

**POLICY**

The Neonatal Intensive Care Unit (NICU) Team will encourage, support and promote skin-to-skin contact (SSC) between parents and their infants. SSC is a term sometimes interchanged with the term Kangaroo Mother Care (KMC). This policy will provide consistent education and guidelines to support SSC as standard practice in the NICU clinical setting.

**DEFINITIONS**

Skin-to-Skin Contact (SSC) - when the infant is in an upright, prone position, dressed only in a diaper and a hat (optional), rests against the parent’s chest, or other person designated by parent. If necessary, the position during SSC can be altered to accommodate indwelling lines and tubes.

**GUIDING PRINCIPLES AND VALUES**

- Skin to skin care promotes and enhances thermoregulation, improves state modulation, enhances an in-line stabilized posture, extends quiet sleep periods and quiet alert periods, provides an opportunity for non-nutritive sucking, enhances physiological stability and improves weight gain.
- SSC provides the family with the opportunity to recognize and respond to their infants’ behavioral cues, thus becoming aware of their infants’ individuality. This promotes earlier attachment and an increased sense of confidence in caring for their infant.
- SSC promotes breastfeeding by increasing milk volume and enhancing the duration of lactation.
- Evidence indicates that SSC is an effective non-pharmacological strategy for infant pain management. If procedures can be done safely in SSC, the parents should be engaged to do so.
• Length of SSC sessions should be longer than one hour, so as to allow the infant to experience an entire sleep cycle while being held SSC. If a SSC session cannot be longer than an hour, any amount of SSC is better than none at all.

PROTOCOL

Assessment:

1. The family's willingness to participate will be determined.
2. In partnership with the neonatal team and the parent(s), infants will be assessed on an individual basis regarding their readiness for SSC.
3. It is expected that a SSC provider may not always be able to be alert while providing skin to skin care; the infant should be placed on a monitor or continually visualized by an alert adult to ensure safety.
4. For the first SSC session of each infant and infants less than 1000 g who are within the first week of life, assess infant's axilla temperature prior to, 30 minutes post transfer, and after SSC sessions. Otherwise, monitor temperature according to care needs and additionally only as concerns arise.

NOTE: Situations may arise during which an infant is deemed unable to engage in SSC at a particular time. A plan to revisit the decision and determine readiness in the future must occur. These discussions with the neonatal care team and the resulting decisions must be documented in the infant’s health record. For example, the presence of indwelling lines/tubes does not exclude an infant and family from experiencing the benefits of SSC.

PROCEDURE

1. One health care provider (HCP) transfer to SSC provider/parent for infants with minimal equipment:
   a. Have parent prepare his or her clothing for holding the infant.
   b. Have parent secure lines in hand and place that hand under infant’s buttocks, while placing second hand under infant’s head and neck.
   c. The HCP will support the infant’s equipment.
   d. The parent transfers the infant to their chest and places him/her in a vertical, prone position.
   e. The HCP will guide parent to a chair and secure all lines and tubes.
   f. Place a blanket over infant’s back and parents may close clothing over infant.
   g. Provide privacy and a comfortable environment.

2. Multi-HCP transfer for intubated infants and any infant who may be labile:
   a. Have parent settle in chair and prepare his or her clothing for holding the infant.
   b. The HCP will place the infant on the parent’s chest in a vertical, prone position while a second HCP supports the infant’s equipment.
   c. Secure lines and tubes.
d. Place blanket over infant’s back and parents may close clothing over infant.
e. Provide privacy and a comfortable environment.

3. Ending Skin-to-Skin:
a. Prior to moving infant, the HCP will ensure that any essential equipment, such as ETT and indwelling catheters, are well secured.

i). For the one HCP transfer, the nurse may assist the parent to a standing position supporting the infant’s equipment and help the parent lay infant in their non-SSC sleep space.

OR

ii). The nurse moves infant from parent to non-SSC sleep space and a second HCP supports the infant’s equipment.

Documentation

Document the duration and experience of skin-to-skin care on the infant’s permanent health record.

REFERENCES


