Skin to skin contact

Skin to skin care (also known as kangaroo care) is described as a method and form of maternal care giving[1], that is, the practice of holding a small premature infant, naked except for a nappy and hat, against a parent's chest [2]. The introduction of skin to skin care was pioneered in the neonatal intensive care unit in 1979 out of crisis due to economic problems, marked increase in cross-infection rates and abandonment of premature infants in an underdeveloped country [1]. The RPA Newborn Care Skin to Skin Care Protocol is appropriate for any physiologically stable infant who would benefit from skin to skin care as a form of parental care giving.

Aims

- Promote a way of parental care giving by allowing parents the opportunity to undertake the practice of skin to skin care to their physiological stable baby.
- Provide a safe and comfortable environment for both parents and babies in Newborn Care.
- Assist and educate parents about skin to skin care and the potential benefits for their baby.
- Provide parents of preterm/term infants with the opportunity to bond with their baby using skin to skin care, thus providing positive social interaction between parents and infant.
- Encourage an 'organised state' in the infant thus facilitating neurobehavioural development.

Method

1. Position parent in a comfortable position with feet on footstool ensuring privacy for parent and infant.
2. Assist with temperature control in the VLBW infant cover head with bonnet, feet with booties and placing nappy (diaper) on infant.
3. Position infant upright and prone between the mother’s breasts or on the father’s chest with the infant’s head turned to one side so that eye contact can be made.
4. Place a blanket around the infant's back and have parent's blouse or shirt buttoned up, especially for the VLBW infant.
5. Commence with short periods and gradually increase as tolerated by infant and parent.
6. Provide refreshments, for example a glass of water (especially when mothers are breastfeeding).
7. Attend to vital signs prior to commencing skin to skin care for baseline heart rate, respiratory rate, temperature and oxygen saturation (if applicable). Position cardiorespiratory leads on infant's back.
8. Monitor infant for colour changes and breathing pattern at regular intervals and temperature per axilla.
9. Obtain feedback from parents and assess their level of comfort with procedure.
10. Report outcomes in the infant's notes.

Figure 1: Skin to skin with mother.
Photo by permission.

Implementation

1. Commence with physiologically stable infants, those who do not require assistance with breathing.
2. Skin to skin contact is contraindicated when:

- the infant is on high frequency ventilation
- the infant has umbilical lines in
- the infant is actively septic
- the infant is on vasoactive drugs
- the parent feels uncomfortable about it.

3. Staff skilled in observing for behavioural cues, colour changes and apnoeas and

who are able to respond appropriately.

4. Cease skin to skin contact if the infant's condition deteriorates.

5. Inform parents that usual showering or bathing is all that is recommended for skin care as the parent's skin flora is less of a threat for the breastfed infant than hospital organisms [5].

6. Keep noise levels down and avoid bright lights.

Outcomes

- Provide the opportunity for the mothers/fathers to be close to their infant. During skin to skin contact-mothers may experience milk letdown [2].
- Provide containment similar to in utero containment, thus evoking quiescence, decreased arousal and a significant increase in the amount of quiet sleep[3].
- Achieve cardiorespiratory stabilisation as shown by decreased variation in heart and respiratory rates, improved oxygenation, less bradycardia, fewer and shorter apnoeic episodes and fewer episodes of periodic breathing [3] by the practice of skin to skin care.
- Achieve predominantly deep, quiet, regular respiration as found in deep sleep.
- Improve self-esteem, self-confidence, reduce stress levels and promote the bonding process [4].
- Assist parents with the grieving process that they experience with a baby in a NICU [3] (the loss of the 'normal'baby).
- Maintains adequate thermoregulation and conservation of energy
- Encourages physiological stability, thereby reducing length of hospital stay (i.e. conservation of energy leading to better growth/ weight gain) [4].
- Encourages 'organised' state in infant thus aiding neurobehavioural development [3] .
- Facilitates infant's growth and development [3].

References

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