

## CURRENT STATUS SURROUNDING KANGAROO CARE IN JAPAN AND EARLY SKIN-TO-SKIN CONTACT IN KURASHIKI CENTRAL HOSPITAL

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### Current situation in Japan

Lawsuits relating to kangaroo care (KC) right after delivery exist in Japan, leading to the discontinuation of this practice by some hospitals. This is due to some media reports several cases of neonates deteriorated during KC. Although it is doubtful that KC was conducted safely in some cases, some media reports KC itself to be dangerous.

A national survey was conducted in 2008 asking experience of serious cases of deterioration of the neonates during early skin-to-skin contact (early STS) (in the past 2 years). This survey revealed 16 cases of NICU admission, 11 cases of cardiopulmonary resuscitation, and 9 cases of either death or serious disability. Another survey revealed that approximately 40% of the medical facilities had at some point stopped early STS due to neonatal status changes. On the other hand, a national survey conducted in 2010 regarding neonatal status changes shortly after delivery showed that early STS itself was not linked to higher risks.

In 2009, "Guidelines for KC" was voluntarily created by neonatologists. Listed in the chapter of "KC right after delivery for full-term infants" as essential are the following: "explanation for families" and "safety management using mechanical monitoring as well as observation by medical staff skilled in neonatal resuscitation." As of July 2012, the academic society is calling for public comments from its members about a draft of the implementation of early STS.

Some opinions indicate the difficulty in implementing the guidelines due to lack of facilities and human resources. Japanese obstetric wards are usually understaffed. In addition, the number of nursing staff assigned to the delivery room is not fixed (and healthy neonates are not even counted as patients in wards). Therefore, the degree of monitoring of mother and baby depends on the policy of the facility or on how crowded the ward is.

### Early skin-to-skin contact in our hospital

We started early STS in 2000, when we set up criteria to determine whether or not early STS should be started, and medical staff started to observe and monitor during the care. Since 2011 we started explanation to families and mechanical monitoring. A check list was made and used to confirm all steps throughout the care.

### About the Future

KC is effective in establishing a mother-baby relationship. However, it is pointed out to be less when families are anxious about KC. What should we do for KC to be conducted safely and more babies

and families benefit from it? It is important to walk with the families and community. Neonates are going through many changes in respiration and circulation. Families will help the baby to adjust to extrauterine life through early STS, while the medical staff will monitor them ensuring it is done safely. Future KC in Japan should aim to “work together, protect the babies.”

