

Evaluation of a family-centered intervention in a Special Care Baby Unit: Parental outcomes and nursing staff feedback on Kangaroo Care

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An Incubator for neonates



Introduction

Neonatal admissions separate babies from mothers, thus inducing considerable parental stress.

To restructure this undesirable parental experience, kangaroo care (KC)¹ was introduced in the SCBU since Dec2012.



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Introduction

- Kangaroo care is embracing the stable neonate into a parent's bare chest for at least one hour during visit.
- This is recommended by the WHO/UNICEF in the Baby-Friendly Hospital Initiative to achieve best practice standards in neonatal units².
- KC engages parents to develop a warm and loving interaction with their low birth weight babies during their hospitalization.

All photos were obtained with permission.



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Board was made by a group of SCBU nurses with experiences <2 years.

Objectives

1. To measure the change in parental stress and the parents' perceived self-efficacy related to baby care and breastfeeding
2. To measure nurses' acceptability to the latest family-centered care



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Methodology

- (1) Kangaroo care protocol and educational leaflet were developed and reviewed by nurses' panel.
- (2) A 19-item self-reported inventory was completed by consented parents of hospitalized neonates who were eligible for kangaroo care, both before and within 2 weeks of KC experience.
- (3) A cross-sectional preview of care provision was done at 6 weeks after launching KC
- (4) A 15-item self-reported inventory was completed by neonatal nurses at 6 weeks after launching
- (5) All questionnaires were reviewed by nurses' panel.
- (6) Interval scale data were analyzed using Wilcoxon signed-rank test.

Results



Prevalence of neonates received KC at 6 weeks after launching: 76% of NICU graduates
Neonates (n=35) GA<37wks 71% (25), Birth weight 2.18kg (SD 0.59)

Parents (n=35):

mothers 63% (22), father 37% (13); first child 86%
Raised overall parental satisfaction
($\Delta\chi$ 0.36, p=0.000)

Psychological benefits in parents after KC:

- Q7. Perceived relief of stress and anxiety
($\Delta\chi$ 0.57, p=0.001)
- Q2. Perceived strengthened parental-infant bond
($\Delta\chi$ 0.23, p=0.011)
- Q6. Perceived more important in baby care
($\Delta\chi$ 0.46, p=0.001)
- Q1. Perceived increase in confidence in baby care at this moment ($\Delta\chi$ 0.50, p=0.000)
- Q8. Perceived increase in confidence to breastfeed baby at this moment
($\Delta\chi$ 0.53, p=0.000)

Parents' Knowledge increase on KC:

Physiological effects on babies and parents:
Q3 (6%), Q4 (12%), Q10 (12%)
Psychological effects on parents: Q11 (18%)

Nurses (n=33):

NICU/SCBU experience >10 yrs [33%],
2-5yrs [9%],
<2yrs [58%]

Attitude on KC (5 items):

- Q3. Understood the purpose of KC [91%]
Q4. Kangaroo care benefits premature babies [82%]
Q10. Perceived safe to perform KC on preterms [70%]
Q12. Worthwhile to offer KC [79%]
Q13. Willing to perform KC [85%]

Knowledge on KC (5 items):

Physiological benefits: Q3 (91%), Q7 (64%)
Psychological benefits: Q1 (94%), Q6 (79%), Q8 (73%)

Skills on KC (4 items):

- Q5. Parents willing to participate in KC [85%]
Q9. Easy and simple to perform KC [76%]
Q11. Not time-consuming and run KC smoothly [42%]
Q14. Documentation of KC simple and compliable [64%]

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Conclusion

✓ Satisfaction of parents was significantly raised

✓ Parental confidence in both baby care and breastfeeding was enhanced

✓ Feasibility of a family-centered intervention was demonstrated



References

¹ Nyqvist, K. H., Anderson, G. C., Bergman, N., Cattaneo, A., Charpak, N., Davanzo, R., Ewald, U., Ludington-Hoe, S., Mendoza, S., Pallás-Allonso, C., Peláez, J.G., Sizun, J., & Widström, A-M. (2010). State of the art and recommendations. Kangaroo mother care: application in a high-tech environment. *Acta Paediatrica*, 99(6), 812-819.

² UNICEF, UK. (2001). Implementing the Baby Friendly best practice standards. *UNICEF UK Baby Friendly Initiative, London*.