Kangaroo Care (Skin-to-Skin)

As a new parent, one of the most important events immediately after the baby is born is to be able to hold him/her in your arms. For the NICU parent this sometimes seem like a distant reality until one day the NICU nurse asks if you would like to kangaroo. Your heart races, you feel the excitement as well as the fear. You wonder if it is maybe too soon or your baby is too small, and what about all those tubes and wires attached to him/her.

Holding your baby skin-to-skin for the first time is not only an important step for your baby and you, but one that should be done as soon as your baby is ready. While you may think that it is too soon, holding your baby skin-to-skin is safe and beneficial for your baby. You may have many questions and doubts, but talking to your nurse can help to answer many of your questions and calm many of your fears.

When you and your baby are ready, your baby’s nurse, and if needed a respiratory therapist, will teach and help you to position your baby in an upright position against your bare chest wearing only a diaper. A blanket will be placed over both you and your baby. Every measure will be taken to ensure that you and your baby are both safe and comfortable. Your baby’s nurse will check on you periodically during this time.

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This type of holding will give you a feeling of closeness and completeness regarding the birth of your premature or sick baby. In an Intensive Care environment where a parent may feel a sense of limited control, holding your baby in this way may provide you with a greater sense of confidence and participation in the care of your baby.
As you hold your baby, he/she will hear your heartbeat and your voice, will smell your familiar smell, will touch you and may even taste some of the breastmilk you may have pumped out earlier - all of which may help to promote good brain development and provides your baby with comfort. Other benefits include a more stable heart rate, better oxygenation, more regular breathing pattern, less crying, more sleep time and a more rapid weight gain. Kangarooing your baby each day can also lead to shorter hospital stay.

If your baby is too sick to be held, just placing your hands near your baby without touching them is enough; this is called hand hugging. You may do this as soon as you are able to be sit or stand at your infant’s bedside. Ask your nurse about this type of touch and connect with your infant.

Each year, during the spring and fall, the NICU holds a special event promoting kangaroo care called Kangaroo-athon. You may have noted our Kangaroo Wall of Fame along the hallway of the NICU, which shows the number of infants who were kangarooed during the days we held our Kangaroo-athon this past spring. During these events, parents are invited to kangaroo their infants and with each hold, they are given a raffle ticket making them eligible to win a special prize. Below are two of the winners of the spring Kangaroo-athon of this year.

Connor and Lillie’s mom Tiffany, winner of the spring 2016 Kangaroo-athon with Thelma Lucky Heard, RN, who was the staff member winner.

Brandon and his mom – 2nd winners of the spring Kangaroo-athon
My journey began in March 2013, when my husband and I found out we were having twins. We were so excited, and beyond thrilled. Not one baby but two! We were truly blessed, and two boys. I had a great pregnancy and was monitored very closely. At 24 weeks, I was told I had short cervix and was admitted to the hospital. The chances of me delivering these boys early were very high. With a lot of medication and bed rest, I was only able to keep my boys inside of me until 25 weeks and three days.

On August 7, at 9:01 and 9:02 a.m., I welcomed Sebastian at two pounds, and Raphael at one pound, 12 ounces. I was so scared and nervous, and knew these little boys were in for a long fight. I was told the NICU was going to be a roller coaster and the hardest journey of my life. This was exceptionally true. The first few days were so hard: the machines, the noises, the medical terminology - my head was spinning. I was nervous to leave their side with nurses and doctors I did not know. My husband and I were so overwhelmed and just prayed that our boys would be ok.

Sadly, on August 10, Sebastian Peter passed away and become our guardian angel. My husband and I were with him for his first breath, and held him in our arms for his last. Our world was shattered but we had to stay strong and fight for Raphael.

My family and I would not have been able to get through that day without the amazing doctors, nurses and team members. At that moment they turned from strangers to family, with the support and comfort they gave us. That day, my husband knew Sebastian was giving so much strength to Raphael, and we wanted Raphael to carry his twin brother’s name, and so we made his middle name Sebastian.

It is a strange feeling to give birth to a baby and go home five days later without my baby in my arms. For over three months, my routine was the same - hospital, pump, eat and sleep. When I came home I felt lost, I could not do anything because all I was thinking about was my baby Raphael. Was he in pain, struggling or lonely? The only thing that kept my bond with him while I was home was pumping. Chris, the lactation specialist, was amazing. She gave me courage, strength and helped create an even stronger bond to my baby.

Raphael went through so much in the NICU, and I know for a fact that he is the strongest person I know. Every bad day he was hurting, my heart was in pain with him. The unexpected is so scary and the fear of losing him sometimes took over me.

A parent should never fear of losing a child or seeing their child suffer. Raphael was in the NICU for three months and three days and almost every day he was poked with needles, IVs, a spinal tap, blood transfusions and had three chest tubes. He never complained or gave up, and that is how I got through the NICU - through his strength and courage.

Today Raphael Sebastian is two-and-a-half, and is an active healthy little boy. He is in day care part time and with family. He loves playing...
with children, loves animals and trains, especially “Thomas the Train.” He has developed “normally” and now is starting to speak in sentences. His developmental pediatrician, pediatrician and nurses are amazed at his growth and development. He is a joy to be around, funny and compassionate. He is aware he has a brother in heaven and I sometimes catch him waving up at the sky. When I ask who he’s waving to, he says brother. It breaks my heart to not see my boys together, but I know he is always with Raphael. He is an amazing child and we always say he has super strength and courage.

It was the hardest experience of my life, but the HackensackUMC team was amazing and I thank God for them every day. They gave my son hope, they gave him a wonderful life and I am forever grateful to them all.

Parents and caregivers:

- Having a baby in the NICU can be very stressful. No new parent expects a baby to be born early or sick. They have to adjust to a new normal. I support the family emotionally by helping them adjust to the baby’s illness and hospitalization. I can be a safe and supportive person in the hospital for you to vent to or just have a chat.
- Support you to take an active role in caring for your baby every day.
- Offer creative ways to bond and capture your baby’s special moments in the NICU through weekly creative arts therapy support groups, scrapbooking sessions and NICU story beads. These activities offer a creative outlet for families, and a place to make memories for their babies. Many mothers share with me how much they look forward to support group, a time to talk with other mothers and to make a special project such as a scrapbook or Story Bead Chain for their baby. I include siblings and make family sessions as needed.
- Help you with your other children by explaining why the baby is in the hospital and supporting the other children with separation anxiety from parents, and bonding with their new baby.

Sibling Interventions

- The NICU can be an overwhelming place if a sibling has no idea what to expect. Therefore, parents aren’t sure whether they should bring them in to see the baby. Preparing them for what they will...
see, hear and smell in the NICU is very important to help them cope and develop a positive relationship with their new brother or sister. This is a hard bond to establish when a sibling may feel “left out.” It is a period of adjustment under the most normal of circumstances but made all the more complicated when the baby is admitted to the NICU. I help families navigate this stressful time and help siblings understand what is happening.

Your Baby

• Provide developmentally-supportive and age-appropriate play, such as grasping a rattle or toy, introducing a mobile or music when the baby is ready.

• Support the baby during stressful procedures by providing a pacifier and other comfort measures.

• Use positive touch and encourage bonding by showing parents how it should be done. Negative touch is anything painful or uncomfortable. NICU babies need constant and firm, yet gentle touch. Stroking, patting or rubbing can be overstimulating to preemies. Other examples of positive touch are: containment with tucking of an infant’s feet to promote a womb like atmosphere and letting a baby grasp your finger.

• Baby Holders – these volunteers partner with the medical team to comfort babies when parents cannot be present at the bedside. They have completed special training and are competent in their role. They provide comfort by holding, rocking, quietly talking or reading to your baby. They do not feed your baby, change diapers or interfere with your role as a parent.

What does family-centered care mean to you?

Family-centered care means supporting the family as the most important member of the health care team. The NICU doctors and nurses are some of the most compassionate medical professionals I’m privileged to work with. However, I do not offer medical interventions; the prescription I offer is developmental play and normative care, which is not easy to create in the unpredictable setting of the NICU. I try to focus on the normalizing part of bringing a baby into the world and into a family: reading and singing to, and making stories for their babies; supporting the “regular” parenting skills that they were expecting after the birth of their baby. It means including the siblings in honest, open and truthful conversations about why their sibling is in the NICU and how they can take part, even when they cannot take a hands-on role. Building and maintaining family relationships is very important when the baby is in the NICU, and not the baby’s nursery at home.

What suggestions or advice do you have for NICU families?

• Stay calm and call Child Life, x5342, ask your baby’s nurse to have child life paged, Monday – Friday 9 a.m. – 5:30 p.m.

• Come to support group, Wednesdays 5:30 p.m. and Fridays at 10:30 a.m.

Any interesting personal facts you would like to share?

I learned to swim before I could walk.
SIBLING VISITATION PROGRAM

We understand that it is important for brothers and sisters to welcome the new baby into the family. However, newborn babies are very susceptible to germs, and can become sick. For the safety of your baby, we have established some guidelines for visitation. It is important that we work together to prevent visitors from visiting with your baby when they are ill or carrying infections, as this may be harmful to a newborn. Please follow the guidelines below:

- Only brothers or sisters of the baby who are at least 4 years old may come into the NICU.
- Sibling visiting hours are between 12 noon and 8 P.M.
- Parents must complete a one-time immunization screen before the first visit. If the sibling is not up-to-date with their immunizations, they cannot come into the NICU. You will find an immunization screening form in the welcome packet that is given to each family when the baby is admitted.
- Once the immunization screen is done, the child’s temperature check and a brief health questionnaire is completed at each visit.
- Siblings should not visit if they are ill, have been exposed to childhood diseases, or have a temperature of 100.4oF or greater.

Important Phone Numbers

<table>
<thead>
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<th>Room Numbers</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Intensive Care Area 02- 24</td>
<td>551-996-4655</td>
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<tr>
<td>Intensive Care Area 25 – 40</td>
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<td>Intermediate Care Area Annex A 42 – 52</td>
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<td>Intermediate Care Area Annex B 54 – 64</td>
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<td>Intermediate Care Area Annex C 66 – 80</td>
<td>551-996-4688</td>
</tr>
<tr>
<td>Continuing Care Area 81 – 90</td>
<td>551-996-4645</td>
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Birth Certificate Office – 551-996-3096
Child Life Specialist – 551-996-5342
Main Social Service Department – 551-996-2110
Neonatology Office- 551-996-5362
Pastoral Care – 551-996-2345
Lactation Consultant- 551-996-2000 ext. 71820

Contributors
The NICU Family to Family Newsletter is produced by the NICU Family Advisory Council of the Neonatal Intensive Care Unit - Joseph M. Sanzari Children’s Hospital at Hackensack University Medical Center. We welcome your suggestions and comments. Please contact Krys Toczylowski at 551-996-4106.

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