KANGAROO for Adoptive Parents and Their

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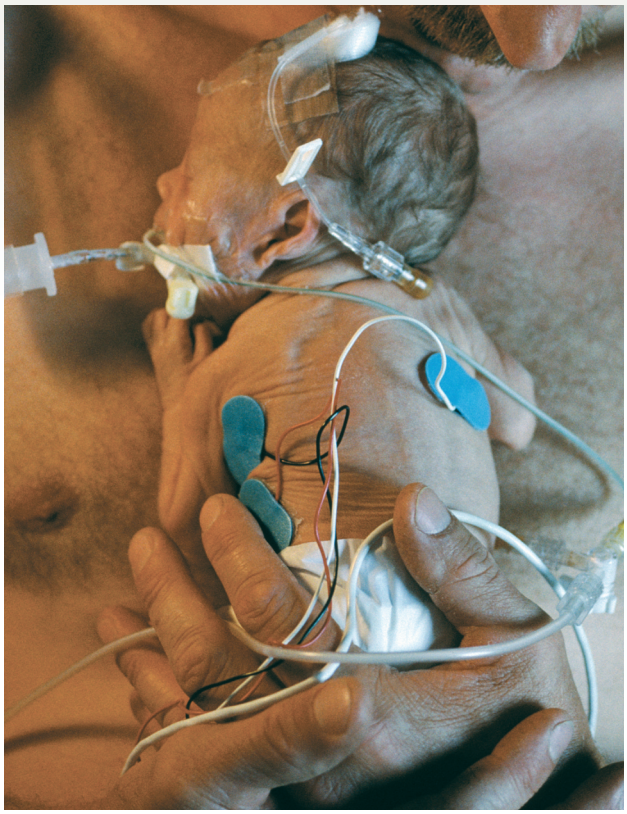

ABSTRACT

In this case study kangaroo care (KC) was facilitated for an adoptive mother and father who were planning to attend the birth of the infant they had arranged to adopt. Unexpectedly, the birth mother delivered at 27 weeks gestation. The infant was critically ill and required mechanical ventilation. However, in this neonatal intensive care unit where all adoptive parents and parents of mechanically ventilated infants are offered KC, these adoptive parents began KC on Day 3 while their infant daughter was still mechanically ventilated. She thrived thereafter and the entire experience was profoundly beneficial for this beginning family both at the hospital and after discharge home.

Key Words: Adoption; Infant, Premature; Kangaroo care; Skin-to-skin contact; Ventilator, Mechanical.

Kangaroo care (KC) is increasingly popular as a method of care for term and preterm infants and is being used to promote the psychological and physical well being of mothers as well as infants (Anderson, Dombrowski, & Swinth, 2001; Dombrowski, Anderson, Santori, & Burkhammer, 2001). Although this method has been well described in the literature, one variation of KC that has not been reported to date is for adoptive parents. In this case study we describe the experience of adoptive parents who were given the opportunity to experience the joy and mutual benefits of KC with their critically ill preterm infant.

Case Study

At 2 months gestation, the birth mother and her family contacted the adoptive parents to arrange adoption of this infant following delivery. The adoptive parents lived 150 miles away, but were fortunate to have frequent communication with the birth mother during her pregnancy. She was generous in sharing her pregnancy, even allowing the presence of the adoptive parents at the sonogram. Arrangements had been made for the adoptive parents to attend the birth; however, this was not possible due to the emergent nature of the delivery. Soon after delivery they were actively involved in nearly every aspect of the infant's care.

This 917 g infant girl was delivered at 27 weeks gestation to the 15-year-old mother who had no other prenatal complications. Delivery was via emergency cesarean section due to footling breech presentation and probable placental abruption. The infant required immediate intubation, chest compressions, and epinephrine administration. Apgars were 1, 1, and 4, at 1, 5, and 10 minutes. The infant was transferred to the neonatal intensive care unit (NICU) for stabilization and treatment of respiratory distress syndrome (RDS). She required high-frequency venti-

CARE
Critically Ill Preterm Infant

lation for severe RDS for 4 days and was subsequently weaned to a nasal cannula on Day 5. During this time minimal feeds were administered by gavage tube, and parenteral nutrition was provided via umbilical arterial catheter. Dopamine infusion was required for 3 days to stabilize blood pressure.

On Day 3, the nurses offered the parents the opportunity to experience KC with their new baby. These nurses had been offering KC for many years and, supported by the neonatologists, had progressed to providing KC to fragile infants such as this little girl. Although the parents had no prior knowledge of KC, they were eager to learn and be actively involved (see Figures 1 and 2). The nurses described KC, including the many possible benefits, and the parents immediately agreed to participate. When later asked how they felt about providing KC to such a small and critically ill infant who was still being mechanically ventilated, the mother replied, *"We didn't feel nervous about the KC. I guess we were just very excited to be able to finally hold our little girl. Because the NICU nurses were so confident, we felt this was just routine procedure offered to all premature infants."*

Transferring the infant from the open warmer to the mother was a challenge. Because she still required high-frequency ventilation, four nurses were needed to safely transport her to her adoptive mother's chest. The infant, wearing only a diaper and cap, was placed between her new mother's breasts and covered across her back with warm blankets. Regardless of her critical status and very low birthweight, she remained essentially clinically stable during KC. Her temperature rose from 36.6° C to 36.9° C and, although she required a slight increase in oxygen concentration immediately following transfer, the oxygen was easily reduced to the initial concentration during KC. Thereafter, the parents were given opportunities to have KC for approximately 2 hrs several times each day. At each session the adoptive parent would become comfortable in the NICU recliner and, after the infant was placed in KC, the two of them would fall into a deep, peaceful sleep.

At 10 days postbirth the infant was stable enough for transfer to a hospital closer to her adoptive parents' home. Unfortunately, although this hospital is a large teaching facility where KC had been studied for 34- to 36-week infants (Syfrett & Anderson, 1996), the staff were unfamiliar with providing KC to small infants. The parents were given little opportunity for KC with their daughter for several weeks until she had grown and was clinically more stable. This was a huge disappointment for them and a difficult and painful adjustment after having such a supportive staff at the referring hospital. Even when the infant was more stable, the opportunity to "kangaroo" was dependent on the nurses on duty and their comfort with the KC process. Both parents were decidedly enthusiastic when asked about their KC experience. Both stated they felt an immediate and intense connection to their adoptive daughter and that they began to "know" her at that time. They felt KC provided a wonderful opportunity for them to begin bonding with their adoptive daughter. The mother said, *"Kangaroo care caused me to feel closer with her earlier than I would have dreamed possible. Kangaroo care was the best thing the nurses could have done for me."*

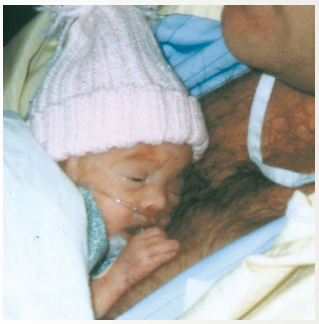

Figure 1. Both parents stated that they felt an immediate and intense connection to their adoptive daughter during their first KC experience and that they began to "know" her at that time.

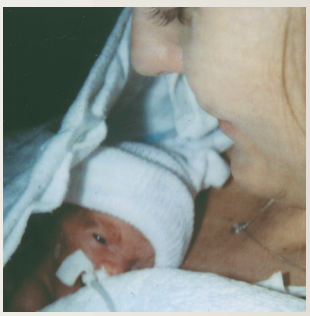

Figure 2. "Kangaroo care caused me to feel closer with her earlier than I would have dreamed possible," the mother said. "Kangaroo care was the best thing the nurses could have done for me."

Discussion

Although the adoption of an infant is considered an exciting and wonderful experience, most adoptive families contend that the process is also fraught with feelings of frustration and anxiety. One must consider that the adoptive process differs to a large extent from the birth of a biologic child and leads to unique obstacles to successful parenting. For example, many adoptive parents

initially lack a firm sense of ownership of their child (Derdeyn & Graves, 1998; Miall, 1987). Whereas mothers who carry and give birth to an infant have strong feelings that the child belongs to them, adoptive parents must deal with the feeling that this child is part of the biologic mother. If not resolved, these feelings may result in attachment difficulties between the adoptive parents and the child (Derdeyn & Graves).

> Perhaps birth parents of a critically ill preterm infant feel somewhat like adoptive parents after the prolonged period of time during which they are customarily unable to hold their baby.

Another obstacle is the lack of opportunity for appropriate emotional and physical preparation for parenthood. Biologic parents have the entire pregnancy to plan and prepare for the reality of parenthood. However, adoptive parents must delay most of this adjustment until after their infant is born. This delay may predispose adoptive parents to feelings of anxiety and a delayed acceptance of the reality that they have actually become the infant's parents (Derdeyn & Graves, 1998). Another obstacle is lack of opportunity for adoptive parents to "get to know" their infant during pregnancy. Adoptive parents state that they begin to know their infants by watching how they respond to caregiving efforts (Lobar & Phillips, 1996).

During KC the mother's perception of her infant changes: She feels more competent as a care provider, more responsible for her infant, and more in control of her situation (Affonso, Wahlberg, & Persson, 1989; Affonso, Bosque, Wahlberg, & Brady, 1993; Tessier et al., 1999). Given this apparent facilitation of mother-infant bonding and attachment for biologic mothers, KC may be the ideal intervention for adoptive parents (Klaus & Klaus, 1998). These positive feelings can begin to replace some of their feelings of anxiety and lack of control as well as the feelings that they are not entitled to the infant—that the infant really belongs to someone else.

Today this family is growing and thriving. The infant has grown to a 4-year-old happy and healthy child, with only a few intravenous infiltration scars to indicate that she was a critically ill premature infant. The birth mother thoughtfully prepared a photo album containing pictures of her and the birth father taken throughout their lives and presented it to the adoptive parents. She also gave them a sealed letter that she had written to her little girl and asked the adoptive parents to give it to her when she is older. To date, interaction with the birth mother has been limited. However, the adoptive parents have assured the birth mother that they will gladly share photos of their adopted child and will fully support future contact between her and her birth parents.

Although increasingly common, KC is by no means standard care in the United States (Anderson, 1999), least of all for ventilated infants (Engler et al., 2002). Perhaps birth parents of a critically ill preterm infant feel somewhat like adoptive parents after the prolonged period of time during which they are customarily unable to hold their baby. Nurses and other NICU staff who are inspired by the experience of these parents are encouraged to consider this perspective and increase the KC offered to adoptive parents as well as birth parents. ✤

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