Southern Health and Social Care Trust

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Children & Young People's Directorate Paediatric-Neonatal Guidelines Checklist & Version Control Sheet

1	**Name of Procedure**			Skin to Skin contact – parents and babies procedure in Neonatal/SCBU
2	**Purpose of Procedure**			This procedure aims to ensure staff are able to initiate and promote safe and appropriate skin to skin care from birth to discharge
3	**Replaces:**			
4	**Professionals consulted during development**			
5	**Applicable to which staff:**			Neonatal/SCBU staff
6	**Name & Title of Author:**			[redacted]
7	**Proposals for dissemination:**			Una Toland via Neonatal/SCBU team
8	**Proposals for implementation:**			Immediate effect
9	**Training Implications:**			Included in induction training of new staff
10	**Date Procedure/Guideline/ Protocol submitted to Procedures Committee:**			**July 2024**
11	**Outcome**	**Approved**		**July 2024**
		Approved/Minor amendments		
		Not approved		
		Deferred		
14	**Date for further review (3-year default)**			**June 2027**
15	**Date added to repository:**			

Guidance on the use of skin-to-skin in neonatal

Scope: skin to skin contact immediately or as soon as possible after birth complies with WHO/UNICEF's baby friendly health initiative guidelines to promote initiation and continuation of breastfeeding. The use of skin to skin care also known as kangaroo care improves outcomes for babies and enhances interactions with the parents.

In our neonatal and special care baby units, we support families to build close relationships with their baby(s). We encourage and support families to participate in skin to skin/kangaroo care with their baby(s).

Skin to skin also known as kangaroo care refers to the method of holding an infant in an upright and prone position, skin to skin on a parent's chest for a period of time. The infant can be enclosed in parents clothing in order to maintain temperature stability. Alternatively blankets can be wrapped around the infant to provide a secure kangaroo like pouch.

This procedure applies to clinical staff caring for babies and their families.

Indications

It is vitally important that we are offering this to parents as much as possible depending on condition of baby. Infants who are medically stable including infants on CPAP, HHHFO2, low flow and low, low flow oxygen are able to participate. Infants should have a stable oxygen requirement. Infants who are ventilated may also participate if medically stable.

Benefits of Skin to skin or Kangaroo care

For the baby	• Physiological stability including higher and stable oxygen saturation. levels, fewer apnoea episodes, stable respiratory rate and heart rate, lower airway resistance and stable temperature regulation. • Promotes restful sleep including increased time spent in quiet sleep and self-regulation of sleep patterns. • Improved infant neurobehavioral development. • Reduced nosocomial infections and severity of infection. Enables colonisation of the infant's skin with friendly microbes from the parent's skin, thus providing protection against infection. • Increased growth rates and weight gain in premature infants. • Analgesic effects for painful procedures. • Reduced cortisol levels encourage a calming effect. • Reduction in mortality rates. • Breast milk is readily available and earlier initiation of breastfeeding is encouraged. • Increased oxytocin levels help to increase attachment/bonding and increased let down of milk. • Faster growth rates and earlier discharge from hospital. • Calms and relaxes baby. • Promotes restful sleep including increased time spent in quiet sleep and self-regulation of sleep patterns.
For the parents	• Enhances baby/parent bonding and attachment. • Increases breastmilk production by the release of oxytocin and unrestricted access to the breast. • Promotes family centred care/ Encourages attachment and bonding. • Enhances parental psychological and emotional wellness. • Promotes parental confidence in handling their premature/unwell infant. • Introduces baby to breastfeeding. Familiarise infant with the scent of mother's breastmilk and helps them to locate the nipple for future breastfeeding. • Parents feel empowered to care for their baby(s) more confidently with reduced feelings of inadequacy and anxiety. • Reduced cortisol levels which decreases incidence of post-natal depression and improved parental mood.

Duration

- **UNICEF Baby Friendly Initiative recommends that skin to skin should be maintained for a minimum of 1 hour to ensure the benefits are maximised. The infant is able to achieve regulation, physiological stability, quiet sleep and interaction with their parent. Therefore, skin to skin should be encouraged to continue for a minimum of 1 hour.**

- **Monitor baby continuously throughout. If there is evidence of increasing oxygen requirements, signs of infant distress i.e. bradycardias/ desaturation/colour change, infant becoming restless or distressed or parents request, the session should end sooner.**

- **There is no maximum time limit babies can spend skin to skin.**

Contra-indications and Risk

- Need for frequent suctioning.
- Frequent apnoeas.
- Chest drain in place.
- Unrepaired surgical conditions e.g. omphalocele, gastroschisis and myelomeningocele.
- Oxygen requirement greater than 50%.
- Need for continuous sedation or paralysing agent.
- NEC or suspected NEC.
- Babies who are muscle relaxed.
- Babies who are acutely haemodynamically unstable.
- Parent refusal.
- Infants receiving intensive phototherapy.
- Babies who are receiving palliative care – discuss with the medical team.
- Babies who are receiving ventilation (conventional/HFO/CPAP/Hi flow) support and have central line. This may require two or more persons transfer and ensure security of devices and safe transfer of the baby – discussion with the medical team.
- Medically stable, ventilated infants can participate in skin to skin. If unstable, discuss with medical team.
- High frequency ventilation.
- Infants with umbilical lines may participate in skin to skin but all lines must be secured appropriately and if any concern regarding stability of lines, seek advice of the medical team. It may be easier to facilitate infants with umbilical lines to be held in their parents arms so that lines remain visible.

Preparation

Parent Preparation

- Ensure discussion with parents on benefits of skin to skin and the sequence of events in transferring the infant to and from their chest.
- Give parents the BLISS leaflet "Skin to skin with your premature baby".
- Discuss timing of skin to skin and recognition of infant cues.
- Discuss the option of suitable clothing, ideally an open front gown or suitable top/shirt.
- Have a comfortable chair available in a calm environment with privacy for parents to prepare for skin to skin.
- Advise parents to go to toilet before skin to skin and have a drink available if they so wish.
- Suggest parents do not smoke immediately before skin to skin.
- Advise parents their infant may be briefly unstable during transfer from /to incubator /cot to chest.
- In baby(s) with IV lines, feeding tubes etc., care should be taken that all lines are secure.

Staff preparation

- All staff should have knowledge of skin to skin techniques and should have read the BLISS leaflet "Skin to skin with your premature baby".
- The optimum time to facilitate skin to skin should be a point of discussion with the MDT during the ward round. Any concerns about the suitability or practicality of skin to skin should be openly discussed with parents / MDT.
- Involve parents in decisions around initiating skin to skin when the infant is deemed clinically stable to tolerate same.
- Staff may consider a laminated card at the cot side indicating –"I am ready for skin to skin".
- Ensure staffing numbers are considered before offering skin to skin for ventilated infants. Sufficient numbers are required for safe transfer of the infant in and out of the cot /incubator and that no other major procedures are in progress in close proximity.
- Staff should be confident to transfer infant out for skin to skin.
- Junior staff should receive support.
- Ensure quiet, calm environment with privacy for parents to prepare for skin to skin.
- Ensure a comfortable chair is available with pillow and foot stool if required.

- Staff should avail of practical training either internal (practical skills sessions, CEC-breastfeeding and relationship building course) or external (FINE course, UNICEF neonatal course).

Baby preparation

- Check the infant's temperature and ensure normothermia before considering the transfer out for skin to skin (36.5° C - 37.5 °C).
- Check monitoring alarms are appropriately set for the infant.
- Ensure all tubes and access lines are secure.
- If the infant usually requires an increase in oxygen requirements for procedures and handling, increase prior to the transfer out for skin to skin. Allow approximately 10% increase.
- Drain any condensation from respiratory support tubing before moving the infant.
- Place the chair close to the incubator and any infusions pumps /respiratory support equipment / monitors ensuring that cables and infusion lines will reach the chair pre-transfer.
- Have hat/blanket available.

<u>Transfer</u>

The preferred transfer method to be taught for baby's continued stability is for a parent to pick up baby dressed in only a nappy and place baby on their chest comfortably, with limbs flexed and head to one side in the sniff position. This should occur with supervision from a staff member, the nurse-led transfer is an alternative method dependant on the parent's preference and baby's needs.

Facilitate a transfer of infant to parent that causes the least amount of stress to the baby. If the parent is physically able, the parent can stand up close to the bed and transfer the baby to their chest while still standing. The parent then slowly sits down in the chair while maintaining the infant in skin-to-skin contact. The nurse manages the lines and wires to ensure a smooth transfer. For parents who are unable to transfer in this manner the nurse may bring the baby to the parent keeping the infant in containment wrapped in the blanket that will then be used as a covering. Ensure that the chair used does not have wheels or brakes are applied.

- Gently rouse the infant and respond to any cues of distress with containment. The movement from a horizontal resting position to vertical skin to skin position should be slow and controlled.
- Support all necessary respiratory support tubing, feeding tubes, IV lines and infant monitoring cables. More than 1 nurse may be required for a safe effective transfer.
- Position the infant comfortably upright and prone with their legs and arms flexed and their head to one side. Have the parent support the infant with one hand on the

infants head and the other one over the infant's body. Baby's back supported by parents arm and infant's arms are in a flexed position and near to their mouth.

- The nurse can support the parent by providing a hat and/or blanket if required to ensure the infant is able to maintain effective thermoregulation and to help maintain position on their parent's chest.
- If the infant is on CPAP , check the prongs or mask are positioned to avoid additional pressure on the nares or septum.
- Secure respiratory support tubing to the parents clothing at shoulder height to allow some movement of the head.
- Check that other infusion lines /feeding tubes etc. are free from tension
- Wrap the parents gown/ shirt or top around the infant to form a pouch and place a blanket over the infants back.
- Ensure the infant is held close to their parent's chest with limbs flexed and supported and head and back supported in parents arm/hand. The parent will gently stand up and slowly and gently place their baby back into their incubator/cot.
- The nurse or second parent can assist with lines, monitoring wires and ventilation equipment.
- Support the parent to replace any nests, developmental aids or blankets.

<u>During skin to skin</u>

- The nurse should remain in the room if the infant is receiving respiratory support and regular assessments should be made.
- Allow the infant time to settle and reduce oxygen as required.
- Check infants temperature after approximately 15 minutes and remove or add hat/blanket if necessary.
- If the infant shows signs of continual distress and increasing oxygen need, the infant should be transferred back to the incubator.
- Feeding via NGT/OGT should continue allowing at least 20 minutes after the feed before moving the infant back to the incubator.
- If infant is on continuous feeds, pause the feed during transfer and restart approximately 10-15 minutes after the infant has settled for skin to skin .
- Infants who are stable may show signs of early breastfeeding behaviours and may nuzzle/lick at the breast.

Completing skin to skin

- Skin to skin can last from 1 hour or for however long the parent wishes or baby can tolerate. Comfort, stability and contentment should be evident for both the infant and the parent.
- Monitor the infant's restlessness as an indication they wish to return to the incubator /cot.
- Ensure sufficient staff are present to safely move the infant back to the cot/incubator and ensure the infant , tubing, lines and cables are safely supported during the transfer back.
- Record temperature 15 minutes after transfer back and ensure normothermia is achieved by adjusting incubator temperature, removal of hat etc.
- Document the time spent skin to skin and tolerance of the procedure.
- Encourage maternal expression after she has partaken in skin to skin as a larger volume of milk may be obtained.
- Document time spent in skin to skin, infant's tolerance and how the parent felt during the session.

Observations, monitoring and nursing care

- Inform parents how to recognise colour changes.
- Nursing staff should closely monitor the baby throughout skin to skin, other observations will continue such as observing IV lines, temperature, or blood sampling.
- Assess baby's response to transfer and wait up to 15mins to allow for physiological adaption and support as needed during this time. Adjust oxygen as required.

Documentation

- Document in the baby's nursing notes and plan of care made in partnership with parents.
- Document on how the baby handles skin to skin.