



**Cincinnati  
Children's**  
Hospital Medical Center

## RCNIC MANUAL Kangaroo Care

POLICY # I-1.12

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DATE OF ORIGINAL: 4/04

DATE OF REVIEW: 11/06

SUBJECT: Kangaroo Care

REVISION DATES: 11/06

APPROVAL

### Policy

For the purposes of safety, the following guidelines should be followed when Kangaroo Care or Skin-to-Skin holding is performed.

### Purposes

- 1) to promote parent-child attachment,
- 2) to decrease parental fear/anxiety,
- 3) to increase parental self esteem and confidence which will aid in a smoother transition to home,
- 4) to aid in the breastfeeding process,
- 5) to enhance infant's growth, and
- 6) to improve self-regulation of the infant.

### Definition and Rationale

Kangaroo Care (KC) or Skin-to-Skin holding is a special intervention or therapy provided by parents, in which the parent holds his/her own diaper clad infant skin to skin and chest to chest (often between the mother's breasts). The infant's back is covered by the parent's shirt and/or blanket. The parent becomes a "human incubator" by providing close human contact with the infant.

### Procedure

- A. Criteria for Kangaroo Care: An infant will not be eligible for Kangaroo Care if he/she is medically unstable for any reason, including the following:
1. has an umbilical or an arterial line,
  2. has cutdown lines, arterial or venous,
  3. is on vasoactive, cardioactive or paralytic medications,
  4. has a chest tube,
  5. is currently receiving a blood transfusion,
  6. has a cricoid split or tracheostomy with stay sutures intact, or
  7. has a critical airway.



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8. has a medical order for bed rest or a specific reason in bed.

B. Preparation for Kangaroo Care:

1. A discussion will be held with the parent(s) providing education about KC.
2. The medical team will be informed prior to the first session of KC.
3. A Kangaroo Chair, pillow(s) and screens will be provided. Use of the Kangaroo mirror will be offered to the parent.

C. Implementation:

1. Obtain infant's axillary temperature prior to each session of KC. Temperature must be between 36-37.3 Celsius. Monitor temperature throughout the session with the use of the temperature probe, if applicable.
2. Dress infant in diaper only---place hat on infant weighing less than 1000 grams.
3. Infant is to remain on EKG/RR monitor and pulse oximeter.
4. Parent will have front opening shirt on parent's bare chest..
5. Place infant supine on a folded blanket to prepare for a standing transfer.
6. Have parent stand in front of isolette, warmer, or crib, and place palms under blanket.
7. Support infant's head and tubing (IV and ventilator) while parent lifts infant to a vertical position against his/her chest.
8. Assist parent into a Kangaroo chair and wrap parent's shirt around infant, buttoning infant into the shirt. Educate the parent on the need for infant to be allowed to sleep during this time.
9. Secure all tubing with tape.
10. Position Kangaroo mirror so that parent can see infant's face in mirror.
11. Encourage parent to hold for at least 30 minutes, as long as infant shows no signs of decompensation, i.e. bradycardia, apnea, desaturation, or temperature loss. If infant's temperature falls below 36 degrees consider placing an extra blanket over the parent-infant duo. If temperature continues to remain low, discontinue use of KC.
12. When KC session is complete, reverse the above standing transfer in order to place infant back in isolette, warmer, or crib.



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D. Special Considerations:

1. KC can continue so long as both baby and parent are stable and comfortable; educate mothers about possible complications with prolonged sitting and the need for fluid intake.
2. Educate parents about warning signs of obstructive apnea during KC.
3. Gavage feedings may be done during KC.

E. Documentation: When KC session is complete, the tolerance of session by both infant and parent will be documented. Temperatures will also be documented before, during and after session.

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