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Jhenalynn Valet
Dominican University of California

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Nursing Education and Kangaroo Care in the NICU

Jhenalynn Valette



Introduction

Kangaroo Mother Care (KMC), often referred to as skin-to-skin contact, is an intervention for preterm and low birth weight infants, involving the practice of the mother or caregiver holding the newborn against their bare chest (Cleveland Clinic, 2023). This is a cost-effective and natural way to enhance health outcomes such as temperature regulation, weight gain, respiratory function, pain mitigation, and facilitation of breastfeeding for the neonate (Jefferies et al., 2012).

Nursing staff may have limited knowledge regarding KMC which creates challenges in effectively educating parents. This information prompts the following question: "Can Nurse Education about the Importance of Kangaroo Mother Care Increase its Utilization and Promote Weight gain in Low Birthweight and Preterm Infants?"



Hypothesis

Educating nurses about the importance of KMC directly causes an increase in the weight gain observed in neonates due to its increased utilization. Similarly, in neonates who receive a longer period of KMC, a greater weight gain is expected.

Method

Participants

- 100 pairs of caregivers and their preterm/low birth-weight infant from two different hospitals. 50 from Hospital A & 50 pairs from Hospital B.

Measurement Tools

- Likert scale, Bed scale, and the Fenton Growth Chart.

Procedure

- Prior to the nurses receiving education about KMC, caregivers from each hospital will be evaluated on their current utilization of KMC including estimated duration. The bed scale will be used to measure the weights of the infants, while the nurses' knowledge and attitudes regarding KMC will be recorded. All of this information will be used as a baseline when comparing results.
- Hospital A
 - Nurses will receive education about KMC.
 - 50 pairs will be split into 2 groups. Group 1 will receive 1 hour of KMC, group 2 will receive 2 hours of KMC.
- Hospital B: infants will receive conventional care.

Results

Descriptive statistics will be used to analyze the mean values of KMC utilization rates and the infant weights from both data sets– pre-intervention and post-intervention. Furthermore, to include inferential statistics, a *T*-test will be used to compare the results of both data sets which will establish a *p*-value. If the *p*-value is <0.05 , the results are statistically significant.

Conclusion

KMC is known to yield numerous health advantages for the infant but it has been shown to not be utilized as much as it should be. The gap in research in regards to the optimal duration of KMC needed to increase weight gain needs to be further explored. Nurses should be equipped with the education required to continue to educate parents to enhance the outcomes of these infants. As a result, prematurity death rates can be decreased. Further research opportunities lie in vulnerable populations such as the use of KMC for unstable infants as well as infants residing in low income areas.

