

# Roo News

ROO NEWS is a newsletter for Certified Kangaroo Caregivers (CKC's) and is designed to support their efforts to Promote, Protect, Progress, and Preserve Kangaroo Care.

VOLUME 1, ISSUE 2

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## SPECIAL POINTS OF INTEREST:

- 5th International Kangaroo Mother Care Conference
- RB&C NICU Update
- KC Scrapbook Competition
- Hopping Along (Projects in Progress)
- Implementation Schedule

## 5th International Kangaroo Mother Care Conference

From Nov. 8-12, 2004, from 9a.m. to 6:30pm each day, the 5th International Kangaroo Mother Care Meeting and Workshop of the World Health Organization's International Network of Kangaroo Care was held in Rio de Janeiro. The United States was represented by Dr. Susan Ludington, Dr. Barbara Morrison, and Mrs. Joan Swinth. Dr. Hector Martinez, one of the founders of Kangaroo Mother Care, was there and provided excellent suggestions for early LBW infant discharge into KMC at home and follow-up guidelines. Kangaroo Care is a national mandate for all low birth weight and preterm infants in Brazil, and KC is to begin when infants are 1250 grams,

no longer require ventilatory assistance, do not have IVs in place, and have demonstrated at least one day of 15 grams weight gain /day. The first two days of the conference



Dr. Hector Martinez, founder of Kangaroo Care and Dr. Susan Ludington at the 5th International Kangaroo Mother Care Conference November 2004 Brazil

were spent hearing reports of each Brazilian hospital's experience with KMC, and mortality, readmission, and morbidity outcomes after imple-

menting KMC. A few reports of research results were intermingled with Brazilian outcome reports.

**KMC in Brazil:** Officials in Brazil had their first introduction to KC in a formal presentation in October 1999, then met in January 2000 to formulate national guidelines and a training program for implementation in the country. The first educational sessions were conducted in 2000. Within 4 years, all hospitals in Brazil practice KC with all preterm infants and the results support those of other developing countries' use: decreased mortality, decreased morbidity, fewer readmissions, no thermoregulation problems, and enhanced breastfeeding outcomes. (Continued page 3)

## Rainbow Babies & Children's Hospital NICU UPDATE

On November 3, 2004, Rainbow Babies and Children's Hospital Neonatal Intensive Care Unit (NICU) and Rainbow 4 (which is the transition-to home unit) Certified Kangaroo Caregiver's (CKCs) and nurses held the Kangaroo Care Promotion Retreat. They began by celebrating their accomplishments as CKCs. Their accomplishments included:

1. Completion of staff survey on Kangaroo Care,
2. Development of Kangaroo Care self-learning packets for all NICU RNs,
3. Increased number of mothers and fathers practicing Kangaroo Care, and

4. Increased number of staff offering Kangaroo Care. The retreat then focused on Promotion of Kangaroo Care. Promoting Kangaroo Care is one of the 4 P's that all Certified Kangaroo Caregiver's must uphold. Dr. Susan Ludington described the 4 P's in detail at the Certification conference September 28, 2004 Cleveland, OH.

The main objective of the retreat was to establish Kangaroo Care as an evidence-based standard of care. Another outcome of the retreat was that the staff agreed to the following 3 goals:

1. Every family will receive Kangaroo Care education,
2. Every eligible infant/

family will be involved in Kangaroo Care, and

3. Increase family satisfaction by providing Kangaroo Care in a family-centered care environment.

This core team met to discuss concrete measures to change practice by educating nursing and medical staffs revising standard of care and patient information materials, changing the environment to enable more families to provide KC to their babies with family-friendly equipment and supplies.

Way to Go Rainbow Babies & Children's Hospital NICU and Rainbow 4 nurses & CKCs!

## Hopping Along (Projects in Progress)

**“Ten Best Reasons to Do KC” Film.** USAD-INK members met with a film agency in Cleveland to discuss the film and came to agreement over costs and content. These developments were then shared with officials at Drager who have given us most encouraging feedback about the need and timeliness of the film project. Ms. Cindy Martin, a CKC at Sarasota Hospital in Florida and the speaker on “Implementation

of KC” on the 1<sup>st</sup> day of the certification program, is developing some of the film’s content along with staff nurses in Sarasota. Similar efforts are underway in Cleveland so the final product will reflect diverse views rather than unilateral views of salient content and dialogue for the film. The deadline remains June 1, 2005 for its first showing at the AWHONN Conference in Salt Lake City, Utah.

### CKC Profile

**Each month we would like to spotlight a CKC . Please write us and tell us how becoming a CKC has changed or impacted your career. Please include your name, credentials and hospital or organization affiliation.**

## Submissions

If you have an idea, article submission or notification of an event you would like to share with us send it to:

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## New Roos (Projects on the Horizon)

**6<sup>th</sup> International KMC Workshop in 2006.** Much discussion about the location of the 6<sup>th</sup> International KMC Workshop occurred in a nighttime meeting held by 32 participants in Brazil. The 1<sup>st</sup> meeting (1996) was in Trieste; the 2<sup>nd</sup> (1998) in Bogota, Colombia; the 3<sup>rd</sup> in Yogyakarta, Indonesia; the 4<sup>th</sup> in Cape Town, South Africa and the 5<sup>th</sup> in Rio de Janeiro, Brazil. Dr. Ludington offered the USA as a possible site, reminding everyone of the offer made in Cape Town by Dr. Gene Anderson to hold the meeting in the USA. The 6<sup>th</sup> International KMC workshop will mark the 10<sup>th</sup> anniversary of the World Health Organization’s International Network of Kangaroo Care, and Dr. Jelka Zupan of the WHO wants the meeting to be “special” and representatives of each country using KMC to be

present. Many European countries have not been attending the KMC Workshop recently. For example, Poland uses KMC routinely for all term infants and has not yet attended. Much concern was raised about the difficulty in obtaining visas to the USA post 9-11. Apparently many foreign citizens have to apply 18 months in advance of anticipated travel and undergo an interview prior to receiving a visa. A second site, Sweden, was suggested, but no definitive decision was made as to the site. The USA and Sweden have until March 1 to provide data on location, visa situation and how visas can be facilitated for participants, and costs prior to a final decision being made. Dr. May Wykle, the Dean of Frances Payne Bolton School of Nursing, has already endorsed the meeting

being held in Cleveland. The USAD-INK (USA Division of the International Network of Kangaroo Care) will continue to determine the feasibility of conducting the meeting in the USA and specifically in Cleveland. All participants at the 5<sup>th</sup> International Workshop related that they wanted one day of invited and competitive presentations (i.e. Dr. Bergh’s report on KMC around the world) and then 2-2.5 days of workshop. Workshop goals will be to 1) establish Quality Improvement benchmarks for KMC in all levels of care for LBW and Term neonates 2) to refine and finalize Dr. Adik Levine’s Humane Care for the Neonate Initiative. Dr. Ludington has suggested having a “film fest” of KMC films included. **CKC’s: How much of a national meeting on KC do you want?**

# KC Scrapbook Competition

In the last issue of Roo News, a scrapbooking competition was announced and reference to the scrap books developed by Dr. Paula Meier at Rush in Chicago was cited as the originator of the idea. Now she has published an entire article on how this scrapbooking works and particularly mentions Kangaroo Care as one of the photographs they routinely take and have parents put into the scrapbooks, using Kangaroo Care pictures to foster family bonding and maternal adaptation to NICU. Because

this article is so relevant to our competition, we are including a full copy of it in this issue of Roo News and you can earn CEUs by reading the article and completing the post test questions. So get your scrapbooks up and going!!!

## Congratulations to Ellen Mead on becoming a Certified Kangaroo Caregiver (CKC)!!!

Our apologies for not including you in the first CKC announcement

## 5th International Congress of Kangaroo Mother Care Cont'd

**KMC around the world:** A session on “KMC around the world” revealed that India has now begun implementation of KMC, provincial mandates for KMC in South Africa are being implemented with continuing success, Sweden routinely uses KMC with all fullterm infants immediately after birth and until the first feeding at breast, and then might not practice it at all after that even though KMC is routinely used in the NICUs on an intermittent basis. Canada and USA continue in their intermittent usage with LBW infants and occasional use with fullterm infants. KMC on a 24/7 basis for stable preterm/LBW infants is spreading dramatically throughout the African continent and Madagascar, and throughout Asian countries, not to mention South America. KMC has begun on an intermittent basis for LBW infants in

the Ukraine and a national KMC meeting is being held for the first time next month in that country. Dr. Anne-Marie Bergh did such an exceptional job of uniformly reporting on KMC throughout the African continent that she was asked to develop a similar compendium of KMC around the world for presentation at the 6<sup>th</sup> International Kangaroo Mother Care Workshop in 2006.

**Research Results:** Other than the data-based presentations evaluating the effectiveness and outcomes of KMC in Brazil, a few studies were also reported. Dr. Nils Bergman presented his study on KC for LBW infants immediately after birth and continuing for the first 6 hours of life (This study will be sent in the December issue of Roo News). Infants in KMC had more cardiorespiratory and thermal stability than infants in in-

cubators and he ended his presentation with the question “Where is the data showing that the incubator is a good place? Where is the data showing that the incubator is better than KMC? The data supporting use of an incubator over KMC simply does not exist!”

**Workshop Activities:** The last two days of the meeting were spent in workshop activities in which a select group (about 75) of health professionals using KMC went into small group meetings to develop recommendations for KMC use in relation to Implementation, Research and Evaluation, Developmental Care, Early Discharge with KMC, and Follow-up. Each group produced a list of prioritized recommendations that are going to be compiled into a document for publication. The Roo News will report in when it appears.

**USDA-INK**

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## Implementing your Kangaroo Care Quality Improvement Project: Organizing a Process Improvement Project

By now I hope you have found a process to improve (F in FOCUS) [Kangaroo Care (KC) in the NICU, on the postpartum floor, at home; KC for stable infants, dyads having breastfeeding difficulties, rewarming, etc]. Now it is time to organize a process improvement team (O in FOCUS) – a committee of stakeholders who will share in the planning and implementation of the project. An interdisciplinary team that represents all the stakeholders is vital for successful implantation of KC. The PIP team should consist of

12-15 members to facilitate group process, but others may be involved in sub-committees and work groups. Table 1 below lists potential members of the PIP team. Remember that some of the stakeholders may not have the same understanding about or commitment towards KC. As the PIP Team comes together the first goal is to educate team members about KC so that when it comes time for action all members are at the same point. PIP Team members will also be responsible for educating the committee or pro-

vider group they represent. Identifying each team member’s knowledge and commitment to KC and the knowledge and commitment of the group(s) they represent will help in developing educational arguments and materials. Table 1 identifies potential PIP members. Table 2 lists the stages in changing behavior.

**By Dr. Barbara Morrison**

**Table 1: Potential stakeholders and members of the PIP Team**

<b>Stakeholders: the BIG Picture</b>	<b>Stakeholders: Committees</b>	<b>Stakeholders: Institutional/ Individual</b>
Health professionals Community groups Consumers Interested individuals Health services institutions Governments & policy organizations	Practice Review Committee Neonatal Outcome Interdisciplinary Team Developmental Care Committee Quality Assessment & Outcome Family Centered Care Committee Customer Service Improvement Committee Parent Resource Panel Nutritional Assessment Feeding Team Educational Committee	Nursing Staff Nurse Practitioners & Clinical Nurse Specialists Lactation Consultants Nursing & Medical Managers & Directors Neonatologists, Pediatricians, Obstetricians, & Family Practice Physicians Therapists: respiratory, occupational, developmental, speech, nutritionists Educational specialists Case managers & discharge planners Parent Coordinators Family members & consumers

**Table 2: Stages in changing behavior**

Precontemplative o Ignorance Skepticism	Preparatory Necessity Action Maintenance Relapse Success
Comtemplative o Acceptance o Excitement	