Guidelines for the Development of a Volunteer Infant Cuddling Program

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Background

For many years the effect of human touch on infants, has been clearly demonstrated in the scientific literature. The evidence has shown a powerful effect on an infant’s brains, bodies, and their ability to recover from illness, however with the availability of rapidly advancing technology, we often forget the importance of touch.

In a white paper, “The Power of Touch”, prepared for CAPHC and Huggies, by leading experts at the IWK Health Centre, over 600 scientific papers were reviewed, clearly identifying the evidence in support of touch, holding, and skin-to-skin contact.

One strategy that some hospitals are using to leverage the benefits of touch, is in the form of programs that use volunteers to hold infants when parents and family members are not available.

This document is intended to be a resource for healthcare organizations that are interested in establishing a volunteer role for cuddling infants. While outcomes associated with volunteer cuddling programs have not been extensively studied, the benefits of cuddling infants has strong support in the evidence, particularly when skin-to-skin care is used.

Family Integrated Care

The evidence compiled in, “The Power of Touch”, clearly demonstrates a variety of benefits for infants. However, much of the research specifically identifies that touch involving skin-to-skin contact between the infant and their mother provides the greatest impact. In order to maximize these benefits, the focus for the organization should be on supporting the mothers of these infants in cuddling their children as much as possible. A volunteer infant cuddler should not be seen as a replacement for the child’s family, but as a support to the family in the instances where it is not possible for the mother or other family members to be present.

There are a number of circumstances that may result in a mother or other family member not being available to hold their child.
These circumstances may relate to physical or mental illness or injury of the parent(s), challenges related to families with multiple children that need care, families that need to travel to a hospital from a rural or remote area, or many other complex situations that families could be facing. A volunteer cuddler program should be part of a larger strategy of supportive services for families that first makes every attempt to eliminate or minimize the barriers that prevent parents from being with their children.

**Where Cuddlers Are Used**

Most ‘cuddlers’ are used in a Neonatal Intensive Care Unit (NICU) environment, but many organizations use them in the Paediatric Intensive Care Unit (PICU), and often throughout the paediatric services.

NICU’s and PICU’s are areas of the hospital where critically ill infants and children are cared for, and volunteers in this area should receive special orientation, in addition to general hospital orientation.

**Obtaining Consent**

Cuddling programs involve volunteers coming in direct contact with patients or their siblings. Organizations that implement a cuddling program must ensure that parental consent, in line with policies in place at your institution, is obtained.

The procedure for obtaining consent varies across existing cuddling programs in Canada. Some organizations consider the benefits of cuddling to be part of the standard of care, and all infants are provided with the service. In some organizations, the parents are informed of the benefits of the program for them and their infant, and a verbal consent is obtained. Some organizations include information in an admission package, while some require the healthcare practitioner to document in the chart that a parent has provided consent. In all cases, parents should be provided with an option to 'opt out' of the program if they are not comfortable.

In some organizations, a written consent is obtained from the parent or guardian, before the child is included in the program.

Organizations implementing cuddling programs should ensure a formal or informal process for obtaining consent is documented and that is inline with the policies and the culture of the organization, and the specific unit.
The Role of the Volunteer Cuddler

The role of the volunteer cuddler is to assist with the comfort and needs of the infants in the unit. The day to day activities of many units within a hospital, particularly the NICU, vary significantly. There will often be days where there are no infants that need to be held. In order to maximize the time of the volunteer, and to fully support the unit, it is recommended that the volunteer cuddlers have a broad range of duties, in addition to holding infants.

The primary role of the cuddler is to provide contact and interaction with the infant, through hugging, holding, rocking, singing, talking, etc. The volunteers should be provided with the evidence and education as to the benefits that this type of interaction provides to the child.

When not directly interacting with the infant, typical duties related to supporting the families might include:

- Upon guidance from a nurse: provide comfort to patients in the absence of parents/guardians: console, hold “cuddle”, stable infants under direct supervision of infant’s nurse;
- Parent/Guardian support: offer to be present if parent needs/wishes to leave bedside;
- Restock supplies and charting forms as needed;
- Fold baby clothes, blankets, towels and face clothes;
- Engage siblings in recreational play activities when required;
- Create armboards, and name tags for babies;
- If there is no opportunities in the NICU, volunteers may be oriented to other paediatric units;
- On arrival to the unit, check with nursing desk to see if there are children who might benefit from some company;
- Engage in age-appropriate play, recreational and supportive activities which normalize the hospital environment for children and families (such as, reading, doing puzzles, playing cards or computer games, setting up movies, organizing crafts or art activities). This is particularly important for children who are restricted to bed;
- Provide suitable toys/books to children confined to bed;
- Check all toys and play equipment for damage and cleanliness and tidy playroom; and
- Lead craft groups/projects and maintain craft and art materials, movies and play equipment, including sign in and sign out sheets.

On the occasion where there are no children and families in need of support, volunteers could be trained to:

- Stock scale tray in each pod;
- Ensure blanket warmer is full;
- Refill diapers, bottle nipples and breast milk containers at each pod;
• Package diapers according to size;
• Tidy / organize the lactation room;
• Create infant name tags and souvenir bracelets; and
• Assemble/Collate Admission packs / parent information packages / Collate discharge packages.

Other General Guidelines for the Volunteer

• Any information a volunteer may receive about patients and their families must be treated as confidential. Do not discuss patients, parents, or your work within public areas of the hospital or outside the hospital;
• Volunteers should feel welcome to ask questions. If they are not sure about anything — ask! It’s better to ask questions. Sometimes what seems to be a minor issue can be more important than you think;
• Volunteers should not answer medical questions families may have. Families should be directed to the infant/child’s nurse for answers to medical questions;
• Food and beverages are usually not allowed in the patient care areas;
• Hand hygiene is a priority to reinforce with families. Volunteers should be aware of hand hygiene resources, handouts and the locations hand sanitizer dispensers and hand washing facilities within the unit;
• If a volunteer has an illness, even a slight cold, rash, or cold sore, it is best they look after themselves. Volunteers should be aware of procedures to inform the appropriate staff person if they are going to be absent for their shift;
• Volunteers should never assist in any medical procedures;
• Volunteers should not invite friends and relatives to the unit;
• A volunteer’s interest and concern for patients should be confined to their hospital stay;
• Volunteers should not give a patient or his/her family members, their home address or telephone number;
• Volunteers should not give parents or patients last names or other personal information about hospital staff;
• Volunteers should wear appropriate identification or ID badges at all times while on site; and
• Volunteers should inform the appropriate staff person in charge (i.e.: Charge Nurse) that they are starting their shift.
Volunteer Screening Process

The role of a volunteer cuddler will involve direct contact with patients and families. Organizations implementing this role should include a screening process within their volunteer program to identify volunteers that would be suitable for this role. Volunteers should be screened according to some of the following criteria:

- Experience handling new-borns;
- Good comfort level dealing with premature babies / sensitive to issues relating to premature babies;
- Comfort in Critical Care settings;
- Strong interpersonal, social and communication skills;
- Positive, respectful, calm and pleasant manner;
- Initiative, reliability, and enthusiasm;
- Comfort in observing anxious, stressed patients and families in times of crisis;
- Establish professional boundaries: Ability to not offer advice to parents or relate personal experiences;
- Ability to remain seated for extended periods of time; and
- Appropriate language skills for the community or population served.

Volunteer Training

Volunteer cuddlers are in direct contact with infants who are often critically ill, and with families that are in extremely stressful situations. These volunteers should receive additional training to specific situations that they may encounter in an NICU or PICU setting.

A formal training program for cuddlers should be led by an appropriate person within the unit (ie: charge nurse, nurse educator, etc). Training resources, such as checklists and presentations can be used.

In addition to basic training and orientation to the volunteer role within the unit, the training program could include some of the following:

- Cuddler “do’s and don’ts”;
- The benefits of cuddling for infants (ie: reference to the “Power of Touch” white paper;
- Importance of privacy and confidentiality;
- Communication and reporting procedures within the unit (ie: reporting to charge nurse, volunteer coordinator, etc);
- Incident or adverse event reporting procedures;
- Hand hygiene and basic infection control practices;
• Location of safety equipment within the unit;
• Reactions to illness and hospitalization (see below);
• How to identify if the baby is in distress, and what to do (see below); and
• Sensitive situations that may result in a baby needing a volunteer cuddler (ie: neonatal abstinence syndrome, infants that have been removed from care of the parents, etc) (see below).

The above list is not exhaustive, and there may be specific training needs unique to your unit. Training programs should be delivered at the appropriate level and with reasonable expectations of the volunteer. Trainers must recognize that volunteers are not health care professionals, and the same duty of care does not apply to volunteers as it does to health care professionals.

**Reactions to Illness and Hospitalization**

Volunteers in the critical care units must be aware that for children and their families, illness and hospitalization can be a stressful experience. Volunteers should be aware that the crisis of childhood illness affects every member of the family.

Parents’ reactions to illness in their child depend on a variety of factors including:

• Seriousness of the threat to their infant/child;
• Previous experience with illness or hospitalization;
• Available support;
• Previous coping ability and other stressors outside the hospital; and
• Cultural and religious beliefs.

It is not unusual for parents to feel:

• Disbelief;
• Anger;
• Guilt;
• Fear;
• Anxiety;
• Frustration;
• Depression; and
• Grief.
It is important to remember a parent may be feeling very positive when you meet them or they may be feeling any of the above. Sensitivity is needed when approaching parents at this time.

It is also important to remember that there are resources within the organization to help parents such as Social Work and Spiritual Services.

**Babies in Distress**

As most volunteer cuddlers are working in the NICU or other critical care environments, it is important for the volunteer to understand some basic signs that indicate that the baby is in distress and needs the assistance of the healthcare professionals in the unit.

**Signs that suggest Baby may not be comfortable:**

- Changes in skin colour;
- Lower heart rate;
- Lower oxygen saturation;
- Vomiting (throwing up) or gagging;
- Wide open mouth;
- Arching;
- Frantic movement; and
- Flaccid (very floppy) muscle tone.

**What to do if Baby shows signs of Distress:**

- GET HELP; and
- CALL A NURSE ASAP.

**Neonatal Abstinence Syndrome**

One all too common situation that often results in the need for volunteer cuddlers is in infants with Neonatal Abstinence Syndrome (NAS):

- Infant withdrawal or Neonatal Abstinence Syndrome (NAS) can occur when an infant has been exposed to opiates (including heroin, methadone and buprenorphine), stimulants, sedatives, alcohol and some antidepressants during pregnancy;
- Almost every drug passes from the mother's bloodstream through the placenta to the fetus. Illicit substances that cause drug dependence and addiction in the mother also cause the fetus to become addicted;
• At birth, the baby's dependence on the substance continues. However, since the
drug is no longer available, the baby's central nervous system becomes
overstimulated causing the symptoms of withdrawal;
• Signs of NAS:
  ■ High pitched cry;
  ■ Tremors;
  ■ Increased muscle tone;
  ■ Excoriation;
  ■ Excessive sucking;
  ■ Poor feeding;
  ■ Regurgitation;
  ■ Yawning and sneezing; and
  ■ Nasal flaring/respiratory rate.

Summary

This document is intended to be a resource for healthcare organizations that are interested in
establishing a volunteer role for cuddling infants. Every organization will have to recognize their
existing policies and procedures when implementing these programs, and will have to consider
the unique situation of each child and family for whom such a program might be recommended.

Family integrated care should be a priority for every healthcare organization. Volunteer infant
cuddling programs should always be considered an adjunct to the care provided by the parents,
and not a replacement.

While outcomes associated with volunteer cuddling programs have not been extensively
studied, the benefits of cuddling infants has strong support in the evidence, particularly when
skin-to-skin care is used.
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