

Jan 2026

Polar Bear Care HIE Hold-A-Thon

Lisa Carruthers, RN

Alexa K. Craig, MD

Betsy Pilon, Hope for HIE

Elizabeth Sewell, MD



Agenda

1. Holding during TH
2. Hold-a-thon Overview
3. Timeline & Commitment
4. Toolkit Resources
5. Next Steps and Questions

Holding During TH

NBS Advocacy Project 2025 - 2026



Holding During TH

Inaugural advocacy project
for NBS focusing on
holding during TH

Review publication • NBS webinars • Advocacy campaign • Hold-a-thon

VISION

A future in which care for newborns treated with therapeutic hypothermia includes safe, trauma-informed opportunities for holding that support newborns and their families and that foster bonding.

MISSION

To advocate and educate about safe and trauma-informed, family-centered practices for holding newborns during treatment with therapeutic hypothermia.

Benefits

PARENT

- Improved mood
- Reduced depressive symptoms
- Enhanced stress regulation
- Enhanced bonding and attachment
- More sensitive caregiving responses

INFANT

- Somatosensory stimulation and opportunities for face-to-face interaction
- Supporting newborn sleep organization, temperature and heart rate regulation
- Reduced crying and pain scores
- Improved attachment quality, and socio-emotional development later in infancy

Safety

Carefully supervised holding can be performed without

1. Clinically significant rewarming
2. Temperature instability
3. Adverse events such as central line or endotracheal tube dislodgement

Standardized protocols are important

Barriers & Solutions

Institution

- Lack of nationally endorsed guidelines > develop local protocols & collect data
- Physical space constraints > adapt equipment/spaces

Clinician

- Perception of risk/benefit > education on published data & trauma informed care
- Staffing requirements > flexible staffing protocols & minimum staff requirements
- Absence of protocols for safe transfer > hands on practice

Parent

- Stress, trauma & fear > trauma-informed care, peer support services, & education
- Competing obligations > engagement of SW & other support services

Hold-A-Thon Overview

What is a hold-a-thon?

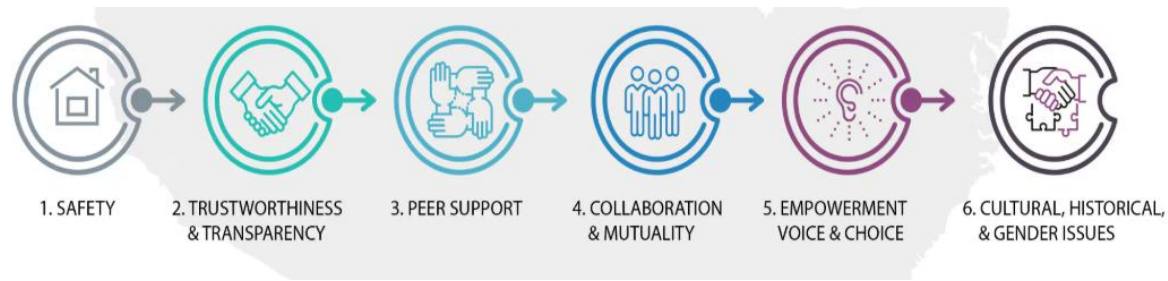
A “hold-a-thon” is a structured, unit-wide initiative designed to promote and normalize holding by providing standardized clinical support, staff engagement, and cultural reinforcement of family-centered care



Historically has focused on
preterm infants with kangaroo care

Polar Bear Care

Nurse-led, trauma-informed
holding protocol during TH being
developed with wide interest
holder engagement from parents,
nurses and other clinicians



38

Why are we
doing a
hold-a-thon?

Only 38% of NICUs
offer holding
during TH

When is the hold-a-thon?

APRIL 2026

A month-long initiative to make sure all units have a chance to participate. April was selected in honor of HIE awareness month.





Where is the hold-a- thon?

In your NICU



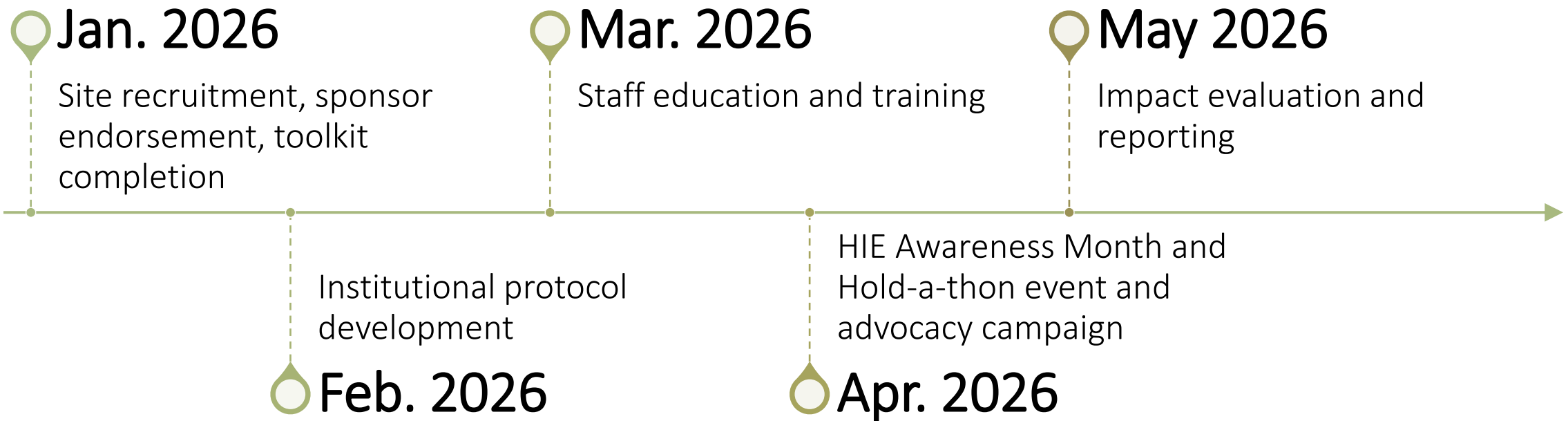
Who participates in the hold-a-thon?

A hold-a-thon is a great way to get parents, nurses, doctors and administrators all focused on a joint goal of improving family centered care.



Timeline & Commitment

Timeline



Hold-a-thon Meeting Schedule

January

Tues Jan 27 at 3p EST

February

Fri Feb 13 at 9am EST or Tues Feb 24 at 3p EST

March

Fri Mar 13 at 9am EST or Tues Mar 24 at 3p EST

April

TBD

May

TBD

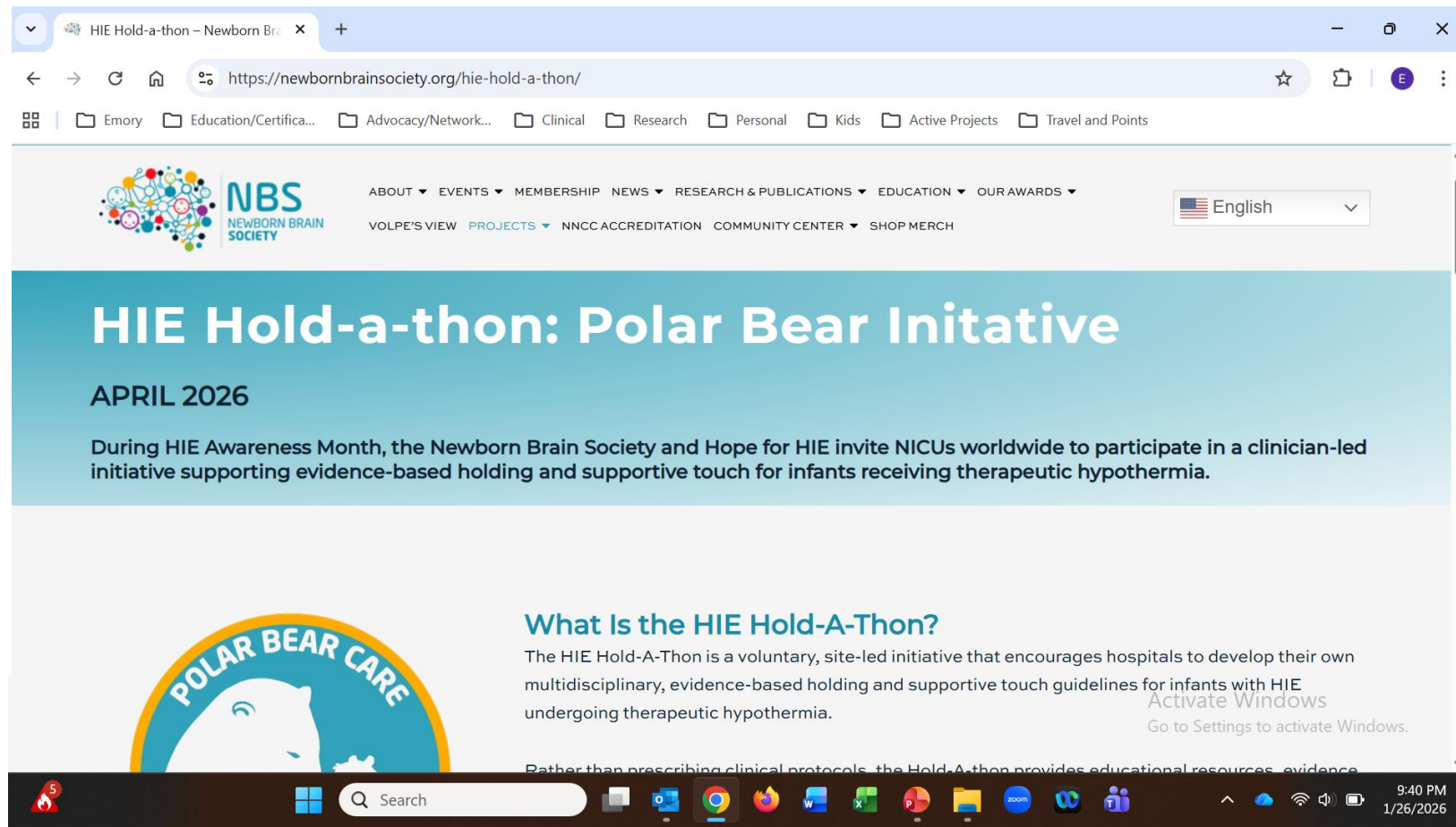
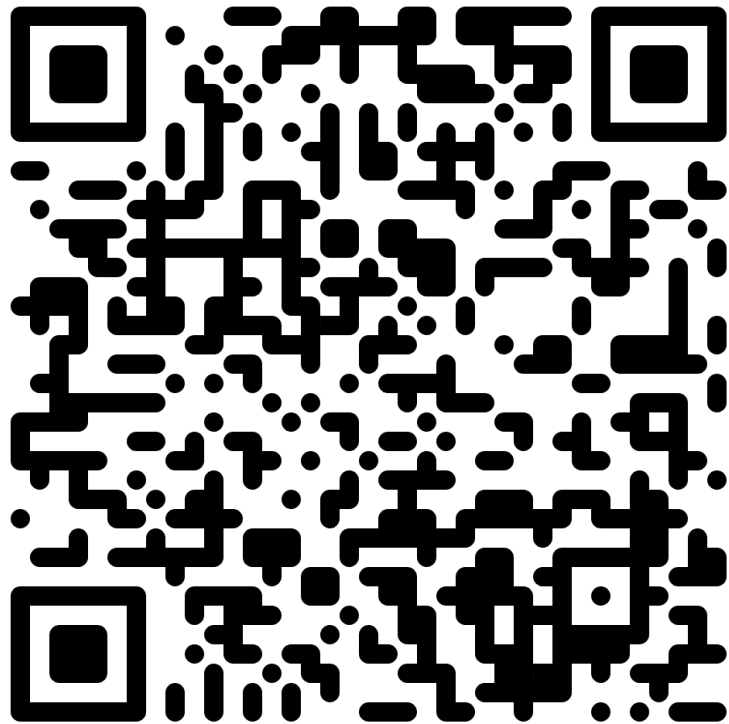
Commitment as Site Champion

- Serve as the primary contact between your institution and the Hold-a-thon organizers
- Attend monthly meetings with hold-a-thon organizers
- Mobilize interest and support within your NICU team
- Facilitate local protocol development using your institution's existing processes
- Coordinate educational activities
- Share your site's experience with the broader community (optional)

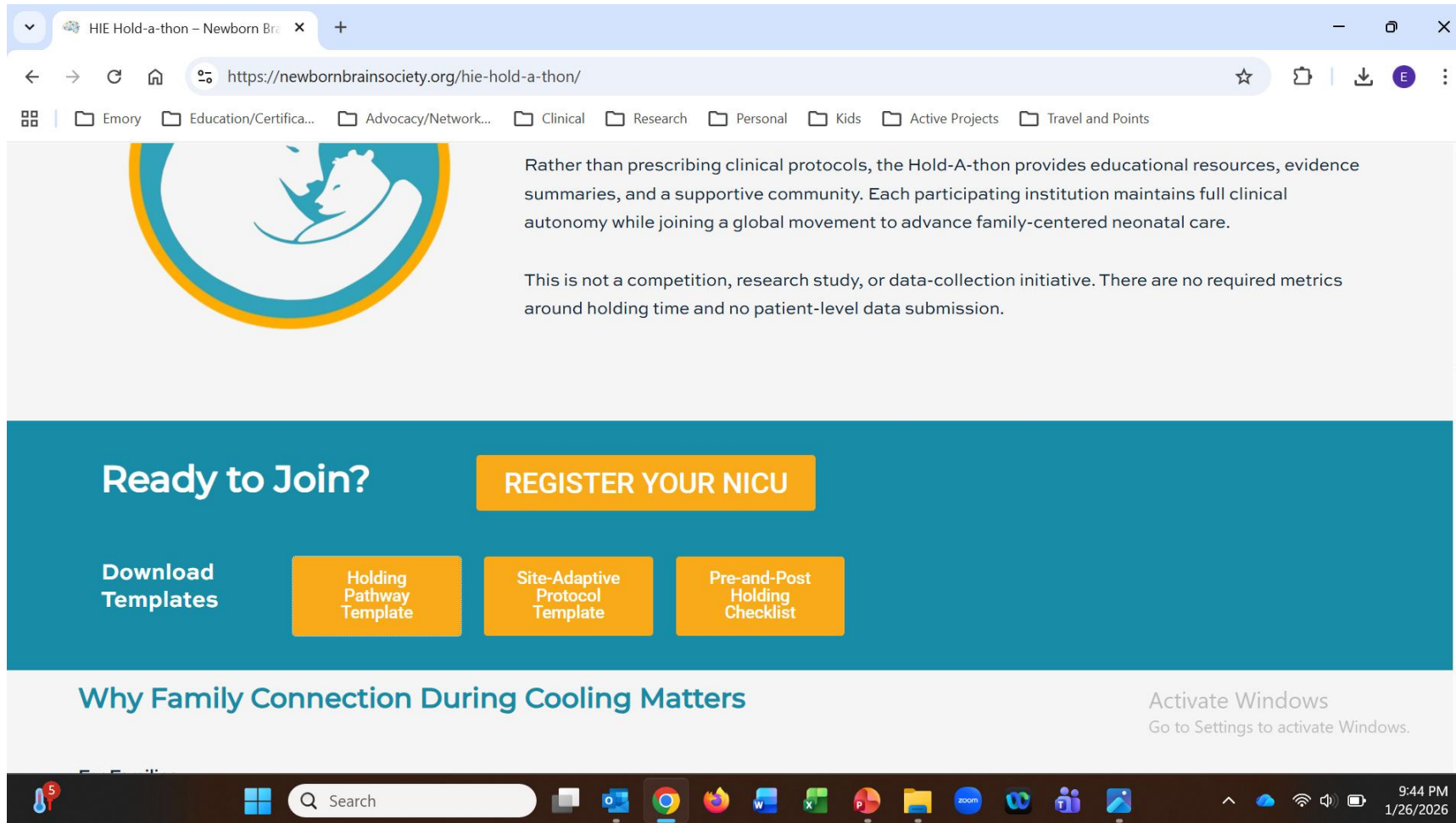
Toolkit Resources

Website

<https://newbornbrainsociety.org/hie-hold-a-thon>



Website



Guideline Policy & Development

1. Assess Parental/Caregiver Comfort

Explain holding during TH, discuss the equipment and transfer process, evaluate readiness, and select a time agreeable to the family and medical team.

2. Inclusion Criteria

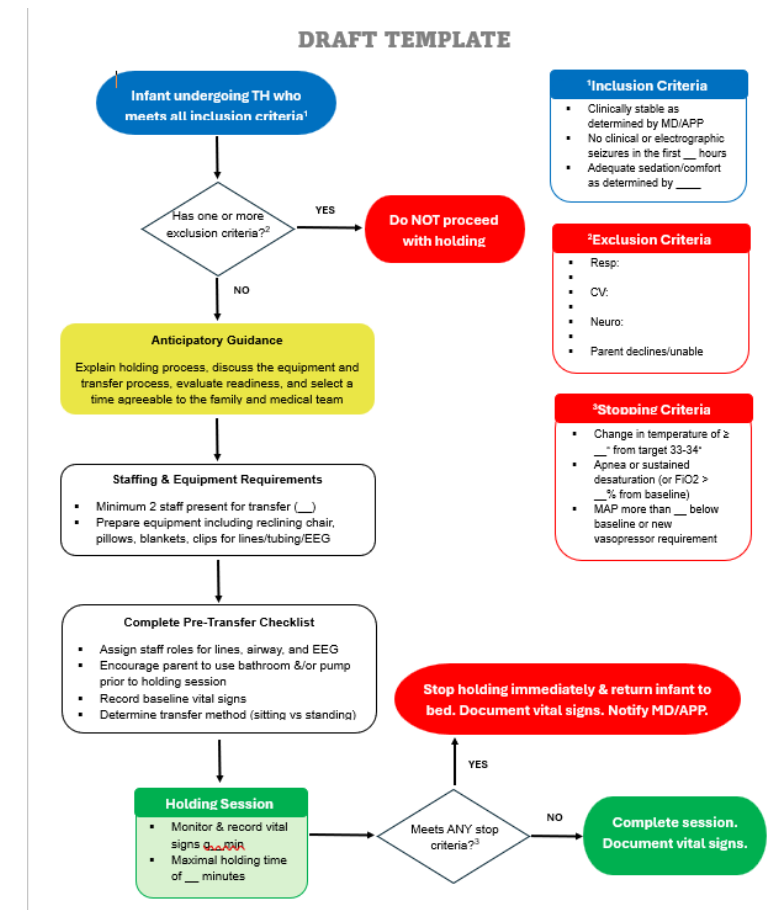
Holding may be offered to newborns who are *clinically stable* as determined by:

[NICU Attending / Fellow / APP / Bedside RN with Attending approval / Other: _____]

AND meet all of the following:

- Diagnosis of **HIE** undergoing therapeutic hypothermia
- **No clinical or electrographic seizures** during the first [12 / 24 / other: ____] hours of TH
- Receiving [room air / nasal cannula / CPAP / mechanical ventilation / any mode of ventilation]
- Adequate sedation/comfort as assessed by [NPASS / COMFORT scale / Other: ____]

3. Exclusion Criteria



Pre-/Post- Transfer Checklist

PRE-HOLDING CHECKLIST

BABY

- ☐ Newborn meets eligibility criteria for holding during TH (see Table)
- ☐ Medical team clearance obtained (if required by unit protocol)
- ☐ Clinical stability confirmed (HR, BP, SpO₂ within acceptable range)
- ☐ Temperature within target TH range
- ☐ EEG status reviewed (e.g., no seizures requiring immediate attention)
- ☐ Routine care completed (vital signs, diaper change, suctioning as needed)
- ☐ All lines, tubes, and monitoring leads assessed and secured
- ☐ Cooling blanket remains in continuous contact with newborn

SPACE

- ☐ Parent reclining chair with arm rest positioned adjacent to bed space
 - ☐ Footstool if desired
- ☐ Adequate clearance for staff and equipment movement
- ☐ Second chair available for support person if applicable
- ☐ Pillows, blankets, and positioning aids available
- ☐ Monitoring equipment visible and accessible

STAFF

- ☐ Minimum of 2–3 trained staff present (RN, MD/APP, RT if applicable)
- ☐ Roles clearly assigned including:
 - ☐ Clinician leading the transfer

POST-HOLDING CHECKLIST

BABY

- ☐ Newborn safely transferred back to bed with cooling blanket contact maintained
- ☐ All lines, tubes, and monitoring leads rechecked and secured
- ☐ Vital signs obtained immediately post-holding
- ☐ Core temperature confirmed within target TH range
- ☐ No signs of physiological instability noted
- ☐ Document duration and tolerance of holding session

SPACE

- ☐ Bed space reorganized to baseline configuration
- ☐ Monitoring equipment returned to standard positioning
- ☐ Chair and supplies cleared or reset for future use
- ☐ Environment remains calm and supportive

STAFF

- ☐ Post-holding assessment completed and communicated to team
- ☐ Any concerns or deviations from protocol documented
- ☐ Plan for future holding sessions discussed (if appropriate)
- ☐ Family-centered messaging reinforced

PARENT

- ☐ Parent encouraged to share feedback or concerns
- ☐ Emotional response acknowledged
- ☐ Questions answered and reassurance provided
- ☐ Next opportunity for holding discussed, if clinically appropriate

Site Champion PPT with Talking Points

1 Polar Bear Care HOLD-A-THON

2 AGENDA

1. Importance of Holding
2. Holding During Therapeutic Hypothermia
3. Polar Bear Care Defined
4. Our Hospital Guidelines
5. What is a Hold-a-Thon
6. Event Details

3 HOLDING IN THE NICU HEALING TOUCH

Holding has amazing and important benefits for newborns and parents.

Close Skin-to-Skin Care (CSC) is kangaroo care, in which a newborn, wearing only a diaper, is held directly against a parent's bare chest.

Benefits for newborns:

- Stabilizes vital signs including heart rate, breathing, and temperature
- Aids in establishing feeding and healthy weight gain
- Promotes overall growth and development

Benefits for parents:

- Stimulates oxytocin release and therefore milk production
- Facilitates bonding and develops parent-child emotional connection
- Reduces parental anxiety and stress

4 HOLDING DURING THERAPEUTIC HYPOTHERMIA

Close CSC during therapeutic hypothermia offers high temperature and respiratory stability of the newborn.

Close Skin-to-Skin Care (CSC) is an important part of the newborn's care. **Remember: warm is vital every newborn!**

Guidelines During Therapeutic Hypothermia:

- Ensure infant is stable enough to hold (per your unit protocol)
- Use a warm blanket to the infant with a blanket on their face
- Remove them and transfer them to the pediatric ICU staff

Polar Bear Care HOLD-A-THON

NEWBORN BRAIN SOCIETY

HOPE for HIE

Click to add speaker notes

Activate Windows
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Step-by-step Transfer “How To”

transducer to mattress. (Baby should be stable from BP standpoint if being held. If BPs required, can take cuff BPs while being held)



Activate Window
Go to Settings to activate

Site Engagement Resources

- Bingo
- Fact or Fiction Quiz
- Email templates
- Parent flyers/brochures
- Nursing script based on trauma-informed care principles

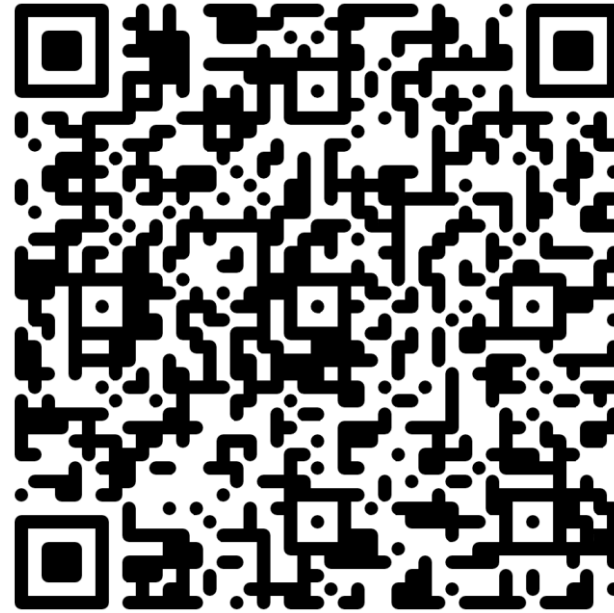
Next Steps

Register for Feb Meeting

FRI FEB 13 AT 9 AM EST



TUES FEB 24 AT 3 PM EST



Complete Institutional Readiness Assessment

Polar Bear Care Hold-A-Thon Institutional Readiness Assessment

Instructions

This assessment helps your institution determine readiness to participate in a Polar Bear Care Hold-A-Thon event. Score each section and use results to identify areas needing development before launch.

SECTION 1: Clinical Practice & Safety (35 points)

Current Holding Practices During Therapeutic Hypothermia

- 5 pts - We routinely facilitate parent holding during cooling for stable patients
- 3 pts - We occasionally allow holding during cooling on a case-by-case basis
- 1 pt - We rarely or never facilitate holding during cooling
- 0 pts - Holding during cooling is currently prohibited by our protocol

Scoring Interpretation

85-100 points: READY TO LEAD Your institution is well-prepared to host a Hold-A-Thon and can serve as a model site. Consider:

- Hosting a flagship event
- Mentoring other institutions
- Contributing to best practice guidelines
- Sharing outcomes data with Newborn Brain Society

70-84 points: READY WITH MINOR PREPARATION Your institution has strong fundamentals. Focus on:

- Addressing gaps identified in lower-scoring sections
- Formalizing existing practices into written protocols
- Strengthening specific areas (staff training, parent education, etc.)
- Timeline: 1-3 months preparation recommended

50-69 points: BUILDING READINESS Significant preparation needed before hosting a Hold-A-Thon. Priorities:

Create your institutional guideline for holding during TH



Gather key multidisciplinary stakeholders



Review evidence



Discuss options for inclusion/exclusion criteria and safety stops



Draft guideline



Distribute guideline for widespread review



Incorporate feedback & finalize guideline

Consider Contacting Hospital Marketing/PR

Email Template for Site Champions to Send Hospital Marketing

Subject: New NICU Initiative - Polar Bear Care Hold-A-Thon [Date]

Dear [Marketing Contact Name],

I'm reaching out about an exciting national initiative our NICU is participating in that I believe has strong potential for positive community engagement and media interest.

What is it? We're participating in a Polar Bear Care Hold-A-Thon in April 2026 - a national awareness campaign sponsored by the Newborn Brain Society and Hope for HIE. This event promotes parent holding during therapeutic hypothermia treatment for babies with hypoxic-ischemic encephalopathy (HIE), a serious birth complication.

Why it matters:

- Therapeutic hypothermia (cooling therapy) saves babies' lives, but families often don't know they can still hold their babies during this critical 72-hour treatment
 - Our hospital is among the first in [region/state] to participate in this family-centered care initiative
 - This aligns with our mission of [insert relevant hospital mission/values]
 - Human interest story potential: parents overcoming a devastating diagnosis while
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Contact Information

Lisa Carruthers, RN

lisa.carruthers@muhc.mcgill.ca

Alexa Craig, MD

alexa.craig@mainehealth.org

Elizabeth Sewell, MD

elizabeth.sewell@emory.edu



Thank you

Reach out with questions