

# 'Kangaroo care' offers developmental benefits for premature newborns

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New research in the *Journal of Newborns & Infant Nursing Reviews* concludes that so-called "kangaroo care" (KC), the skin-to-skin and chest-to-chest touching between baby and mother, offers developmentally appropriate therapy for hospitalized preterm infants.

In the article, "Kangaroo Care as a Neonatal Therapy," Susan Ludington-Hoe, RN, CNM, PhD, FAAN, from Case Western Reserve University's Frances Payne Bolton School of Nursing, describes how KC delivers benefits beyond bonding and breastfeeding for a hospital's tiniest [newborns](#).

"KC is now considered an essential therapy to promote growth and development of premature infants and their brain development," Ludington-Hoe reports.

But while KC's benefits are known, its use is not widely promoted by hospitals, she says.

Ludington-Hoe encourages hospitals to incorporate KC-type features by modifying neonatal intensive care units to make them calming places, positioning babies to promote physical and motor development, decreasing how much babies are handled to reduce their stress, improving wake-sleep cycles and promoting a newborn's ability to stabilize important functions, like its heartbeat and to synchronize physiologic functions with his mother's for optimal development.

Kangaroo Care for preemies involves the mother nestling the baby on her chest for at least one hour at a time and ideally for 22 hours a day for the first six weeks, and about eight hours a day for the next year.

Throughout Scandinavia and the Netherlands, KC is widely practiced, said the researcher. They practice 24/7 Kangaroo Care because mothers are told that they have to be their baby's place of care, and they make arrangements so that someone else watches children at home so that the infant is always in maternal or paternal KC while hospitalized. It continues at home where mothers wear wraps that securely contain the infant on her chest to prevent falling.

Ludington-Hoe reports that this approach is standard care in Scandinavia and Germany, where many preemies leave the hospital about three weeks earlier than in the United States. Also, KC is used in those countries after normal births and continues for three full months.

In previous research, benefits of KC have extended from childbirth to age 16, showing improved cognitive and motor development in newborns that received KC during hospitalization.

Neonatal intensive care units may adjust from open, brightly lighted nurseries to quieter single rooms, but such changes can't offer Kangaroo Care's scope of developmental benefits if the mothers aren't also there to snuggle their babies, Ludington-Hoe concludes.

Among the researcher's findings: babies respond more positively to their mothers than nurses, and experience less pain and stress when receiving some medical procedures while in their mothers' arms, and infant's brains mature faster and have better connectivity if they have received KC versus not having received KC. Mothers make the difference in how quickly preemies grow and develop.

Preemies held by their mothers in a prone position for an extended time tend to sleep better, which aids brain development. Infants adjust their heartbeats and body temperatures to their mother's and absorb immune benefits from their mother's skin, the researcher found.

Ludington-Hoe wrote *Kangaroo Care: The Best You Can Do To Help Your Preterm Infant*, a go-to guide since its publication in 1993. She also co-authored *How to Have a Smarter Baby: The Infant Stimulation Program For Enhancing Your Baby's Natural Development* with Susan K. Golant (1987).

Provided by Case Western Reserve University

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