

Skin to Skin



Skin to skin or kangaroo care, is when the baby is placed against the parent's bare chest, naked apart from their nappy. It has many benefits for the baby and the parent including physiological stability, promotion of deep sleep and growth and co-regulation between the infant and parent. It also supports milk production and parental emotional wellbeing.

Skin to skin should be offered daily, and planned with the parent and neonatal team to ensure there is a good amount of time available for parents, and nursing staff are able to provide assistance and monitoring.

Any contraindications should be discussed with the baby's medical team.

Things to consider before skin to skin

Parent

- Parent can wear an **open shirt or KC top** and preferably no or front fastening bra for easy transfer
- **Reclining chair** to support baby's head position on parent's chest
- **Incubator height** should be adjusted to the parent's hip height if possible.
- Encourage parents to **speak softly** to their baby as they move them, and keep your own voice in hushed tones
- For **twins/multiples**, ensure chair has arm rests for the parent to support holding and fabric is available to tie around parent/babies for additional stability.

Baby

- Ensure the lighting and sound around the baby is low.
- Perform any **necessary procedures** before parents start skin to skin so they are not interrupted.
Some of these procedures (ie blood tests/ passing feeding tube) can be done in skin to skin which supports the parent's care giving and the infant's pain management.
- For the best skin to skin contact a baby should be dressed **only in a nappy**, however a baby will still enjoy kangaroo care wearing clothes.
- Babies nursed in incubators or less than 2kg should **wear a hat** to start kangaroo care.

Note for Ventilated Babies

Two-three nursing staff should be supporting the transfer to stabilise ET tube, manage lines, and support the parent. Ensure baby's head is turned towards ventilator before transfer if possible.

Parent-led Transfers for babies in incubators - Step by step

What you'll need

- Reclining or comfortable chair
- Screen
- Tape or clips for leads
- A small mirror will enable the parent to see their baby
- Blanket and hat for baby
- Baby dressed in nappy ideally
- Swaddle / muslin
- Fabric wrap or KC top

Standing transfer

1. Parent swaddles baby, gathering muslin to the middle to contain hands in middle and provide flexion.
2. Parent SLOWLY moves baby in nest or turns bed base around so baby is facing them.
3. Parent stands against incubator/cot side, places one hand gently under swaddle to cup baby's head/shoulders with other hand under baby's bottom
4. Parent leans right over baby until nearly touching, and brings baby up onto their chest, containing them completely between their chest and hands.
5. Parents slowly stands up and moves back with assistance into chair.



Sidelying transfer (for closed top incubators and cots)

1. Keep the baby flexed/tucked up and contained using the nest lining muslin, gathering it to the centre with the baby's hands toward face
2. Parent moves baby onto their side facing them
3. Parent places one arm behind and along their baby's back (hand cupping baby's head) and the other at the front.
4. Parents move the baby towards them bringing them in close to their body to cradle them.
5. Parent sits down - support staff help parent move baby upright and adjust leads/position as needed.



Tips for Handling and Positioning of Baby

- Speak to the baby first, then touch
- Keep the baby flexed/tucked up and contained
- GO SLOWLY
- Move baby in a side lying position - **not** supine if possible.
- Hold the baby in close to the body during transfer
- Place baby on parent's chest sternum to sternum
- Use fabric around baby and parent to secure baby on chest.
- Support infant's head to side, chin in 'sniffing position'
- For twins, place babies at a slight angle facing each other.
- Secure necessary lines or tubes to the chair or parents clothing

