



Harnessing the Power of Skin-to-Skin Contact: Policy, Education, and Support for Preterm Infant Care

A Short storytelling based on the peer-reviewed paper:

Denge TT,  [Bam, N.E.](#),  [Lubbe W.](#), and Rakhudu A. Essential components of an educational program for implementing skin-to-skin contact for preterm infants in intensive care units: an integrative literature review. *BMC Pregnancy Childbirth*. 2024 Apr 16;24(1):281. doi: [10.1186/s12884-024-06447-6](https://doi.org/10.1186/s12884-024-06447-6). PMID: 38627706; PMCID: PMC11022346.

Published: 24 August 2025

Premature birth remains a major contributor to neonatal mortality and morbidity, particularly in low- and middle-income countries such as South Africa. Skin-to-Skin Contact (SSC), or Kangaroo Mother Care, is an evidence-based, life-saving intervention that improves survival, growth, breastfeeding, and neurodevelopment in preterm infants. Despite its proven effectiveness, SSC is underutilized in many neonatal intensive care units (NICUs). This PhD study highlights the systemic and educational barriers to routine SSC implementation and offers a framework for sustainable integration. Three core requirements emerged: clear institutional policies, structured and continuous education for both healthcare providers and parents, and comprehensive counselling and support systems. Together, these elements provide a blueprint for

ensuring that SSC becomes a consistent standard of care, thereby improving outcomes for both infants and their families.

Introduction

Preterm infants represent one of the most vulnerable patient groups, requiring intensive medical and emotional support. While advanced technology plays a vital role in neonatal care, low-cost, human-centered interventions like Skin-to-Skin Contact (SSC) are equally powerful. SSC involves placing a lightly clothed infant against the bare chest of a parent, promoting warmth, stability, and bonding. Despite strong global evidence of its benefits, SSC remains inconsistently practiced across many hospitals in South Africa.

This study set out to examine the barriers and enablers of SSC implementation in intensive care settings and to identify strategies for improving uptake among both healthcare providers and families.

Key Findings

1. Policy and Institutional Support

The presence of clear, written policies and Standard Operating Procedures (SOPs) was identified as a critical factor for SSC integration. Policies not only guide practice but also lend authority to nurses, empowering them to advocate for SSC as a routine intervention rather than an optional activity. Institutional commitment was shown to be essential in transforming SSC from an individual choice into a system-wide standard.



2. Structured Education and Continuous Training

Knowledge gaps among nurses and parents remain a major barrier to consistent SSC practice. The study found that structured, ongoing educational programs significantly enhance understanding of SSC benefits, methods, and problem-solving strategies. For healthcare providers, repeated training sessions, supported by evidence-based guidelines, foster confidence and positive attitudes. For parents, practical demonstrations and culturally sensitive teaching are vital for early initiation and adherence. Innovative approaches such as virtual platforms and digital learning tools also proved valuable in sustaining knowledge over time.

3. Counselling and Emotional Support

SSC is not only a clinical practice but also an emotionally charged experience for parents of preterm infants. Continuous counselling and reassurance reduce parental stress, enhance maternal confidence, and encourage consistent participation in SSC. Equally, nurses themselves benefit from peer and managerial support, which strengthens their capacity to deliver both technical care and compassionate guidance.

Implications for Practice and Education

The findings underscore that SSC implementation requires a multi-level strategy:

- For healthcare systems: Develop and enforce clear policies and SOPs that standardize SSC practices across facilities.
- For nursing practice: Provide structured, continuous education that builds both clinical skill and confidence.
- For parents: Offer counselling and emotional support as part of routine care, using standardized tools to identify educational needs.
- For educators: Integrate SSC into nursing and midwifery curricula, emphasizing policy literacy, hands-on training, and the psychosocial dimensions of care.

Conclusion

This research reaffirms SSC as a simple yet transformative intervention for preterm infants, with profound benefits for both survival and maternal well-being. To unlock its full potential, healthcare institutions must embed SSC into policy, provide sustained education for nurses and parents, and create robust systems of emotional support. By implementing these three pillars, neonatal intensive care units can move beyond fragmented practice and establish SSC as a global standard of compassionate, evidence-based neonatal care.