Family-Centered Care and KMC in Term and Preterm Infants

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Marshall Klaus, MD

Pioneer

Master of the art of observing infant behavior and understanding the importance of mother-infant attachment and the critical period immediately after birth
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Nils Bergman, MB ChB, DCH
(USA equiv: MD, MPH, PhD)

Global Advocate

Single-mindedly raising awareness of the critical importance of keeping babies together with their mothers in skin-to-skin contact after birth

www.kangaroomothercare.com
A Parent’s View of the NICU

“Where is my baby?”
The Preterm Infant

- Is suddenly, unexpectedly, and prematurely separated from mother.
Parents are “Premature Parents”

- Who often feel **guilty, helpless** and **terrified** for the life of their baby.
Family-Centered Care

- An approach to planning, delivery, and evaluation of healthcare that supports partnerships among patients, families, and healthcare team.

- It is founded on the principle that the family plays a vital role in ensuring the health and well-being of patients of any age.

- Over time, the family has the greatest influence on an infant’s health and well-being.

American Hospital Association Institute for Family Centered Care
Family-Centered Care

- *Four Guiding Principles*
  - Dignity and respect
  - Information sharing
  - Participation
  - Collaboration

American Hospital Association
Institute for Family Centered Care
Goals of Family-Centered Care

• To reunite the family
• To resume interrupted parent-infant bonding
• To support parents in their role as the most important caregivers for their infant
Goals of Family-Centered Care

- To help parents
  - Understand their baby’s medical and developmental needs
  - Become competent in caring for their baby
  - Develop healthy bonds with their baby

- To help babies
  - Develop secure attachments with their parents
Other Models

- **Family Integrated Care** - Estonia, Canada
- **Neonatal Intensive Parenting Unit (NIPI)**
  - Neuroprotective Family-Centered Developmental Care
  - Lactation and breastfeeding support
  - Psychosocial support for parents
    - Psychologist, Social Worker
  - Coordinated discharge planning with parents
  - Follow up program
- **Kangaroo Mother Care** – Bogota, Columbia
  - Continuous kin-to-skin, Exclusive breastfeeding,
  - Early discharge, Close follow-up
Siblings are part of the family, too!
Grandparents, too!
Parents are not viewed as “visitors” but are considered **vital members of the caregiving team** and have

- Have 24-hr/day access to their baby.
Parents are encouraged to participate in daily caregiving of their baby and are supported in doing so.
Skin-to-Skin Contact

- Has many well documented benefits
- For both *mother* and *baby*
Natural Habitat for All Newborns
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Natural Habitat for All Newborns
Promotes Physiologic Stability

- Decreases oxygen requirement
- Increases temperature stability

Co-Regulation

Mothers use “hidden regulators” to stabilize their newborns

M Hofer, 1994
Mothers are Superior to Incubators in stabilizing healthy preterm infants at birth

Bergman *Acta Paediatrica*, 2004
Randomized Controlled Trial of **Skin-to-Skin Contact from Birth** vs. **Conventional Incubator Care** for **Physiological Stabilization** in 1200-2199 Gram Newborns

Bergman NJ, Linley LL, Fawcus SR, *Acta Paediatrica* 2004;93(6); 779-785
Newly born low birth weight infants stabilize better in skin-to-skin contact than when separated from their mothers: a randomized controlled trial

Birth weight 1500-2500 g

Connection vs. Isolation
Mother & Ventilator Stabilizing Newborn
Increases Immune Protection

- Increases antibodies in mother’s milk
- Decreases incidence and severity of infections

Increases Mother’s Milk Supply

- Prolongs the duration of breastfeeding

Weight Gain and Length of Stay

- Associated with increased weight gain
- Decreased length of hospital stays

Improves Infant Sleep

- Impacts brain development, healing, and growth

Helps Mothers Cope With Grief

- Loss of a term pregnancy
- Loss of her expected normal newborn

Brings babies back into contact with their mothers

- Helps to complete “gestation” outside the womb
Promotes Attachment and Bonding

“There is no such thing as an infant. The infant and maternal care together form a unit.”

Winnicott, 1965
In many NICUs mother and baby are separated
Baby’s Perspective:

“Where is my mother?”
Parent’s Perspective:

“Where is my baby?”
Supporting Attachment in the NICU

- **Every NICU admission**
  - Break in attachment process
  - Emotional wounds
- **Emotional wounds affect babies**
  - Stress of separation affects physiological stability
  - Impaired attachment affects neurodevelopment
  - Short-term and long-term effects are well documented
- **Emotional wounds affect parents**
  - Guilt, grief, anxiety, anger, helplessness
  - Postpartum Depression, Anxiety Disorders, and PTSD
Healing the Emotional Wounds of Parents in the NICU

- Welcoming parents to their baby’s bedside
- Acknowledging ambivalent feelings
- Facilitating skin-to-skin contact at every opportunity
- Encouraging time just to “be with their baby”
- Supporting emotional closeness
- Empowering parents to do daily cares - be a parent
- Teaching infant massage
- Informing about risks for depression, anxiety, & PTSD
- Providing resources for professional help and support
Healing the Emotional Wounds of Babies in the NICU

“Talking to Babies”

Myriam Szejer, MD

Telling babies their stories is healing
Healing Attachment

Wounds

Holding Babies

...with your heart
Healing Attachment Wounds

Holding Babies

...with your eyes
Healing Attachment

Wounds

Holding Babies

...with your hands
Healing Attachment Wounds

Holding Babies

...with your arms
Healing Attachment Wounds

Holding Babies

...in skin-to-skin contact
Skin-to-Skin Contact
A Primary Modality to
Support initial bonds of attachment
Heal wounded bonds of attachment
Prioritizing Skin-to-Skin Contact in the NICU

- **Staff motivation**
  - Education about impact on neurodevelopment
  - All staff - nurses, therapists, physicians, administrators

- **Staff training**
  - Safe techniques
  - Challenges and barriers
  - Multidisciplinary team support
  - Sensitivity to parental readiness

- **Parent education**
  - Benefits to babies
  - Benefits to parents
  - Safety
  - NICU staff support

Early, frequent, prolonged Skin-to-skin contact
25 3/7 w GA, 625 g – 5 days old
High Frequency Jet Ventilation
“We’re in this together.”
A Familiar Heartbeat
Mommy is Here
KMC is not just for the NICU

- Mothers who held their babies skin to skin for several hours a day during the first month postpartum had reduced psychological distress and postpartum depression in the first 3 months after birth.

- Babies who were held skin to skin in the first month were noted to have social bidding interactions with their mothers earlier than expected in the Still Face Task.

A Bigelow, 2012
Human Connections

Klaus
Human Connections
Skin-to-skin contact is for ALL babies!
“If we hope to create a non-violent world where respect and kindness replace fear and hatred, we must begin with how we treat each other at the beginning of life.

For that is where our deepest patterns are set. From these roots grow fear and alienation – or love and trust.”

Suzanne Arms
We have the **power** to influence the future of countless lives.
We have the *privilege* of making a lasting difference for families.
By thoughtful focus on facilitating parent-infant connections through Family-Centered Care and Skin-to-Skin Contact

*WE can make a difference in the lives of term and preterm infants and their families that will last a lifetime.*
Thank You

Klaus

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