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## The Impact of Kangaroo Care on Premature Infant Weight Gain

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#### ABSTRACT

Background: Preterm births occur among 11.4% of all live infant births. Without steady weight gain, premature infants may experience lengthy hospitalizations, neurodevelopmental deficits and hospital readmissions, which can increase the financial burden on the health care system and their families. The total U.S. health-related costs linked to preterm infant deliveries are estimated at \$4.33 billion. Kangaroo care is a feasible practice that can improve preterm infant weight gain. However, this intervention is utilized less often throughout the U.S. due to numerous barriers including a lack of consistent protocols, inadequate knowledge, and decreased level of confidence in demonstrating the proper kangarooing technique. An integrative review was conducted to evaluate the impact of kangaroo care on premature infant weight gain in order to educate nurses about its efficacy among preterm infants.

*Data Sources:* A literature search was conducted using CINAHL, PubMed, Cochrane Reviews, ClinicalKey and Google Scholar. Large volume searches were restricted using appropriate filters and limiters.

Conclusions: Most of the evaluated studies determined that weight gain was greater among the kangarooing premature infants. Kangaroo care is a low-tech low-cost modality that can facilitate improved preterm infant weight gain even in low-resource settings. Despite its current efficacy, kangaroo care is not widely utilized due to several barriers including an absence of standardized protocols and a lack of knowledge about its benefits. Kangaroo care can become a widespread formalized practice after nurses and parents learn about the technique and its numerous benefits for premature infants, including its association with improved weight gain.

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The preterm infant birth rate within the United States is rising every year (Ahmed & Sands, 2010) and premature infants represent approximately 11.4% of the delivered infant population (McCabe, Carrino, Russell, & Howse, 2014). Within the United States, the expenditures linked to the delivery of premature infants are estimated to be \$4.33 billion and approximately \$760 million of this cost has been allocated

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towards the health-related expenses of premature infant patients (Trasande, Malecha, & Attina, 2016).

Although preterm birth is linked to a higher incidence of infant mortality (Ahmed & Sands, 2010), the extent of morbidity is reduced among surviving infants with greater birth weights (Horbar et al., 2012). In addition, daily infant weight gain is also associated with decreased hospital readmissions, cerebral palsy and neurodevelopmental deficits (Ehrenkranz et al., 2006). To promote weight gain among preterm infants and reduce the onset of health complications, various low-tech

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**Table 1**Evidence evaluation table.
Author design sample setting.

Author/year	Participants	Methods		Findings	Level of evidence (Melnyk & Fineout-Overholt, 2011)	Limitations
Acharya et al.	N = 126 intervention group = 63; control group = 63; setting: nursery in Dharan, Nepal	Randomized controlled trial; descriptive statistics		On a daily basis, premature infants in the kangaroo care group gained 10 g while infants in the control group gained 7 g. The average weight gain among infants in the kangaroo care group was $12.11 \pm 9.04$ g and among control group infants, the resulting weight gain was $3.29 \pm 15.81$ g ( $P < 0.001$ ). The infant scale was calibrated with a precision of $10$ g.	Level II	Enrollment weight of the intervention and control group infants were not comparable.
Bera et al.	N=500 intervention group $=300$ ; control group $=200$ ; setting: Neonatal unit at the SSKM hospital in Kolkata, India	Controlled trial; student's unpaired <i>t</i> -test		Once the premature infants reached their 3–6 month corrected gestational age, the average weight gain of kangaroo care infants was 7111.8 $\pm$ 1017.64 g and the control group infants' weight gain was 5668.4 $\pm$ 1101.46 g (P < 0.001).	Level III	No randomization; potential for selection bias when allocating infants to each study group; 10% of subjects left study because it was difficult for some mothers to carry out the appropriate kangaroo care technique.
Conde-Agudelo et al.	N = 2751; setting: Multiple international neonatal settings including Aligarh, India; Providence, United States; Kebangsaan, Malaysia; Addis Ababa, Ethiopia; Yogyakarta, Indonesia; Merida, Mexico; Bogota, Columbia; Bali, Indonesia; Rohtak, India; Hyderabad, India; Mumbai, India; Mahajanga, Madagascar; Aurora, United States; New Delhi, India; Darwin, Australia; Connecticut, United States; Quito, Ecuador and London, United Kingdom	Systematic review of randomized controlled trials; Review Manager Software		Each day, the average weight gain of kangaroo care infants was greater than the control group infants. Kangaroo care infants gained 3.7 g on a daily basis (CI 95%, 1.9–5.6) (P $<$ 0.001).	Level I	Lack of researcher or subject blinding; some of the studies had unreported or high attrition data.
El Moniem et al.	N = 100 intervention group = 50; control group = 50; setting: Neonatal units at Ain Shams University and Cairo University hospitals, Egypt	Non-randomized controlled trial	Descriptive statistics and paired <i>t</i> -test.	Among kangaroo care infants, the amount of weight gain was 723.6 $\pm$ 117.7 g while control group infants gained substantially less weight, 401 $\pm$ 68.7 g (P < 0.0001).	Level III	No randomization
Gathwala et al.	N = 100 intervention group = 50; control group = 50; setting: Neonatology section of a Pediatrics Department located at Pt BD Sharma PGIMS, Rohtak, India	Randomized controlled trial	Chi-square and unpaired <i>t</i> -tests.	The mean weight gain among infants randomly recruited into the kangaroo care group was 16.23 $\pm$ 0.49 g/day while the weight gain acquired by infants in the control group was 14.10 $\pm$ 52 g/day (P < 0.05).	Level II	Kangaroo care sessions were not consistently carried out throughout the duration of the entire study.

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