



A critical analysis of the role of the nurse in the implementation of skin-to-skin on the neonatal unit



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Thermoregulation;
Pain management

Abstract Neonatal nurses have an important role in the implementation of skin to skin in the neonatal unit. Through looking at the evidence and literature, analysis of the nurses' role in promoting skin to skin for a set of neonates receiving special care and their parents will be explored. Analysis suggests that skin to skin has positive impacts such as improved thermoregulation for the neonates, it can be used as a strategy for pain management, it can increase breast milk production for the mother and is a way to involve the father in the care of his baby/babies. There can be difficulties in implementing skin to skin, such as staffing levels and poor communication, but there are methods to overcome these barriers and make skin to skin successful for the nurse, the babies and parents.

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Introduction

This article will critically analyse the nursing role within an episode of care for an infant and their family receiving Special Care within a neonatal unit. It will focus on the key aspects that have

been considered whilst looking after twins who have been transferred from another hospital for continuing care, in particular, the first time they had had skin to skin with their parents. Additionally, it will explore the strategies used to make skin to skin a successful experience for the babies, family and the nurse, as well as the importance of implementing skin to skin care into practice and any challenging aspects that may arise. To adhere to The [Nursing and Midwifery Council's Code of](#)

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[Conduct \(2008\)](#) regarding confidentiality, all names included in this article have been changed.

Background

Meredith and Cristina are twins who were born at 32 weeks gestation via caesarean section. Following their stabilisation, the twins were transferred from unit A to unit B at 6–8 h of age, as unit A is a busy Neonatal Intensive Care Unit who needed the cots for babies sicker than the twins; therefore they were transferred to their nearest unit with cot spaces (Unit B). The twins met [British Association of Perinatal Medicine \(2011\)](#) criteria for Special Care as they required nasogastric tube feeding and continuous oxygen saturation and heart rate monitoring. An ex-utero transfer is defined as the transfer of a baby from one hospital to another ([Gill et al., 2004](#)). The twin's mother was unable to be transferred to unit B until the following day due to there not being a bed at unit B until this time. [Nygqvist et al. \(2010\)](#) identify that promoting the bonding of parents and infants is a primary goal of neonatal staff. [Roller \(2005\)](#) found that implementing skin to skin contact in a neonatal unit allows and facilitates bonding between mother and baby. [Feldman and Eidelman \(2007\)](#) agree with this, stating that preterm birth disrupts the parent-infant bonding process and skin to skin contact is a technique that can be used to overcome this.

It is important to distinguish the differences between Kangaroo Mother Care and Skin to Skin (STS). Kangaroo Mother Care is the continual holding of an infant, 24 h a day, with STS between the mother/parent and the infant ([Nygqvist et al., 2010](#)). STS is defined as holding a baby who is naked, or just wearing a nappy on the mother or fathers bare chest, however the holding is not continuous ([Kuhn and Kuhn, 2011](#)). Kangaroo Mother Care is a concept that originated in Bogota, Columbia, when there was a shortage of incubators and there were also worries about the separation and survival of mothers and their babies who were in the neonatal unit ([Rey and Martínez, 1983](#) as cited by [Ruiz-Peláez et al., 2004](#)). This article will focus on the importance of STS.

Parental anxieties and father involvement

Transfer of infants between neonatal units occurs to ensure that the baby receives the appropriate

level of care, but this can be a stressful experience for the parents ([BLISS, 2010](#)). There are many things that nursing staff can do to minimise the disruption they face during this process. This includes listening to and acknowledging the fears and anxieties, and to give the parents a feeling of empowerment ([Rowe and Jones, 2008](#)). It is important to recognise that parents can find having a baby on a neonatal unit a stressful and traumatic experience, with some parents still showing signs of their trauma a long time after the baby was discharged home from the hospital ([Jotzo and Poets, 2005](#)). The bonding and attachment process between a preterm infant and their parents is often disrupted due to parental fear and anxiety ([Fegran et al., 2008](#)).

When Meredith and Cristina were 2 days old, the nurse looking after them became aware of anxieties that their parents had. The anxieties were discovered after the nurse had taken over care of the twins from the night staff, she introduced herself to their parents when they came up to the unit shortly after and through discussion with them, aimed to plan for how to involve them in the twins care that day. The twins' parents asked if they could hold the babies as they had not been able to previously due to them receiving phototherapy. The nurse explained STS to them and they were keen to do this and together, decided on the best time to do STS. By doing this, the nurse was adhering to one of her employers ([NHS Trust 2014](#)) key values of pride, by embracing challenge and working with Meredith and Cristina's parents to overcome their lack of STS with them to achieve a very satisfactory outcome. After a few hours of STS, the twin's father had to leave, and subsequently mum held the twins together in shared STS.

Meredith and Cristina's father additionally told nursing staff he had been dividing his time between the two units the one night when mother and twins were separated, and as a result, he felt that he had missed out on bonding time with the twins. The twins and their mother were only separated for one night, but this had a significant impact on their father's ability to spend time with them as it involved a commute on public transport, therefore he was unable to spend as much time with the twins or their mother as he would like. It is important to remember the needs of the father and recognise that he may have worries and fears similar to the mother, but fathers often prioritise the needs of the mother and baby over their own ([Lindberg et al., 2007](#)). Nursing staff offering STS to both parents was an important moment, as a study in 2012 ([Pallás-Alonso et al.](#)) found that

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