

GUIDELINES: CARE GIVING

Amendments			
Date	Page(s)	Comments	Approved by

Compiled by: Sue White
In Consultation with: Developmental Care Team
Ratified by: CMG, Nursing Staff
Date Ratified: June 2015
Date Issued: June 2015
Review Date: June 2020
Target Audience: All Clinical Staff
Impact Assessment Carried Out By:
Comments on this document to:

ASHFORD & ST. PETER'S HOSPITAL NHS TRUST

GUIDELINES: CARE GIVING

1. INTRODUCTION

Developmental Care uses strategies to improve the potential of infants who are disadvantaged by premature birth or adverse perinatal events. During routine care giving activities they may be physically destabilised e.g. blood flow, cardiac regulation, oxygenation and digestive function.

2. AIMS:

Routine care giving includes activities such as temperature taking, washing, mouth care, nappy changes and bathing. The aim is to involve and support parents to carry out these activities, from as early as possible and as often as is practical. They provide valuable opportunities for parents to get to know their baby, start to understand their behavioural cues and build mutual confidence.

By involving parents to carry out the cares we are developing attachment. Attachment is the close relationship that develops between parent and child, it gives the child a sense of security and enables them to go on and make successful relationships later in life.

CARE GIVING

Action	Rationale
Parents	
Encourage parents to participate in care as early as possible. Parents can plan with the nurse caring for their baby, so that they can be available at anticipated care times.	To facilitate attachment and parent-infant interaction. Promotes the parenting role.
Parents can record their baby's likes, dislikes and needs in the parents diary.	Fosters parents' feelings of confidence and autonomy in understanding and care of their baby.
Help parents to read their baby's cues so that they can adjust the cares routine to meet their baby's needs.	Care giving which is responsive to the baby's cues can minimise stress and maximise readiness for social activity.
Timing	
Timing will be guided by the baby's	Choosing times for cares that suit the baby
Volume 1	Neonatal Intensive Care
First Ratified October 2012	Last Review
Issue 1	Page 2 of 6

behaviour, parents availability and will take into account other planned activity	minimises disruption and distress, and optimises the baby's ability to cope with the event in an organised manner. Ensure maximum parent participation.
Try to avoid waking the baby. If at the scheduled care time the baby is sleeping consider leaving him/her for a little while to see if he/she begins to arouse spontaneously.	Restful sleep is important for growth and neurological development. It may only occur briefly in small babies.
Environment	
Reduce external factors to a minimum e.g. reduce noise, light and activity, as appropriate to the setting.	To optimise the baby's ability to cope with cares.
Be aware that parents may not want to do care in front of others.	Visitors may want to see the cares but parents are better able to concentrate on their baby without observers.
The incubator temperature should be adequate for short term exposure. For a baby in a cot, ensure a warm room (22-25 degrees C) and a draft free area.	To maintain temperature stability.
Consider increasing oxygen flow prior to or during nappy change.	The baby's oxygen requirement may increase during demanding activities.
Sleep And Awake States	
It would be counter-productive for growth and development, to disturb a baby during sleep. It is best to wait for signs baby is beginning to waken.	The baby will be more able to tolerate the disturbance and to enjoy some interaction.
If necessary rouse the baby gently by speaking softly and placing on hands gently.	To support smooth state transitions.
Positioning And Supports	
Make sure that you have everything ready e.g. cotton wool, warm water, clean nappy, clean clothes, gloves and nappy sack. Clothes, bedding and nappy can be warmed in the incubator.	To reduce the length of disturbance for the baby and to ensure that you are available to support the baby throughout. Warm materials avoid discomfort from "cold stress".

<p>This requires sensitivity and imagination. The best position is the one that is most comfortable and least disruptive for the baby. A baby can have cares done in prone, supine or side lying as long as the task can be completed successfully.</p>	<p>Each position has advantages and disadvantages relevant to physiological stability. Side lying is often most supportive of self-regulatory strategies.</p>
<p>Positioning supports such as rolls, nests and swaddling may be adjusted to provide opportunities for grasping, flexion and foot bracing. Wrapping one half of the baby whilst attending to the other may help.</p>	<p>To provide support for the baby throughout cares which foster stability and self-regulation.</p>
<p>Keeping the baby's legs folded; slide the new nappy under the old one. Undo the soiled nappy gently folding back sticky tabs, cover the soiled area. Slide soiled nappy from under baby.</p>	<p>Avoid soiling the sheets or clothing, minimising disruption.</p>
<p>Pacing</p>	
<p>There are no set rules about the time it should take. It may be necessary to slow down, pause or calm the baby at times. Sometimes it may only be possible to do the bare minimum at other times the baby may be able to interact for a while.</p>	<p>Pacing which is tuned to the behavioural cues of the baby helps the baby to maintain physiological, motor and state stability. It enhances self-regulatory capacity and encourages the baby to become robust enough to take an interest in their surroundings and caregivers.</p>
<p>Clean skin gently with warm water and cotton wool, working from front to back. Dry the bottom by blotting with cotton wool.</p>	<p>Techniques that avoid drag on the skin will be most comfortable.</p>
<p>Settling After Cares</p>	
<p>Help the baby to settle: put in a comfortable, well supported position. Use supports such as nesting, rolls and tucking in with soft sheet as appropriate to the baby's gestation. Remain with the baby until they stabilise.</p>	<p>After a tiring procedure the baby may have difficulty settling down to a relaxed state or to regain physiological stability. These measures may support behavioural organisation.</p>
<p>Record on charts the new position and nappy contents. Note the baby's reactions during and after cares. These should be shared with the parents, members of nursing and medical staff.</p>	<p>Destabilising effects of handling may be delayed. Observation helps to build a picture of the baby's strengths and sensitivity, and allows caregivers to plan appropriate supporting strategies for other interventions.</p>

References:

Bailey J, Rose P, 2000, Temperature measurement in the preterm infant: a literature review. *Journal of Neonatal Nursing* 6(1): 28-34

Baka HS, Korones SB, Perry EH, Arheart KL, Pourcyrus M, Runtan JW, Anderson GD, Magill HL, Fitch CW, Somes GW, 1990. Frequent handling in the neonatal intensive care unit and intraventricular haemorrhage. *Journal of paediatrics*, 117:126-131

Blackburn ST, Barnard KE, 1985. Analysis of caregiving events relating to preterm infants in the special care unit. In *Infants Under Intensive Care: Environmental Neonatology*. Gottfreid AW, Gaiter JL eds, Baltimore: University Park press, pp113-130

Bonthala S, Sparks JW, Musgrove KH, Berseth CL, 2000. Mydriatics slow gastric emptying in preterm infants. *Journal of Pediatrics*, 137: 327-30

Campos RG, 1989. Soothing pain elicited distress in infants with swaddling and pacifiers. *Child Development*, 60, 781-792

Cole JG, Jorgensen KM, 1997. Medical, developmental and pharmacologic intervention: the essence of collaboration. *Neonatal network* 16(3), 56-58

Catelin C, Tordjman S, Morin V, Oger E, Sizun J. 2005, Clinical, physiologic and biologic impact of environmental and behavioural interventions in neonates during a routine nursing procedure, *Journal of pain* 6 (12): 791-797

Evans JC, Vogelpohl DG, Bourguignon CM, Morcott CS, 1997. Pain behaviours in low birth weight infants accompany some "nonpainful" caregiving procedures. *Neonatal Network* 16(3):33-40

Evans J, 1991. Incidence of hypoxia associated with caregiving in premature infants. *Neonatal Network* 10(2): 17-24

Field T, 1990. Alleviating stress in newborn infants in the intensive care unit. *Clinics in Perinatology*. 17(1): 1-9

Funaro M, Tamai H, Noma K, Kojimoto Y, Yoshioka Y, Shimada S, 1992. Clinical events in association with timing of intraventricular haemorrhage in preterm infants. *Journal of Pediatrics* 121:614-619

Gorski PA, Huntington L, Lewkowicz DJ, 1990. Handling preterm infants in hospitals, stimulating controversy about timing of stimulation. *Clinics in Perinatology*. 17(1): 103-112

Kitchin L, Hutchinson S, ,1996. Touch during preterm resuscitation. *Neonatal Network*. 15(7):45-51

Neu M, Brown JV, 1997. Infant physiologic and behavioural organisation during swaddled versus unswaddled weighing. *Journal of Perinatology*, 17: 1193-198

Peters KL, 1992. Does routine nursing care complicate the physiological status of the premature neonate with respiratory distress syndrome? *Journal of Perinatal and Neonatal Nursing*. 6(2): 67-84

Volume 1	Neonatal Intensive Care	First Ratified October 2012	Last Review	Issue 1	Page 5 of 6
----------	-------------------------	-----------------------------	-------------	---------	-------------

Sizun J, Ansquer H, Brown J, et al. 2001. Developmental care affects pain expression in preterm neonates. Archives of Diseases in Childhood.

Warren I, Quinn C, Ghaus K, 1998. Non-invasive care. Neonatal Network.

Werner NP, Barnard KE, 1990. Caregiver contacts experienced by premature infants in the neonatal intensive care unit. Maternal Child Nursing Journal. 19(1): 21-43

Zahr LK, Balian S, 1995. Responses of premature infants to routine nursing interventions and noise in the NICU. Nursing Research 44(3): 179-185

Volume 1	Neonatal Intensive Care	First Ratified October 2012	Last Review	Issue 1	Page 6 of 6
----------	-------------------------	--------------------------------	-------------	---------	-------------