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# Nurses' viewpoint about the impact of Kangaroo Mother Care on the mother–infant attachment

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## KEYWORDS

Kangaroo Mother Care;  
Attachment;  
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Viewpoint

**Abstract** *Aim:* The aim of this investigation was to determine nurses' viewpoint about the impact of Kangaroo Mother Care on the attachment between mother and infant.

*Methods:* A descriptive study was carried out with the staff (23 nurses) of an NICU of a University Hospital in Iran. Data were collected through self-report method (Avant Maternal Attachment Behavior Scale) and analyzed by use of SPSS.

*Findings:* The majority of the participants had positive viewpoint on the subject of study. The affectionate behavioral subscale had the most effect on the mother–infant attachment, while the item “*holding without skin contact*” of proximity maintaining subscale was looked at as the most disagree and strongly disagree item (68.2%) of the attachment scale.

*Conclusion:* According to the nurses' viewpoints, mother–infant attachment behavior are strengthened by applying the Kangaroo Mother Care. Furthermore, the benefits of this type of care are mentioned.

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## Introduction

Attachment is a unique relationship between the parents and the infant (Kenner and McGrath, 2004). It begins in prenatal period when the fetus grows inside mother's body; and after the birth when the mother gradually recognizes infant's cues, adapts to his/her behavior, and tries to meet the needs of her infant (Johnson, 2008). This reciprocity parents–infant relationship, as an essential element of the attachment process, helps satisfying both the mother and the infant (Kenner and McGrath, 2004). Kangaroo Mother Care (KMC) facilitates the process as more convenient as possible (Gathwala et al., 2008).

Studies indicate that the advantages of skin-to-skin contact can cause infant's physiologic stability such as regulating body temperature, improving oxygen saturation levels, and reducing apnea (Cong et al., 2011). It improves the exclusive breastfeeding period which results in more milk production and weight gained, and earlier discharge of mother and infant (Hunt, 2008; Johnston et al., 2003). KMC also can help reducing infant's response to pain and childhood behavioral problems (Bohnhorst et al., 2001; Ludington-Hoe et al., 1999; Mori et al., 2010).

Despite the above and many other advantages of the KMC, there are some barriers with its application such as safety, staff reluctance and shortage, insufficient education, lack of organizational support, and the absence of pertinent protocols which prevent enforcing the care in the NICU (Chia et al., 2006). Hospitalization may also delay the attachment and impede the mother–infant relationship. To solve the problem, KMC can establish the attachment by physical contact between the preterm newborn and the mother in the NICU (Franklin, 2006; Johnson, 2008; Karabel et al., 2011). Consequently, it strengthens the quality of the parent–infant relationship psychologically, socially, and emotionally and also affects the long-term outcome of growth and development. On the contrary, it should be tangibly noted that the attachment disorder, as a product of maternal separation or lack of mother care may lead in complications such as failure to thrive, separation anxiety disorder, personality disorder, school problems, crime and so on (Karabel et al., 2011; Ludington-Hoe et al., 1999).

It was estimated that 9.6% of all births worldwide were preterm. Approximately 85% of these preterm births were concentrated in Africa and Asia (Beck et al., January 2010). According to the reports of medical sciences universities in Iran,

7.2% of total births were preterm (Solimani and Sollran, 2007). Two-third of all neonatal deaths occurred in low birth weight. KMC was found to reduce morbidity and mortality in low birth weight infants (Conde-Agudelo et al., 2011).

Nurse plays a crucial role in the care of infant and helps the mother to promote her attachment behavior with the infant in the NICU (Johnson, 2008). Their mothers were instructed for applying KMC. KMC has been being applied since 2005 in the only equipped high-tech NICU of a University Hospital in North–West of Iran. Authorities have planned to apply the KMC through some workshops, to be held for all nurses working there. The focus has been made on the effects of KMC on neonates in pervious studies (Boo and Jamli, 2007; Parmar et al., 2009; Tessier et al., 2003). But no investigation has been done about the staff's attitude toward the effect of this procedure on the attachment in Iran. Researchers believe that the nurse's attitude can affect her performance and collaboration with the mother in using KMC. The purpose of this study was to determine nurses' viewpoint about the impact of applying KMC on mother–infant attachment in the NICU.

## Methods

### Participants and setting

A descriptive study was conducted in a university hospital in Tabriz, Iran in 2010. All 23 invited nurses were the staff of the unit. They had already worked in three levels of the NICU for six months or more and had performed KMC for at least ten times.

### Instrument

Data were collected by use of a two-part questionnaire. The first part included demographic information of participants such as age, sex, work experience and etc. The second part was a modified Avant Maternal Attachment Behavior Scale to assess the mother–infant attachment. It consists of self-report questionnaire of 13 items on 5-point Likert-type scales ranging from 1 (strongly disagree) to 5 (strongly agree). It was divided into three subscales: A) the affectionate behavior (*looking, kissing, talking, smiling, rocking, touching, and full attention*), B) the proximity maintaining subscale (*holding without skin contact, encompassing in both arms and close contact*), and C) the caretaking behavior (*diaper*

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