



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Neonatal Intensive Care Unit (NICU)		
Document:	Departmental Policy and Procedure		
Title:	Kangaroo Mother Care in Neonatology Unit		
Applies To:	All NICU Staff		
Preparation Date:	January 12, 2025	Index No:	NICU-DPP-035
Approval Date:	January 26, 2025	Version :	2
Effective Date:	February 26, 2025	Replacement No.:	NICU-DPP-035 (1)
Review Date:	February 26, 2028	No. of Pages:	3

1. PURPOSE:

- 1.1 For early and continuous skin-to-skin contact, breastfeeding, early discharge from the healthcare facility and supportive care.
- 1.2 It has been documented to be a safe and effective alternative comprehensive method for the care of LBW infants.
- 1.3 Kangaroo Mother care (KMC) offers physiological and psychological benefits for the infant and parents.

2. DEFINITIONS:

- 2.1 It's method of skin-to-skin contact to promote parent/infant bonding especially for premature babies.
- 2.2 Its practice involves holding a premature infant, dressed only in a diaper and a hat, between a mother's breasts or in father's bare chest, similar to a kangaroo carrying their close young. Through contact with parent's skin, the babies are kept warm and allow a close interaction with their parents.

3. POLICY:

- 3.1 There is gestational age weight limit for kangaroo care and infant temperature should be 36°C or above before commencing kangaroo care.
- 3.2 Preferably infants should be >30 weeks GA and older.
- 3.3 If infants ≤ 29 weeks GA. Consider:
 - 3.3.1 Temperature Stability.
 - 3.3.2 Stability with respect to heart rate, respiratory rate and oxygen saturations during and after KMC.
- 3.4 **Contraindications:**
 - 3.4.1 Infants on High Frequency Oscillating Ventilation
 - 3.4.2 Unstable Blood Pressure within 48 hours
 - 3.4.3 Paralyzed infants
 - 3.4.4 Clinical deterioration within the past 12 hour period.
 - 3.4.5 Prolonged, frequent or severe apnea or bradycardia requiring Positive Pressure Ventilation (PPV) within the past 12 hour period
 - 3.4.6 Early postoperative or post procedure period
 - 3.4.7 Chest tubes
 - 3.4.8 Infants <28 weeks that are < 3 days old

4. PROCEDURE:

- 4.1 Explain procedure and contraindications to parents:
- 4.2 Determine parental readiness for KMC and obtain their agreement to provide KMC to their infant for at least 1 hour at a time.
- 4.3 Perform any needed procedures that may later interrupt infant holding, if possible.
- 4.4 Set up rocker/ recliner and privacy screen beside incubator.
- 4.5 Secure all tubes and lines.

- 4.6 If infant weighs 1000 g or less or is within 1 hour of birth, dress in diaper and hat (booties are optional). If infant weighs more than 1000 g and is not within the first hour of life, dress in diaper (booties and hat are optional and may produce over-warming of infant).
- 4.7 Check heart rate, respiratory rate, oxygen saturation, and temperature and assess pain score before and 15 minutes after transfer.
- 4.8 Place baby's chest on parent's bare chest, vertically. Assure parents is vertical (sitting upright) with knees not flexed > 70° angle.
- 4.9 Place blanket over the infant's back. Blanket should be folded in fourths if infant weighs 2000 g or less and folded in half if weighs more than 2000 gm.
- 4.10 Care should be taken to position the head and neck in slight sniffing position to prevent airway obstruction
- 4.11 If possible, position the face of the infant so that the parent can see the infant's facial expression or give the parent a hand mirror to look at the infant.
- 4.12 Monitor neonate's temperature throughout the procedure with unit thermometer.
- 4.13 The infant may be fed during KMC either by mouth or by gavage.
- 4.14 Assess parent's comfort level during KMC and need for a positioning device to support the infant.
- 4.15 Return infant to incubator/cot if there are any signs of complications or at the end of the experience.
- 4.16 Re-check temperature on neonate.
- 4.17 Suggest to lactating mother that after KMC may be a good time to pump breasts because KMC increases milk production.
- 4.18 Wash hands.
- 4.19 Document experience of parent and neonate in progress notes and discharge planning record.

5. MATERIALS AND EQUIPMENT:

- 5.1 Chair for parent.
- 5.2 Pulse oximeter.
- 5.3 Blanket to keep patient warm

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse

7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 Ramanathan K, Paul VK, Deorai AK, Taneja U and George G. Kangaroo Mother Care in very low birth weight infants. Indian J Paediatr 2001;68:1019-1023
- 8.2 Gomez, A. Papi (1998), et al; An Esp Pediatric (1998) Jun; 48 (6): 631-633 – Spanish.
- 8.3 Harrison, O, et al (1996) Effects of gentle human touch on preterm infants; pilot study results, Neonatal Network August, Volume 17, No. 5, NICU INK, California, USA
- 8.4 Huggins, K. "A Nursing Mother's Companion." 4th Edition, 1999.
- 8.5 Journal of Perinatal & Neonatal Nursing 14 (1) 84-103, June 2000.
- 8.6 Leaven, Vol 37, No.5, October-November 2001, pp.106-107.
- 8.7 Ludington, S (1997), The preterm infant: Developmental Milestone in one year, Volume 13, November, NICU INK, California USA.

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Afrah Saud Al Shammari	NICU Head Nurse		January 05, 2025
Prepared by:	Dr. Falah Nabhan Al Shammari	NICU Quality Coordinator		January 05, 2025
Reviewed by:	Mr. Sabah Turayhib Al - Harbi	Director of Nursing		January 07, 2025
Reviewed by:	Dr. Sarhan Hamdan Al Shammari	NICU Head of the Department		January 08, 2025
Reviewed by:	Mr. Abdullellah Ayed Al Mutairi	QM&PS Director		January 09, 2025
Reviewed by:	Dr. Tamer Mohamed Naguib	Medical Director		January 12, 2025
Approved by:	Mr. Fahad Hazam Al - Shammari	Hospital Director		January 19, 2025