1.0 Introduction
Kangaroo Care (KC) is defined as a method of holding an infant in skin-to-skin contact, prone and upright on the chest of the parent. (DiMenna L 2006) The infant is enclosed in parent’s clothing in order to maintain temperature stability. It is recommended that KC should be employed regularly and consistently with medically stable premature infants and their parents due to its beneficial effects. It is important that parents are informed about the benefits and process of Kangaroo Care.

2.0 Benefits of Kangaroo Care
• Helps to regulate infant’s heart rate and breathing\(^1\)
• Fewer apnoea and bradycardia\(^2\)
• Better maintenance of temperature \(^1,3,4\)
• Analgesic effect\(^5,6\)
• Increases time spent in quiet sleep\(^7,8\)
• Enhances mother-infant attachment\(^9,10\)
• Improved breastfeeding success and longer breastfeeding duration \(^11,12\)
• Faster growth rates and earlier discharge from hospital\(^13\)
• Reduces maternal stress/depression\(^14\)
• Positive interactions with fathers during KC\(^15\)
• Recovery from birth-related fatigue\(^16\)
• Longer alert states and less crying at six months\(^17\)

2.1 Indications
2.1.1 Medically stable infants (including infants on CPAP with a stable oxygen requirement)
*If there are any concerns regarding stability discuss with senior member of medical team

2.2 Contraindications
2.2.1 Infants receiving endotracheal ventilation*
2.2.2 Infants with umbilical lines
*KC may be considered in individual infants receiving endotracheal ventilation after discussion with senior members of the medical team. This may include the infant receiving long term ventilation and those receiving palliative care.
2.3 Special precautions

2.3.1 Staffing numbers must be considered before offering Kangaroo care for ventilated infants. KC should only be offered when there are sufficient nursing staff available to carry out the safe transfer of the infant out of and into its incubator/cot.

2.3.2 Avoid moving a baby for Kangaroo Care immediately following a bolus feed. Babies may be fed via NGT whilst in the Kangaroo care position.

2.4 Procedure

Parent Preparation

- Ensure that baby and parents are prepared and the parent(s) are aware that the infant may be briefly unstable during transfer to and from incubator/cot to parent
- Offer parents information on Kangaroo Care (Information Leaflet)
- Provide a calm quiet environment
- Offer a screen and a hand held mirror and comfortable chair
- Ensure access to oxygen and suction
- Plan with parents a suitable time for Kangaroo care (as infant’s condition allows and to take account of Unit routines)
- Advise parents to bring in drink, go to toilet prior to session and to wear clothes that allow access to chest. (Observe cultural preferences)

Nurse Transfer*

- Get parent into comfortable chair and recline back, ensure clothing is open and ready to receive infant
- Wash hands
- Contain baby’s limbs and move gently
- Place on parent’s chest, prone with head to parent’s sternum, get parent to support infant’s head and body with infant’s legs flexed. Turn infant’s head to side to protect airway.
- Use specially designed “wrap” or blanket to cover infant and provide support. Place hat on baby if necessary.

* It is recommended that this method of transfer is used initially until parent is confident

Parent Transfer

- Parent to stand at incubator side, place forearm gently under “nest”, cup head with other hand, gently lift out of incubator and rest infant’s head against sternum and continue to support back and bottom with forearm.
- Parent gently moves back to sit in chair guided by nurse.
- Nurse to check that infant’s legs are in flexion; turn infant’s head to side to protect airway, ensure hat in place and blanket tucked under both arms of parent.
It is acceptable to feed in the KC position. Monitor infant’s position during feed.

Parents should be encouraged to remain in Kangaroo Care position for at least one hour unless:-

- Prolonged increase in oxygen requirement of 10-20%
- Infant shows signs of distress i.e apnoea/bradycardia /desaturation /colour change
- Baby remains unsettled and distressed
- Parent request that session ends

2.5 Training
All staff will be given information and training relating to KC techniques

3.0 Relating patient information
www.bliss.org.uk/kangaroo.pdf


4.0 Categories of evidence
The evidence referred to in these Guidelines is either category B or C. There have been no substantial RCTs (category A) into benefits or otherwise of Kangaroo Care
Kangaroo Care

### Parent Preparation
- Offer parents information on KC
- Encourage parent to wear comfortable clothes/ bring a drink/ empty bladder
- Ensure parents are aware infant may be unsettled during transfer
- Provide calm environment/ screens/ handmirror
- Oxygen & suction is available

### Nurse Transfer
- Settle parent in a reclined comfortable chair; Open clothing allowing access to chest
- Wash Hands
- Contain baby’s limbs
- Move gently
- Place on parent’s chest, prone with head to parent’s sternum
- Parent to support infant’s head and body with infant’s legs flexed.
- Turn infant’s head to side to protect airway
- Use specially designed “wrap” or blanket to cover infant and provide support. Place hat on baby if necessary.

### Parent Transfer
- Parent to stand at incubator side
- Place forearm gently under “nest”, cup head with other hand
- Gently lift out of incubator and rest infant’s head against sternum and continue to support back and bottom with forearm.
- Parent gently moves back to sit in chair guided by nurse.
- Nurse to check that infant’s legs are in flexion
- Turn infant’s head to side to protect airway,
- Ensure hat in place and blanket tucked under both arms of parent.
6.0 References
5. Gray L, Watt L, Blass EM. Skin to skin contact is analgesic in healthy newborns. *Paediatrics* 2000; 105 e14
17. Whitelaw et al. Skin to skin contact for very low birthweight infants and their mothers. *Arch.Dis Child* 1998; 63: 1377-1380

See Also ;-:
Conde-Agudelo A, Belizán JM. Kangaroo mother care to reduce morbidity and mortality in low birthweight infants. *Cochrane Database of Systematic Reviews* 2003