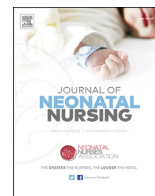




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Celebrating a fortnight of skin to skin holding

Karen Platonos*, Annie Aloysius, Aniko Deierl, Jayanta Banerjee

IFDC Core Group, Neonatal Unit, Imperial College Healthcare NHS Trust, Du Cane Road, London, W12 0HS, UK



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ABSTRACT

The fortnight of skin-to-skin holding was a great event held together with the formal launch of the Integrated Family Delivered Care (IFDC) project; emphasising the importance of staff supporting parents to be part of their babies' care and the vital benefits that closeness of skin-to-skin care brings to their baby. Our aim was to showcase this event in order to reinforce skin-to-skin practice within our neonatal service with customised supporting material designed for this purpose. Supporting skin-to-skin holding is often the first step on the road to family integrated care.

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1. Introduction

To celebrate International Kangaroo Mother Care (KMC) fortnight this year, Imperial College Healthcare NHS Trust Neonatal Service, consisting of a level 2 and 3 neonatal unit, took part in a global “Kangaroo challenge”. We were invited to participate in this event by the Family Integrated Care (FICare) team at Sunnybrook Children's Hospital in Toronto. As part of our ongoing collaboration with the Canadian group in Toronto, our own Integrated Family Delivered Care (IFDC) core team had visited several units in Toronto participating in FIC in 2015. On arrival at Sunnybrook neonatal unit you are immediately struck by the image of a large kangaroo on the wall. The image is covered in kangaroo shaped “post-it” notes, that have hand written messages containing memories and personal thoughts written by the parents, siblings and other family members about their experiences of skin-to-skin holding with their baby (Fig. 1). The messages proved to be so powerful and insightful that the neonatal team decided to leave the kangaroo image on the wall and have continued to use it beyond KMC fortnight.

Last year 95 hospitals from across the globe took part in the fortnight of Kangaroo-athon challenge which is annually held during the International Kangaroo Mother Care Day; this had been seen as an amazing opportunity to share skin-to-skin stories and collaborations from neonatal units' worldwide and to see which unit could accumulate the longest amount of hours of skin-to-skin

holding. So this year when we were “thrown” down the challenge we couldn't wait to participate as it also coincided with the formal launch of the Imperial IFDC project.

2. Our Kangaroo-athon

Our aim was to use this event to reinforce our skin-to-skin practice within our service. The IFDC core team set about designing materials to support the event; a “Kangaroo-meter”, badges, a kangaroo diary and kangaroo shaped notelets (Fig. 2) to record those precious memories. These were all made available in a bespoke canvas bag, which we gave to every parent in our two neonatal units. We also put in the bag the in the Bliss publications “Skin-to-skin with your premature baby” and “Look at me, I'm talking to you.” These publications are available electronically and are free to download at: www.bliss.org.uk.

The initiative was advertised during nursing handover and staff were invited to take part in a “kangaroo quiz” with a prestigious prize – the title of “Kangaroo Champion”. This was generally seen as a fun exercise but it also enabled the team to address concerns or myths about skin-to-skin and give any education and support necessary before the start of the two weeks of promoting skin-to-skin holding. Copies of our unit skin-to-skin guidelines were left in the staff rest areas for all staff members to refresh read and be familiar with.

Posters were displayed in all the parent areas to raise awareness off this special time and how they could become involved.

On day one of the event the families on both our level 2 and 3 units were given the canvas bags that contained the tools they

* Corresponding author.
E-mail address: ifdc@nhs.net (K. Platonos).



Fig. 1. Kangaroo board at Sunnybrook neonatal unit.

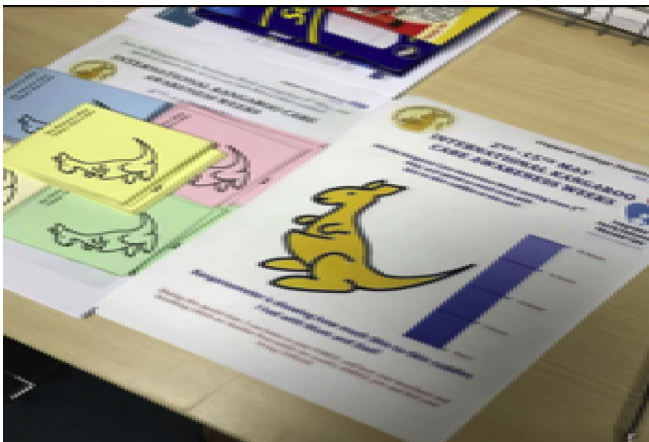


Fig. 2. Material prepared for the Kangaroo-athon.

needed to be part of this international celebration.

For those parents already doing skin-to-skin holding with their baby's staff were able to support the families with the materials and show them how to record their hours of holding. Cot-side teaching for parents about the benefits of skin-to-skin was supported by the Bliss Skin-to- Skin booklet. The parents were also encouraged to write their memories on the notelets and shown where they could display them on the large kangaroo picture. The KMC bags were given to every current family and all new admissions over the course of the two weeks.

A group education session about skin-to-skin care was organised for the parents it was facilitated by the IFDC coordinator, a member of the psychology team and a neonatal senior sister. Our small group teachings are given using our laminated PowerPoint presentation, the "bite size" lecture discussed not only the benefits of skin-to-skin but also went on to describe the various techniques for supporting baby's to be held in this way and how babies are transferred from the incubator to the parents chest. It turned out to be a really useful tool, as some of the parents attending had not yet had the opportunity to hold their baby's in this way or had a belief that their baby was too small or too fragile to cope. We were able to have a group discussion to try to allay any concerns and fears that

they had. The second part of the education session was a practical session using dolls and wraps that we use during transfer. Members of the nursing team role modelled being a parent and having a baby placed on their chest. Parents were invited to take part in this role-play only if they felt they were able to. This small group teaching was repeated over the two weeks to include as many families as possible.

A staff education session was also organised including a presentation by a senior neonatal sister who has a special interest in this subject around staff attitudes and barriers to skin-to-skin care. This teaching was attended very well by healthcare professionals with doctors, nurses and allied healthcare professionals and enabled a useful all staff discussion about skin-to-skin care. Details of the KMC masters project including the literature review on skin-to-skin care is in a separate article in this edition of the journal.

Our unit consultants and medical team made sure that skin-to-skin was thought about and discussed during ward rounds with time taken to refer to the unit guidelines and even question some of them for instance –humidity and how it is decreased in percentage as this seemed to be one of the biggest barriers of early skin-to-skin in our more fragile extreme preterm babies. An audit of how humidity is reduced and how this is done alongside skin-to-skin contact is now in being planned. Our standard practice is that babies can be taken out of the incubator if the humidity is around 40%.

Our nursing teams on both sites truly embraced this occasion and soon there were kangaroo ears adorning heads, badges pinned on lanyards and kangaroo biscuits even making it to the coffee room (Fig. 4)!

3. Achievements

The most powerful elements of the two weeks were the memories written on the kangaroo notelets (Figs. 3 and 5) and the many photos taken by the parents. It was a real privilege to be able to share some of their most private and often incredibly emotional thoughts and feelings. For some, this event coincided with their first experience of holding their baby and this reflected in their messages. We have continued to support parents to record their memories and display them in a public area on the neonatal units after the event as well.

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