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NICU Scorecard 08

Skin-to-skin care

What is skin-to-skin care?

Skin-to-skin care in the NICU is the practice of holding the naked baby next to the mother's (or other care giver's) skin for a minimum duration of one hour. This practice can start as soon as the infant is physiologically stable after birth, and also applies to extremely low birth weight and ventilated infants.[1–3]

The World Health Organization recommends early, continuous and prolonged skin-to-skin care for infants in the NICU (also known as Kangaroo Mother Care or KMC). Ideally skin-to-skin care is performed continuously (contact is maintained throughout the day), but when this is not possible, intermittent skin-to-skin care, alternating time with the care giver and with a radiant warmer or incubator, is recommended.[1]

Why is skin-to-skin care important?

The practice of regular skin-to-skin care supports the transition of the infant from enteral to oral feeding and offers early opportunities for non-nutritive sucking (NNS). This results in significantly longer and increased exclusive breastfeeding.[4-6] Furthermore, expressing milk during or after skin-to-skin care significantly increases expressed milk volumes.[7]

In addition to the enhanced lactation outcomes, skin-to-skin care maintains infant thermoregulation, reduces maternal stress and heightens the sense of fulfilment in the parental role.[4,8]

How to implement?

Develop / revise protocols that:

- ☐ Stipulate skin-to-skin care for all infants when physiologically stable recommending:
  - ☐ uninterrupted skin-to-skin care a minimum of 60 min
  - ☐ practice performed at each parental visit and more than once daily
  - ☐ infants have NNS opportunities whilst in skin-to-skin care as appropriate
- ☐ Document sessions specifying frequency, duration and reasons why practice was not performed
- ☐ Regularly educate staff on the importance and benefits of the practice
- ☐ Address visitation protocols to support access to the NICU
- ☐ Provide space, comfortable chairs and privacy screens
- ☐ Facilitate breast pump expression during or immediately after skin-to-skin care

How to audit?

Strategies to measure best practice include auditing:

- Percentage of infants receiving skin-to-skin care at least once per day.
- Daily frequency and duration of skin-to-skin care.
- Reasons for sub-optimal provision of skin-to-skin care.

Auditing records on a monthly basis:

- Highlights recent progress and can enhance motivation within the organisation to continue with quality improvement measures.
- Shows where changes are still required and allows for timely implementation of further education to staff for continuous improvements in clinical practice.
- Allows barriers to be identified and addressed.

References: **1** World Health Organization (WHO). 2020. Available from: https://www.who.int/elena/titles/kangaroo_care_infants/en/. **2** Nyqvist KH et al. Acta Paediatr. 2010; 99(6):820–826. **3** Ludington-Hoe SM et al. J ObstetGynecol Neonatal Nurs. 2003; 32(5):579–588. **4** Baley J. Pediatrics. 2015; 136(3):596–599. **5** Renfrew MJ et al. Health Technol Assess.2009; 13(40):1-146, iii-iv. **6** Hake-Brooks SJ, Anderson GC. Neonatal Netw. 2008; 27(3):151–159. **7** Acuña-Muga J et al. J Hum Lact. 2014; 30(1):41–46. **8** Johnson AN. J Obstet Gynecol Neonatal Nurs. 2007; 36(6):568–573.

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