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Case History

Critical analyses of the implications of Kangaroo Mother Care on a preterm infant

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KEYWORDS
Kangaroo Mother Care;
Preterm;
Emergency caesarean section;
Skin to skin;
Breastfeeding

Abstract This case study will critically analyse the implications of Kangaroo Mother Care on a preterm infant and her family. Although Kangaroo Mother Care is recognised globally as an integral part of essential newborn care, there is currently a lack of standard clinical policy and guidelines recommending Kangaroo Mother Care as best practice within NHS UK wide. Whilst Kangaroo Mother Care can be easily implemented, there is potential for it to be overlooked in practice during an emergency situation. The aim of this article is to present a case study that describes the experiences of a women post caesarean section and discusses the issues and questions that have been considered following no early skin to skin execution. In addition to exploring the current evidence based practice for providing Kangaroo Mother Care, this article will focus on the impact of separation between mother and infant, as well as overcoming the barriers to using Kangaroo Mother Care in a neonatal setting.

Introduction

Early physical contact refers to skin to skin contact or holding between a newborn and their mother soon after birth, and is deemed common practice among healthy full term infants. However, for many small, preterm infants who would benefit most from early skin to skin or Kangaroo Mother Care (KMC), only a very small proportion actually receive it. Examining the available evidence and literature, an analysis of the nurse's role in promoting KMC for a preterm infant receiving special care will be explored.

Research suggests that early skin to skin contact is an effective way to meet baby's needs for warmth, breastfeeding, parental contact, stimulation and love. KMC is now considered a fundamental component of developmentally appropriate therapy for hospitalised preterm infants. In accordance with the Nursing and Midwifery Council (2015) regarding confidentiality, informed consent was gained and all names have been removed.

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Case presentation

A 6 week old infant born at 32 weeks gestational age to a 30 year old prima gravida women presents to the primary health care team following discharge from a neonatal unit. The nursing notes revealed the infant was delivered by emergency caesarean section within an hour of arriving at the hospital and weighed 1.640 g (3lb, 6oz) at birth. The infant required immediate resuscitation and was instantly transferred to the neonatal intensive care unit (NICU) with respiratory distress syndrome. The mother initiated breastfeeding after five days of separation; however, due to difficulties encountered with attaching the infant to the breast, the infant was fed with an artificial formula. The infant was discharged home with instructions to administer prescribed medications and to continue feeding every two to three hours. An appointment with the health visitor was scheduled.

Newborn and medical history

The infant was floppy and pale at birth, requiring immediate bag and mask ventilation at delivery and again after 2 min. The infant was intubated at 8 min by an anaesthetist. The infants heart rate remained above 100 throughout resuscitation and saturations 80—90 percent on 40 percent oxygen. The infant remained ventilated for one day and required continuous positive airway pressure (CPAP) for a further two days. Ultrasound found clusters of choroid plexus cysts on both the right and the left side of the brain. The infant also had difficulty maintaining body temperature at times, and had one episode of neonatal hypothermia and was transferred back into special care into a hot cot for one day. In total thirty eight days was spent on the neonatal unit.

Pertinent maternal and family history

The mother began her prenatal care during the first trimester, with no complications. Nursing notes revealed the mother had a condition known as pre-eclampsia, and a suspected diagnosis of post traumatic stress syndrome and is currently waiting to be seen by professionals. The remainder of the maternal and family history was non-contributory.

Developmental history

The infant seeks interaction with both parents by using sounds and facial expressions. Signalling needs by crying and using good visual response to track the mothers movements. Responding positively when held and comforted, and shows good head movement to allow the mouth to reach towards a touch. Both hands are tightly fisted when awake.

Personal history

The infant lives at home with both parents, the mother is the main carer. It was evidently clear the maternal interaction observed between mother and infant would indicate early signs of insecure attachment. The mother questions the overall care received both during the delivery and on the neonatal unit. She believes herself to be a "failure" as she wasn't able to provide her infant with the basic biological needs of warmth, nutrition and protection from the very beginning. She believes this was because she was separated from her infant straight after the delivery with no early skin to skin contact.

Review of systems

The mother reports that she is no longer breastfeeding and the infant is on artificial formula. The infant continues to gain weight and is currently on the 0.4th centile on the growth chart (De Onis, 2015).

Case study questions

1. What is the current best evidence for implementing kangaroo care on a preterm infant?
2. What are the implications of mother/infant separation immediately after birth?
3. What makes skin to skin contact the basis of breastfeeding?
4. What are the methods to overcome the challenges faced with implementing kangaroo care and making it more successful for the nurse, the infant and the parents?

Case study answers

1. ***What is the current best evidence for implementing Kangaroo Mother Care on a preterm infant?***

Kangaroo Mother Care (KMC), in a broad view, is a form of care that involves continuously holding a preterm baby skin to skin (Cruz, 2015). To help further understand why KMC has such profound

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