

## Objectives

- Survey current staff knowledge, attitudes and practice of Kangaroo Care (KC)
- Analyse responses, establishing the strengths and weaknesses of the neonatal unit
- Identify barriers to provision of KC and recommendations for improvement

## Introduction

Kangaroo mother care (KMC) is recommended for all preterm or low-birth-weight infants, for 8–24 hours daily immediately after birth. Evidence suggests that there are improved outcomes for the neonate such as decrease in mortality and morbidity, increase in weight gain, and decrease in hospital stay.(1) WHO recommends that this standard of care is widely implemented as it has significant benefits, it's feasible, and a low-cost initiative to implement.(2) Despite this, the uptake of KC is poor within the UK, with only 64.4% of neonates receiving immediate skin-to-skin contact and 50% of parents satisfied with KC provisions- a comparably low rate to other European countries.(3) It raises the question of why KMC is yet to be widely implemented across the NHS.

## Methods

- Develop survey by reviewing existing questionnaires used by various authors.
- Distribute anonymous questionnaire to 42 staff members
- Analyse data to highlight strengths, weaknesses and barriers to KC provision
- Findings to be shared with ward staff

## Results

There were 17 responses to the survey. In the knowledge section, staff scored on average 88.24%. The best answered questions were 'Infants with NG tubes or undergoing respiratory support with CPAP or non-invasive ventilation can participate in kangaroo care', 'Kangaroo care minimises discomfort in preterm infants during painful procedures', and 'Babies experience improved breathing patterns and decreased apnoea's during kangaroo care'.

Whereas the worst answered question was 'Kangaroo care increases birth weight loss'. (figure 1). In general, most staff had a positive attitude towards KC and its provision with 70.6% stating they looked forward to encouraging parents to take part in KC. The most significant barrier to KC practice was reported to be the parents/caregivers understanding of the benefits of KC (figure 2).

## DISTRIBUTION OF RESULTS- KNOWLEDGE

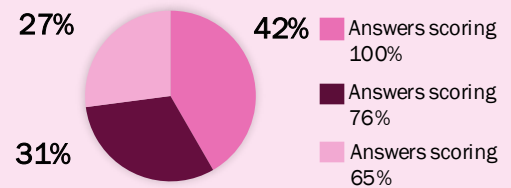
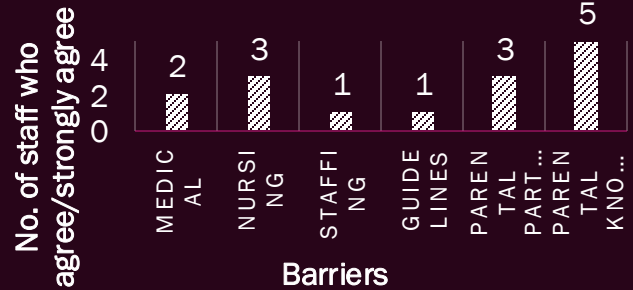


Figure 1

Figure 2

## BARRIERS TO PRACTICE



## Conclusion

Most of the staff exhibit positive attitudes towards KC, feeling confident in its provision and aware of its benefits. Results suggests training doesn't significantly impact knowledge, attitude, or practice, suggesting effective transmission of skills by KC champion staff. Staff express interest in additional training, indicating the importance of KC implementation for staff development. Other notable barriers include engaging parents and external factors affecting KC provision. Recommendations for improvement include using antenatal videos for parental education and refresher training for staff. Overall, while staff perform well, there are other areas for improvement and ongoing professional development.

## References

1. WHO recommendations for care of the preterm or low birth weight infant. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.
2. WHO Global Position Paper and Implementation Strategy on kangaroo mother care call for fundamental reorganisation of maternal–infant care. Geneva: World Health Organization; May 2023.
3. Stefani G, Skopec M, Battersby C, et al Why is Kangaroo Mother Care not yet scaled in the UK? A systematic review and realist synthesis of a frugal innovation for newborn care BMJ Innovations 2022