
How to Move a Ventilated Baby From Bed/Incubator to Skin-to Skin In a Safe Way

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Aims

For premature and full term infants who need help from a ventilator for breathing, it can be difficult to hold the infant skin-to-skin and often depends on the nurses who are present at the time. Lying skin-to-skin is a way to treat premature babies. The specific aims of this project were:

1. To increase the opportunity for skin-to-skin contact for as many infants as possible, as early as possible, including those intubated.
2. To develop a formal guideline: *How to move the baby from bed/incubator skin-to-skin with parents in a safe way* to help the families, nurses and physicians.

Methods

The literature recommends disconnecting the intubated infant when moving the infant. The project set out to show that moving an infant to their parent for skin-to-skin while still connected

to the ventilator is possible. A literature review was done, and based on that, plus many in-depth discussions with NICU staff, a set of procedures and guidelines were developed. The steps and procedures were documented with photographs showing how simply and beautifully one can move an infant from bed/incubator to their parent. The guideline: *How to move the baby from bed/incubator skin-to-skin with parents in a safe way* was completed in two years, and the nurses and doctors work together to use it and make skin-to-skin a reliable part of the infant's treatment process.

Conclusion

Skin-to-skin care is an important component of NIDCAP care recommendations and a way to strengthen the family centered care. With the development of the guidelines on how to safely move intubated infants into skin-to-skin positioning, the unit now has the opportunity to offer skin-to-skin holding to all children in the unit.