DESCRIPTION:
Kangaroo Care is a means of holding a physiologically stable neonate, in skin-to-skin contact with their parent. The baby is clothed only in a diaper, (a hat is optional). The baby is held in an upright position on the parent’s bare chest. A blanket may be wrapped around the parent, including the neonate. The neonate may be nuzzled at the mother’s breast or may actively breastfeed.

Research about Kangaroo Care has shown that this practice:
1. Increases the duration of lactation
2. May improve parenting satisfaction
3. Increases the volume of breast milk production
4. Maintains temperature
5. Improves state regulation
6. May enhance parent-infant satisfaction
7. May promote weight gain
8. May reduce incidence of apnea, bradycardia
9. May improve oxygen saturation levels

1. Skin-to-Skin Holding
   A. Skin-to-Skin contact may be used in the ICN by parents to promote parental neonatal attachment.
   B. Skin-to-Skin contact may be used to facilitate lactation.
   C. The decision to initiate skin-to-skin holding is made by the bedside nurse (primary nurse) and the nurse in charge in consultation with the parents.
   D. The following factors will be considered in establishing an infant’s stability to tolerate skin-to-skin contact:
      • Physiological stability as measured by temperature stability, stable baseline vital signs, and the frequency and severity of apneic, bradycardia or desaturation episodes per shift.
      • The presence of chest tubes
      • Parental desire
      • Body weight and weight gain patterns
   E. A change in the patient’s condition may necessitate a change in the current plan for skin-to-skin holding.
   F. The length of the skin-to-skin holding period varies according to the neonate’s tolerance and weight.
   G. Two nurses will transfer intubated infants to the parent.
2. **Method**

A. Assess infant temperature and diaper infant
B. Provide Privacy
C. Instruct parent(s) to expose chest and hold infant in a flexed, vertical position on the chest. Rocking during skin-to-skin care is not recommended.
D. Transfer infant to chest.
E. Cover infant with parent’s clothing
F. Dim lights, if desired/appropriate
G. Continue existing level of monitoring vital signs
H. Temperature is monitored to indicate tolerance
   - Continuous ISC probe
   - Axilla temperature - 1000 – 1500 grams every 30 minutes;
     > 1500 grams every hour.
I. Remain available to the parent throughout skin-to-skin contact for support and assistance.
J. Discontinue skin-to-skin contact if the neonate displays any signs of distress, feeding intolerance, increased oxygen requirements, vital sign instability

3. **Duration**

- <1000 grams – one session per day for 30-60 minutes
- <1500 grams – two sessions per day for 30-60 minutes

4. **Documentation**

- Length of skin-to-skin contact
- Infant tolerance of skin-to-skin contact
- Temperature prior to, during, and following skin-to-skin contact
- Kardex plan for timing of Kangaroo Care

**REFERENCES**


14. Adapted from CHA Regional NICU policy, [www.intranet.cha.ab.ca/nicu/](http://www.intranet.cha.ab.ca/nicu/).

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