

I want to...

Skin-to-Skin for Infants: Guidelines for Professionals

Definition

Skin-to-skin contact between an infant and his or her parents. It is often called kangaroo care.

Population at risk

Hospitalized newborns.

Exempt patients

- Infants who are not medically stable or who have had an acute or sudden deterioration in condition within the past 24 hours
- Infants with a chest tube and/or intracardiac line (RA or LA)

Desired patient outcomes

- Maintain neurobehavioral organizational

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state and physiological stability including oxygenation, heart rate and thermoregulation during transfers and holding

- Remain free from any adverse effects associated with transfer or holding of infant such as extubation and thermal instability (optimal)
- Begin a bonding process (optimal)

Assessment

- Assess whether the infant is a candidate for skin-to-skin contact (kangaroo care) . The infant should be medically stable and not have a chest tube or intracardiac line (RA, LA). Also, the family should be willing to participate.
- Assess parents' readiness to provide skin-to-skin care:
 - Is the parent willing to spend the expected length of time (minimum of one hour) holding the infant skin-to-skin?
 - Is there a verbalized understanding of teaching materials and viewed video?
 - Is the parent dressed appropriately

with a button-down shirt?

- If the infant is intubated, assess the type of transfer technique that should be performed — parent transfer or nurse transfer (read our intubated infant guidelines for more information). The type of transfer will depend on the parent's ability to get in and out of the chair by himself or herself.
- Before transferring an intubated infant, assess vital signs, pain score, breath sounds and ventilator tubing for excess water.
- If the infant is intubated, monitor vital signs including temperature and pain score at 15 minutes post transfer and then every hour while infant is being held skin-to-skin.

Interdisciplinary communications

- Discuss the infant's tolerance for skin-to-skin contact with primary medical team.

Interventions

- Before touching the infant, clean and warm your hands.
- Reinforce parent participation by using

a reminder calendar with stickers.

Patient teaching

- Review information about skin-to-skin contact (kangaroo care) with parents and show video.
- If the infant is intubated, teach parents transfer techniques and demonstrate the technique using a doll.
- Tell parents that a change in vital signs during transfer and while holding infant indicates medical instability and may require ending the skin-to-skin session.

Reassessment and evaluation

- Evaluate parent's return demonstration of transfer technique
- Assess parent's comfort level during skin-to-skin contact and need for a positioning device to support the infant

Documentation

- Treatment interventions — plan for skin-to-skin contact (kangaroo care)
- Flowsheet
 - Duration of skin-to-skin contact

- Infant's tolerance of skin-to-skin care
- Vital signs and pain score for intubated infant
- Progress note — problems encountered and action taken
- Interdisciplinary Patient-Family Education Flowsheet — teaching completed

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