



Neonatal nurses' knowledge and beliefs regarding kangaroo care with preterm infants in an Irish neonatal unit

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KEYWORDS

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Research

Abstract *Aim:* To investigate Irish neonatal nurses' knowledge and beliefs of kangaroo care.

Background: Although kangaroo care existed in other countries for 25 years, it is a new occurrence in Irish neonatal care. A review of the literature suggests that, while it demonstrates benefits for both infants and parents, some neonatal nurses do not exhibit an awareness of current kangaroo care research, or hold positive beliefs towards its use with preterm infants. As they have the most parent-infant contact and influence over whether kangaroo care is carried out, their knowledge and beliefs are of importance.

Method: A quantitative, descriptive design with neonatal nurses ($n = 62$) was used.

Findings: Fifty six neonatal nurses (90.3%) believed kangaroo care a safe alternative for stable growing preterm infants, agreeing on the benefits for both infants and parents. The overall level of neonatal nurses' knowledge of kangaroo care varied from good to excellent, the lowest score being 35/51. Results indicated nurses' uncertainty regarding kangaroo care with intubated infants, and infants requiring blood pressure support, umbilical lines and phototherapy. This suggests the need to provide education on kangaroo care to foster the development of more positive beliefs and increase staff knowledge of potential adverse effects.

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Keypoints

This paper summarizes research that explored Irish neonatal nurse's knowledge and beliefs regarding kangaroo care with preterm infants. A discussion on the benefits of Kangaroo care for both infants and parents is presented. The methodology and details of the research questionnaire used are outlined. Findings revealed that despite not receiving any formal instruction in kangaroo care, the neonatal nurses in this study were more informed in their research-supported knowledge, as opposed to their research-supported beliefs. Irish neonatal nurses were found to have levels of knowledge and beliefs similar to those demonstrated in previous research in countries where kangaroo care has been in use for much longer. Recommendations for future practice include the need for neonatal nurses to remain abreast of current research findings. Comprehensive education on kangaroo care is necessary to foster the development of more positive beliefs and ensure that any staff knowledge deficits regarding possible adverse effects are addressed.

Introduction & background

For small preterm infants, prolonged neonatal nursing and medical care is important for their survival. However, kangaroo care is an effective method to meet infant's equally important needs for warmth, stimulation, parental contact and love (WHO, 2003). Kangaroo care describes the practice of holding a preterm or low birth weight infant in an upright, prone position in skin-to-skin contact against their parents' chest, dressed in a nappy, with a blanket or clothes covering the infants back (DiMenna, 2006). It occurs both in hospital and at home until at least the 40th week of corrected gestational age (Cattaneo et al., 1998). There is no defined optimum length of time to carry out kangaroo care, although the WHO (2003) and Charpak et al. (2005) suggest 2 h or more. If correctly applied, kangaroo care can be safely used for stable low birth weight infants at any level of care (Cattaneo et al., 1998; Charpak and Figueroa, 2001).

There are many documented physiological and emotional benefits of kangaroo care for infants and their parents. Kangaroo care offers immediate and long term benefits for infants such as increased physiological stability (Bergman et al., 2004; Ludington-Hoe et al., 2004; Sontheimer et al., 2004), improved brain growth and development (Tessier et al., 2003; Rojas et al., 2003), and increased sleep and improved behavioural

outcomes (Ohgi et al., 2002; Ludington-Hoe et al., 2006). While there appears to be agreement in the research regarding the positive effects of kangaroo care on thermoregulation, oxygenation and behavioral states in preterm infants, there are conflicting results in the literature for its effectiveness with infants less than 28 weeks corrected gestational age, weighing <1000 g, or ventilated, in terms of their energy expenditure, heart rate, respiratory rate, oxygen saturation, growth and length of stay (Bauer et al., 1998; Bohnhorst et al., 2001; Charpak et al., 2001). Overall, the research advises practitioners wishing to carry out kangaroo care to proceed with caution in preterm infants who are under 1000 g, on mechanical ventilation, less than 28 weeks corrected gestational age or less than one week after birth.

Some studies have been inconclusive in demonstrating more favourable outcomes when comparing infants receiving kangaroo care to infants receiving traditional care, but no study has demonstrated adverse effects to parents or infant (Chwo et al., 2002; Conde-Agudelo et al., 2003; Anderson et al., 2003a; Miles et al., 2005; DiMenna, 2006). Parents also appear to benefit from kangaroo care with increased parent-infant interaction and emotional bonding (Tessier et al., 1998; Feldman et al., 2002; Gale Roller, 2005; Tallandini and Scalembrà, 2006), enhanced and more prolonged duration of breastfeeding (Anderson et al., 2003a; Rojas et al., 2003), and increased parental satisfaction rates (Carfoot et al., 2005). Kangaroo care is believed to strengthen the connection between infant and parent, with each becoming more sensitive to each other (Tessier et al., 1998; Anderson et al., 2003a). Although parents value the kangaroo care experience, they need attention and assistance from neonatal nurses to alleviate any of their anxieties, enhance the development of their parental role and modify the neonatal environment to optimize the kangaroo care experience for infant and parent.

The use of kangaroo care with preterm infants has been demonstrated to shorten the length of stay in hospital (Charpak et al., 1997; Tessier et al., 1998) and be professionally satisfying for neonatal nurses (Chia et al., 2006). It is also clear that healthcare professionals positively or negatively affect parental practice of kangaroo care. Some healthcare professionals question whether kangaroo care is beneficial, express concern that kangaroo care may be a burden on mothers, or consider the practice unnecessary or even unsafe (Anderson et al., 2003b). One quarter to one third of all respondents in research by Franck et al. (2002) listed staff nurses or doctors as not supporting parental holding, with 17% stating that

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