OP28 (B)

THE PRACTICE OF SKIN-TO-SKIN CONTACT (KANGAROO CARE) IN A LEVEL III NEONATAL INTENSIVE CARE UNIT (NICU) IN NORWAY

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Many studies have shown that skin-to-skin contact between parent and the newborn is beneficial. However, many nurseries have restrictions on skin-to-skin contact for the sickest babies. The risk of dislocation of catheters and tubes, difficulties in clinical assessment of the infant and uncertainty about physiological tolerance for being moved from the incubator, are commonly used as arguments for not offering skin-to-skin contact to this patient group.

In our level III NICU at St. Olavs University Hospital in Trondheim we are offering skin-to-skin contact to even the sickest infants as often as possible and for as long time as possible based on an individual approach. The infant's tolerance to handling in the incubator needs to be assessed before offering skin-to-skin-contact, and the individual parent's wish must be taken into consideration. The transfer of the infant can be a challenge, but when the infant is safely settled in KC-position most examinations and assessments can be performed. It is essential to prepare the parents and help them feel comfortable, safe and relaxed.

After we included also the severely ill infants in our KC policy, the feedback from the parents has been very positive. They have changed their role from observers to participants in their sick infants' life, and many express that they feel they can contribute positively to their child's well-being. Transferring clinical assessments, observations, medical interventions and examinations from the incubator to the parent's chest require a common positive attitude towards greater parental involvement among nurses and physicians. Nurses need to be trained in the practical handling of both transfer of infants and care and observations of the infants during KC.

Three cases will be presented

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