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Assessing clinicians' knowledge and confidence to perform kangaroo care and positive touch in a tertiary neonatal unit in England using the Neonatal Unit Clinician Assessment Tool (NUCAT)

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Abstract Family centred care (FCC) is a guiding principle of the UNICEF Baby-Friendly Hospital Initiative (BFHI) and supports the practice of kangaroo care (KC) and positive touch (PT). We describe how clinicians in a tertiary hospital neonatal unit undertook a training needs analysis using the Neonatal Unit Clinician Assessment Tool (NUCAT), an on line knowledge test with ratings of confidence and knowledge in the practice of KC and PT. Fifty one medical and nursing staff completed NUCAT. Clinicians who spent 75% or more of their working week

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providing clinical care on the neonatal unit knew more about PT. Clinicians who received training in FCC practices had significantly more confidence in their knowledge and practice of KC and PT. Confidence in knowledge and practice in KC was significantly reduced when clinicians received their knowledge scores. There was no effect of feedback on confidence for PT. Interviews with six neonatal nurses identified a lack of formal training and evidence-based guidelines as impeding confidence of clinicians to implement both KC and PT.

Introduction

Infants admitted to Neonatal Intensive Care Units (NICUs) are deprived of physical contact at a time critical for the development of a close parent—infant relationship. Family centred care (FCC) is a guiding principle in the UNICEF Baby-Friendly Hospital Initiative (BFHI) and aims to ameliorate the trauma experienced by parents by supporting their role in the care of their baby (Nyqvist et al., 2012). Through supporting and educating parents in the practices of kangaroo care (KC) and positive touch (PT) neonatal staff can facilitate parental involvement, enhance the bonding process and minimise parental and infant distress (Hunt, 2008; Cleveland, 2008; Renfrew et al., 2009).

KC is described as skin-to-skin contact between a parent and their baby. A systematic review of interventions to promote or inhibit breastfeeding or breastmilk feeding for infants admitted to NICUs found the additional practice of KC over routine care was associated with a higher breastfeeding rate, increased breastmilk production, longer duration of lactation and an improvement in exclusivity of breast milk feeding both in hospital and post discharge (Renfrew et al., 2009). Amongst LBW infants, KC may have benefits compared to conventional neonatal care including increased likelihood of exclusive breastfeeding at discharge, reduced risk of nosocomial infection and severe illness, reduced risk of respiratory tract disease and an increased self-reported maternal competence (Conde-Agudelo and Belizán, 2003). However most of the studies within this review were conducted in low/middle income countries where the beneficial effects of KC on morbidity and mortality of LBW infants would be expected to be greatest.

PT is defined as 'involving various types of infant touch-interaction including handling, holding, kangaroo care and massage' (Bond, 2002). This term reflects the adapted style that is linked to a family centred, developmentally sensitive philosophy that can be utilized for the smallest of infants in the NICU. It is a practice that gives parents the opportunity to provide comforting touch and comfort holding, particularly during painful procedures. A review of preterm infant massage therapy studies found an association of infant massage with weight gain and shorter hospital stays (Field et al., 2010). However, despite these benefits, it was noted in an earlier survey of 90 NICUs in the USA, that preterm infant massage is only practised in 38% of NICUs and few studies have been undertaken to provide an evidence base to support its practice (Field et al., 2004).

Despite the evidence for the benefits of KC as an intervention, two parent surveys in the UK have identified deficiencies in implementation. In 2011, The Picker Institute published a survey of over 9000 parents' experiences (50% response rate) of care in 125 neonatal units in the UK and found that 77% of parents believed they were encouraged to touch, hold and comfort their baby, with just 5% reporting that this was not the case. However, a much smaller proportion of parents (50%) said that they had as much KC with their baby as they wanted. One in ten parents said that they did not know about KC. A significantly smaller proportion of the parents in the youngest age group (aged 16—27) reported being involved as much as they wanted to be in the day-to-day care of their babies, being encouraged to hold and comfort them and having as much kangaroo care with them as they wanted (Howell and Graham, 2011). The Poppy Report (2009) interviewed 55 parents of premature babies in England and Scotland and identified a lack of parent engagement in KC.

Several international studies of staff attitudes to KC have shown that this practice is strongly supported in NICUs (Engler et al., 2002; Chia et al., 2006; Valizadeh et al., 2013). However, barriers to implementing KC include heavy staff workloads, insufficient education or experience, lack of organizational support and absence of clear protocols, especially for LBW infants (Engler et al.,