skin to skin, benefits, barriers and the nurses duty to combat this.

Background:

Skin to skin, also known as Kangaroo Care (KC), was investigated by researchers in the 1970s, and continuously since, in order to study the effects on the infant and maternal outcomes (Kostandy and Ludington-Hoe, 2019). Mehler et al. (2020) looks at a body of evidence that indicates that contact between the first hours of birth are important for forming bonds between mother and child, especially for premature infants as it can provide positive health benefits for the baby admitted in the neonatal unit.

Benefits:

- ❖ KC has been proven to help the physiology of the preterm infant – e.g. improve heart rate and thermoregulation (Strand et al., 2013)
- ❖ It has been showing that the use of KC has strengthen the bond between maternal and infant, as well as reducing the maternal postpartum depression (Mehler et al. 2020)
- ❖ It has shown to reduce mortality in preterm infants (UNICEF, 2023)



(Figure 1, Lynn 2016)

Challenges/ Barriers:

- ❖ Time –Before a parent may start KC, there must be specific assessments for each infant, specifically in the case of preterm babies. (Chan et al., 2017; Glasper 2015). Lack of time can cause a limitation on KC as the staff may not be able to carry out the assessments necessary in order to enable KC
- ❖ Lack of staffing - Parents may not be getting trained in order to do KC or being supervised when undertaking KC due to reduced amount of healthcare professionals available
- ❖ Inconsistent education – research by Chan et al (2016₂) stated that some nurses felt that there wasn't sufficient time for them to undertake the necessary training for KC. Therefore, this can lead to gaps in knowledge between healthcare providers

Solutions & a nurses' duty:

The nurse's role in practice regarding skin to skin is to ensure that they are up to date with any guidelines. The UNICEF (2023) guidelines states that parents should be encouraged to provide comfort and support about the importance of touch for the baby by the neonatal care units. In contrast, a 2015 study by Morowatisharifabad et al. found that 37% of nurses believe incubators are superior and that 30% of nurses reject to participate in KC. This indicates that KC efforts in neonatal care units may be hindered by nurses' attitudes. Making sure medical personnel have access to the most recent KC nursing research could help combat this.

Referencing:

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