 <p>Jackson MEMORIAL HOSPITAL Jackson Health System</p> <p>HOLTZ CHILDREN'S HOSPITAL</p> <p>NBSCC</p>	<p>Section: PROCEDURES</p> <hr/> <p>Subject: KANGAROO MOTHER CARE</p>
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PURPOSE: To outline the procedure for Kangaroo Mother Care (KMC) in the NBSCC

PATIENT POPULATION:

- All infants greater than 1000 grams who have demonstrated cardiopulmonary and temperature stability for greater than 24 hours.
- Infants on less than 40% oxygen therapy via nasal continuous positive airway pressure (NCPAP), nasal cannula or oxyhood.

KEYPOINT:

- Infants less than 1000 grams, or infants receiving greater than 40% oxygen, or infants who are intubated yet stable will need approval from the primary attending physician.
- The respiratory therapist and nurse will coordinate KMC for infants who require respiratory support.

EXCLUSIONS:

- Active apnea/bradycardia
- Poor temperature control
- Necrotizing enterocolitis
- Patent ductus arteriosus
- Acute respiratory distress or increasing ventilatory support
- High frequency ventilation
- Hypotension or use of pressors
- Umbilical lines
- Chest tube
- Phototherapy with increasing bilirubin level
- Parental refusal

EDUCATION:



Educate the parents how to provide KMC for their infant. Provide a KMC flyer along with the NBSCC admission packet as well as video/verbal instructions. (Monthly KMC classes are also available for parents).

SUPPORTIVE DATA/SUPPLEMENTAL INFORMATION:

Successful Kangaroo Care can promote bonding of parent and preterm/full term infant through skin to skin contact. Evidence has proven that KMC provides many physiological and psychological benefits to parents and infants.

REFER TO:

HCH Policy # 104 Holtz Children's Hospital Safety Program
HCH Policy # 745.5 Breast Milk Collection, Storage and Transportation Procedure.
Breastfeeding

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HCH Policy # 801 Care of Patient Requiring Oxygen Therapy Protocol
 NBSCC Policy # 805 Neonatal Thermoregulation Protocol.
 NBSCC Policy # 806 Neonatal Developmental Care.
 NBSCC Policy # 809 Assessment of the High Risk Infant.

EQUIPMENT LIST:

- Comfortable reclining chair
- Screens are optional but can be used if mother is breastfeeding
- Pillow
- Warm blankets and hat for baby
- Button-down shirt or "KMC tube top" (available from the KMC team)
- Overhead radiant warmer for infants less than 1000 grams



PROCEDURE/STEPS:

1. Educate parents on the benefits of KMC.
2. Determine parental readiness.
3. Nurse and parent perform any needed procedures that may later interrupt infant holding, if possible.
4. Evaluate temperature for eligibility.
5. Remove infant's clothing except for diaper, socks and hat.
6. Position parent comfortably in chair wearing open shirt or "KMC tube top".
7. Place infant on parent's bare chest (between the breasts if mother) upright with head above parent's heart and secured with minimal stress, legs in "frog" position to ensure belly contact.
8. Cover the infant with blankets and then secure lines, oxygen tubing etc. to the parent's clothing.
9. Recline the chair after the parent and infant are comfortable.
10. Maintain isolette on air mode while KMC is in progress.
11. When KMC is over, assist the parent in returning infant to the isolette.
12. Schedule the next KMC session with the parent.

ASSESSMENT:

For NICU babies, evaluate heart rate, respiratory rate, oxygen saturation and temperature and assess pain score before and 15 minutes after KMC session begins. For NB Intermediate, evaluate temperature 15-20 minutes after starting session and maintain monitors.

KMC sessions are scheduled for a minimum of one hour and can be extended (from touch time to touch time) up to 2-3 hours as tolerated by the infant. KMC sessions can be repeated 2-3 times per day as tolerated by the infant.

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FEEDING:

If the infant is due to be fed during the KMC session, put infant to breast if appropriate, or near the mother's nipple if feeding is being given by feeding tube or bottle feeding.
 For first breastfeeding, (gestational age of 32-34 weeks) assist mother in placing infant on empty breast for suckling. (Refer to breast feeding policies)
 After effective latch-on has been achieved infant may breast feed during KMC.

COMPLICATIONS

Low axillary temperature

Apnea/bradycardia/desaturation episodes

INTERVENTIONS

Place radiant warmer over parent and infant, repeat temperature in 15 minutes

Evaluate infant's position on parent's chest, check leads and monitors, return infant to isolette if unable to correct problem.
 Notify physician

DOCUMENTATION:

Nurse documents KMC session in patient's medical record, specifying duration of session and infant's response.
 For infants on ventilatory support, respiratory therapist documents respiratory assessment at initiation of KMC and after completion of session.

REFERENCES:

Luddington-Hoe, S., Morgan, K., & Abouelfetoh, A. (2009). A clinical guide for implementation of kangaroo care with premature infants of 30 or more weeks' postmenstrual age. *Advances in Neonatal Care*, Vol. 8, No. 3S, pp. S3-S23.

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