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Neonatology

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Skin-to-Skin for Intubated Infants: Guidelines for Professionals

Equipment

- Comfortable chair that can recline to 40 degrees
- Infant hat for infants weighing less than 1,000 grams
- Warm blankets
- Privacy screen

Procedure

- Have parent prepare his or her clothing for holding the infant. Open shirt in the front and remove bra or t-shirt. Parent should clean and warm hands.
- Gather appropriate supplies: Privacy screen, chair, blankets and hat. Ask a second healthcare worker to help if

needed.

- Position infant either supine or side lying with a warm blanket folded in fourths beneath the infant. Place hat on infant if baby weighs less than 1,000 grams.
- Assess that the infant's endotracheal tube is secured to the infant's face.
- Auscultate breath sounds and suction as needed. Allow the infant time to recover prior to transfer.
- Remove all water from ventilator tubing.
- Place chair next to ventilator.
- Assure that all IV lines, transducers and cables are untangled and are free to move with and reach the patient during and after transfer.
- Assure that emergency equipment (ventilation device and suction) will reach the infant after transfer.
- Temporarily disconnect continuous suction and/or feeds for transfer. Reconnect after transfer is complete.
 - Do not transfer the infant immediately after a bolus feed. Try to transfer prior to feed or approximately one hour after feed.

The infant may be fed during skin-to-skin care.

- If the infant is in an incubator, leave the temperature probe in place on the infant's skin. Reconnect after skin-to-skin care (this is not possible for a warmer bed or a Giraffe incubator).
 - For transfer from a Giraffe incubator, activate fan mode prior to opening the door to minimize heat loss.
 - Place the incubator in "air mode" with the air temperature set to maintain the present air temperature while the parent is holding the infant.
 - Position ventilator tubing from end of porthole to front of incubator prior to transfer.

Transfer infant

Parent-assisted transfer technique (parent able to get in and out of chair by himself or herself)

- Have parent place his or her forearm under the blanket underneath the infant. With the other hand, have the parent cup the infant's head. Momentarily disconnect the ventilator tubing from the

infant's endotracheal tube.

- Have the parent lean forward over the bed and gently lift the infant to his or her chest. The infant's head rests on the parent's sternum and is turned to the side facing the ventilator.
- Reconnect the ventilator tubing to the endotracheal tube while parent is holding infant and standing at the bedside.
- Disconnect the ventilator tubing to the endotracheal tube and guide the parent into the chair. The nurse or the second healthcare provider will guide the infant's IV lines and cables to the chair with the infant.
- Reconnect the ventilator tubing to the infant's endotracheal tube.

Nurse-assisted transfer technique (nurse carries infant from bed and hands to parent)

- The nurse places forearm under the blanket and underneath the infant. With his or her other hand, the nurse cups the infant's head.
- The second healthcare provider, if needed, will disconnect the ventilator tubing from the infant's endotracheal

tube and assists the nurse by guiding IV lines and cables to the chair.

- The nurse gently lifts the infant and places him or her on the parent's chest. The infant's head rests on the parent's sternum and turns to the side facing the ventilator.
- Reconnect the ventilator to the endotracheal tube.

After transfer

- After the infant is transferred, the parent's shirt is closed and buttoned around the infant. The outer blanket remains in place around the infant.
- Secure the ventilator tubing.
- RN needs to remain at or near the bedside for the duration of the session.
- To transfer the infant back to bed, use either the parent-assisted transfer technique or the nurse-assisted transfer technique.

Parent-assisted transfer technique

- Disconnect the patient from continuous feeds and suction. Assure that all lines and cables are untangled and free to

move with the patient.

- Provide a warm blanket for infant containment during transfer.
- Momentarily disconnect the infant's ventilator tubing from the endotracheal tube. Ask the parent to stand up while supporting the infant's head and back with his or her hands. The nurse can guide the IV lines and cables while the parent is moving to a standing position.
- Momentarily reconnect the ventilator tubing to the infant's endotracheal tube while the parent is in a standing position.
- Disconnect the ventilator tubing from the infant's endotracheal tube and have the parent lean forward placing the infant in the bed in a supine position swaddled with blanket around the infant.
- Reconnect the infant's endotracheal tube to the ventilator tubing and position securely inside the bed.
- Reconnect continuous feedings and suction.
- If the infant is in an incubator, return to previous set mode.

Nurse-assisted transfer technique

- Disconnect patient from continuous feeds and suction. Assure that all lines and cables are untangled and free to move with the patient.
- Provide a warm blanket for infant containment during transfer.
- Disconnect infant's endotracheal tube from ventilator tubing.
- The nurse takes the infant from the parent, swaddles infant with a blanket, and places the infant back in the bed in a supine position. A second healthcare provider, if needed, will assist the nurse by guiding the infant's IV lines and cables to the bed.
- Reconnect infant's endotracheal tube to the ventilator and position securely inside the bed.
- Reconnect feeds and suction.
- If infant is in an incubator, return to previous set mode.

Documentation

- Treatment interventions — plan for skin-to-skin (kangaroo care)
- Flowsheet — duration and tolerance of

skin-to-skin contact (kangaroo care)

- Progress note — problems encountered and actions taken
- Interdisciplinary Patient-Family Education flowsheet — teaching completed

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