

## Creating a Culture of Consistency for Skin to Skin Holding

### Questions and Answers from Kara Ann Waitman, OTR

- Q: Where can we get those big blue blankets you showed during the webinar?
  - KAW: We just bought stretchy, t-shirt type material and cut the fabric into different sizes. We found that if we made the ends more narrow, we were able to tie it more easily.
- Q: We don't have the large pieces of material. We just cover the baby with a blanket. Is that ok?
  - KAW: Covering with a blanket will probably keep the baby warm enough, but we found it doesn't provide the support to the infant and mom that a wrap does. The stretchiness of the material is beneficial for support and normal movement as well.
- Q: What type of chair do you use for STS?
  - KAW: It's a kangaroo care/skin to skin chair from IOA furniture.
- Q: How do you deal with space constraints in small NICUs if the mother is supposed to be reclined with baby?
  - KAW: It's very challenging! if you only have straight chairs, giving Mom/Dad a place to elevate her feet (even on the bottom of the incubator frame). Putting a pillow behind the back can help support them in a more reclined position without taking up a lot of space. You just have to be careful from a safety standpoint that mom's bottom hasn't come too far forward in her chair!
- Q: We missed the beginning part. What do you require before skin to skin visits? Bathe/ shower & wear clean clothes, no perfume?
  - KAW: Our policy says they must have showered within 24 hours, but we also try to discourage perfume, strong odors in clothing (ie after working a physically active job), cigarette smoke smell, etc.
- Q: Is there info for safety of the thermowrap use on neonates? We use transwarmer mattresses for transport, but would be too expensive for each skin to skin session.
  - KAW: This product is very inexpensive and often found in maternity units for moms. There is NO information on the thermawrap related to skin to skin, just something that I've tried and found useful. As I mentioned, you have to use common sense and NEVER put it close to the baby's skin- it is separated by lots of blanket layers (lots of layers because you have the folded blanket that the infant was transferred out of the bed with (which may be 8 layers if folded a lot for a small baby) as well as any extra blanket you added. Mom/Dad's hands would be there to know if it's too hot and could easily be removed. It merely keeps the blanket warm.
- Q: Is there evidence based support for using the thermawrap? I would be afraid that it might burn the baby if you leave it on for a long period of time.

- KAW: there is NO evidence using this product for this!  
Certainly caution should be used and only used if you are comfortable with it. it is merely a suggestion as an alternative to the heat lamps that cause bright lights and sweating! Maybe some company will come up with a good product for this!
- Q: Why not transfer baby from the incubator using the Dandle Roo rather than having an extra step using additional blanket?
  - KAW: We dress all our infants so by the time we undress them, it is easy for us to transition to a warm folded blanket. However, using a Dandle Roo does work awesome for transfers, especially if you put the feet in the brim part to provide an extra support for the baby!
- Q: Can you put the references back up?
  - KAW: [www.kangaroomothercare.com](http://www.kangaroomothercare.com) gives you 240 pages of references if you email Susan! The references I listed are at the end of the powerpoint presentation available on the DandleLION Medical site ([www.dandlelionmedical.com](http://www.dandlelionmedical.com)).
- Q: Do you know where we can obtain conference information on the International Kangaroo Mother
  - KAW: [www.kangaroomothercare.com](http://www.kangaroomothercare.com) Susan Ludington-Hoe will email you information related to this if you request it from this site.
- Q: How do you change the minds of staff who think STS is not for all infants?
  - KAW: I think the best answer is education. Once staff have a better understanding of all the research that has been done and the benefits to parent and baby, it is harder to say no. It also helps to have a team of people who are available to help during the transfer process. Enlisting the help of RT, OT, PT, etc. makes it easier and less timely. I also think it helps to have educational materials available for parents so they can ask for it and understand when it's appropriate to ask, ie based on the baby's medical condition, and what the time expectations are.
- Q: How do get away from the cluster care mindset where staff won't let parents do STS in between care?
  - KAW: I think the answer above applies here. If the parent is agreeable to staying for several hours, the baby will have a quality sleep during that time. Also STS greatly benefits the parent and the infant-parent bonding process, so there are other gains that offset the sleep lost between cares.
- Have you had any issues needing to get to a baby quickly and having to take time to untie the wrap?
  - KAW: The wrap unties very easily – the fabric is bulky so it doesn't tie in a knot. The baby can also be lifted out of it quickly if necessary.
- Q: Do you allow siblings to do STS?
  - KAW: We do not currently have that in our policy, but i would not be opposed to it if they were of an appropriate age for the activity and the infant was "mature and stable"!

- Q: Do you re-used the wraps between moms- infection issues?
  - KAW: Wraps are washed after each use, just like our developmental aides and clothes we use for our babies.
- Q: Are there any items in the "Kit" that you would suggest can be cleaned and re-used, cost always an issue?
  - KAW: Yes, the clips and mirrors can be cleaned and re-used. The containers will be completely cleaned and re-used. Some of the other stuff is single use stuff- temp probe, etc.
- Q: How soon can kangaroo skin to skin be started with micro preemies?
  - KAW: I think that answer depends mostly on your unit's practice and culture (how seamless is the transition of an infant to skin to skin in your unit? How much support is available on-going while this infant is skin to skin?) as well as the status of the micro preemie (not just physiologically, but also their skin integrity, etc.) It becomes a question of risk versus benefit for the team at each given day and stage of development. I always recommend starting out conservatively and then moving toward the more medically fragile infants. I hope over the next few years, more and more research will be published that will give us a better look at the micro-preemie and their response to skin to skin holding!