

Kangaroo Mother Care
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Problem/Purpose: To implement Kangaroo Mother Care, (KMC), to low-risk clinically stable newborns in two Neonatal Intensive Care Departments, (Kaiser Permanente West Los Angeles, and Kaiser Permanente South Bay), and gather evidence before, during and after the initiation of KMC. This evidence will further support the data that KMC provides the newborn baby with benefits to enhance recovery and discharge.

Evidence: KMC is the practice of holding an infant, clothed only in a diaper, between the mother's breasts or against a father's bare chest, skin-to-skin. KMC has been shown to reduce episodes of apnea and bradycardia, promote thermoregulation, promote stable heart and respiratory rates, increase sleep time and decrease stress and agitation. Infants held skin to skin have been shown to have better weight gain and earlier discharge. KMC has also been shown to improve lactation outcomes.

Strategy: Process for introduction/implementation of KMC into clinical practice: April/May 2005: Policies and Procedures for KMC were updated. Educational Materials were purchased. A two-hour class was conducted to educate nursing staff, physicians, mid level providers and support staff. Patient hand-outs, crib cards, and a poster board for both medical centers were developed.

Practice Change: Implementation was initiated immediately following the in-service program.

Data collection was completed by 2006.

Evaluation: Evidence gathered includes vital signs before, during and after KMC. Other outcomes examined include weight gain, length of stay and parental comfort level in caring for their babies.

Results:

No statistical significant change in temperature was noted between the two groups before, during and after KMC.

Throughout KMC experience the heart rate remained stable, within normal limits. There is a significant difference of respiratory rate before, during and after KMC ($p>0.022$).

Oxygen Saturation: This data validates that there are no adverse affects on the infant when KMC is performed with an infant selection criteria and protocol for KMC.

Other outcomes being examined include length of stay, weight gain, and parental comfort level in caring for their babies.

Recommendations: Reinforce implementation and compliance with KMC policy in NICU departments.

References

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