

# The benefits of kangaroo care Swedish-style

**M**idwifery lecturer at Bournemouth University Luisa Cescutti-Butler visited the neonatal unit at the University Children's Hospital in Uppsala, Sweden's fourth largest city. The overriding philosophy of the unit is to keep parents and infants together at all times. Here, Luisa reports on her impressions.

The provision of 24/7 kangaroo mother care (KMC), with a focus on enabling both parents to be the primary care providers, avoids unnecessary separation. The design of the unit embraces this philosophy.

In intensive care a supportive environment is immediately apparent. Each room has padded floors to absorb sound, indirect lighting, and an overall blue scheme to produce a sense of calm. Rooms are quiet despite the presence of infants, parents and equipment. Each main room houses four cubicles with a single bed for parents, an incubator and equipment. Cubicles can be closed off to give parents privacy while providing uninterrupted skin-to-skin care to their infants.

Infants are monitored individually but linked to a central monitor and nurses are present at a distance. Admin takes place in a separate office to maintain a nurturing environment for infants and parents.

A large area is provided away from the intensive care environment where family interactions can take place, including a kitchen/dinning area. One mother I met

was cooking herself a meal while providing KMC to her infant. She was wearing the specially designed clothing provided by the unit which allows infants to receive their 24-hour KMC and parents to be mobile at the same time.

Parents are encouraged, soon after their infant's birth, to provide all care including dealing with and switching off alarms, replacing saturation probes and responding to any apnoeas their infant may experience. The provision of central monitoring in this model of care is vital, so that nurses are aware of changes in an infant's condition but can enable parents to deal with any problems first, before they offer assistance.

Excellent maternity leave and benefits mean that most parents in Sweden are able to provide continuous kangaroo care.

The partnership which grows between parents and staff means they feel able to discuss any issues together. Any care that parents are unwilling or unable to perform is carried out by nurses, and many proce-



dures are performed while parents are providing KMC, e.g. nasogastric tube insertion, venous and capillary blood samples, intravenous injections and assessments. If infants show signs of being unstable on KMC, attempts are made to stabilise them *in situ*.

Once a baby leaves intensive care, parents provide almost continuous KMC in family rooms where they can co-care for their baby. Providing KMC day and night means that parents co-sleep with their baby and safe co-sleeping is actively encouraged. Safeguards in place ensure that there is adequate bedding for parents and the baby's face is not covered during sleep. Parents are asked not to co-sleep if they have had alcohol/nicotine and use recreational drugs. Snuff is widely used by women in Sweden and its use is contraindicated in the safe co-sleeping messages.

It is well documented that Sweden has good breastfeeding rates. Keeping mother and infant together at all times helps to promote and prolong successful breastfeeding and designing units to facilitate 24/7 KMC must surely contribute to breastfeeding success.

Early discharge of preterm infants appears to be a well-established practice in many units in Sweden. Having already been involved to such a degree, parents are better prepared for this. Infants may go home on nasogastric tube feeds but taking some breast milk orally. Equipment is sent home with the parents and daily rounds are now conducted over the telephone as staff soon realised home visits were not necessary. Telephone support is provided alongside an open door policy.

Nursing staff have had to undergo a change in role from being primary caregivers to providing education and support. Some healthcare providers found the transition challenging and initially resisted, but working positively with them brought about the necessary changes in attitudes and work-based practices.

*Thanks to Kerstin Hedberg Nyqvist, Assistant Professor in Pediatric Nursing, Department of Women's and Children's Health, University Children's Hospital, Uppsala.*

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