

KANGAROO CARE

DEFINITION

- Method of holding preterm and/or sick baby skin-to-skin in an upright position between mother's breasts or against carer's chest
- [can also be carried out by fathers/partners, siblings, surrogate families and foster carers](#)
- Kangaroo care (KC) can be offered to parents of medically stable babies

Benefits of KC

- Inform parents about the benefits of KC (use 'BLISS Skin-to-skin and Kangaroo Care' information <https://www.bliss.org.uk/parents/in-hospital/looking-after-your-baby-on-the-neonatal-unit/skin-to-skin-and-kangaroo-care> or locally approved information leaflets):
- helps promote physiological stability: regulates baby's temperature, heart rate, breathing and oxygen saturation
- reduces incidence of apnoea and bradycardia
- increases time in quiet sleep
- longer alert states and less crying
- analgesic effect during painful procedures
- promotes growth and earlier discharge
- improves lactation and breastfeeding success – duration and exclusivity
- promotes parent–baby attachment and family-centred care
- positive effect on parenting – reduces stress and depression, triggers healing process, increases confidence
- helps reduce risk of mortality among preterm and low-birth-weight babies

INDICATIONS

- Medically stable baby – including those on CPAP with a stable oxygen requirement
- Medically stable ventilated babies after discussion with MDT
- Ventilated babies receiving palliative care

If concerns regarding stability of baby, discuss with senior member of medical and nursing team

CONTRAINDICATIONS

- Umbilical lines *in situ*/[unstable baby](#) – [recommend alternative methods of touching/comfort holding to parents](#)

Consider

- Baby's condition and dependency
- Maintenance of neutral thermal environment and humidity
- Activity in the room – quiet, calm environment is preferable
- Support available from colleagues

Ensure

- Access to oxygen and suction

PARENT PREPARATION

- [Discuss benefits of kangaroo care for both parents and baby at any available opportunity](#)
- Ensure parents are aware that baby may be briefly unstable during transfer from/to incubator/cot
- Suggest parents do not smoke immediately before KC time
- Choose a mutually convenient time for parents and baby
- Provide privacy for parents to prepare clothing – suggest parents wear a clean loose fitting, front fastening shirts
- Provide comfortable chair and foot rest if appropriate
- Offer a hand-held mirror – to enable parent to see baby's face
- Advise parents to bring a drink and go to toilet before KC time

Nurse transfer

Recommended initial transfer method. Use this method until parents feel confident

- Parent to sit slightly reclined in a comfortable chair. Ensure clothing open and ready to receive baby
- Contain baby's limbs and move gently – use 'snuggle up' nest if appropriate
- Place baby on parent's chest, prone with head to parent's sternum
- Parent to support baby's head and body with baby's legs flexed
- Turn baby's head to side to protect airway
- Use parent's clothing and a wrap/blanket for warmth and support
- If appropriate, place hat on baby

Parent transfer

- Parent to stand at side of incubator
- Place forearm gently under 'snuggle up' nest or sheet, cup baby's head with other hand
- Gently lift baby from incubator and onto chest, resting baby's head against sternum while supporting baby's back and bottom with forearm
- Parent gently moves back to sit in chair, guided by nurse
- Nurse to check baby's position as before

Duration of KC

- When baby settled, remove screens/curtains – be guided by parental preference
- Aim to provide KC for ≥ 1 hr
- Monitor baby's position and vital signs
- Babies may have nasogastric tube feeds during KC time
- Discontinue KC if:
 - baby shows signs of distress
 - has a prolonged increase in oxygen requirement of 10–20%
 - at parent's request

Breast milk

- Encourage mother to express breast milk following KC time. See **Breast milk expression** guideline