

KANGAROO CARE AS A POTENTIAL INFECTION PREVENTION AND CONTROL (IPC) MEASURE IN NEONATAL INTENSIVE CARE UNITS



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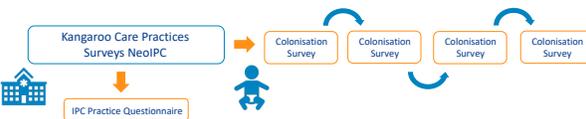
Background

Kangaroo care (KC) has been shown to be protective against hospital-acquired neonatal sepsis. One suggested mechanism includes the reduction in neonatal bacterial colonisation through skin-to-skin contact, as previously shown for Methicillin-Oxacillin-Resistant *Staphylococcus aureus*, thus leading to fewer invasive bacterial infections.¹

Methods

The NeoIPC colonisation assessment is a multi-centre study characterizing bacterial colonisation in hospitalised neonates. KC practices were captured as follows:

- Guidelines on KC for each NICU participating in the colonisation assessment
- Actual receipt of KC for each neonate in up to 4 colonisation surveys



¹ Lamy Filho F et al Effect of maternal skin-to-skin contact on decolonization of Methicillin-Oxacillin-Resistant *Staphylococcus* in neonatal intensive care units: a randomized controlled trial. BMC Pregnancy Childbirth. 2015 Mar 19;15:63. doi: 10.1186/s12884-015-0496-1.

Results

18 sites in 7 European countries participated:

- 16 teaching/tertiary hospitals, 2 standalone paediatric hospitals
- 15/18 with directly linked postnatal ward
- 9 to 50 cots (median 29.5)
- Median 514.5 admissions/year with 66 admissions/year for those < 32 weeks

- 667 infants participated in at least one colonisations survey
- 102 infants participated in all four surveys
- Median gestational age was 34 weeks (IQR 30, 38)

13/18 (72%) units offer KC, mainly to mothers and fathers. Characteristics of KC in the hospitals are listed in Table 1.

Characteristic of Hospitals with KC	n = 13 NICUs
Offer long-duration KC	2 (15.3%)
Average duration of KC session (minutes)	105 (60, 167.5)
Availability of KC SOP	9 (69.2%)
Training offered	8 (61.5%)*
Documentation of KC in the medical record	10 (76.9%)
Record of start and end time	5 (38.4%)

Table 1 KC practices in hospitals offering KC * all to nurses



371/667 (55%) infants received KC at some point during their hospitalisation up to the last survey they were included in. Overall in 1276 surveys, 565 participants (44%) had received KC in the 24 hours prior to the survey, these rates were similar in neonates < 32 weeks and >=32 weeks.

Reasons for not initiating KC were most often mechanical ventilation and central lines (Figure 2).

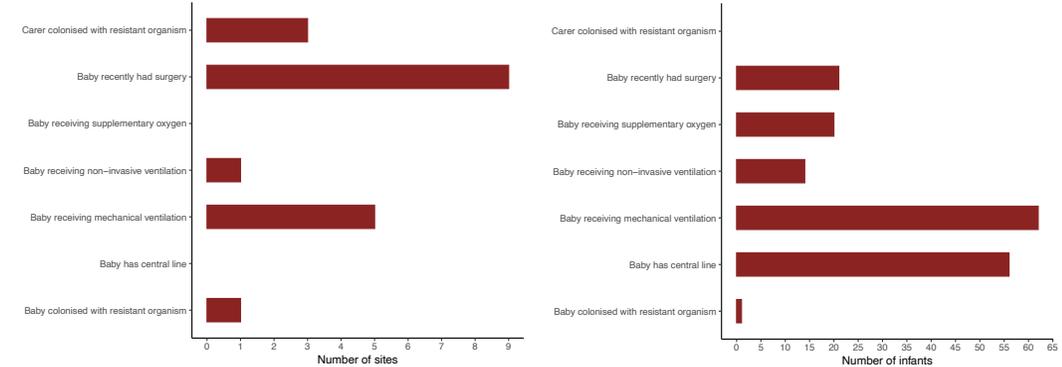


Figure 2. Reasons for not initiating KC in A) hospital guidelines B) for babies in the colonisation survey

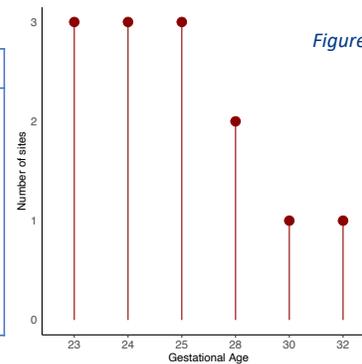


Figure 1. Minimum Gestational Age for KC

Conclusions

While KC is potentially an effective neonatal specific IPC intervention, the results indicate that real-world implementation of KC varies strongly across European NICUs thus offering the potential to optimise this technique as an IPC strategy.

Learn more about the NeoIPC Project here!

