Guideline framework for the Co-beding of twins and triplets on the Neonatal Unit.

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**Related documents**

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<th>References</th>
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**Bibliography.**


1.0 Aim of Guideline Framework

This guideline has been produced to direct staff in their care of neonates' resident on the neonatal unit. They are based on research findings and/or currently accepted best practice. For accessibility, the guidelines have been collated under distinct subheadings, in the order that information is likely to be needed in practice. However, the reader is advised to read the guidelines in full and to seek the advice and support of more senior or experienced colleagues, in the practice setting.

2.0 Scope of Guideline Framework

The guideline applies to all neonatal units and maternity units covered by South Central North Neonatal Network. This includes the following hospitals:

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<th>North Network</th>
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<tr>
<td>Milton Keynes General Hospital, NHS Foundation Trust</td>
<td>Dorset County Hospital NHS Foundation Trust</td>
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<tr>
<td>Oxford University Hospitals NHS Trust, both John Radcliffe site</td>
<td>Hampshire Hospitals NHS Foundation Trust</td>
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<td>and Horton site</td>
<td>Trust, Basingstoke site &amp; Winchester site</td>
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<tr>
<td>Buckinghamshire Healthcare NHS Trust, Stoke Mandeville site.</td>
<td>Poole Hospitals NHS Foundation Trust</td>
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<td>Royal Berkshire NHS Foundation Hospital</td>
<td>University Hospital Southampton NHS Foundation Trust</td>
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<td>Heatherwood &amp; Wexham Park Hospitals NHS Foundation Trust</td>
<td>IOW NHS Primary Trust, St Mary’s Hospital site</td>
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<td>Portsmouth Hospitals NHS Trust</td>
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<td>Western Sussex Hospitals NHS Trust, St Richard’s site</td>
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3.0 Guideline Framework

3.1 Background information.

Co-bedding is when twins or triplets are nursed in a single cot or incubator. Twins and triplets should be offered co-bedding as soon as they fulfil the criteria for good practice. Twins have shared the same intrauterine environment for months and during this time have interacted together. It therefore seems logical after birth, to keep them together where they can continue to interact.
Co-bedding is believed to promote physiological stability, co-regulation, growth and development. (1)
A study has shown a reduced level of apnoeas in co-bedded twins, due to skin-to-skin contact. (2)
Co-bedding has been shown to improve communication and decrease the number of staff involved with each individual twin. (3)
There has been no incidence of increased infection and no adverse effects reported from co-bedding. (3)

'It may be reasonable to assume that these babies are born with a unique expectation of what is a normal environment after birth and that their transition to the outside world may be enhanced by continued close physical contact with each other.' (5)

3.2 Practice Guidelines:

3.21 Criteria for consideration of co-bedding
- Neither baby requires ventilatory support (ie Ventilator or CPAP/ High flow/ Vapotherm. Low flow oxygen is acceptable.)
- Neither baby has an arterial catheter in situ.
- Neither baby as an umbilical line(s) (arterial or venous)
- Neither baby has suspected or known to have sepsis.(2)
- Both infants are ‘stable’. (For example - one infant should not need so much intervention that the other twin is continually disturbed.)
- Neither baby requires phototherapy.

3.22 Before implementing co-bedding
- Babies need to meet the criteria for co-bedding and be assessed before, and during the initiation of co-bedding.
- Parental preference whether to co-bed their babies is identified and documented in the care plan.
- Parents should be notified of the intention to begin co-bedding before it is initiated in practice. This gives parents the opportunity to reconfirm that they still consent to co-bedding. Document parental consent in the notes

3.23 Beginning co-bedding
- Check that each baby has two name bands on and that they are securely attached.
- Baby’s christian name and surname should be written on the name bands, plus whether twin 1 or twin 2, to minimise the chance of misidentification.
- Monitors, iv lines and iv pumps, feed lines and syringe pumps should be positioned for each baby so that they are separate from the other baby’s. For example on different sides of the cot.
- As much as possible any wires/ lines for one baby should be positioned so that they do not come into contact/ overlap with those belonging to the other baby(s)
- If either baby is using an apnoea monitor the abdominal sensor type of monitor must used during co-bedding. (There is a risk from the ‘apnoea mattress’ monitors’ that the movement of one twin will incorrectly trigger the monitor of the other twin, indicating respiration that may not be present)
- Lines, cables and medical equipment is NOT labelled as belonging to a particular baby, because of the risk that labels are dislodged or incorrect.
- Jointly with parents choose the position in the cot that each baby will be nursed, ie left/right. This will not be changed again whilst the babies are co-bedded. If parents know what position the babies were lying in utero, in
relation to each other, then they may choose to position the babies in the same relative positions. Document preferred positioning in notes

- Label the head of the cot with the babies cot cards in line with each baby. i.e the baby chosen to be on the right of the cot, has their cot card positioned in line with their head.
- All articles of personal hygiene must be clearly labelled and kept separately for each baby (ie mouth care water and paraffin oil/ face and bottom bowls). Clean nappies and clean cotton wool can be shared
- A spare cot must be set up so that if the babies need separating quickly a bed is instantly available.

3.24 Co-bedding in practice.

- One nurse is allocated to both babies per shift but a team approach should be maintained.
- Identification of the babies is the joint responsibility of all nurses and doctors.
- At the beginning of each shift check that two name bands are attached to the baby and are secure.
- Careful checks must be made at the beginning of each shift to identify each baby and their own lines/cables, equipment. In particular staff must be confident which monitor belongs to which baby, so they can safely respond to any changes in the baby’s status.
- Consider clustering a baby’s care to avoid excessive disturbance to the other baby(s). However the priority should be to give individualised care, by responding to a baby’s behavioural cues.
- Record all care and recordings of one individual before moving onto the next baby.
- Staff should ensure strict hand washing between procedures and babies.
- Parents should use strict hand washing after contact with bodily fluids (ie nappy care) and should use alcohol hand rub between handling of their different babies.
- Dress babies individually and cover together in the same blanket/bedding.
- Babies should be positioned close enough to able to touch/interact with each other- if being nested the two babies would share one large nest. Do not put bedding barriers between the babies.
- Record babies’ individual temperatures regularly (4-6 hourly) and adjust clothing of each baby accordingly.
- Always position babies in the same place in the cot i.e. Twin 1 on right hand side and Twin 2 on left hand side.
- Babies can be placed side by side and positioned in accordance with positioning guidelines.
- The standard safe sleeping practices for prevention of cot death should still be applied. For example nursing babies supine, with ‘foot to feet’.
- Regularly assess the baby’s tolerance of co-bedding and document.
- Regularly assess to ensure the babies are still meeting the criteria for co-bedding.
- If either baby’s status changes and they no longer fulfil the criteria for co-bedding, the babies should be separated.

3.25 Preparing for discharge.

- Parents should be given the Foundation for the Study of Infant Deaths (FSID) recommendations for co-bedding at home:
  - Moses baskets and small cribs are not suitable for co-bedding due to the risk of overheating.
  - When babies are big enough to roll over they need to be separated into their own cots.
- All safe sleeping advice applies to babies who are co-bedded, the same as it applies to singletons.
- Offer parents the time to get back to sleep advice card and The FSID contact details; www.fsid.org.uk free helpline 0808 802 6868