A literature review of parents’ experiences of kangaroo care in the neonatal unit

Kangaroo care, a widely used method of care delivery in neonatal units, is the practice of holding an infant skin-to-skin on the chest, under clothes, in only a nappy and sometimes a hat. Much research explores the benefits of this for the infant; however, there is less holistic knowledge about the experiences of parents who deliver this care. This article summarises a review of the literature presenting parents’ experiences of providing kangaroo care in the neonatal unit.

Methodology

A systematic search strategy was adopted in order to retrieve relevant papers. Planning and implementing a systematic search can eliminate researcher bias and allow all relevant literature to be examined. The online host platform EBSCOhost was used through the City University London electronic library to access and search selected databases. Ovid online was also searched; however no relevant papers were retrieved using this platform. Keywords, truncations and Boolean operators were used. Inclusion criteria were consistently applied in order to generate the most relevant search results for the literature review.

Nine relevant papers were systematically selected. The selected research papers comprised qualitative, phenomenological research methods, observational and case studies. All the papers clearly stated the aims of the research, which were to investigate either the mother’s, father’s, or both parents’ experience of providing KC in the NNU. Some of the research papers used face-to-face interviews to obtain detailed descriptions of their subjects’ experiences of KC. Helth and Jarden derived their interview questions from relevant studies and theories and the interviewer’s professional knowledge as a nurse on the unit. Johnson used a panel of three nurses working on the neonatal intensive care unit (NICU) to determine the interview questions, which were refined based on suggestions of two experts in qualitative.

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Involving fathers early can have a positive influence on the attachment process, which further supports the mother.

The support available on the unit affects parents’ experiences of KC.

Healthcare professionals can utilise KC to promote family-centred care and parental involvement.

Key points


1. Parents experience mixed emotions regarding KC and these can differ between mothers and fathers.
2. Involving fathers early can have a positive influence on the attachment process, which further supports the mother.
3. The support available on the unit affects parents’ experiences of KC.
4. Healthcare professionals can utilise KC to promote family-centred care and parental involvement.

Inclusion criteria

- Articles published between 2003-2013
- Articles written in English
- Articles from peer-reviewed journals
- Articles with abstracts relevant to the chosen topic
- Articles published worldwide

FIGURE 1 Inclusion criteria for the literature review.
Aim of study

Study type/methodology

Key results

Blomqvist et al (2011) Sweden
Fathers’ experiences of providing their preterm infants with KC
Seven fathers of babies on the NNU 28th to 33rd weeks’ gestation
Qualitative Interview Phenomenological
KC facilitated attainment of paternal role and fathers felt KC allowed them to do good for their infant

Helth and Jarden (2012) Denmark
Fathers’ positive experience of KC in the NICU
Five Danish speaking fathers <35 weeks’ gestation Admission to NICU >1 week Phenomenological Interview
KC helped fathers attain and understand their paternal role

Johnson (2007) USA
Mothers’ experience of KC for their premature infant in the NICU
18 mothers of infants in the NICU within the first two weeks of the baby’s birth, after the third 60-minute KC session Naturalistic enquiry design Interview
KC improved maternal confidence

Leonard and Mayers (2008) South Africa
The experiences of parents providing KC to their preterm infant
Six parents actively providing KC to their preterm infants in hospital Infant weight >1kg Phenomenological Interview
KC gave parents a sense of purpose and the role of primary caregiver and facilitated a connection with their infant

Reddy and McNerney (2007) South Africa
Mothers’ perceptions and experiences of giving KC
10 mothers of infants weighing <2kg who gave birth in KwaZulu-Natal Hospital between Feb-June 2003, and whose babies were admitted to the NNU Qualitative Phenomenological One verbal interview with each mother
Mothers were initially apprehensive about KC but with support overcame this and felt positive about the experience

Roller (2005) USA
Mothers’ experiences of providing KC to their preterm newborn infants
10 English speaking women, including seven admitted to the NICU 32-37 weeks’ gestation Infant weight: 1.5-3.0kg Qualitative Phenomenological Interview
KC helped mothers attain maternal role and ‘get to know’ their baby

Identification of factors that parents perceive as supportive or as barriers to KC. Factors influencing the decision to discontinue KC
76 mothers and 74 fathers on the NICU Preterm infants 28-33 weeks’ gestation Descriptive study Questionnaire Qualitative analysis
Interventions for enhancing parents’ opportunities for performing KC should address staff attitudes and practices and the NICU environment

The development of relationships between parents and nurses in a NICU
Six mothers and six fathers in the NICU within the first week of a premature birth Overt participant observation (160 hours) and in-depth interviews Nurses need to work collaboratively with parents and discuss the process of involvement and detachment in order to contribute positively to family-centred care. Healthcare professionals should recognise parents’ different starting points prior to commencing KC

Blomqvist and Nyqvist (2012) Sweden
Mothers’ experiences of continuous KC from birth to discharge
23 mother-infant pairs 31-41 weeks’ gestation Infant weight: 1.7-3.7kg. Descriptive study Questionnaire Qualitative analysis Mothers’ experiences were predominantly positive, provided that they received help and support

Johnson. Although this research does not discuss credibility, it does evaluate the transferability of the data stating that although it may not be generalisable to other NICU populations without further research, it still adds to the description, knowledge and understanding of maternal experiences of KC. Similarly Leonard and Mayers state that, although the findings
may not be generalisable, they still add to an understanding of the benefits of KC for parents of a preterm infant. Most of the studies consider the findings with relation to current practice and identify new areas of research.

Themes
Three common themes emerged from the nine selected articles:
■ primary apprehension
■ parental role
■ barriers to KC.

Primary apprehension
Evidence from this literature review suggests that parents can experience high levels of anxiety prior to commencing KC, which reduces with practice. Helth and Jarden report that parents were fearful of harming their baby when providing KC. Findings from this literature review suggest that mothers experienced contradictory feelings of wanting to hold their child but not reluctant to hold and be close to their infant; however when they did hold their infant, they explained that it made them feel helpless to look after their own child. In contrast to the mothers, the fathers in this study perceived that they were more confident in handling their infant so that fathers adopted a caregiver role and helped them to develop practical skills and competency in caring for their infant. They report that KC may assist fathers to adopt a caregiver role and helps them to develop practical skills and competency in handling their infant so that fathers perceived that they were more confident in their parenting abilities and in the relationship with their child. Leonard and Mayers suggest that KC enabled fathers to feel that they had a parenting role – a role they thought was held exclusively by mothers.

The role and attitudes of nurses in promoting KC
Extended research has investigated the beliefs of nurses with regard to KC and parent-infant bonding. Chia et al found that nurses strongly believe KC promotes parent-infant attachment as well as enhanced parental confidence. Similarly, Valizadeh et al found that nurses believe KC improves mother-infant attachment and is a useful technique for enhancing a mother’s involvement in her infant’s care. Healthcare professionals can utilise KC to promote family-centred care and parental involvement in the NNU. Attitudes are a major determinant of behaviour and clearly nurses appear positive about the implementation and facilitation of KC, based on the above findings. This could, therefore, have implications for encouraging parents to engage in KC.

Mothers feel that the nurses’ education and encouragement of KC is essential for
helping them to learn to care for their infant and nurses strongly believe that informing, supporting and assisting both parents to implement KC is important. Morey and Gregory state that nurses play a crucial role in providing mothers and families with effective educational interventions that can reduce stress. Educational intervention for mothers on the high-risk antenatal unit effectively decreases the stress and anxiety associated with premature birth and the NNU (the educational intervention included an overview of the NNU, teaching and discussion led by a NNU nurse and a tour of the NNU environment). Overall, findings indicate that to increase parental confidence in caring for their infant and to reduce parental anxiety and stress, healthcare professionals should inform, encourage and assist parents with KC and familiarise parents with the NNU environment in general, including noises and equipment.

**Conclusion**

This literature review has investigated parents’ experiences of KC within the NNU. Following critical appraisal, three common themes emerged from the nine selected journal articles: primary apprehension, parental role and barriers to KC. KC can help parents attain their parental role and promotes parent-infant bonding and attachment. Nurses play a crucial role in encouraging, supporting and facilitating KC and can support parents of infants in the NNU by providing information and advice regarding KC as early as possible. It is the nurse’s role to create a conducive environment in which parents can provide KC. Students, qualified nurses and midwives should be educated and updated on the practice of KC and its role in infant thermoregulation, improved breastfeeding rates and enhanced mother-infant bonding. NNU management should support staff in the provision of KC through education, adequate staffing levels and appropriate equipment and environment.

**References**