

Giraffe-to-skin

Synthesis of Patent & Clinician Interviews & Observations

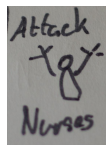
Graeme Fielder, Mikkel Soerensen, Abhi Venkat

Results



PARENT 1: Jen

BABY: 24 week <1lb



Key Quotes

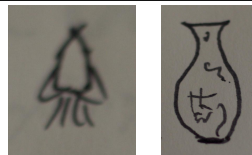
1. “Everything happens so quickly, it’s like the nurses are attacking you. It can be overwhelming and scary.”
2. “Modesty is an issue. There is no privacy, it’s such a small space.”
3. “I sometimes felt ‘frozen’ during kangaroo care, because it was such a production to set it up.”
4. “I felt empowered by these women (Nurses)”
5. “That feeling when you see the man you married hold your baby”

Key Takeaways

- Parent’s need to be better prepared for Kangaroo Care, and know what they will be getting into.
- Nurses need to understand the mom’s perspective during KC
- Very emotional proces

PARENT 2: Scott

BABY: Will



Key Quotes

1. A hospital is about a lot more than science
2. As parents, we’re always worried about tubes, numbers, and wires. During Kangaroo Care I worry about breaking the baby, spreading bacteria, and wires.
3. “I was mindful of what I could control in that environment. I focused on being involved in the daily conversations and decisions”
4. “It’s like a spaceshuttle about to launch” “I’m the astronaut that doesn’t do anything”

Key Takeaways

- Parents like having a sense of control in the chaos
- Parents feel like their fears and concerns around KC may not be addressed

PARENT 3: Ben’s Dad

BABY: Preterm identical triplets

Key Quotes

1. “Im not worried about my baby, I’m worried about all of those cords. Just look at them all. Worried that I may tug them”
2. “There’s no where to sit. I had to grab a wheelchair and use that”
3. “That chair!”

Key Takeaways

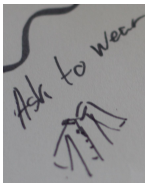
- Parents need a physical space within the NICU (a chair at the least)

Results



CLINICIAN 1: Kate ?

EXPERIENCE: ~20-30 years



Key Quotes

1. "Part of the problem is that we have things on two sides of the bed that we need on one side"
2. "There are no breast milk pumps available when you need them. The partitions are big and clunky.
3. "Each time you move the baby, you have to trace the cords back to their origin. We sometimes tape the wire to the mother to keep track of the"

Key Takeaways

- It takes 10 mins and two people to move the baby to the mum. 5mins back.

CLINICIAN 2: Jane?

EXPERIENCE: ~20-30 years

Key Quotes

1. "There is a lot of hype around skin-to-skin, while it is good, by forcing it could be detrimental to the babies health. I will not recommend it in this situation"
2. The [privacy] partitions are clunky and fall down
3. " The ventilator tube is the problem"

Key Takeaways

- The stability of the baby dictates when to move. Nurses have different opinions as to when to do K.C.

CLINICIAN 3: Sabrina

EXPERIENCE: <10y

Key Quotes

1. "It can take up to 10 minutes just to get everything ready to move the baby"
2. "If a baby is on a ventilator, we definitely need two nurses to transfer the baby"
3. " There's just no space. Over time, equipment has gotten bigger and bigger."

Key Takeaways

- Need a streamlined KC chair



Baby is connected to: 1: Ventilator (15%) or CPAP. 2: O2. 3: ECG, 4: Feeding tube 5: IV

All of these need to be removed/unclipped from the giraffe, untangled and then collected again to move to the parent. These are then taped to the chair or the parent once the baby has been positioned.



We had the chance to experience the chair experience of the mother. Here is Mikkel in one of the reclining chairs available at Lucile Packard. While it does recline, the angle you are in doesn't really take the pressure off. Think if you are a mother who has undergone a C-section. This position is not sufficient. Additionally, while it is a recliner it never gets reclined because there simply no room. While in this position the cords/tubes will be taped to either the parent or the chair so as to fix their movement. In the third picture shows the set up of the privacy screens around Mikkel. As you can see this takes up additional room, the present a safety issue and are not the most inviting piece of furniture.

We also observed a mother in skin-to-skin contact with her newborn for the first time. At first the baby was not comfortable in the initial position and had to be maneuvered. Additionally, in the typical skin-to-skin position the mother found it difficult to hold her baby in the same position. As time moved on, the baby fell further and further down her chest.

Summary

Our focus area is the event of moving a baby from the incubator to a skin-to-skin position on the parent. While this is a sole experience it is complicated with numerous elements such as:

- coordination of people
- coordination of multiple pieces of equipment
- customization based on babies/parents condition/needs
- operating within limited space

From our exploration of this experience there are several problematic themes that have become dominant:

1. Cord & tube management
2. The uncomfortable, unavailable, awkward, space filling chair
3. The inability to have privacy in confined spaces
4. Parents feeling unprepared and overwhelmed during Kangaroo Care