

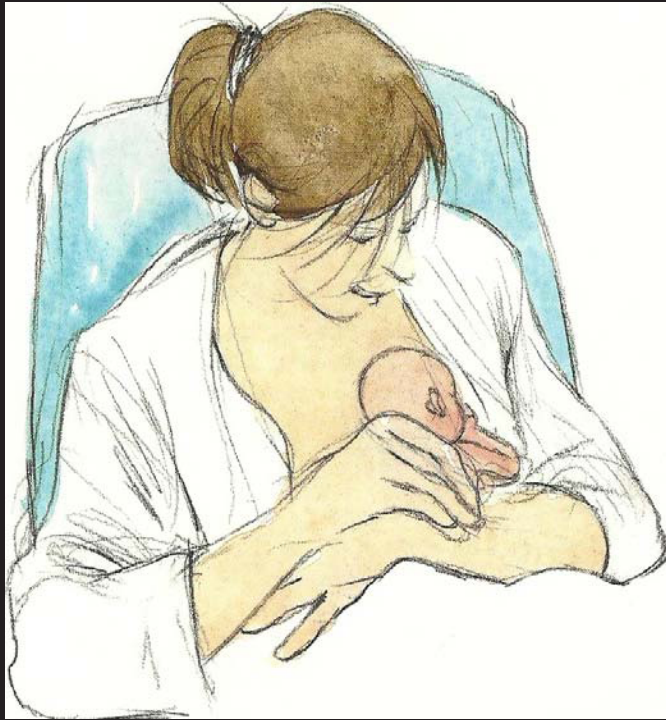
Kangaroo Mother Care (KMC); Practice, Problems and Solutions in the UK



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Kangaroo Mother Care



- Alternative to incubator care in LBW.
- Safe.
- Effective.
- Low cost therapy.

Advantages



- More than just thermal control of LBW babies.
- Improves neonatal mortality and morbidity.
- CV stability, breast feeding, growth and neurodevelopment, Infant bonding and parental benefit
- Hypothermia: risk factor

KMC Practice in the UK





Availability of

- modern neonatal care technologies .
- highly skilled health professionals.

KMC



- Cochrane review 2003 (Conde-Agudelo et al):
- Repeat Cochrane review 2011 (Conde-Agudelo et al): reversed earlier recommendation.
- Established in most British neonatal units.
- Promoted to all stable infants.

KMC



- Employed intermittently after stabilisation.
- At an individual nurses clinical judgment.

Practice at BHR University Hospitals





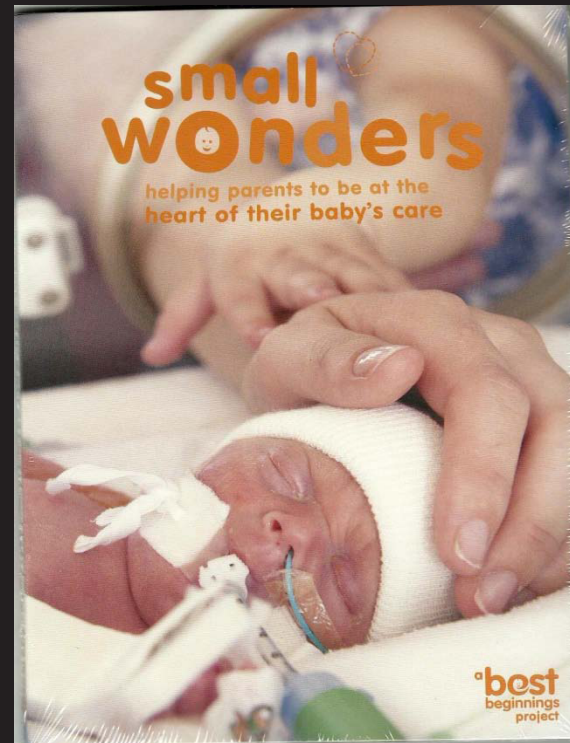
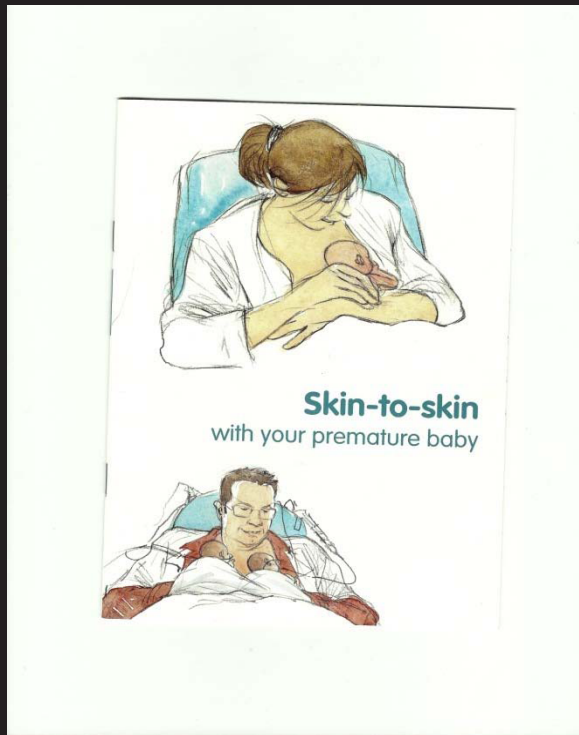
- Established KMC guidelines.
- Established Developmental Care/KMC Nurse.

Training and Education of Staff



1. Comprehensive education
2. All Neonatal nurses are trained in KMC.
3. All Staff are given information and training relating to Kangaroo Care.
 - Techniques.
 - Record Keeping.
5. Staff induction.

Parent Education (leaflets, DVD's)



Indications



- Medically stable infants .

Includes babies on CPAP with stable oxygen requirement.

Contraindications



- Endo-tracheal ventilation.
- Umbilical lines.
- High Frequency Oscillation Ventilation.
- Prolonged or severe apnoeas.

Precautions



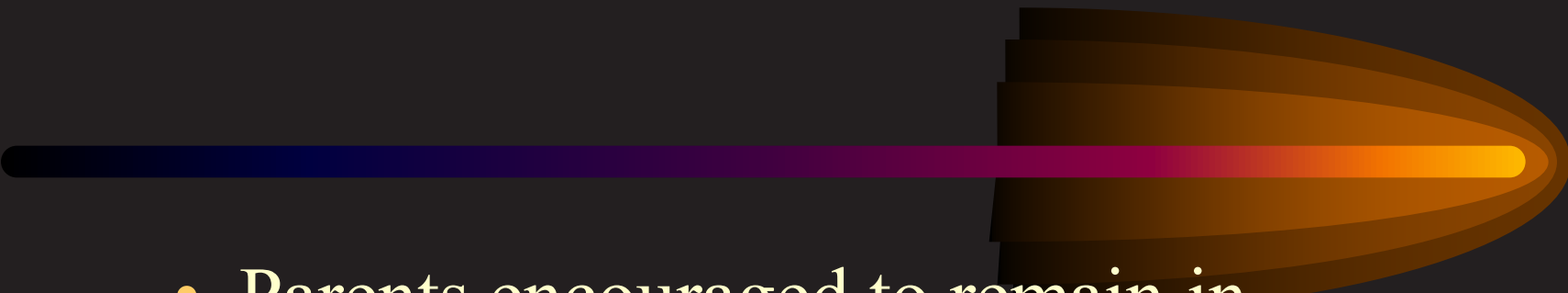
- Ensure presence of adequate staff to assist particularly ventilated babies.

Procedure



Guidelines incorporated in unit protocol book

- Parent preparation.
- Baby Preparation.
- Transfer
 1. Nurse Led: used initially until the parent are confident.
 2. Parent Led.

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- Parents encouraged to remain in Kangaroo Care position for at least one hour unless:
 1. 20% increase in oxygen requirements.
 2. Signs of distress i.e. apnoea/ bradycardia/ desaturation /colour change.
 3. Baby remains unsettled and distressed.
 4. Parent request that the session ends.



- Duration is increased gradually.

Problems faced with KMC



- More preterm than IUGR babies.
- Extreme preterm and haemodynamically unstable ventilated babies .
- Timing: delayed
- Limitations in research.

Ventilated Neonates & KMC



1. Safety

- Accidental extubation.
- UVC /UAC dislodgement.
- Handling of baby

2. Reluctance (Medical & Nursing)

- Feelings of increased work load.
- Difficulty administering care
- Privacy of parents

Solutions

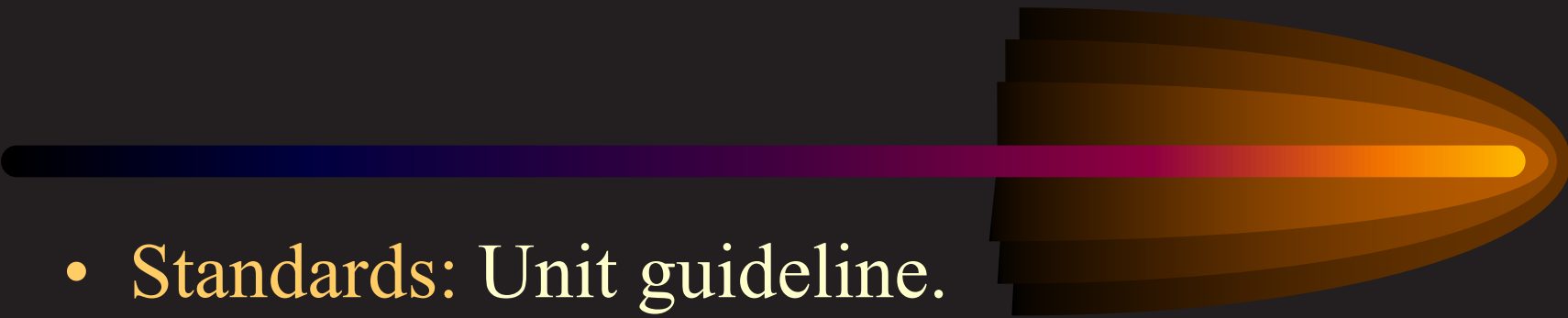


- Randomised control trials: Ventilated babies and KMC issues
- Related with safety.
- Related with unstable babies
- Related with timing

Audit



- **Aim:** To evaluate parents experience of KMC at Queen's Hospital.

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- **Standards:** Unit guideline.
 - **Methods:** Prospective audit.
 - Babies admitted to NICU.
 - Parents were given a tick box questionnaire.
 - Total : 28 parents

Kangaroo Care (Parent Questionnaire)

We would like to know how well we are helping parents to do skin to skin (Kangaroo care). Please help by answering these questions. We do not need to know any names.

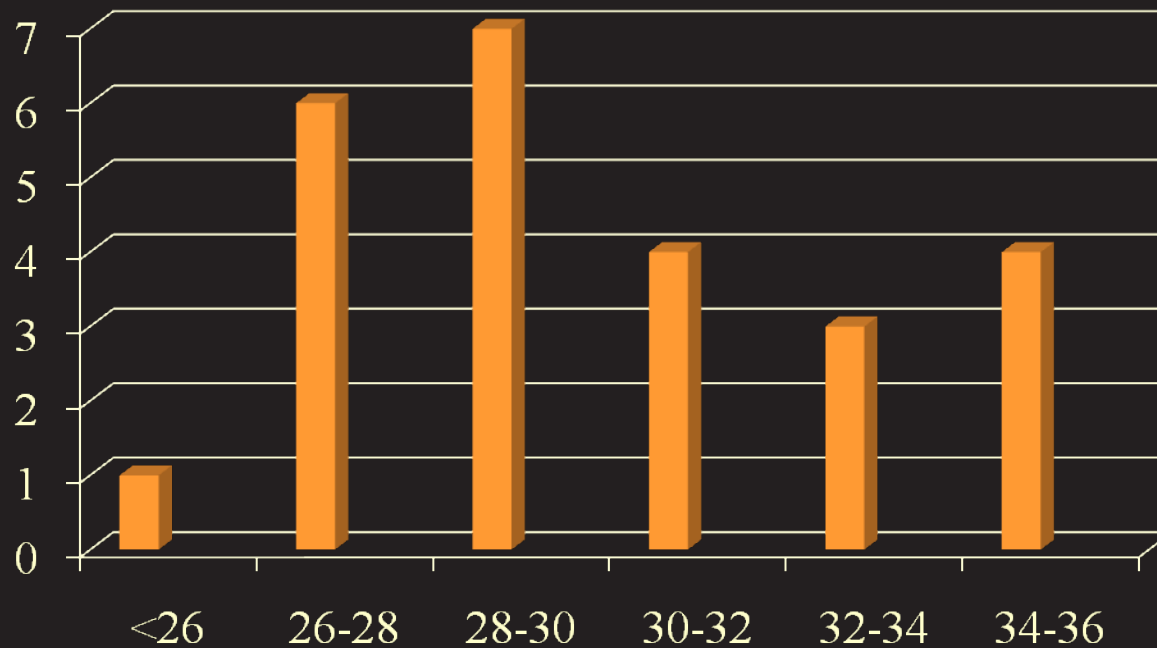
Your Baby's age at birth:

Your Baby's age now:

1. Can you remember when you first held your baby skin-to-skin? How old was he/she?
2. What information were you given about skin-to-skin?
3. Has your baby had skin-to-skin with father as well as mother? (Please tick which of these apply)
Often Occasionally Comforting
4. How did you find skin-to-skin? (Please tick which of these apply)
Relaxing Rewarding Helped you to understand your baby
Stressful Made you happy Comforting
Helped you to feel close to your baby Worrying
Made you feel more confident as a parent Made you sad
Made you feel confident about the care your baby was receiving.
5. Did you think your baby enjoyed skin-to-skin? (Please tick which of these apply)
Yes No Not Sure
6. Was there anything that could have been made skin-to-skin a better experience for you?

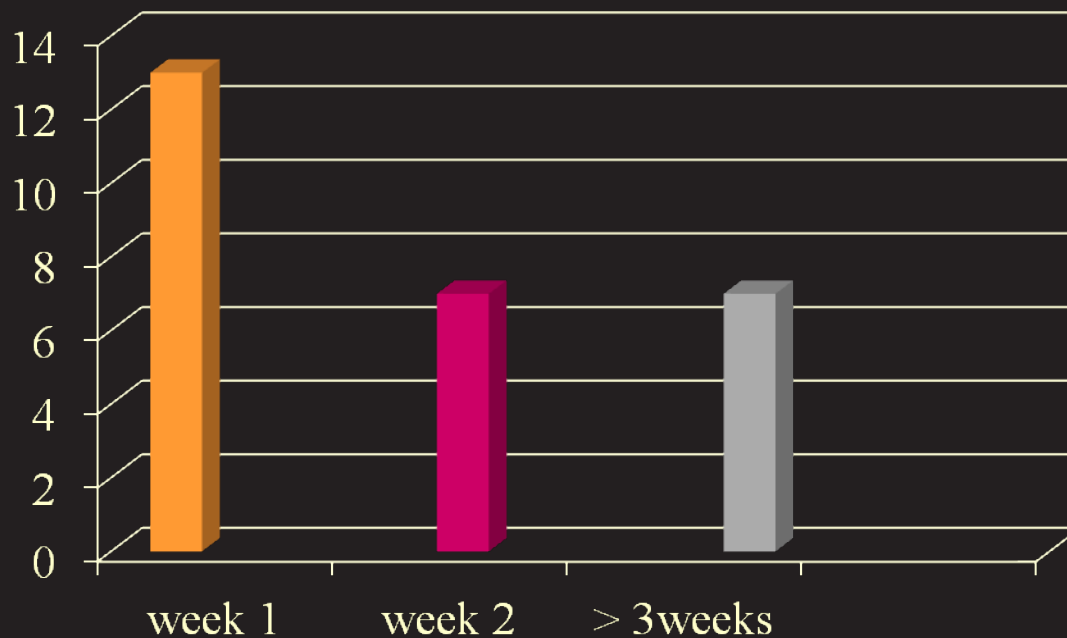
Thank you. (Baliit Wilkhu, Developmental Care Sister)

Gestation (in weeks)



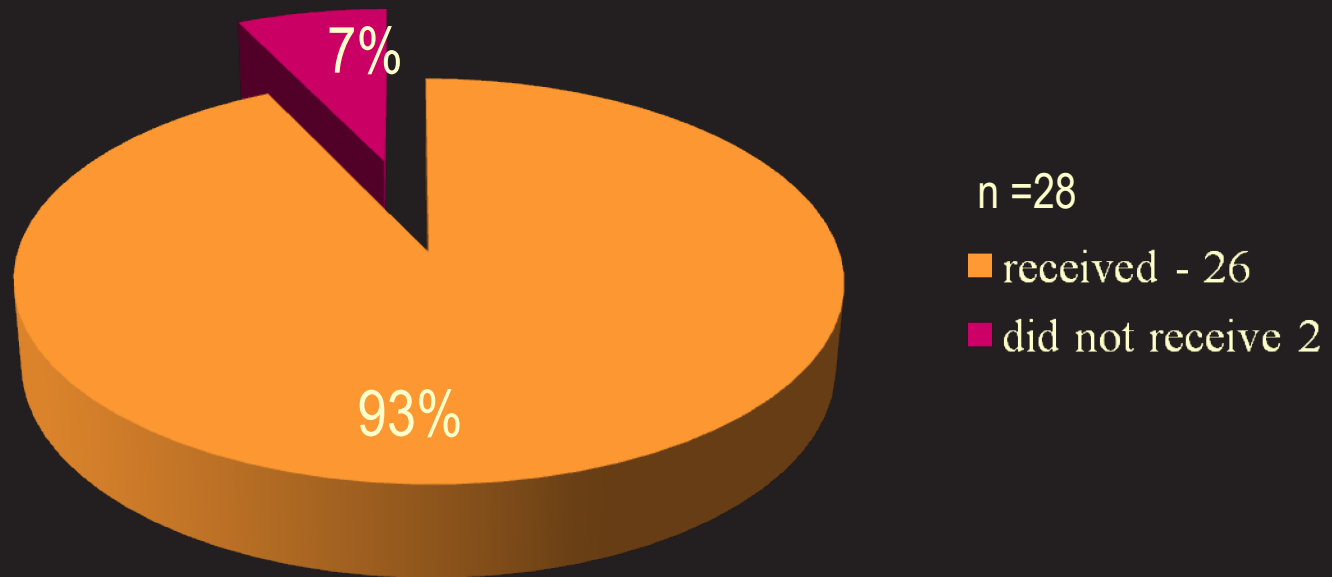
n=28
Range : 24-38+3 weeks
Median : 29+6 weeks

Age When KMC Started

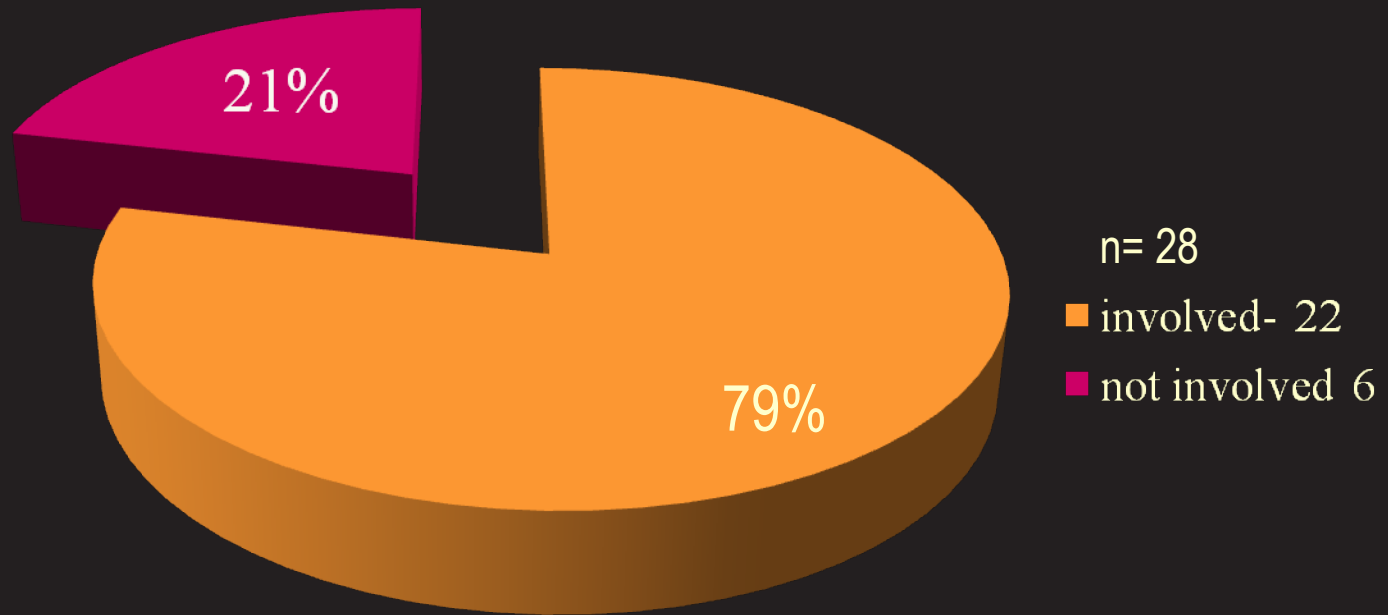


n=27
Range : 1 – 56 days
Median : 7 days
75%: 1st two weeks

Information Given to the Parents



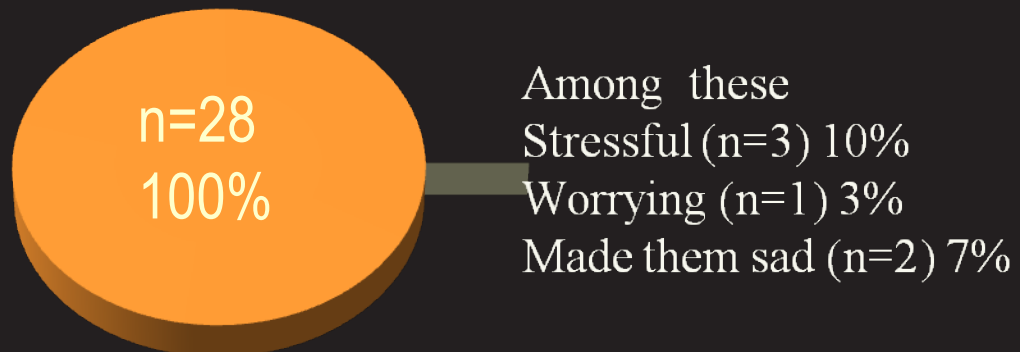
Involvement of Father



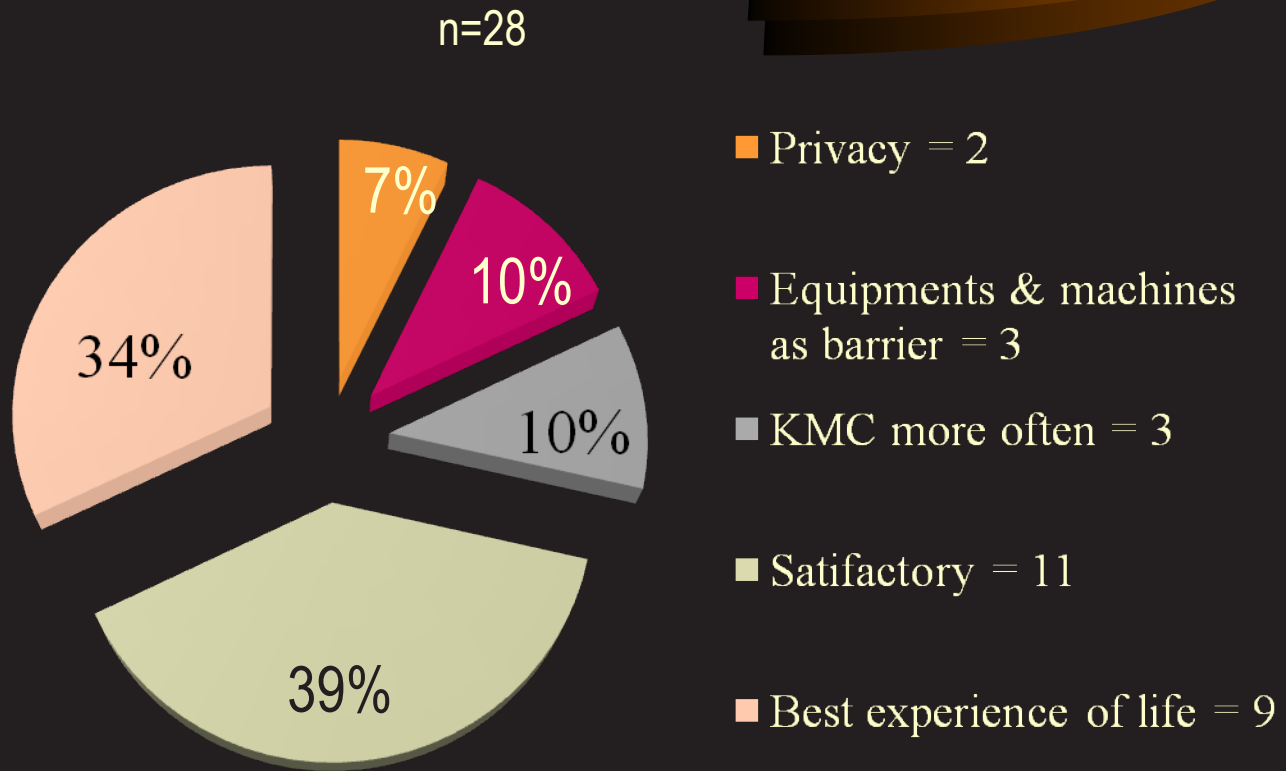
Experience of KMC



Relaxing, rewarding, helped them feel close and understand their baby better



How Experience could be Improved ?



Comments Made by Parents



- “ Being in comfort of home!!”
- “ Wish Skin to skin care could have introduced 7 years ago!!”
- “ Best experience!! She was in control!!”
- “Awesome experience!!”
- “ Cup of a tea and settee!!”
- “ Dry nappy!!”

Conclusion



- Doing well
- Scope for improvement
 1. Age when KMC to commence.
 2. Information given to the parents.
 3. Involvement of father.
 4. To improve the experience of parents
privacy and frequency of KMC

Recommendations



- Consolidate on “Education and training !!” of staff and parents.
- Use of curtains for more privacy of parents.
- Re-audit in 6 months.

Thank you



Any questions?