Infant Mental Health and Skin-to-Skin Care





SKIN-TO-SKIN CARE IN THE NICU WHAT IS SKIN-TO-SKIN CARE?

Skin-to-skin care or holding is also known as Kangaroo Care or Kangaroo Mother Care. Kangaroo Care is about skin-to-skin contact between a baby and their caregiver. Research shows us that this kind of contact has many positive benefits for both the baby and the caregiver. Researchers noticed that in different regions of the world who did not have necessary medical resources, skin-to-skin holding was being used with positive outcomes. Research showed that skin-to-skin care not only improved survival rates of the babies, but also increased health outcomes of both the infant and the caregiver. May 15th has been designated as Kangaroo Care Awareness Day to increase awareness and practice.

Why should I advocate for skin-to-skin care for me and my baby?

Parents/caregivers who have a baby admitted to the neonatal intensive care unit (NICU) are at a higher risk for mood difficulties and can find it more difficult to bond with their baby:

- NICU caregivers are at higher risk for depression and/or anxiety.
- Caregivers have less time and opportunity to care for their baby in the NICU, which can make bonding more difficult.
- NICU babies are still healing and growing and need lots of sleep. This decreased alertness
 in babies can influence how parents feel connected to their baby. This can also lead to
 parents experiencing more sadness, anxiety, and guilt, among other feelings. Skin-to-skin
 holding can help parents feel more connected to their baby while supporting baby's need
 for uninterrupted, deep sleep.
- Both parent's and infant's well-being highly impact bonding and attachment. Skin-to-skin
 care can help improve the health of both parents and babies. Babies tend to cue more
 clearly, and parents tend to become more responsive to their baby's cues.

- Skin-to-skin care is something only parents or identified caregivers can provide for their baby. It has been shown to improve physical health and healing for both parents and babies. Your neonatologist (NICU doctor) and nurse can provide more information on the many physical benefits of skin-to-skin care.
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Mental Health Benefits of Skin-to-Skin Care for Infants and Parents:

Based on research, parents who consistently hold their baby skin-to-skin:

- Engage their baby with more affectionate touch
- Are calmer and more sensitive with their baby right after skin-to-skin holding
- Work better with their partners
- Mother's physical and emotional healing after birth has been shown to improve with consistent skin-to-skin caregiving; fathers also experience health and bonding benefits
- Studies have shown that establishing a healthy relationship early on ensures better outcomes for the child's future in development, self-esteem, learning and social relationships

Alternatives to Skin-to-Skin Holding:

- Hand swaddling (gentle but firm hands at head and feet; on top of both arms/hands)
- Infant massage (with physical therapy support and medical team's approval)
- · Gentle but firm touch on bare arms, legs, face

How do you do Skin-to-Skin Care?

- 1. Check with your baby's nurse that there are not any medical reasons preventing skin-to-skin care
- 2. Ensure that you are healthy with no signs of fever, cough, flu symptoms, infections, or rash
- 3. Avoid strong perfumes, lotions, soaps and tobacco odor on clothes and skin
 - a. Shower and wear a clean shirt with front buttons for easy opening
 - b. Eat, use the restroom, take care of necessary phone calls, etc, beforehand so you can dedicate the next 60-90 minutes to bonding with your baby
- 4. NICU staff will assist and guide you with these steps below:
 - a. Pump to empty your breasts prior to skin-to-skin care if you are lactating.
 - b. Undress your baby except for diaper and hat.
 - c. Place your baby skin-to-skin in the middle of your bare chest. Ensure your baby's chest and air way is open and protected and that your baby is not hunched over on your breasts/chest. Your baby's nurse will cover your baby and you with a blanket and provide privacy.
 - d. Your baby can breastfeed or practice non-nutritive breast feeding, if she/he would like, but it is not necessary.
 - e. After skin-to-skin holding, you can pump to empty your breasts. Close contact with your baby can stimulate milk production.

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- f. If your baby is being gavage fed (fed through a tube inserted through the nose or mouth), you can still hold skin-to-skin. Place your baby on your chest before having the nurse start the gavage feeding. It is best to have your baby at your breast during the gavage feeding. Make sure you hold your baby for 30 minutes after the gavage feeding finishes.
- g. Engage your baby by singing, reading, and talking to your baby. This is much like you did when your baby was in the womb. Be careful not to fall asleep while holding your baby skin-to-skin to avoid falls and injuries.
- h. 60 90 minutes of consistent holding is recommended for each skin-to-skin contact to achieve the best benefits for brain development.

Alternatives when your baby is not ready for skin to skin holding:

- Hand swaddling (gentle but firm hands at head and feet; on top of both arms/hands)
- Infant massage (with physical therapy support and medical team's approval): gentle but firm touch on bare arms, legs, or face





Tikun Olam Foundation of the JEWISH COMMUNITY FOUNDATION OF LOS ANGELES



This brochure is made possible by the generous support of the UniHealth Foundation.