

5. Infant and Family Centred Developmental Care Toolkit: Facilitating Skin to Skin Care in the Neonatal Unit

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For use in: EoE Neonatal Units

Guidance specific to the care of neonatal patients.

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1 Scope

This guideline is relevant for all staff caring for infants and families across Neonatal units within the East of England Neonatal Operational Delivery Network.

2 Purpose

To support safe, prolonged, comfortable, and effective skin to skin care in the neonatal unit.

3 Definitions

SSC- Skin to skin contact/care
KC/KMC kangaroo Care/kangaroo mother care
ODN- Operational Delivery Network
HCP- Health Care professional
SUPC- Sudden Unexpected Postnatal Collapse
MDT – Multidisciplinary team

4 Introduction

Kangaroo Care (KC) or Skin to skin contact (SSC) is when a baby is placed against the parent's chest. Benefits include improvements with lactation and with establishing breastfeeding, and better weight gain for the baby. In the longer term, it helps parents to feel closer to their babies and more confident in caring for them.⁹

Skin to skin is recognised as the optimal neuroprotective environment, the ultimate healing environment¹ and the best strategy to restore some of the sensory discontinuity associated with preterm birth.^{11, 14} Some organisations strive to achieve a practice of zero separation with neonates being cared for 24/7 in skin to skin.^{10,14}

The World Health Organisation recognises the importance of SSC for the survival of preterm or low-birth-weight infants and advocates that it should be started as soon as possible after birth¹¹. SSC is also a requirement of the Baby Friendly standards ([UNICEF, 2024](#)).

SSC strengthens the bond between a parent and their baby by fostering close physical contact and emotional connection. This intimate touch helps regulate the infant's heart rate and breathing, while also releasing hormones like oxytocin in both parent and child, which promotes feelings of warmth, trust, and security.

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Despite consensus agreement of the benefits of SSC and national guidance supporting early experiences following preterm birth¹¹ there continues to be challenges in developing SSC practice within the current health care environment.⁷

The benefits of SSC outweigh the risks in most situations, and therefore, despite challenges, care providers should be supported to implement procedures and accommodations to ensure that SSC occurs as a 'safe and positive experience' for the parent, family, infant, and health care team.¹⁶

4.1 Background

The Neonatal Integrative Developmental Care model¹ places SSC at its core, considering it the foundation of infant care in the NICU. This model emphasizes that SSC offers the optimal environment for all newborns, especially those born prematurely. It is viewed as the "normal environment" for newborn care, providing ideal conditions for DNA expression, epigenetic processes, neural circuit formation, and physiological regulation¹⁰.

4.2 Benefits²

Short-term benefits:

- Improved physiological transition to extra-uterine life
- Improved early physiological stability in preterm infants
- Increased breastfeeding rate
- Improved growth
- Improved sleep
- Facilitated parental sensitisation to their infant's needs and cues
- Improved maternal empowerment and self-efficacy
- Improved paternal empowerment and self-efficacy (consensus)

Long-term benefits

- Increased breastfeeding rates beyond infant period
- Improved parent-infant bonding and mental health
- Improved immunity, decreased re-admissions
- Reduced prematurity related morbidity in adulthood
- Improved neurodevelopmental outcome
- Improved social behaviour in early adulthood
- Reduced stress for parents
- Improved maternal outcomes associated with breastfeeding

4.3 Challenges to providing SSC

A recent Cochrane review²⁷ found that the evidence in favour of immediate SSC is so strong that it would now be unethical to support trials where mother-infant separation is used as a control. The review stresses that future research should now prioritize improving study quality and focusing on implementation, rather than testing the practice itself. Although the review focuses on term and

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late-term infants this recommendation is beneficial support in reviewing and addressing the challenges that are faced in large scale implementation of SSC on the neonatal unit.

Current known barriers are²⁸:

- Lack of routine training for healthcare professionals and families
- Staffing capacity- staff qualified in speciality
- Family challenges (understanding, psychological, emotional barriers)
- Lack of national guidance and coherent policies
- Cultural challenges to practice
- Practical facilities and environmental challenges

This document aims to provide guidance and support to neonatal services striving to implement routine SSC and a model of Family Integrated Care²⁹.

5 Parent support and education

There is overwhelming evidence which supports the understanding that parents' presence on the Neonatal unit and partnership in the care of their baby is an essential component of delivering quality developmental care and improving developmental outcomes for infants.^{1,3}

It is a priority to provide parents with education about SSC and positive touch as soon as possible on admission and support them to have skin to skin experiences with their baby as early as possible.^{4,11}

The opportunity for SSC can bring up a range of responses for parents including anxiety, fear and sometimes more complex emotions such as guilt and a sense of disconnection. It is important to acknowledge the psychological components of the activity, what it means for the family, and what individual support is needed.

Parents can be supported to provide skin to skin by:

- Explaining to families the benefits of SSC, for both parents/carers themselves and their infant.
- Recognising different learning styles of individuals- one method of information delivery may not suit all.
- Recognising that individual's who are feeling anxious or dysregulated will struggle to process and retain new information. (Supporting a parent's regulation will also benefit a baby's regulation – coregulation.)
- Offering parents written materials to support verbal information e.g. Bliss booklet 'Skin to skin with your baby' and signposting to unit resources/display boards on SSC and positive touch. Watching a video demonstrating the practical stages of the activity may support confidence and reduce anxiety. (see Appendix 2).
- Advising that SSC benefits not only feeding and the birthing parent but also supports bonding and well-being for the non-birthing parent and siblings.

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- Discuss any worries/fears parents may have in providing SSC. Support them to think about how they may feel emotionally during SSC³⁰. Seek support from neonatal psychological professionals when needed (as part of MDT collaboration).
- Respecting parents' decisions to decline SSC if they do not feel able (due to emotional, social, cultural reasons).
- Discuss with parents relaxation techniques/activities that they may find helpful during SSC.³⁰ (See Appendix 4 for examples).
- Support parents to understand the process of getting their baby out of the incubator or cot for skin to skin, including: preparation, supporting their baby's positioning for containment and responding to cues for the transfer, settling time, potential additional requirements for babies who are ventilated as well as when to recognise or plan to place their baby back into the incubator/cot.⁴
- Providing graded support to parents so that they build confidence with completing independent transfers into skin to skin in collaboration with nursing staff.
- Maintaining a developmentally supportive environment around the parent/infant during SSC (See Developmental Care Toolkit 'Healing Environment' section).
- Providing a means of maintaining privacy and dignity during SSC with their baby.
- Providing adequate seating for the parent next to the cot/incubator to comfortably facilitate and promote SSC.⁶
- Understanding each parent's practical needs to be physically comfortable when providing prolonged SSC.
- Discussing with the parent/carer how to support their baby in SSC time through different means including talking gently to their infant, observing their behaviour and condition throughout.
- Show parents how to use a pocket mirror to help them observe their baby (Appendix 5)

If SSC is not possible currently, parents should be supported to provide positive touch and comfort hold.^{4,31}(refer to Developmental Care Toolkit 'Positioning and handling' section).

6 Staff education, training and culture

- To minimise mother-infant separation and safely provide SSC, healthcare professionals must acquire specific competence and skills to ensure protection of patent airways and provision of medical treatment and technical support as clinically indicated.²
- Education on the benefits of SSC should be mandatory for all staff working on the neonatal unit to provide a supportive environment for parents to provide SSC.^{8,14}
- Neonatal staff working in a clinical role should receive the training and support to be competent and confident in facilitating SSC.⁸
- Simulation of facilitating SSC with a ventilated baby should be included in training in relevant settings to improve confidence and safe practice.⁷

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- Prolonged, frequent SSC is encouraged for all babies. SSC is prevented only for acceptable clinical reasons, not due to lack of staff training or resources.⁸
- Individual and organisation concerns should be escalated through local trust reporting procedures.
- The provision of SSC for the day should be included in ward round discussions by the whole team including parents, medical, nursing and AHPs. As always, families should be involved in individualised care planning.⁴
- Discussions with senior nursing and relevant medical team are encouraged when planning for SSC for an infant with complex medical and respiratory needs. They should not be automatically excluded from SSC.^{4,32}
- It is important that there is adequate staffing prior to instigating SSC with families to ensure the infant's safety during the transfer.⁴

7 Risk Considerations for Skin to Skin

Clinical reasoning should always be explained to parents if their baby is not able to have SSC. Wherever possible an alternative should be offered (e.g. comfort hold, offering finger to grasp, cuddle in supportive nest).⁴

In the scenarios below, it is recommended that discussion with the MDT daily during ward round should be *recorded* to ensure an infant's readiness and support required to facilitate SSC is consistently reviewed.^{33,34}

Recognised reasons for caution in facilitating SSC can be:

- Extremely preterm infant in first 72 hours of life (including delivery room cuddle). See East of England Neonatal ODN [IVH Guideline](#)¹² for protective positioning in SSC (midline head position) and First Hour of Care Guideline¹⁶.
- Unstable infants requiring ventilator support. Stable infants on long-term ventilation or for palliative care should be facilitated to have SSC/KC.¹³
- Surgical neonates and those with chest drains.^{13,31}
- Babies with umbilical lines. (Lines should be meticulously assessed and secured.)^{13,31}
- Immediately after an invasive procedure or treatment, i.e. extubation. Simple procedures such as cannulation do not interfere with SSC/kangaroo care and can offer comfort for the baby.¹³
- When parents are unavailable or there are identified risk factors (e.g. recent alcohol/ drug intake or ill health.)¹³

8 Procedure for facilitating SSC/Kangaroo Care^{4,5,16,22,31}

Risk Assessment	<ul style="list-style-type: none"> • Consider clinical risk factors, staffing in room, needs of family, other infants in room, environment and planned activity. • Escalate concerns if required. • Discuss in daily ward round clinical risk factors and plan for SSC • Seek further guidance from MDT if required.
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<p>Preparation with parents</p>	<ul style="list-style-type: none"> • If first SSC opportunity, then use resources available to plan activity with them. (See Appendix 1,2) • Consider different learning styles and resources that may be beneficial as a learning tool. • Discuss expectations, concerns and plan for the day. • Advise that it is recommended that SSC should be for at least 1 hour*. • Advise parents that if their baby normally has apnoeas or bradycardias these may happen in SSC too however, this does not mean they are doing anything necessarily wrong. • Advise parents that their baby may take a while to settle and stabilise in SSC, they will be monitored and if a baby becomes increasing unstable, they may require to be moved back to the incubator. • Encourage parents to consider their own comfort needs e.g. use the toilet, fill a water bottle, check dressed in appropriate clothing for SSC. • If wraps or SSC tops are available on the unit, ensure parents are provided with training and are confident in their use. Provision of such will vary from one unit to another and therefore a local SOP should be in place for the use. Suggestions of such resources can be found in Appendix 3. • Check seated comfort of SSC provider before transfer, ensuring access to supportive chair, availability of footstool etc. • Consider requirements to maintain dignity/privacy/cultural practices (provide privacy screen and support individual needs). • Do not transfer the baby immediately after a bolus feed. Try to transfer prior to feed or approximately one hour after feed.^{22,25} • A baby can receive an NG/OG feed during skin-to-skin care.^{22,25}
<p>Prepare Environment</p>	<ul style="list-style-type: none"> • Ensure emergency equipment (suction, oxygen and neopuff) are easily accessible and within reach of baby whilst out of the incubator. • Prepare hat and blanket to support baby's temperature stability and comfort (If required place these inside incubator to ensure they are warm before use.) • Consider sensory environment: noise, light (see Dev Care Toolkit 'Healing Environment').
<p>Assisted Parent Transfer from incubator to SSC for Non-intubated babies.</p>	<ul style="list-style-type: none"> • Adjust height of cot appropriate for person providing SSC. • Use 5step dialogue technique²¹ (Appendix 1).

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	<ul style="list-style-type: none"> • Prepare baby: check axillary temperature, check dressings, cannula/lines. • Reposition baby to supine (alternative sidelying position can be facilitated if required due to baby's stability or medical needs e.g UAC/UVC) and prepare for transfer. • Reduce clothing to a nappy and wrap in muslin/sheet to support handling and regulation. • Observe behavioural cues to pace interactions. <p>If a baby is in a Giraffe incubator/omnibed:</p> <ul style="list-style-type: none"> • Turn the mattress so that baby's feet are facing the parent and ask the parent to stand and bring their chest down to 'meet' the baby whilst they gently scoop their baby onto their chest, cupping baby's head and shoulders with one hand and bottom with the other <p>If a baby is in a conventional incubator:</p> <ul style="list-style-type: none"> • Support baby in a lateral/sidelying hold with hands to midline. Guide parent to bring baby close to their body, supporting their head and neck with one hand and bottom with the other. • Guide the parent to slowly bring the baby up to an upright position, prone on the parent's chest. Encourage them to hold the baby close, trying to maintain contact and avoid sudden positional changes. <ul style="list-style-type: none"> • Pace movements, provide support to manage the lines and tubing. • Two staff may be required for the transfer depending on lines and tubes. • Help guide parent back to their chair safely.
HCP assisted transfer	<ul style="list-style-type: none"> • Encourage parent to prepare as above and ensure they are comfortable in the chair. • Complete transfer as above so that baby is held against chest of HCP. • Maintain contact with baby whilst moving close to parent and transfer baby to parent's chest, avoiding unnecessary suspension in the air • Place baby between parent's breasts or on chest with baby's head resting on parent's sternum (breastbone).

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<p>UAC/UVC^{23,24,31}</p>	<p>If a baby has an Umbilical Arterial Catheter (UAC) or a Umbilical Venous Catheter (UVC):</p> <ul style="list-style-type: none"> • Check lines and ensure they are appropriately secured. • Prior to moving baby from their incubator, loop or tape the UAC and/or UVC into the tabs of the nappy • Always seek help/support from a colleague • Ensure baby is placed in lateral position on their parent's chest to avoid pressure onto the umbilicus and to ensure visibility and accessibility as/ when required. Do not position baby in prone position. <p>Remain vigilant in monitoring the umbilical lines throughout the session.</p>
<p>Intubated baby^{25,31}</p> <p>It is possible for an intubated baby to receive SSC- this however requires additional considerations: risk assessment and the capacity of suitably qualified health care professionals to manage the transfer and monitor baby whilst in SSC.</p>	<p>If baby is intubated:</p> <ul style="list-style-type: none"> • Ask for colleague assistance- 2 nurse transfer to ensure patient safety. • Auscultate baby's chest, suction if required and ensure bilateral air entry. • Empty any water droplets from ventilator tubes. • Ensure ETT is secure. • Ensure neopuff is on and correct settings. • If disconnection is required, ensure neopuff is checked and infant is correctly neo-puffed using ventilation breathes during transfer and until ventilator can be re-attached. • If using parent scoop transfer, one nurse to assist parent in getting baby to their chest & guiding them safely to their chair, 2nd nurse to support ETT, lines etc and ensure these are moved together with the baby when parent sits down • If parent sitting to receive baby, 1st nurse to move baby wrapped in their "nest" sheet in a lateral or prone position to parent and 2nd nurse to move ETT, ventilator tubings and lines with baby. • Reconnect baby to their ventilator (if they were disconnected) • Ensure ventilator tubings are secured well, use tape if required but being careful to avoid the baby's skin
<p>Infant Positioning**:</p>	<p>Basic safe positioning principals are:</p> <ul style="list-style-type: none"> • Infant body vertically aligned (head in line with body to ensure straight spine). • Lower extremities tucked (into foetal position, shoulders supporting body weight, knees tucked up to hips). • Neck position neutral, not bent (to ensure clear airway).

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	<ul style="list-style-type: none"> • Head of infant at chest level, not into breast tissue (to ensure clear airway) • If infant prone, head should be rotated to a 45degree angle to ensure airway clear and face easily visible. • Ensure tone remains consistent. Infant should be responsive with normal tone, even when asleep. • No signs of increased work of breathing, such as recessions, change in breathing or rate, grunting etc. <i>(This could indicate incorrect positioning, slipped ETT or a deterioration-check infant and position)</i>²⁰
<p>Ongoing care:</p>	<ul style="list-style-type: none"> • Loosen wrap to support SSC and cover with a blanket as needed ideally tucking blanket under parent's arms to help secure in place if a SSC top/band unavailable. • Secure any lines and tubing. Ensure ventilator tubing is secure using velcro clips (if available). • Reassure the parent that the baby may take a little time to settle, sometimes up to 20 minutes • Ensure parent is comfortable and happy (eg. provide pillow, foot stool, drink of water) • Offer parent handheld mirror so that they can see their baby's face. (see Appendix 4) • Offer a story book if parent's wish to read to their baby. • Babies must be observed/monitored throughout their skin-to-skin session, and the nurse must remain nearby. • Standard nursing observations during SSC unless otherwise advised by local guidance.
<p>Consider thermoregulation: See Thermoregulation Guideline - East of England for further guidance.</p>	<ul style="list-style-type: none"> • Ensure temperature probe is attached securely if using. • If concerns regarding baby's thermoregulation, then place hat on baby's head. • A mother's body can support a baby's temperature through a natural process called 'thermal synchrony'²⁶. Differences in thermoregulation should be considered when held in SSC with non-birthing partner (possible need for extra cover). • Monitor axilla temperature every 30 minutes if concerned about hypothermia²².

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<p>Returning baby to incubator:</p>	<ul style="list-style-type: none"> • When the skin-to-skin session is over, support the parent to reverse the process or HCP professional explain to the parent that you will reverse the transfer for them. • Once baby is transferred back to incubator and appropriately positioned, encourage parent to stay with their baby at least until baby has settled and offer comfort holding if necessary. • Document in patient notes that skin-to-skin was undertaken, how it was tolerated and length of session.
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***Duration of skin-to-skin**

UNICEF's Baby Friendly Health Initiative⁸ suggests a minimum of 1 hour. During this time the baby must be monitored appropriately for his/her current clinical condition. Parents should be encouraged to remain in skin-to-skin position for at least one hour unless:

- Prolonged increase in oxygen requirements of >10%.
- Infant shows signs of distress or deterioration i.e. apnoea, bradycardia, desaturation and/or colour change.
- Baby remains unsettled and distressed; and/or
- Parents request that session ends.

****Maintaining stability in SSC and SUPC**

Whilst most of the guidance on unexpected respiratory collapse is focused on the term or near term infant (>35weeks GA)¹⁹, recommendations regarding safe positioning and monitoring can be applied to mitigate risk in SSC on the neonatal unit.

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10 Associated documents

Supporting documents to be read in conjunction with this document

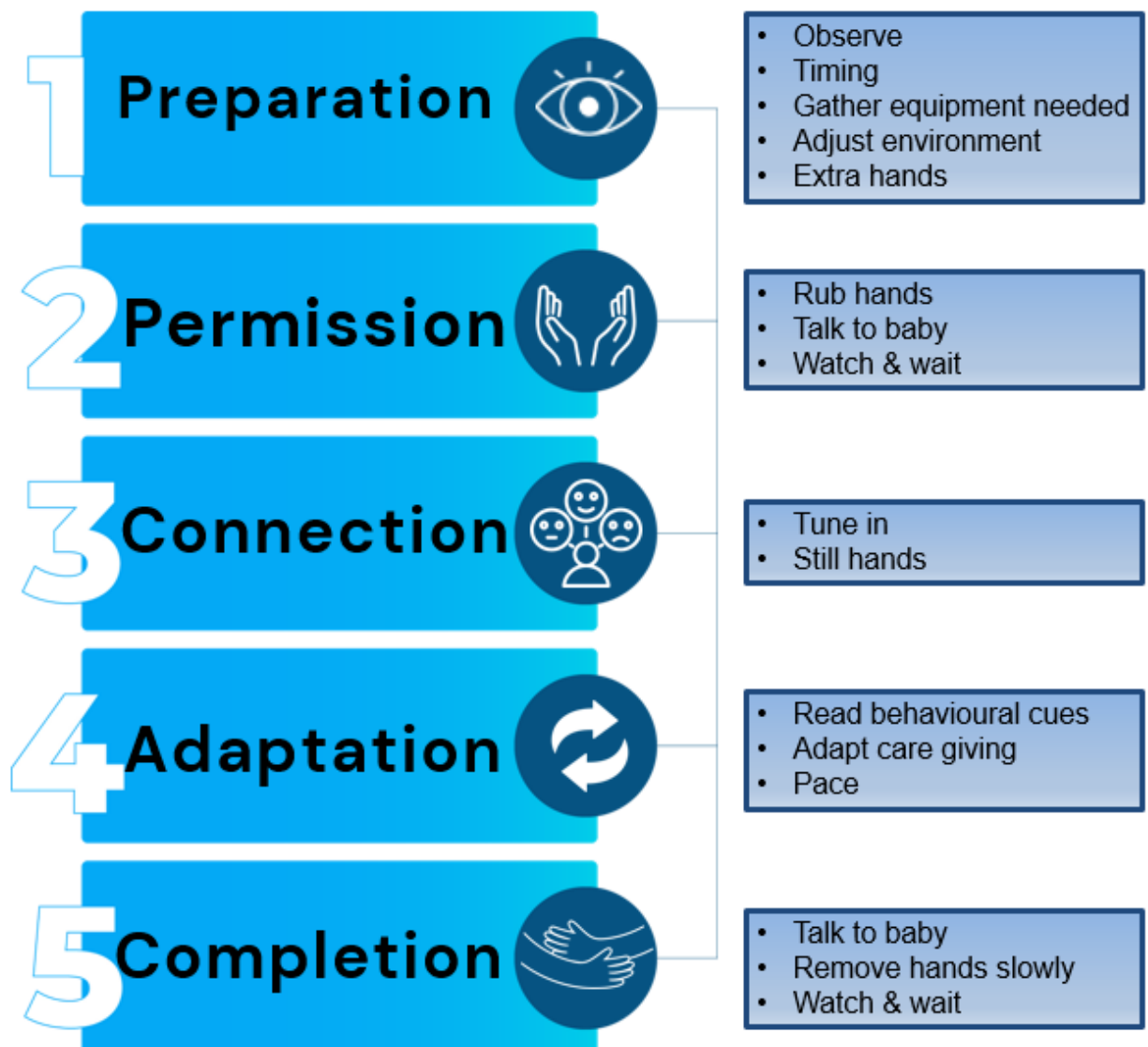
EoE Neonatal ODN Developmental Care Toolkit:

- Healing and Environment
- Positioning and Handling
- Partnering with Families

11 Appendix 1: 5 Step Dialogue

Cherry Bond – A mindful connection

5 step dialogue



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Appendix 2: Educational Resources



<p>Skin-to-skin with your premature baby</p>	<p>Bliss Skin to Skin Guide</p>
<p>Bliss Parent Story-</p>	<p>The power of skin to skin contact - Leigh's story Bliss</p>
<p>SENSORY BEGINNINGS Skin to Skin standing transfer</p> <p>Begin with a quiet word and still hands. Wrap your baby in their muslin. Gently move your baby to the edge of the bed. Lift them gently in side lying. Bring your baby to a lateral position against your chest. Gently position your baby upright on your chest. Stay still and let your baby adjust to their new position.</p>	<p>Sensory beginnings: Skin-to-skin-transfer.pdf</p>
<p>THAMES VALLEY & WESSEX NEONATAL NETWORK</p> <p>FiCare Family Integrated Care</p>	<p>TVW Parent Standing Transfer Written resource</p>
<p>When spending time in skin contact, it promotes deep sleep and growth.</p> <p>NHSGGC Staff - Supporting a standing transfer for skin to skin contact</p>	<p>You tube Video NHSGGC Staff - Supporting a standing transfer for skin to skin contact</p>

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<p>Proper Positioning Checklist (Quality Control) Kangaroo Care (KC) / Skin to Skin Contact (SSC)</p> <p>PARENT/CAREGIVER'S NAME: _____ BABY: _____</p> <p>Instructions: Staff and/or parent complete one column for each Kangaroo Care Session. Please do not checkmarks in any box that is not checked. Explain the correct way to do the items that did not achieve the checkmark. Add all the checkmarks of the column. The goal is to have the parent/caregiver consistently achieve 10 marks in every session.</p> <p>WHY? Knowing what is expected and ensuring quality control on your KC Sessions help ensure the safety and comfort of you and your baby.</p> <table border="1"> <tr> <td>1. POSITIONING PARENT: Sitting or lying semi-reclined, never horizontal or side lying.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. CONTACT: Baby and parent's chest are bare and touching from neck to belly button and between the cleavage) and The Zaky ZAK is holding the baby's weight and position.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. CONTAINMENT: The Zaky ZAK is providing comfortable containment: not too tight as to compromise breathing and not too loose where the baby can slide under the fabric.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. BABY'S HEIGHT: The parent, without stretching, can kiss the top of the baby's head.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. ANGLE: Baby is as vertical as possible between the adult's cleavage for comfort and safety. Alternate positioning can be used according to the medical condition of the baby.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>6. ALIGNMENT: Baby's neck and spine are midline with head turned to one side (neck should not be bent or twisted to ensure proper breathing).</td> <td><input type="checkbox"/></td> </tr> <tr> <td>7. AIRWAY: Baby's nose and mouth are visible and unobstructed, and not under any fabric.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>8. EXTREMITIES: Baby's legs are flexed in a froglike position and toes are facing outward. Baby's arms are flexed to each side and hands are level with the baby's shoulders, not obstructing air.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>9. TEMPERATURE: Baby is covered by The Zaky ZAK from neck to abdomen. If needed, baby has hat/socks and/or parent has a sweatshirt open in the front not covering the baby. Never cover the head of the baby except with a hat.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>10. MONITORING: Both caregiver and baby are being monitored frequently and this checklist used at least once in every kangaroo care session.</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="text-align: center;">TOTAL MARKS PER SESSION/COLUMN</td> </tr> </table> <p><small>Notes, suggestions, and plans for achieving 10 marks next time:</small></p>	1. POSITIONING PARENT: Sitting or lying semi-reclined, never horizontal or side lying.	<input type="checkbox"/>	2. CONTACT: Baby and parent's chest are bare and touching from neck to belly button and between the cleavage) and The Zaky ZAK is holding the baby's weight and position.	<input type="checkbox"/>	3. CONTAINMENT: The Zaky ZAK is providing comfortable containment: not too tight as to compromise breathing and not too loose where the baby can slide under the fabric.	<input type="checkbox"/>	4. BABY'S HEIGHT: The parent, without stretching, can kiss the top of the baby's head.	<input type="checkbox"/>	5. ANGLE: Baby is as vertical as possible between the adult's cleavage for comfort and safety. Alternate positioning can be used according to the medical condition of the baby.	<input type="checkbox"/>	6. ALIGNMENT: Baby's neck and spine are midline with head turned to one side (neck should not be bent or twisted to ensure proper breathing).	<input type="checkbox"/>	7. AIRWAY: Baby's nose and mouth are visible and unobstructed, and not under any fabric.	<input type="checkbox"/>	8. EXTREMITIES: Baby's legs are flexed in a froglike position and toes are facing outward. Baby's arms are flexed to each side and hands are level with the baby's shoulders, not obstructing air.	<input type="checkbox"/>	9. TEMPERATURE: Baby is covered by The Zaky ZAK from neck to abdomen. If needed, baby has hat/socks and/or parent has a sweatshirt open in the front not covering the baby. Never cover the head of the baby except with a hat.	<input type="checkbox"/>	10. MONITORING: Both caregiver and baby are being monitored frequently and this checklist used at least once in every kangaroo care session.	<input type="checkbox"/>	TOTAL MARKS PER SESSION/COLUMN		<p>Free to download from: Quality Control for Positioning and Safety during Kangaroo Care - 10 p – Int'l Kangaroo Care Awareness Day (May 15)</p> <p>https://kangaroo.care/</p>
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<p>Parent video from NNUH Staff Training Resource</p>	<p>Emma's story - my delivery room cuddle Trigger warning- mentions neonatal death</p>																						
<p>SKIN TO SKIN MATTERS NINE REASONS</p> <p>Research suggests that an hour of skin to skin daily in the "fourth trimester" may impart long lasting benefits*</p> <ul style="list-style-type: none"> Regulates baby's heart rate, breathing and temperature Reduces postnatal recovery time Strengthens baby's immunity and reduces infection risk Encourages initiation and continuation of breastfeeding and boosts milk production Supports good sleep cycles for baby's brain development Promotes bonding, helping babies feel happier and cry less Improves baby's digestion, reduces feeding discomfort and encourages weight gain Accelerates baby's brain growth and supports early cognitive development Combats postnatal anxiety and depression <p><small>www.carryingmatters.co.uk/skin-to-skin *Feldman et al 2014</small></p>	<p>Universal resource: Skin to skin contact brings long lasting benefits - Carrying Matters</p>																						

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Appendix 3: SSC support garments

 <p>The screenshot shows the homepage of 'The Zaky ZAK' website. The tagline is 'Engineering skin-to-skin and kangaroo care™'. The site is 'nurtured by design' and has a website at 'www.thezaky.com'. It features a grid of images illustrating the device's use in various scenarios: antepartum, laboring, delivery & postpartum, c-section, couplet care, pumping, every hospital unit, fathers, family, home, fall & injury prevention, safe, strong, quiet, adjustable zippers, perfect & reliable fit every time, hold from 1 to 15 lbs., and evidence. A QR code is also present.</p>	<p>The Zaky ZAK® – The Zaky - Official Website and Store</p>
 <p>The image shows a woman sitting and holding a baby against her chest. She is wearing a black strapless top and a dark-colored Joeyband device around her waist to support the baby. The baby is sleeping peacefully.</p> <p>Image from webpage: Joeyband™ for Hospitals Joeyband</p>	<p>The Joeyband: Skin-To-Skin Device (For Baby, Mom & Dad) Joeyband</p> <p>Joeyband NICU Clinical Tutorial</p>

Appendix 4: Relaxation techniques to support SSC

- Relaxation methods are very individual. Talk to family/individuals about what works for them. How do they relax generally? Do they enjoy mindfulness activities? Do they find particular sounds/music relaxing?³⁰
- For some people mindfulness can decrease stress and anxiety. There are many resources available that can support parents with this technique. An example of this tailored for the neonatal unit of this can be found here: [For Parents — Mindfulness for Health](#)¹⁸.
- Discuss how any environmental adaptations can help support relaxation during SSC.
- Seek support from Neonatal psychological professionals if need identified.

Appendix 5: Use of mirrors for SSC/KC

Kangaroo Care Reflections

Kangaroo Care is skin-to-skin contact when a baby is placed against the parent's chest. Benefits include improvements with lactation and with establishing breastfeeding, and better weight gain for the baby. In the longer term, it helps parents to feel closer to their babies and more confident in caring for them.

Kangaroo Care can be used with babies with high medical needs, but this will require careful planning and collaboration with the neonatal staff.

Talk to staff and plan a good time and comfortable place for you to try Kangaroo Care.

While Kangaroo Care is based on direct skin-to-skin contact, removing your baby's clothes is not vital if this is upsetting for him or her. A hat and a blanket for extra warmth might be necessary for very small babies.

Hold your baby chest-to-chest tucked inside your clothes, enclosing him/her to keep his/her temperature stable. Check that the head is well supported and if you can't see your baby easily, try using a hand mirror.

Explore what you both like to enjoy together. Some babies like to have their eyes shielded, others like to be sung to softly or while having a tube feed. Allow time for your baby to settle and get the full benefit.

If your baby is happy, you can cuddle for as long as you are both comfortable. Lie back, relax and enjoy.

(Bliss Website 2025 <https://www.bliss.org.uk/parents/in-hospital/looking-after-your-baby-on-the-neonatal-unit/skin-to-skin-and-kangaroo-care>)

Kangaroo Care Mirrors

- Small hand held mirrors can support parents to observe their baby during skin to skin.
- Ask your Neonatal unit whether they have a mirror you can borrow.
- A small mirror can be a helpful tool to allow parents to see their baby's face and ensure proper positioning.
- Using a mirror during Kangaroo care can further promote the bonding experience and can help to take focus away from monitors that can sometimes cause stress for parents in the NICU environment.
- If you don't have access to a mirror you also use a camera phone to see your baby's face.



Equality and diversity statement

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Exceptional Circumstances Form

Form to be completed in the **exceptional** circumstances that the Trust is not able to follow ODN approved guidelines.

Details of person completing the form:	
Title:	Organisation:
First name:	Email contact address:
Surname:	Telephone contact number:
Title of document to be excepted from:	
Rationale why Trust is unable to adhere to the document:	
Signature of speciality Clinical Lead:	Signature of Trust Nursing / Medical Director:
Date:	Date:
Hard Copy Received by ODN (date and sign):	Date acknowledgement receipt sent out:

Please email form to: kelly.hart5@nhs.net requesting receipt.

Send hard signed copy to: Kelly Hart
 EOE ODN Office Manager
 Box 402
 Rosie Hospital
 Robinson Way
 Cambridge University Hospital



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East of England Neonatal Operational Delivery Network

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