

Transfers

Leaflet **8**



A set of 11 leaflets

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- ③ Touch
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The content of this leaflet is taken and translated from the book *Être parent à l'unité néonatale: tisser des liens pour la vie* (2017) written by Marie-Josée Martel and Isabelle Milette in collaboration with Audrey Larone Juneau, inf. CHU Sainte-Justine.

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Transfers correspond to the times when you lift, move and change your baby's position in his/her incubator or in his/her crib. Due to the immaturity of their sense of balance, premature babies are generally less tolerant of changes in position.

Sick term babies may also have difficulty tolerating movement due to their health problems.

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Babies admitted to the neonatal unit need help to feel safe while being transferred, as this takes place in the air, not in an aquatic environment such as in the womb. The most important thing is to keep your baby contained in a foetal tucked-in position.

Facilitated Tucking/Containment

- Cradle your baby in a foetal tucked-in position while maintaining a gentle pressure and contact with his/her entire body, like the amniotic fluid did. Keep him/her in a foetal tucked-in position, which is very reassuring for him/her, while avoiding any lifting or suspension in the air. Lifting can negatively stimulate your baby's sense of balance, which is still immature.
- Instead of lifting your baby to change his/her position, roll him/her on the mattress, keeping him/her in the foetal tucked-in position (arms and legs bent, hands close to the mouth, head in line with the body and slightly bent towards the body).
- For example, if your baby is lying on the side and you want to place him/her on his/her back, hold your baby in a flexed position (with your hands or a blanket) and gently roll him/her onto his/her back. If your baby is able to suck, you can offer him/her a pacifier to help tolerate the movements better.
- You can use a blanket to help keep your baby in a foetal tucked-in position. This technique also has the advantage of positively stimulating the sense of touch.
- The use of the blanket makes it easier to maintain the foetal tucked-in position, change position, move around and gives your baby a feeling of containment.
- The more premature or sick your baby is, the slower these transfers and position changes should be made.

Transfers

Transfer steps

Before

- Tell your baby that you are about to touch him/her (if tolerated). Being informed of your presence prepares him/her for contact and avoids startling or stress.

During

- Watch for signs of stress to see if your baby tolerates what is happening. If he/she is showing signs of stress, feel free to apply **soothing methods** to give him/her time to recover and reorganize.
- If tolerated, explain to him/her what you are doing: "Daddy is going to roll you gently on your mattress. Tell me if I'm going too fast."

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After

1. Take the time to tell your baby that the transfer is over (if tolerated, of course).
2. Be sure to apply the soothing methods for the next few minutes to allow him/her time to reorganize and fall asleep slowly.
3. Remove your hands gradually so that your baby still feels a touch as he/she relaxes and falls asleep.
4. After the transition from the incubator to the crib, your baby will be more stable and more tolerant of transfers.