

Text for the poster :

## **A INNOVATIVE TRAINING COURSE ABOUT KANGAROO CARE TO PROMOTE NEW PRACTICES IN FRANCE : FROM THEORY TO PRACTICE.**

Authors :

BURLE C , BASCHET N, BENHAYOUN L, BRUNET J, LEYMARIE C, RICHARD B, TRUC P, MDs,  
COUVRAS C, RN, LAURENT-PANTAZIS C, Paediatric RN <sup>1</sup>  
GIRARD L, Paediatric RN, LEGOUAIS S, Midwife <sup>2</sup>  
PREVOST V, MD<sup>3</sup>

1. Centre Hospitalier de Toulon, France, 2 Formations Co-naître, Pertuis, France 3.Association for MMK, Paris, France  
Contact : Laurence GIRARD, Formations Co-naitre, l.girard@co-naitre.net

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### **1. From theory, the training course**

**Methods** : Co-naitre training scheme and the French association for MMK initiate a new training course - 3 days- about KMC

**Public** : Paediatric nurses, midwives, paediatricians and head nurses.

**Aim** : To implement and/or optimize the KC practice in NICU and maternity wards.

**Program** : effects of separation on baby and mother, positive, tolerable and toxic stress, effects of KMC at short and long term on the development of the child, on breastfeeding, on pain, on cardio-respiratory stabilization, on sleeping, on brain, on morbidity ...

Safe practice of KMC, family centered care and support to parents, and how to implement new practices with the Iowa Model.

**Results** : To date, 50 health care providers from 18 hospitals have been trained during three courses - Oct 2015, jan & oct 2016

### **2. To implement the new practice, «Zero Separation»<sup>1</sup> ...**

**Problematic** : In Toulon Hospital's NICU (3 200 births/y, level IIB) parents may stay in NICU 24h/24, 7d/7.

Nurses encourage them to take care of their baby, suggest SSC, but many parents only stay a few hours a day.

**Hypothesis** : Zero Separation from birth room to NICU would emphasize parents involvement in their baby's care

**Objective** : Feasibility study

**Patients** : All vigorous babies, > 31 weeks and > 1200 g whose parents agreed to skin to skin contact at birth

**Methods** : Assuming Tessier & al 's bonding hypothesis<sup>2</sup>, the staff implemented the new practice : respiratory management (nCPAP) in SSC from birth on mother's chest, until baby's stabilization, and then transfer to NICU in SSC with father.

**Results** :

After assessment and readjustement, setting up a specific protocol with monitoring of temperature, HR, RR, SapO<sub>2</sub>, FIO<sub>2</sub>, glycemia, medical supervision by paediatrician and support by paediatric nurse. Colostrum was obtained by hand milk expression and given to newborn in the first hour of life to avoid hypoglycemia.

If newborn was less than 1300g, he was covered by omphalocele bag behind radiant warmer, to avoid hypothermia.

A special device was bought to transfer the newborn from birth room to NICU in SSC on the chest of the seated father (Model of Karolinska Institute - Stockholm)

**Limits** : When NICU is overloaded, it is more difficult to release staff from NICU to birth room, when the newborn is too instable, when parents are not agree or are not available for SSC at birth.

**Perspectives for research** : To evaluate duration of parents stay and involvement, duration of KMC, rate of exclusive breastfeeding and parents satisfaction.

The Toulon Hospital staff realized a video with parent's testimonials : « Instants de vie à l'Hôpital Sainte Musse »

### 3. ...From birth to NICU, and after ...

#### **Testimonials of parents**

« I didn't experience it as a premature childbirth. I didn't dare to imagine such a beautiful birth... »

« I felt I became a mum at this moment... »

« Wonderful sensation ! »

« When I saw my baby on her father's skin, I was relieved »

« That must be mandatory ! »

#### **Testimonials of staff**

« Exclusive breastfeeding is easier and sooner »

« Parents stay with their baby everytime and siblings can practice KMC too »

« Parents are more confident in their capacities »

« Hospital's room becomes their family's room »

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#### **References**

1. Bergman, N.J. The neuroscience of birth and the case for Zero Separation. *Curiatonis* 37(2) 2014
2. Tessier R & al .Kangaroo mother care and the bonding hypothesis. *Pediatrics*. 1998