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# Frequently Asked Questions regarding Skin-to-Skin Care (SSC)

1. **What are some strategies for changing unit culture that might increase active promotion of SSC by the health care team?**
   1. SSC has been successfully studied and described in medical and nursing literature. The World Health Organization produced a manual for kangaroo care in 2003 and in September of 2015, the American Academy of Pediatrics published a Clinical Report on Skin-to-Skin Care in *Pediatrics*. Quoting from the article:

*There may be resistance among health care providers regarding offering SSC. This resistance could stem from fear of harm to the infant or from lack of experience, time, or assistance to transfer the infant to the parent and/or monitor the infant’s well-being. A nursing simulation training program may help promote acceptance of SSC. Multiple guidelines for the provision of SSC have been published, and each facility needs to consider staffing, experience, and resources in the development of its institutional guidelines. Because SSC has been shown to be feasible and safe in the NICU in infants as young as 26 weeks’ gestation, with benefits for both parents and infants, facilities are encouraged to offer this care when possible.*

*Pediatrics* September 2015, VOLUME 136 / ISSUE 3 From the American Academy of Pediatrics Clinical Report

1. **What if the baby is endotracheally ventilated or has umbilical or other arterial lines?**
   1. There are many reports in the literature of infants who are endotracheally ventilated and have lines that have successfully “kangarooed” in the first few days of life.
   2. Always make sure you have sufficient staff at the bedside to transfer the infant safely. In the article” Safe Criteria and Procedure for Kangaroo Care With Intubated Preterm Infants”, the authors discuss how caregivers and family safely coordinated kangaroo care with mechanically ventilated infants who weighed less than 600 grams and were less than 26 weeks’ gestation at birth.

Safe Criteria and Procedure for Kangaroo Care with Intubated Preterm Infants, Ludington-Hoe, Susan M. et al. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, Volume 32, Issue 5, 579 – 588

1. **What space and furniture do we need to provide SSC in the NICU?**
   1. Space is always an issue in the NICU. Dr. Bob White is the chairman of the Consensus Committee on Recommended Standards for Newborn ICU Design. Here, he shares what he feels is a critical component of NICU space: Location of the parent chair in relation to the infant. “There should be careful attention placed on the idea that a mother (or father) would be sitting next to the bedside doing skin-to-skin (kangaroo) care.
   2. Units can purchase the Kangaroo Chair (pictured below), which was specifically designed for SSC. This unique recliner allows mothers to lean back and hold their babies safely while performing SSC. This chair is quite large so it does occupy a bit of space. It is also pricey. You can find the chair online at: http://ioahcf.com/products/recliners/kangaroo/



* 1. Another option that has economy of both price and space is the Lafuma Futura Air Comfort Zero Gravity Recliner (pictured below). This chair was demonstrated at the 33rd Annual Gravens Conference. For more information, you can contact Emile Cabrera, the US Sales Director at Lafuma America Inc, at: ecabrera@lafuma.fr

A close up of a chair

Description automatically generated

* 1. Bands/Clothing for SSC. These are important to minimize the risk of falls. There are several companies to look at. We list the more popular ones are listed here:
     1. Joey band https://joeyband.com/
     2. Aegis: https://saplacor.com/
     3. The Zaky: https://thezaky.com/collections/all-the-zaky-products
     4. Nuroo: https://nuroobaby.com/

1. **What should be a staff member’s level of experience when coordinating SSC for an "intubated” patient?**
   1. As with any procedure, staff should be educated and demonstrate competency with transferring an infant to SSC using a standing and sitting procedure. Standing transfer is considered the best practice. Using simulation to provide practice and confidence prior to performing the procedure is also recommended. We have included a Sample Staff Competency document in the tool kit.
   2. We also recommend that family caregiver receive training to become competent. The Caring Essentials Collaborative LLC has published a parental competency for SSC, and it is available in the text: Trauma-Informed Care in the NICU- Evidenced-Based Practice Guidelines for Neonatal Clinicians, by Mary Coughlin. We include a sample Family Caregiver Competency in the tool kit.
2. **What are necessary elements in our unit’s SSC protocols?**
   1. Your current protocols should include eligibility criteria, a recommended method of transfer (standing or sitting), a description of competency assessment for both staff and family caregivers, the required medical record documentation, and a summary of and references to the evidence that supports your SSC protocol. The Toolbox contains a sample policy for you to as a starting document.
3. **What is the timeframe that should be used when measuring if the infant received any breastmilk at the time of initial hospital discharge?** 
   1. For the purposes of this question, an infant has received breastmilk at the time of initial hospital discharge if the infant received ANY breastmilk within 24 hours of physically leaving the unit.
4. **How do you determine eligibility criteria for SSC?**
   1. This is a question that you and your team should discuss. In the toolkit and the toolbox, we have included a Clinical Guideline from The Royal Children’s Hospital of Melbourne Australia. The guideline describes the contraindications and considerations for performing SSC. You can find the guideline here: https://www.rch.org.au/rchcpg/hospital\_clinical\_guideline\_index/Skin\_to\_skin\_care\_for\_the\_newborn/
   2. We hope that this quality improvement project will lead to gradual expansion of your unit’s existing eligibility criteria for and engagement in SSC!