

**KANGAROO TECHNIQUE FOR ENHANCING
PREMATURE INFANT-MOTHER
ATTACHMENT**

Thesis

Submitted for Partial Fulfillment of the
Requirements of the Master Degree

In

Nursing Science
(Pediatric Nursing)

By

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(B.Sc Nursing)

Faculty of Nursing
Ain Shams University
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2009

تقنية الكانجارو لتعزيز ارتباط الأم بطفلها المبتسر

رسالة مقدمة توطئة للحصول على درجة الماجستير

في علوم التمريض

(تمريض الأطفال)

من

أوديت جرجس عبد النور

بكالوريوس في علوم التمريض 1995

كلية التمريض - جامعة القاهرة

كلية التمريض
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ABSTRACT

The aim of the study was to assess mother's perception about kangaroo technique, implement kangaroo care technique on hospitalized premature newborns and evaluate the outcome of kangaroo technique on mother child attachment. The study subjects consisted of two hundred mothers divided into two identical groups. The studied group included mothers who applied the kangaroo technique, while those who did not apply it were considered as control group. Data were collected through using predesigned interviewing questionnaire to assess mothers and neonates characteristics knowledge about kangaroo technique. An observational Likert like type rating scale checklist was used to assess mothers' practices; attitude towards kangaroo technique, and a tool was used for the technique for kangaroo. This technique had been applied for the experimental group only. The result of the study showed statistically significant differences in mother's perception, attitude and practices between both study and control groups after application of kangaroo technique with significant effects on infant's body weight and attachment. The study concluded that application of kangaroo technique enhanced mother-child attachment and had positive effect on weight gain and possibility of early discharge from neonatal intensive care units. Therefore, the study recommended the application of kangaroo technique for all low birth weight premature babies as part of the routine daily care to babies admitted to the neonatal intensive care units.

Keywords: Kangaroo technique- Premature babies-Mother infant bonding- Duration of hospitalization- weight gain.

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INTRODUCTION

Childbirth has a significant effect on the social, psychological, and physical wellbeing of women and their families, so the role of the nurses is to support women during this period of adaptation, promote health, and minimize the consequences when preterm neonate is delivered (*Wickham, 2007*).

Kangaroo technique is a way of holding a preterm or full term neonate so that there is a skin to skin contact between neonate and the person holding him. The baby wearing only a diaper is hold against the parent's bare chest. Kangaroo technique for preterm neonate is typically practiced for two or three hours per day over an extended time period in early neonatal period. With medically stable babies, there is no maximum duration for kangaroo technique; some parents may keep their babies in their chest for many hours per day (*Ellett et al., 2004*).

Research studies about the effect of kangaroo care method carried out by (*Mohrbcher and Stock. 2003*) proved that the method increases breast milk volume, doubles rates of successful breast feeding and increases duration of breast flow.

The bio-psychosocial benefits of the kangaroo care method are tremendous on mothers, babies, families, hospitals,

and health care workers. It is essential to promote and implement it on a wide scale in developed and developing countries (*Kennell, 2006*).

Nurses and physicians of neonatal intensive care units must develop criteria for initiating and offering kangaroo technique. The primary care team will work with mothers to decide the appropriate time to begin these special visits of kangaroo technique (*Fieldman et al., 2002*).

According to the World Health Organization (WHO) recommendations in 2003, the primary goal for maternal-child nurses in caring for parents and their neonates is to support parental confidence and competence through education and services to assure optimal parental-neonate attachment. Kangaroo holding in the hospital and home environment is one intervention that encourages parental-neonate interaction as well as provides the benefits of closeness, proximity, and touch. Nurses in hospitals, private practice, the community, and beyond must work together to change practice by adding the intervention of kangaroo care for the benefit of neonates and their families. *Olds et al., (2004)*, added that the nurse should provides opportunities for the parents to touch, hold, talk to, and care for the baby.

AIM OF THE STUDY

The aim of the study is to:

- Assess mother's perception about kangaroo technique.
- Implement kangaroo technique on hospitalized premature newborns.
- Evaluate the outcome of kangaroo technique on mother-baby attachment.

KANGAROO CARE

Definition:

Kangaroo mother care can be defined as a universally available and biologically sound method of care for all newborns, and in particular for premature babies, with three components: Skin-to-skin contact, exclusive breastfeeding and support to the mother neonate dyad (*Burgman, 2002*).

While *Ludington-Hoe, (2007)* stated that the definition of kangaroo mother care is based on all these arguments, and though it applies to all babies, it is particularly important for premature babies. Kangaroo position means maternal neonate skin-to-skin contact, kangaroo nutrition means early and exclusive breastfeeding and kangaroo support means never separate mother and baby, and add availability technology. (*Burgman, 2002*) identified that, in the USA, the term Kangaroo Care (KC) is generally used. This has been defined as "intra-hospital maternal-neonate skin-to-skin contact". KC generally started later, and on stabilized premature, and is used an adjunct to technological care.

Skin-to-skin contact is defined as a direct contact between the baby's front and the mother's chest. Skin-to-skin contact should ideally start at birth, but is helpful at any time. It

should ideally be continuous day and night, but even shorter periods are still helpful.

Exclusive breastfeeding means that for an average mother, expressing from the breasts or direct suckling by the baby is all that is needed. For very premature babies, supply of some essential nutrients may be indicated. Support to the dyad means that whatever is needed for the medical, emotional, psychological and physical wellbeing of mother and baby is provided to them, without separating them. This might mean adding ultramodern equipment if available, or purely intense psychological support in contexts with no resources (*Dodd, 2005*).

In Bogotá, Colombia, where kangaroo mother care started, "early discharge" is regarded as the fourth part of the definition. This is also a form of support where hospitals are overcrowded, but it also requires a good community support system.

History of Kangaroo Care

The history of kangaroo started early since 1979, Dr Rey and Martinez started a programme in Bogota, Colombia, in response to shortage of incubators and severe hospital infections. Then 1983, the UNICEF brought attention to this programme. The first report on this technique was English report published in The Lancet, but the first review of research