FINAL 2015 KC Certification; National Guidelines TABLES (Ludington-Hoe & Morgan)

Table 1 Recommendations for Kangaroo Care by U.S. and Canadian Organizations

Organization	Recommendation
Academy of Breastfeeding Medicine	**Protocol #5:** "The healthy newborn can be given directly to the mother for skin-to-skin contact until the first feeding is accomplished. The infant may be dried and assigned APGAR scores and the initial physical assessment performed as the infant is placed with the mother. Such contact provides the infant optimal physiologic stability, warmth, and opportunities for the first feeding. Delaying procedures such as weighing, measuring, and administering vitamin K and eye prophylaxis (up to an hour) enhances early parent-infant interaction. Infants are to be put to breast as soon after birth as feasible for both mother and infant. This is to be initiated in either the delivery room or the recovery room." (Academy of Breastfeeding Medicine .2002. Peripartum breastfeeding management for the healthy mother and infant at term. *ABM Protocols, Protocol #5*, 1-2). Available at www.bfmed.org/ace-files/protocol/peripartum.pdf
Academy of Breastfeeding Medicine	**Protocol #5:** "#1. The healthy newborn can be given directly to the mother for skin-to-skin contact until the first feeding is accomplished. The infant may be dried and assigned APGAR scores, and the initial physical assessment performed as the infant is placed with the mother. Such contact provides the infant with optimal physiologic stability, warmth, and opportunities for the first feeding. Extensive skin-to-skin contact may increase the duration of breastfeeding." (pg. 129-130). Under #2. It speaks to separation: "Whenever possible, mothers and infants are to remain together during the hospital stay. To avoid unnecessary separation, infant assessments in the immediate postpartum time period and thereafter are ideally performed in the mother's room" (pg. 130). Academy of Breastfeeding Medicine Protocol Committee. (2008). ABM Clinical Protocol #5: Peripartum breastfeeding management for the healthy mother and infant at term. Revision, June 2008. *Breastfeeding Medicine,3*(2), 129-133.
Academy of Breastfeeding Medicine	**Protocol #7: "**At birth or soon thereafter all newborns, if baby and mother are stable, will be placed skin-to-skin with the mother. Skin-to-skin contact involves placing the naked baby prone on the mother's chest. The infant and mother can then be dried and remain together in this position with warm blankets covering them as appropriate.Mother-infant couples will be given the opportunity to initiate breastfeeding within 1 hour of birth. Post-cesarean birth babies will be encouraged to breastfeed as soon as possible, potentially in the operating room or recovery area. The administration of Vitamin K and prophylactic antibiotics to prevent opthalmia neonatorum should be delayed for the 1st hour after birth to allow uninterrupted mother-infant contact and breastfeeding." (pg. 173) Breastfeeding mother–infant couples will be encouraged to remain together throughout their hospital stay, including at night (rooming-in). Skin-to-skin contact will be encouraged as much as possible. (pg. 173-174) "After 24 hours of life,….. skin-to-skin contact will be encouraged." (pg. 175) (Academy of Breastfeeding Medicine Protocol Committee. 2010. ABM Clinical Protocol #7: Model breastfeeding policy (Revision 2010). *Breastfeeding Medicine, 5*(4), 173-177.
Academy of Breastfeeding Medicine	**Protocol #23:** "Coordinating a breastfeeding session with the timing of the (painful) procedure is best, but, if this is not possible, skin-to-skin contact can comfort infants undergoing a procedure such as heel lance. Skin- to-skin contact also gives the mother a caretaking role during the procedure that is unobtrusive, and by diminishing infant stress, it can increase maternal confidence as to her value to the infant. ..Sucrose and pacifier can

	both be combined with the skin-to-skin component of parental contact" (Pg. 1). "Skin-to-skin contact provides effective pain reduction for premature infants."(Pg. 2) (Academy of Breastfeeding Medicine. (2010). Non-pharmacologic management of procedure-related pain in the breastfeeding infant. *Breastfeeding Medicine 5*(6), 1-5. DOI: 10.1089/bfm.2010.9978.
American Academy of Family Physicians	Recommendation 2b says "If mother and baby are stable, facilitate immediate postpartum breastfeeding. Minimize separation of mother and infant and wait until after the first breastfeeding to perform routine newborn procedures such as weighing, opthalmic prophylaxis, Vitamin K injection, footprints and identification bands" (pg. 15). Recommendation 2C says "Provide warming for the stable newborn via skin-to-skin contact with the mother, covering both mother and baby if necessary." (pg. 15). American Academy of Family Physicians (2001*). Appendix 1: Recommendations for Breastfeeding Promotion and Management*. Available from url www.aafp.org
American Academy of Pediatrics	Recommendations for high risk infants**:** "Mother-infant skin-to-skin contact and direct breastfeeding should be encouraged as early as feasible." (American Academy of Pediatrics, Section on Breastfeeding. [2005]. Breastfeeding and the Use of Human Milk Policy Statement. *Pediatrics 115*[2], 496-506).
American Academy of Pediatrics	2012 Breastfeeding and human milk are the normative standards for infant feeding and nutrition. Infant nutrition should be considered a public health issue and not only a lifestyle choice. The Academy reaffirms its recommendation of **exclusive BF** for about 6 months,followed by continued BF as complementary foods are introduced, with continuation of BF for 1 year or longer as mutually desired by mother and infant. ….."In particular, emphasis is placed on the need to revise or discontinue disruptive hospital policies that interfere **with early skin-to-skin contact**, that provide water, glucose water, or commercial infant formula without a medical indications, that restrict the amount of time the infant can be with the mother, …"(e834).
American Academy of Pediatrics & American Heart Association	"For all healthy babies, keep the baby with his mother and provide all initial evaluations and steps with the baby on the mother's chest. This recommendation is for all healthy babies." American Academy of Pediatrics & American Heart Association (2000). *Neonatal Resuscitation Textbook- 4th Edition*, Washington, D.C.
American Academy of Pediatrics & American Heart Association	"If the infant does not require resuscitation, the infant can go to the mother for thermoregulation."(Chapter 1, pg. 18). American Academy of Pediatrics & American Heart Association (2006). *Neonatal Resuscitation Textbook- 5th Edition*, Washington, D.C.
American Academy of Pediatrics & American Heart Association	"If the infant does NOT require resuscitation, the infant SHOULD go to the mother for thermoregulation." (pg. 8) (Zaichkin, J., & Weiner, GM. [2011]. Neonatal Resuscitation Program (NRP) 2011: New Science, New Strategies*. Neonatal Network 30*[1], 5-13.) .
American Academy of Pediatrics & American Pain Society,	"Inclusion of the family in pain management is encouraged. Involve parents and tailor interventions to the individual child" (pg. 796). American Academy of Pediatrics and American Pain Society, (2001).The assessment and management of acute pain in infants, children, and adolescents. *Pediatrics 108*(3), 793-797.
American Academy of Pediatrics & Canadian	A variety of non-pharmacologic pain-prevention and relief techniques have been shown to effectively reduce pain from minor procedures in neonates. These include use of oral sucrose/glucose, breastfeeding, nonnutritive sucking, "kangaroo care" (skin-to-skin contact), facilitated tuck (holding arms and legs in a flexed position), swaddling, and developmental

Paediatric Society	care, which includes limiting environmental stimuli, lateral positioning, use of supportive bedding, and attention to behavioral cues." (pg. 2234) (American Academy of Pediatrics & Canadian Paediatric Society. (2006). Prevention and management of pain in the neonate: An update. *Pediatrics, 118*(5), 2231- 2241). "Use of …non-pharmacologic pain-reduction methods (nonnutritive sucking, kangaroo care, facilitated tucking, swaddling, developmental care) should be used for minor routine procedures"(___ [2007]. New Neonatal AAP Pain Management Recommendations, *Neonatal Network* 26[2], p 135).
American Academy of Pediatrics Section on Breastfeeding 2005	"Healthy infants should be placed and remain in direct skin-to-skin contact with their mothers immediately after delivery until the first feeding is accomplished. The alert, healthy newborn infant is capable of latching on to a breast without specific assistances within the first hour after birth. Dry the infant, assign APGAR scores, and perform the initial physical assessment while the infant is with the mother (pg. 498). The mother is an optimal heat source for the infant. Delay weighing, measuring, bathing, needle-sticks, and eye prophylaxis until after the first feeding is completed. Except under unusual circumstances, the newborn infant should remain with the mother throughout the recovery period (pg. 499)."“Additional Recommendations for High-Risk Infants: Hospitals and physicians should recommend human milk for premature and other high-risk infants either by direct breastfeeding and/or using the mother's own expressed milk. Maternal support and education on breastfeeding and milk expression should be provided from the earliest possible time. Mother-infant skin-to-skin contact and direct breastfeeding should be encouraged as early as feasible." (pg. 500) (American Academy of Pediatrics, Section on Breastfeeding, (2005). Breastfeeding and the use of human milk. Breastfeeding in full term healthy newborns. *Pediatrics, 115* (2), 496-506.)
American Academy of Pediatrics Section on Breastfeeding 2012	HOSPITAL ROUTINES TO ENCOURAGE AND SUPPORT THE INITIATION AND SUSTAINING OF EXCLUSIVE BREASTFEEDING SHOULD BE BASED ON THE AAP-ENDORSED WHO/UNICEF "TEN STEPS TO SUCCESSFUL BREASTFEEDING". (pg. e831). "In particular, emphasis is placed on the need to revise or discontinue disruptive hospital policies that interfere **with early skin-to-skin contact**, that provide water, glucose water, or commercial infant formula without a medical indications, that restrict the amount of time the infant can be with the mother, …"(e834). "Direct skin to skin contact with mothers immediately after delivery UNTIL THE FIRST FEEDING IS ACCOMPLISHED and encouraged throughout the postpartum period. Delay in routine procedures (weighing, measuring, bathing, blood tests, vaccines, and eye prophylaxis) until after the first feeding is completed." (Table 5, p.e835.). American Academy of Pediatrics Section on Breastfeeding (2012) . Breastfeeding and the use of human milk. *Pediatrics, 129*(3), e 827-e841 Doi:10.1542/peds.2011-3552
American College of Nurse Midwives	Promoting Skin-to-Skin Contact (2 page information sheet for families)
American College of Obstetricians & Gynecologists 2006	"Delivery. The immediate postpartum period should allow the woman and her newborn to experience optimal bonding with immediate physical contact, preferably skin-to-skin. The initial feeding should occur as soon after birth as possible, preferably in the first hour when the baby is awake, alert, and ready to suck. Newborn eye prophylaxis, weighing, measuring, and other such examinations can be done after the feeding, performed later in the woman's room." (pg. 279.) (American College of Obstetricians and Gynecologists [ACOG] Committee on Health Care for Underserved Women and Committee on Obstetric Practice. (2006). ACOG Educational Bulletin #258, July 2000, Breastfeeding: Maternal and Infant Aspects. In American College of Obstetricians and Gynecologists (Ed.)(2006). *Compendium of Selected Publications,* ACOG: Washington, DC: Pp. 274-289. Available through ACOG Distribution Center by calling 800-762-2264 or from website At www.acog.org. Or as American College of Obstetricians and Gynecologists [ACOG] Committee on Health Care for Underserved Women and Committee on Obstetric Practice. (2007). Special report

	from ACOG. Breastfeeding: Maternal and infant aspects. ACOG Clinical Review 12(Suppl. 1), 1S -16S.
Association of Women's Health, Obstetric and Neonatal Nurses.	"KC should be provided within 30 minutes of birth and procedures should be delayed during this time." Association of Women's Health, Obstetric and Neonatal Nurses. (2004). AWHONN news and views. Promoting breastfeeding. Women encouraged to nurse their infants for six months or more. *AWHONN Lifelines, 8(*4), 366 -367.
Association of Women's Health, Obstetric and Neonatal Nurses	"From the birth of the baby through the first two weeks postpartum, healthcare providers should: 1.facilitate uninterrupted skin-to-skin contact at birth and during hospitalization whenever possible. Ideally the first feeding should occur within one hour of birth if mother and infant are stable." And "Kangaroo Care decreases incidence and severity of infection in infants." (pg. 2443) (Association of Women's Health, Obstetric, and Neonatal Nurses. (2008). Support: Prenatal Care through the First Year. 2nd Edit. Washington, DC: AWHONN.
Association of Women's Health. Obstetric and Neonatal Nurses (AWHONN), American Association of Critical-Care Nurses (AACN), & National Association of Neonatal Nurses (NANN).	"Thermoregulation: A3c. Encourage skin-to-skin holding to prevent hypothermia in late preterm infant." (page 1 of chapter 23). Association of Women's Health. Obstetric and Neonatal Nurses (AWHONN), American Association of Critical-Care Nurses (AACN), & National Association of Neonatal Nurses (NANN). (2009). Chapter 23. Care of the Late Preterm Infant in M.T. Verklan & M Walden, (Eds.). *Core Curriculum for Neonatal Intensive Care Nursing*, 4th Ed. St. Louis: Saunders Elsevier.
Association of Women's Health, Obstetric and Neonatal Nurses 2013	Women's Health and Perinatal Nursing Care Quality Draft Measures Specifications. Recommends Birth KC begin within 5 minutes of birth and that there should be uninterrupted KC. Procedures, ie banding, VS, Vit K and Ophthalmic ointment should be done while in KC (pgs 40-47)
Canadian Paediatric Society	During KC, the infant experiences maternal heart sounds, rhythmic maternal breathing, warmth, and prone positioning, gentle stimulation across the auditory, tactile, vestibular and thermal sensory systems which may modulate pain perceptions. KC if efficacious in reducing physiologic and behavioral responses to pain in PT infants 28-36 weeks GA. "Nurseries that care for preterm infants should be encouraged and supported in implementing this practice". 2012
Center for Disease Control and Prevention (CDCP) United States Department of Health and Human Services	***CDC National Survey of Maternity Care Practices in Infant Nutrition and Care (***mPINC) Survey done every 2 years by CDC "…providing continuous support during labor and maintaining skin-to-skin contact between mother and baby after birth have been demonstrated to have a positive effect on breastfeeding" 2011 pg. 1. **http://www.cdc.gov/breastfeeding/data/reportcard.htm** STSC is the very first strategy and says "Doctors and midwives place newborns skin-to-skin with their mothers immediately after birth, with no bedding or clothing between them, allowing enough uninterrupted time (at least 30 minutes) for mother and baby to start breastfeeding well" 2011 pg?
International Network for Kangaroo Care (INK)	Wrote the Bogota Declaration "Kangaroo Mother Care is a basic right of the newborn, and should be an integral part of the low birth weight and full-term newborn's care, in all settings, at all levels of care, and in all countries". Charpak,N, deCalume, CF, Ruiz JG 2000. The Bogota Declaration on Kangaroo

2000	Mother Care: conclusions of the second international workshop on the methods. Acta Pediatrica. 89(9); 1137-1140 .
International Network for Kangaroo Care (INK) 2010	Nyqvist KH, Anderson GC, Bergman N, Cattaneo A, Charpak N, Ewald U, Ibe O., Ludington-Hoe SM, Mondoza S, Pallas K, Ruiz-Pelaez JG, Sizun J., & Widstrom A-M. (2010).Towards universal Kangaroo Mother Care: Recommendations and report from the First European Conference and 7th International Workshop on Kangaroo Mother Care. *Acta Paediatrica, 99*(6), 820-826. DOI:10.1111/j.1651-2227.2010.01787.x. This document summarizes key note addresses at the conference, the product of the workshop groups and concludes with our recommendations for KMC with preterm infants in community, level 1,2, and 3 hospitals in underdeveloped, developing, and developed nations. . Conclusions are that KMC enhances bonding and attachment, reduces maternal postpartum depression symptoms, increases parental sensitivity to cues, contributes to establishment and longer durations of breastfeeding, and has positive effect on infant development and infant/parent interaction. Intrapartum and postnatal care in all types of setting should adhere toa paradigm of non-separation of infants and their mothers/families. KMC should begin as soon as possible and be applied as continuous skin-to-skin contact to the extent that is possible and appropriate and continue for as long as possible.
March of Dimes???	"Close to Me" program ???????
National Association of Neonatal Nurses (NANN) 2008	Clinical Guidelines for Implementation of Kangaroo Care with Premature Infants $\geq$ 30 Weeks Postmenstrual Age. Advances in Neonatal Care. NANN special supplement. Ludington, Morgan, and Abulfettoh. 2008
National Association of Neonatal Nurses (NANN) Board of Directors.	The Use of Human Milk and Breastfeeding in the Neonatal Intensive Care Unit. Position Statement #3046. 2009. Advances in Neonatal Care, 9(6): 314-318. On page 316 it states: "3. Transitioning the Vulnerable Infant to At-Breast Feedings. Skin-to-skin care provides a valuable opportunity for all mothers to feel connected to their infants. Prior to holding her infant skin to skin, the mother should pump her breasts to prevent the leakage of milk. In addition, skin to skin care is an important component of transitioning the infant from tube feeding to direct feeding from the breast. As a component of skin to skin care,nonnutritive sucking at the emptied breast during tube feeds can be initiated as soon as the infant is no longer ventilator dependent
National Perinatal Association	**2010** *Multidisciplinary Guidelines for the Care of Late Preterm Infants*,
Save the Children Washington DC	"KMC is beneficial for your infant as it hastens your baby's growth and development by)1. Regulating your premature baby's bodily temperature (With KMC, your own bodily temperature helps keep your baby warm or will also cool them down.. . This is known as thermal synchronicity. With this, his/her condition will stabilize and his/her breathing and heart rate are more regular.2) Promoting the special bond between you and your newborn baby (feelings of safety and security are promoted through KMC, making him/her less stressed and promotes sleep. 3) Giving your baby the right nutrients from your breast milk. Your breast milk has all the right nutrients to meet your newborn's needs. Your breast milk protects your baby by helping them to ward off infections. Breast milk is loaded with nucleotides that are crucial for your baby's brain development while colostrum provides antibodies that help boost your baby's immune system." (page 2) Because you position your infant between your breasts, he/she can smell your milk and this triggers an instinctive feeding and self-latching. Feeding your baby breast milk gives him/her the nourishments they need and this hastens weight gain to almost 30 grams per day as compared to preemies cared for in incubators. 2011
United States Agency for	"Skin to Skin care is recommended for all babies immediately after delivery to ensure warmth. It is also a recommended method when transferring a sick infant to a health

International Development (USAID)	facility and should be used to improve survival of low birth weight and preterm babies". (USAID, 2012, pg 2) "Kangaroo Mother Care should be practiced because Kangaroo Mother Care ensures warmth,…ensures nutrition by supporting the mother to breastfeed her baby frequently and exclusively, provide infection prevention while in the facility, … and enables early discharge." (USAID 20112 Pg 3
United States Institute for Kangaroo Care (USIKC)	Supports and recommends the Bogota Declaration
World Health Organization	Practical Guidelines for implementing KMC
World Health Organization (WHO)	Skin-to skin care is recommended immediately after delivery for every baby as part of routine care to ensure that all babies stay warm in the first two hours of life, and for sick newborns during transport for referral. Low birthweight infants require skin-to skin contact for a longer period of time. KMC is the early, prolonged and continuous skin-to-skin contact between the mother or substitute and low birth weight infant, both in hospital and after early discharge, until at least the 40th week of post natal gestation age, with ideally exclusive breastfeeding and proper followup. Cattaneo, Davanzo and Uxa Pg. 444
World Health Organization	Ten Steps to Successful Breastfeeding (step 4)