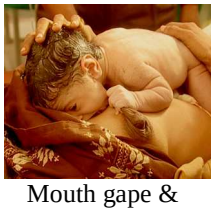
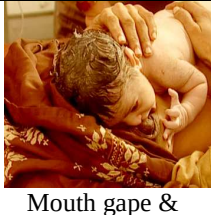


Postpartum Kangaroo Care Competency Checklist

(Morrison 4-18-2010)

STEP	ACTION	COMPLETED
Step 1	- Ask mothers if they did kangaroo care immediately after delivery. - Ask mothers if kangaroo care was explained to them. - Reinforce or inform mother/partner/family about kangaroo care and benefits for all who practice it. - Kangaroo care is holding diaper clad infant skin-to-skin, chest-to-chest. - Should be done with all newborns - Best place to keep infant warm or re-warm cold infant. - Helps newborn adjust to life outside the uterus. - Best habitat for the newborn is in kangaroo care where they: - Feel safe, - Feel protected, - Can maintain normal temperature, - Smell familiar odors, - Hear familiar comforting sounds, - Decreased perception of pain, - Ready access to food. - Kangaroo care for infection protection - Populate skin with good bacteria - Providing infant with colostrum during the first few days coats the gut and lungs with immunological properties to protect newborn from infections. - Kangaroo care is very important in the initiation of bonding and attachment. - Kangaroo care will help the mother feel like a mother and initiate mothering behaviors. - Kangaroo care helps both mother and newborn relax and decreases the effects of the stress of labor. - Infants have more natural sleep when in KC - Helps with breastfeeding initiation. - When held in KC the infant is likely to move toward the breast and latch on. - KC encourages frequent breastfeeding. - KC helps with establishment of hormones needed for milk supply. - Kangaroo care should be done as long and as frequently as possible - KC can be continued at home. - KC can be done by anyone designated by parents.	
Step 2	Prepare mother to receive newborn: - Have mother take off bra if she has not already done so. - Pull gown up to level of breasts if gown on front wise or - Have mother put on gown so it opens in the front, or - If mom has on an IV gown, unsnap the arms but keep mother covered. OR	

	e. If available have mother put on one of the following: 1. KC tube top 2. KC Cami 3. Kango wrap 4. Large front button shirt 5. Strip of material that can be tied around mother & infant			
Step 3 <i>Make Mother Comfortable</i>	a. Raise head of bed to 25 to 45 degrees. b. Help mother get situated in bed with good support behind head and under knees so she is in a relaxed position. c. Be sure mother is comfortably situated.			
Step 4	a. Undress infant to diaper			
Step 5	a. Assist mother to place infant in KC. 1. Turn infant prone and place between mother's breast. 2. Be sure the infant's shoulders are squared and flat on mother's chest to maximize ventral-to-ventral contact and maintain an open airway. b. If infant is not in wrap cover the infant's back with 4 layers of blanket. c. She may wear a blouse opened in the front, or robe, over the garment.			
Step 6 <i>Leave infant alone</i>	DO NOTHING!!!! Allow mother and infant to have time together. Infant may fall asleep or may just enjoy being next to mom. When infant awakens spontaneously she or he may start to move toward the breast. Look for the behaviors illustrated below.			
Step 7 <i>Observe the following behaviors</i>	a. When infant is awake and appears ready to feed sit with mom so you can be her cheer leader and supporter. b. Observe for and explain primitive infant reflexes such as: <table><tr><td> <u>Find & Latch Reflexes</u> Hand to mouth Finger flex/extend Mouth gape Tongue dart & lick Arm cycle Leg cycle Foot/hand flex Head lift Head right Head bob/nod Root Placing (Colson, S. D., Meek, J. H., & Hawdon, J. M. (2008). Optimal positions for the release of primitive </td><td> <u>Find & Latch & Milk Transfer Reflexes</u> Palmar grasp Plantar grasp Babinski toe fan Step(withdrawal) Crawl <u>Milk Transfer Reflexes</u> Suck Jaw jerk Swallow neonatal reflexes stimulating breastfeeding. <i>Early Human Development</i>, 84, 441-449. </td></tr></table>	<u>Find & Latch Reflexes</u> Hand to mouth Finger flex/extend Mouth gape Tongue dart & lick Arm cycle Leg cycle Foot/hand flex Head lift Head right Head bob/nod Root Placing (Colson, S. D., Meek, J. H., & Hawdon, J. M. (2008). Optimal positions for the release of primitive	<u>Find & Latch & Milk Transfer Reflexes</u> Palmar grasp Plantar grasp Babinski toe fan Step(withdrawal) Crawl <u>Milk Transfer Reflexes</u> Suck Jaw jerk Swallow neonatal reflexes stimulating breastfeeding. <i>Early Human Development</i>, 84, 441-449.	 Tongue dart  Crawl  Sucking with a good latch
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 Hand to mouth  Mouth gape & Head bob  Mouth gape & Head lift	d. May note drooling as infant starts to move. e. Infant's response to mother's voice. f. Comment to mother that these actions are signs of breastfeeding readiness, infant's innate behavior, infant's natural instincts. They are pre-feeding behaviors. g. Infant, using primitive neonatal reflexes, will "crawl" to approach breast. Again inform mother that this is exactly what should	 Infant looking at mother in response to voice		

ALLOW SELF-LATCH (RN is to state observations to parents)	occur. h. Infant will move down and at a 45 degree angle to breast. DO NOT move infant to another position. i. Infant will spontaneously lunge at the breast and attempt to latch onto nipple. It may take 2 to 3 attempts before a successful latch is obtained. DO NOT HELP!! A spontaneous latch provides a secure, leak-free and pain-free latch! j. Note and comment on mother's small behaviors to support the infant's movement to the breast.	 Pain-free latch
Step 8	a. Allow infant to suckle as long as she or he wants. b. When infant lets go of nipple can be place in KC again and allowed to move towards other breast. c. Note how relaxed mother and infant become. Infant may even fall asleep.	
Step 9	Continue assessing newborn wellbeing. ABC assessment <u>Activity</u> a. Tone: flexed or flaccid b. Movement <u>Breathing</u> a. Easy b. Retractions c. Grunting d. Nasal flaring <u>Color</u> a. Pink! b. Pale c. Cyanotic d. Acrocyanosis	
Step 10	Infant can remain in KC for as long as mother desires. Return to KC before next feeding or as mother desires.	
Step 12 	Give infant to father or grandma for some skin-to-skin time	

Assessing the Infant's Tolerance to KC

1. The infant is pink (perhaps has mild acrocyanosis)
2. The respiratory effort is easy, no audible grunting or visible intercostals retractions.
3. The infant is alert, demonstrating feeding cues, or sleeping comfortably on the mother's chest.
4. Well-flexed posture with good tone.

Documenting the KC Session

1. Length of KC session including starting and ending times
2. Did the baby feed during KC? If yes, write type & length of feed.
3. Infant's tolerance of KC.
4. Chart infant temperature at end of KC
5. Chart maternal tolerance and comments during KC.
6. Chart "Step 4 of Baby Friendly completed"

Translating Evidence into Practice: Kangaroo Care with Breastfeeding for ALL Newborns

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5/2010

I. New post-birth care paradigm

II. Current post-birth & breastfeeding paradigm

III. Habitat

IV. Considering the evidence

A. Bonding and attachment

B. Physiological stability

C. Breastfeeding

V. Model for improvement

A. Aim

B. Current knowledge

C. Cycle for learning & improvement

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VI. AIM: Envisioning a model of non-separation post-birth care

VII. The change process

VIII. Evaluation strategies

IX. Solutions being implemented

X. Summary

XI. Other implementation examples

XII. Conclusions