



# Improving kangaroo care policy and implementation in the neonatal intensive care

Hilary Moore, RN, BSN , DNP Student

Medical University of South Carolina, USA

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## KEYWORDS

Kangaroo care;  
NICU nurses;  
Neonatal intensive care units;  
Skin-to-skin care;  
Preterm infant;  
Low-birth weight;  
Family-centered care;  
Communication;  
Policy;  
Nursing barriers

**Abstract** This paper examines the current evidence based practice for providing kangaroo care in the Neonatal Intensive Care Unit (NICU). Additionally, this paper observes the effect of policy implementation and overcoming common obstacles to proper kangaroo care policy implementation. Implications for practicing kangaroo care are sustained through research supporting the initiation of kangaroo care in preterm infants; however, there are identifiable barriers preventing the skin-to-skin contact between mother and infant. The barriers commonly include insufficient nursing education, parent education, managerial support, and lack of a standard kangaroo care policy (Rodgers, 2013).

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## Introduction

In the Neonatal Intensive Care Unit, also known as the NICU, there is an immediate separation between mother and infant. The separation is usually warranted to initially save the preterm infant's life. The necessary separation often continues throughout the preterm infant's hospitalization and leads to negative physical and psychological health disparities of both mother and child

(Johnson, 2013). Kangaroo care is the key to addressing the clinical issue of parent and infant separation in the NICU. Kangaroo care is the act of skin-to-skin contact between mother and infant. First introduced in Bogota, Columbia in 1983 due to a shortage of isolettes, kangaroo care has now become a cost-efficient world-wide tool to decrease the separation and the associated health disparities of both mother and infant (Witt, 2008). Stikes and Barbier (2013) conducted a survey in 2002 to assess kangaroo care in NICUs. The results concluded that 82% of NICUs use kangaroo care;

E-mail address: [moorehd@musc.edu](mailto:moorehd@musc.edu).

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however, only 75% of nurses within the NICUs knew of the positive effects of kangaroo care. A lack of standard clinical policy or guidelines in addition to poor nursing staff encouragement contributes to the inconsistency of kangaroo care (Stikes and Barbier, 2013). Instituting standard guidelines while increasing nursing morale may lead to kangaroo care improvement within the NICU setting.

## Search strategy

Published literature from the year 2000 to the present was searched using PubMed, CINAHL, and Cochrane Library with reliable findings mostly consistent with the use of PubMed and CINAHL. Related articles prior to 2000 were studied to gain background knowledge and evidence but were eliminated from this review. The following MeSH terms were used, alone or in combination, for searching: kangaroo care, NICU nurses, neonatal intensive care units, skin-to-skin care, preterm infant, low-birth weight, family-centered care, communication, policy, and nursing barriers. This search produced a total of 20 articles; 12 of these met the criteria for further review based upon the initial knowledge gained within the abstracts. The results were limited to the English language, but studies were not solely performed in the United States. The studies found suggested further investigation, including the areas of kangaroo care benefits, policies and guidelines, barriers to initiation and participation rates, and ways to increase parent and nurse knowledge.

## Review of the literature

The previously narrowed search provided 12 articles for further review, and 5 studies were critically appraised for literary review. Two studies involved randomized control trials, two were descriptive studies, and one study involved an expert panel opinion. It was important for this paper to not only be supported by randomized control trials (RCT), but to also receive support from the descriptive studies and expert opinion. The knowledge gained from descriptive studies as well as the expert opinion will provide context, including unique portrayals of the nurses' attitude towards kangaroo care, the parent–nurse relationship, and a well-equipped kangaroo care guideline.

One randomized control trial conducted by Welch et al. (2012) observed the incorporation of a

family nurture intervention within the NICU involving 260 parents of preterm infants ranging between 24 and 26 weeks gestational age. The total number of parents was equally divided between a standard care group, or control group, and a family nurture intervention group. Through observation of what was deemed the “Calming Cycle” of kangaroo care; periods of distress were followed by periods of mutual calm from both the infant and parent. The periods of distress and calm were supported by physiological and behavioral data. Physiological data included heart rate, respirations, temperature, and cortisol levels. Echocardiogram monitoring and biological saliva sampling was retrieved as the physiological data while the use of a NICU Network Neurobehavioral Scale helped assess the majority of the behavioral data collection. Ways to ensure “this mutual calm” mainly included actions from the nurse, such as providing a comfortable rocking chair or recliner, dimming the lights, minimizing noise, providing mothers with water, and answering any questions or concerns. The authors concluded from the implementation of the family nurture intervention that skin-to-skin contact is one of the most resourceful ways to ensure effective parent–infant interaction and to lessen anxiety (Welch et al., 2012).

In the second randomized control study involving the promotion of kangaroo care in preterm infants, Neu and Robinson (2010) found that infants who consistently participated in daily kangaroo care for 8 consecutive weeks were 28.5% more likely to interact with their mothers at 6 months of age when compared to infants that were only held in blankets or infants who were only visited for a brief time. The study involved 65 mother-infant dyads with an infant mean gestational age of 33 weeks and involved equal division of race and gender among the preterm infants. The effects of the 8 week kangaroo care intervention were assessed 6 months later using the Still Face Procedure in which a mother interacts with her infant with excitement and loving facial expressions and then suddenly show no facial expression or interaction with the infant. If the infant becomes distraught after the still facial expression, then there is evidence of proper mother infant bonding early in the infant's life. The Fogel Scoring System and the Infant Regulatory Scoring System were used to systemically measure the infants' reactions for the data collection and the authors found that not only were the infants who participated in kangaroo care more likely to show distress during periods of no facial expression but also showed several attempts

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