Kangaroo care on the postnatal ward

Tunbridge Wells & Maidstone PCT won an APPGM award in the best postnatal care category after introducing kangaroo care onto the postnatal ward. Consultant midwife Sarah Gregson tells Kim Thomas what the project has achieved.

Three years ago, a midwife at Pembury Hospital in Kent suggested introducing kangaroo care for pre-term babies on the postnatal ward. Sarah Gregson, consultant midwife at the Trust, was interested in the idea, but wondered why it wasn’t already in routine use on postnatal wards. ‘Even though I knew kangaroo care had been done in the developing world and in the special care baby unit, I thought there must be a reason why it’s not being done on the general wards,’ she says. ‘But when I looked in the literature, I found that no work had been done.’

Kangaroo care, in which a newborn baby is given lots of skin-to-skin contact with her mother, has been used for several years in the care of premature babies. The practice began in the 1980s, when a trial of kangaroo care in Colombia as an alternative to traditional incubator care found that it led to a drop in the mortality rate for premature babies from 70% to 30%.

Gregson wondered whether kangaroo care would provide benefits for healthy babies who do not require care on the neonatal unit, such as preterm babies, who are 34+0 to 36+6 weeks of gestation, and small-for-gestational-age babies. As Gregson says, ‘Nobody does kangaroo care on the postnatal ward, despite knowing the benefits on the neonatal unit. Why should there be any difference?’

With colleagues, Gregson created a research project to test whether kangaroo care resulted in the following benefits:

• A shorter hospital stay
• More successful breastfeeding
• Less crying
• More quiet sleep

Both the midwives and doctors at the hospital were supportive. The doctors asked only that the research would respect other guidance relating to the care of preterm babies on the ward.

The research, conducted with the help of trust statistician Jonathan Blacker, is now complete and the results have been published in the British Journal of Midwifery. It was carried out over a ten-month period between 2009 and 2010, using an equivalent-size group of babies from the previous year as a control.

Better bonding

Parents who took part in the study were given a special wrap to hold their baby and told to have as much skin-to-skin time with their baby as they could. The research found that, on average, the babies who received kangaroo care went home a day earlier than those who had not the previous year (after four days rather than five). More of them breastfed exclusively on discharge from hospital (72% compared to 55% in the control group). Parents also responded enthusiastically to kangaroo care.

‘People felt they were getting close to their baby,’ says Gregson. ‘Kangaroo care can be very powerful especially if a mother has had a difficult or traumatic birth. Mother and baby find it easier to bond than if the baby’s separate from them in a cot.’

The response from midwives was equally encouraging. One senior midwife, Marion Adams, said, ‘I was originally rather sceptical. However once the project got started I was totally hooked...to witness the sheer pleasure and amazement of parents when the baby was having kangaroo care was just incredible.’

Jean Meadows, infant feeding specialist at the Trust and a member of the Kangaroo research team, said, ‘Babies benefit from close contact with a parent. When they are held close they have shorter, more frequent breastfeeds than babies lying in a cot, and the mothers produce more milk’.

More frequent breastfeeds led to the guidelines on transitional care being changed. The existing guidelines stated that babies would be fed three-hourly; before the introduction of kangaroo care this often meant that a 34 week premature baby would breastfeed at six-hourly intervals with a nasogastric tube feed in between. With kangaroo care the need for a tube feed was reduced because the babies breastfed little and often. In the 18-week period before the study began, there were 150 nasogastric tube-feeding days reported, compared to 53 nasogastric tube-feeding days after the study ended.

Kangaroo care is now being offered to all parents of transitional care (preterm or low birth weight) babies on the postnatal wards at Pembridge and Maidstone hospitals. The trust has moved away from using commercially available wraps, which were hot to wear, to specially commissioned wraps, made under fair trade conditions, from a charity called Trade4Life. The new KangaWrap has proved a hit, and profits from the sale of the wraps (available from www.kangawrap.co.uk) fund two community health volunteers in the slums in Delhi.

Gregson is now promoting the benefits to other maternity units. Compared to many interventions, she says, kangaroo care is simple to implement: ‘Any maternity unit would be able to do this, it doesn’t cost a lot, the parents love it, it’s good for the mothers and babies, it gets them home quicker and helps with the feeding.’

(see picture on p13)

References


What parents say

‘After some initial feeding problems, my little girl fed brilliantly after her first time in the baby wrap.’

‘I was worried that the wrap would make the baby more clingy — but it was the opposite! He was more settled with kangaroo care.’

‘I have such a quiet, happy baby and think this is related to kangaroo care.’

‘It made an amazing difference to feeding.’