

Annie Lefebvre and baby Christopher enjoying Kangaroo care



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uring the past 20 years, many studies have found that skin-to-skin contact (Kangaroo care) has significant benefits for pre-term babies, including shorter hospital stays (Charpak et al, 1997), more contented babies (Luddinton-Hoe, 1992), fewer infections (Ludington et al, 1992) and better breastfeeding rates (Bier et al, 1996).

However, surprisingly it has not been studied or used in the postnatal and transitional care ward environment, where well premature babies from 34 weeks onwards and small-for-gestational-age babies are cared for.

In 2010, following discussion and agreement with our paediatric colleagues at Maidstone and Tunbridge Wells NHS Trust, the midwifery team introduced Kangaroo care to the postnatal ward as part of a study into its effect on length of stay, feeding and parent satisfaction.

Method and intervention

We conducted a cohort study of 214 babies (107 in the study group, 107 in the control group) with a gestation of 34 to 36+6 weeks, or small for gestational age (below second centile) or babies of diabetic mothers.

Following birth, babies in the study group had Kangaroo care up to six weeks of age. The control group had standard care (in a cot next to the mother).

The main outcome measure was length of hospital stay. Secondary outcome measures were breastfeeding at discharge from hospital and at six weeks, admission to the neonatal intensive care unit and parent satisfaction.

Results

There was a significant reduction in mean length of stay – four vs five days (p=0.017, CI 3.93-4.73) – and an increase in exclusive breastfeeding rates on discharge in the Kangaroo group compared to the control group – 72% vs 55% (p=0.01, OR 2.09 CI 1.18-3.69). Qualitative data from mothers’ and fathers’ comments regarding Kangaroo care were overwhelmingly positive in relation to bonding, feeding and how settled the baby was.

Implications for practice

Improvements and innovations in the NHS can be measured against three benchmarks:

► 1 Effects on patients

Mothers and transitional care babies are able to go home quicker and more women are able

Kangaroo care on the postnatal ward

Premature and small babies in Kent are being discharged earlier and feeding better, thanks to the RCM 2012 award-winning **Kangaroo care project** at Tunbridge Wells Hospital.



to breastfeed exclusively on discharge.

► 2 Effects on staff

Staff involved with this project report significant benefits. Senior midwife Marion Adams said: ‘To witness the sheer amazement of parents when their baby was having Kangaroo care was just so incredible.’

► 3 Effects on costs

The reduction in the length of stay for transitional care babies (from five to four days) reduces costs and saves staff time.

The project is also helping the developing world. Midwives, working in partnership with Trade4Life – a not-for-profit organisation run on fair trade principles – have designed the KangaWrap (kangawrap.co.uk), which is lighter and cooler than other wraps and

suitable for performing Kangaroo care in hospital. Any profits go to maternal and child health charities in the developing world.

Since the study ended, Kangaroo care has become routine for pre-term and small babies cared for on the postnatal ward at the trust and we are keen to share our findings with other trusts. We believe that the project provides good evidence that Kangaroo care should be adopted as routine practice in hospitals throughout the UK. **M**

► The Kangaroo care team members are Sarah Gregson, Karen Leeson, Jane Jeal, Marion Adams and Jean Meadows.

► For staff and patient comments and article references, please visit: rcm.org.uk/midwives