

**Developmental Care
Positioning**

Aim
To position the infant effectively and comfortably to promote optimal extra-uterine development. Therefore protecting the baby from the impact of gravity on an immature musculoskeletal system thus reducing deformities, strengthening feelings of security while promoting a balance between flexion and extension for all infants.

This guideline should be used as appropriate to gestational age and clinical condition. The position of the baby should be clearly documented throughout the shift

PRONE

Action	Rationale
<ul style="list-style-type: none"> • Shoulders are rounded and fall forward • Allow hands to face and mouth where possible. • Legs are tucked together under the body and supported with boundaries. • Do not over extend or bend, (flex) the head and neck. • Alternate the direction of the head • Avoid letting the hips fall into a 'W' shape. • Ensure the hips are positioned below the level of the head • Toes to toes position • Careful positioning of lines and leads • Optimal position for lifting baby and transfer out of incubator 	<ul style="list-style-type: none"> • Supports sternum and rib cage, making breathing easier. • Optimal for oxygenation • Enables babies achieve deep sleep • Decreases energy expenditure • Improves temperature control • Tilted >30 degrees may minimise reflux • Maintaining muscular development • Reduces handling, less disturbance to attend lines • Protects skin • Reduces obstruction to blood flow, to maintain optimal intracranial pressure • Promotes physiological stability • Improved weight gain

To promote this position use age or clinically appropriate positioning aids:

- Nest
- Gel Squishon or Gel E donut
- Bendy
- Beanbag cushion
- Frogs
- Brush cotton sheets

SIDE LYING

Action	Rationale
<ul style="list-style-type: none"> • The shoulders rounding forward, not 'sticking out'. • Legs are flexed with boundaries for foot support. • Hands are central and near the face/mouth. • The back and neck are supported in a 'C' shape supported in soft flexion • Change sides as indicated by the baby's cues 	<ul style="list-style-type: none"> • Easiest for the baby to self comfort • Discourages the "frogs" leg and "w" arm position, to promote optimal development • Unsupported musculoskeletal system will induce long-term postural morbidity (page 48 dc booklet) • May reduce reflux • Improves weight gain • Keeps head in midline • Reduces obstruction to blood flow, to

	maintain optimal intracranial pressure
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To promote this position use age or clinically appropriate positioning aids:

- Nest
- Gel Squishon or Gel E donut
- Bendy
- Beanbag cushion
- Frogs
- Brush cotton sheets

SUPINE

Action	Rationale
<ul style="list-style-type: none"> • Shoulders are rounded forward and supported off the mattress. • Legs are bent and together with strong boundaries for foot support. • Head is in line with body. (midline) • Encourage the baby's hands to chest, face and mouth • Wrap babies lightly in brush cotton sheet • Reinforce back to sleep programme with babies preparing for discharge 	<ul style="list-style-type: none"> • Supine midline position favours cerebral venous drainage and helps prevent elevation of cerebral blood flow • Wrapping baby inhibit big extended movements. • Complies with SIDS guidelines

To promote this position use age or clinically appropriate positioning aids:

- Gel Squishon or Gel E donut
- Bendy
- Beanbag cushion
- Brush cotton sheets

References

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Guideline

Prepared by Sr. Nora Chin and NICU nursing staff, June 2014