

HOLD-A-THON

for Newborns with Hypoxic Ischemic Encephalopathy



Common Health Care Professional
Questions & Answers

Question:

“Won’t the cold blanket make for a very uncomfortable holding session for the parents?”



Hold-A-Thon

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Answer:

Parents are provided with a thermal layer, either a pillow or stack of blankets to ensure they remain comfortable. It is also advisable to suggest they wear long sleeves during holding as their forearms will likely be in contact with the cooling mattress



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Question:

“Isn’t there a high probability of lines/tubes/cables becoming dislodged during a TH transfer considering there is so much equipment?”



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Answer:

Following institutional guidelines of having enough people for transfer, disconnecting as many cables as possible before transfer, and securing all lines, cables and tubing with slack and moving slowly as a unit will ensure a safe transfer.



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Question:

“Shouldn’t parents not touch or rest hands on their baby? Won’t it increase their core temperature?”



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Answer:

Parents being able to hold a limb or apply light their baby is imperative to help decrease stress and promote bonding. Teaching the parent to avoid holding the baby against them, (keep baby midline) and avoiding lifting baby off blanket (such as holding entire back with hands/forearm) is key. Holding limbs, back of head and resting hand on thigh or abdomen is encouraged and should not cause a rise in core temperature



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Question:

*“Isn’t holding a baby for 1 hour
a waste considering how labor
intensive it is?”*



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Answer:

While preparation does take the most amount of time, especially the first few times, the process becomes smooth and quick. Using tips such as repositioning equipment, disconnecting everything you can prior to transfer, and having enough help makes a speedy and safe transfer. For parents, studies show that even 30 minutes of holding promoted bonding, milk production, decreased stress and even helped settle irritable babies and stabilize their vital signs



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Question:

*“If my baby is quite unstable,
but the parents want to hold,
what do I tell them?”*



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Answer:

Good news! Parents of even unstable babies can still do a form of holding. The team can offer “Hand Hugs” – a type of modified holding. A hand hug is a gentle way to provide comfort and support to an infant:

- * Take down one side of the incubator door and have parent sit in chair tucked close to baby’s side
- * RN can shift baby close to the parents’ side of the incubator
- * Encourage parent to gently place one hand on infant’s head and place the other hand across their tummy or cupping their feet.
- * Moderate firm pressure and still touch are best.
- * Advise parents to avoid stroking or patting, as this can be overstimulating.



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Question:

“Won’t transferring my patient to a parents’ lap just stress them more? I don’t see a benefit for the baby”



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Answer:

Studies and practice demonstrate that holding during TH may hold some benefits for babies, especially the irritable HIE newborns. Benefits such as vital sign stabilization and less irritability- (as parent is able to provide and hold pacifier for baby, calms them when they in a calming voice, and their touch provides warmth which settles their nervous systems)



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