


Birth Kangaroo Care Competency Checklist

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Step	Action	Complete <input checked="" type="checkbox"/>
Step 1 Prior to birth	Inform parents and discuss the process of Birth Kangaroo Care	<input type="checkbox"/>
Step 2 Just prior to the birth	a. Lift the mother's gown so her abdomen is exposed, or if gown is on backwards, open the gown	<input type="checkbox"/>
	b. Place a warm blanket over her abdomen	<input type="checkbox"/>
Step 3 Immediately after birth	a. Place the nude infant supine on the blanket on the mother's abdomen so that the infant's head is at or above the mother's umbilicus or the infant can be placed transfer across the mother's lower abdomen	<input type="checkbox"/>
	b. Place mom semi-upright (about 30-40 degrees inclined)	<input type="checkbox"/>
Step 4 Within the first minute of life the following events should occur	a. Bulb suction the mouth and nose only as necessary for mucus	<input type="checkbox"/>
	b. Thoroughly dry the baby's head and body with the warm blanket that is on the mother's abdomen	<input type="checkbox"/>
	c. Remove the wet blanket and dry the mother's abdomen. (If her abdomen is wet it will interfere with temperature regulation)	<input type="checkbox"/>
	d. Place a head cap and blanket on the infant	<input type="checkbox"/>
	e. You may give blow-by FiO2 to the infant with mother's face mask, just as you would on the radiant warmer, if needed during this time	<input type="checkbox"/>
	f. Assign the 1-minute APGAR score	<input type="checkbox"/>
Step 5 During the next 2- 5 minutes the following events should occur	a. Once cord is cut, Lift infant up and remove wet blanket that infant was lying on and dry mother's abdomen with it	<input type="checkbox"/>
	b. Turn infant prone and place on mother's abdomen or between breasts	<input type="checkbox"/>
	c. Assess the infant while he/she is on the mother's abdomen	<input type="checkbox"/>
	d. Assign the 5 minute APGAR score	<input type="checkbox"/>
	e. Place a diaper on the infant and cover the infant's back with a receiving blanket folded into fourths	<input type="checkbox"/>
	f. Be sure that the infant's shoulders are flat and not constricted throughout skin-to-skin contact with the parent	<input type="checkbox"/>
Step 6 Leave infant alone	a. DO NOTHING! Allow time for the infant to spontaneously crawl towards the breasts (takes 20-50 minutes)	<input type="checkbox"/>
	b. Explain to the mother that the infant should remain on her abdomen for the first 60-90 minutes of life	<input type="checkbox"/>
	c. Observe infant's progress toward breast (the 9 instinctual stages) and comment to mother on how clever is her baby	<input type="checkbox"/>
Step 7 Observe the following behaviors ALLOW SELF-LATCH (RN is to state these observations)	a. Infant's hand caresses breast, mouthing action begins	<input type="checkbox"/>
	b. Comment to mother that these actions are signs of breastfeeding readiness, infant's natural instincts, and infant's intuition. They are pre-feeding behaviors	<input type="checkbox"/>
	c. The infant will crawl to approach the breast. Again inform mom that this is exactly what should occur	<input type="checkbox"/>
	d. Infant will spontaneously lunge at breast and attempt to latch onto nipple. It may take 2 or 3 attempts before a successful latch is obtained. DO NOT HELP!! A spontaneous latch provides a secure, leak-free, and pain-free latch!	<input type="checkbox"/>
	e. Listen for air leaks and watch cheek rise and fall with swallows and confirm swallowing movements in neck	<input type="checkbox"/>
Step 8 Check for safe position of infant's head	a. Nose (and mouth if not sucking) uncovered by breast tissue	<input type="checkbox"/>
	b. Face of infant is visible	<input type="checkbox"/>
	c. Neck is straight, not bent forward nor backward	<input type="checkbox"/>

Step	Action	Complete 
Step 9 Tell mother to closely watch infant so infant does not accidentally suffocate against mother's skin by checking these	a. Color of baby's face is pink, not pale, gray, blue	<input type="checkbox"/>
	b. Nose and mouth are uncovered so baby can breathe	<input type="checkbox"/>
	c. Head is turned to one side or another, not facing toward maternal tissue	<input type="checkbox"/>
	d. Infant's arms and legs are bent and with tone, NOT LIMP	<input type="checkbox"/>
	e. Looking for rise and fall of upper back or shoulder with each breath (checking for breathing)	<input type="checkbox"/>
	If mother is sleepy, tell her to have someone watch them both, especially baby, while she sleeps in skin-to-skin contact or PUT THE INFANT ON BACK in OWN COT	<input type="checkbox"/>
Step 10	Change infant to other nipple after 20 minutes of sucking	<input type="checkbox"/>
Step 11	Provide continuous, uninterrupted skin-to-skin contact until the first feeding is complete or through 60-90 minutes post birth, whichever is longer, even if the infant does not go to breast and even if the infant is not going to be breast-fed	<input type="checkbox"/>
Step 12	Turn the infant supine at end of feeding and/or skin-to-skin contact period	<input type="checkbox"/>
Step 13 Proceed with the following while infant is on mother	a. Eye prophylaxis	<input type="checkbox"/>
	b. Vitamin K injection (ideally given while in KC)	<input type="checkbox"/>
	c. Length measurement	<input type="checkbox"/>
	d. Identification banding	<input type="checkbox"/>
Step 14 Proceed with the following where possible.	a. Weight	<input type="checkbox"/>
	b. Other measurements (i.e. oxygen saturation to rule out congenital heart defect)	<input type="checkbox"/>
	c. Other routine care in the setting of choice (i.e. the L&D suite or mother's postpartum room or nursery)	<input type="checkbox"/>
Step 15	Return infant to mom for continuous skin-to-skin while transferring to postpartum care	<input type="checkbox"/>

<p>Assessing the Infant's Tolerance to Birth KC</p> <ol style="list-style-type: none"> 1. The infant is pink (perhaps has mild acrocyanosis), NOT PALE, GRAY, BLUE 2. The respiratory effort is easy, no audible grunting or visible intercostal retractions. 3. The infant is alert, demonstrating feeding cues or the nine stages of instinctual behavior, or sleeping IN SAFE POSITION on the mother's abdomen/chest. 4. Well-flexed posture with good tone, NOT LIMP NOR FLACCID. 	<p>Documenting the Birth KC Session</p> <ol style="list-style-type: none"> 1. Length of Birth KC session including starting and ending time 2. Did the baby feed during KC? If yes, write type and length/amount of feed. 3. Infant's tolerance of KC. 4. Chart infant temperature at end of KC. 5. Chart maternal tolerance and comments during KC. 6. Chart "Step 4 of Baby Friendly completed"
<p>Tube Top for Post-partum Kangaroo Care</p> <ol style="list-style-type: none"> 1. Before the KC session begins, instruct the mother to wear the tube top with nothing underneath. Over the tube top she may wear a blouse or robe that opens in the front. 2. Lower the tube top and properly place the baby in Kangaroo Position (*), between the breasts, and well flexed in "sniffing position." 3. Lift the tube top up covering the baby up to the ear providing full support to the body, neck, and head. 4. Make sure the size of the tube top is appropriate: tight enough to provide the baby with full body support and containment, and loose enough to facilitate breathing. 5. Mother may get up and walk around while providing KC as the tube top will hold the baby in place. <p>(*) Kangaroo Position: "strictly vertical with legs and arms flexed and head in a lateral position on the mother's breast, to allow maximum exposure of the body area between the baby and mother or whoever is holding him/her."</p>	