

## Comprehensive Review Recommendations for KC the first 3 months

### Excerpts from Full Term Article

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5. Keep the infant in KC at least until the first suckling at the breast has been accomplished (Sinusas & Gagliardi, 2001; Warren, 2008). Kangaroo Care increases oxytocin release in both mother and infant. Oxytocin, in turn, facilitates breastfeeding, bonding, maternal relaxation, uterine contractions, and minimization of stress (Dordevic et al., 2008; Uvnas-Moberg, 2003; Uvnas-Moberg et al., 2005). Suckling maintains development of the anterior pituitary's prolactin-secreting cells even when estrogen drops at birth – a condition that threatens prolactin cell integrity. Suckling also induces prolactin surges in maternal blood, supporting normal lactation (Uvnas-Moberg, 1999; Uvnas-Moberg, 2003). The colostrum delivered with the initial sucks is rich in T and B lymphocytes, enhancing infant immunity. Also, sending the infant to the observation nursery at any time during postpartum is detrimental because once the infant is in the nursery, treatments, physical assessments, and screenings get clustered together and result in prolonged separation from the mother (Vazquez & Berg, 2012). Conducting these procedures at the mother's bedside is the best practice.
6. Have the mother provide continuous KC until discharge. Mother and infant should remain in KC as much as possible throughout the postpartum stay for improved interactions, development, and breastfeeding (Kent et al., 2012; Vasquez & Berg, 2012). Continue KC as much as possible throughout the first three months of life (Chalmers, O'Brien, & Boscoe, 2009) and use KC as a FIRST intervention for breastfeeding problems (Vazquez & Berg, 2012). Remember, Kangaroo Care is the newborn's playground (Winberg, 2005). Kangaroo Care's continual use throughout the mother's day can be accomplished using a tube top, slings, or wraps to position the infant

near the breast while maintaining maternal modesty as the mother conducts routine postpartum activities. Commercial wraps and tops are available (Table 2). KC can be continued at home to support breastfeeding and promote infant development.

7. Distribute KC educational materials to patients during the prenatal, intrapartal, or early postnatal period because early and continuing education about KC is perceived by mothers as being helpful in initiation of and continuing KC (Calais et al., 2010) and is needed (Henderson, 2011). “Resources for Parents and Providers: Book, Pamphlets, and Videos” are in Table 1; “Kangaroo Care Carriers and Designers/Merchants” are listed in Table 2. Other educational materials are: 1) A trifold for parents to read on the topic of Kangaroo Care, called “Kangaroo Care For You and Your Baby” (United States Institute for Kangaroo Care, 2011), 2) the Massachusetts Breastfeeding Coalition’s informative sheet entitled “It’s my birthday, give me a hug. Skin-to-skin contact for you and your baby” (Massachusetts Breastfeeding Coalition, 2005), 3) the “How To Hold Your Baby Skin-to-Skin. Skin-to-Skin: A Great Way to Begin” sheet (Health Education Associates, 2011a), 4) “The First Hour After Birth; A Baby’s 9 Instinctive Stages” which enumerates the stages infants go through during Birth KC. There is a section on the benefits of Birth KC and all pictures are of Birth KC (Health Education Associates, 2011b), and 5) the book entitled “The Miracle of Kangaroo Mother Care. For Every Parent and Every Baby. Rare Inspirational Stories of Infant Survival” (Roos & Roos, 2011).

8. Monitor couplet for sudden infant collapse (life-threatening event) and safe positioning. Life-threatening events and death can occur in all fullterm infants within minutes, hours, and days of birth, whether they are in KC, in a crib, or in the mother’s or father’s arms (Poets, et al., 2011).