

Skin to skin therapy for babies in NCCU

What is skin to skin therapy?

Skin-to-skin (kangaroo) therapy means placing your baby directly onto bare skin between your breasts, or on their father's chest, while keeping them warm. In the Neonatal Critical Care Unit, we encourage parents to participate in skin-to-skin therapy with their babies.

What are the benefits of skin to skin therapy?

There are many benefits of skin-to-skin therapy for you and your baby and these include:

- enhanced bonding between baby and parents
- helping to conserve your baby's energy
- stabilising your baby's heart rate and breathing
- normalising your baby's temperature
- increasing your baby's tolerance to noise and stress
- increased milk supply
- earlier and more successful breastfeeding
- encouraging non-nutritive sucking
- a daily vaccination against infections – mothers who participate in skin-to-skin care with their babies produce antibodies in their milk that are specific to the hospital environment
- helping with your baby's brain development
- earlier discharge from hospital
- making both babies and parents happy

When will I be able to have skin to skin therapy with my baby?

All babies who are stable even if they need help with their breathing (with either a tube or nasal prongs), can have skin-to-skin therapy. Let your baby's nurse know your plans and that you are available for a cuddle whenever your baby's condition allows. Together you can plan a suitable time.

If your baby is ready for skin-to-skin therapy, it is important that you do not miss this special opportunity. If your breasts are full, you may wish to express so that you are more comfortable. You may also choose to go to the toilet prior to cuddling your baby.

When you and your baby are ready, your nurse will assist you both into a comfortable and safe position on a recliner chair within the nursery. Your baby needs to be kept warm so you can either tuck your baby under your shirt or cover your baby with your hospital gown and a warm blanket. Cuddling your baby in this way for a minimum of one-hour duration or longer, and whenever possible (more than once a day is recommended), is ideal as long as your baby remains stable and you are comfortable. You may also like to look at your baby's face using a hand-held mirror.

At times some babies are too sick or unstable to have skin-to-skin therapy. Your baby's nurse will explain why if this is the situation for your baby but you are encouraged to participate in other aspects of caring for your baby, such as changing their nappy or cleaning their face, taking their temperature, changing their sheets or talking and reading to them. Your nurse can also show you how to cuddle your baby with facilitated tucking or containment by placing your hands gently over your baby (also known as hand hugs).

Should I wear any particular clothing for skin to skin therapy?

Suitable clothing that will allow easy access for skin-to-skin care may include the following:

- A button-up style shirt.
- A shirt with a low neckline made of soft stretchy fabric.
- A hospital gown.
- Remove your bra just prior to skin-to-skin care allowing your baby to have direct contact with your skin.

What happens during skin to skin therapy?

During skin-to-skin therapy:

- your baby should be placed between your breasts or on their father's chest, in an upright position and then covered to keep them warm
- your baby should be dressed in a nappy only
- your baby should have their head turned to one side in a slightly upturned position – this will assist with your baby's breathing and allow you to have eye contact with your baby
- your baby's arms and legs should be flexed
- your baby's abdomen should be at the level of your upper abdomen
- your baby's nurse will teach you how to recognise any changes in your baby's behaviour or condition.

Can my baby try to breastfeed during skin to skin therapy?

During skin-to-skin care you may observe your baby showing feeding cues i.e. making sucking movements with their mouth, turning their head to one side or the other, opening their mouth (rooting) and looking for something to suck on. These cues may occur from when your baby is 30 weeks corrected gestational age. If you observe this behaviour during skin-to-skin care, ask your nurse if your baby is able to attempt a breastfeed and if so to assist you to position your baby at the breast. Your baby may attempt to self-latch, or lick or sniff the nipple. These are all encouraging signs of early feeding behaviours.