Conclusion: That all that provides care to the premature born infant provides it from an infant-oriented and developmental approach, giving the infant optimal opportunity to develop.

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CONNECTING NEONATES AND PARENTS. SKIN-TO-SKIN CONTACT AT A NICU

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Background and aims: Skin-to-skin contact is an evidence based method in the caring of the premature or the vulnerable newborn. By implementing this method of caring, the parents' requirement for time, room and support in staying with their child, is met.

The NICU at the Department of Pediatrics in Holbaek Hospital uses skin-to-skin contact to:

- improve bonding between the parents and their child
- improve the child's physiologic status
- empower the parents in caring for their child

Methods: A 24/7 open and forthcoming atmosphere creates a ward, where parents are not only encouraged, but expected to participate in their child's care and treatment. Where the child is admitted, there is also a place for a parents' bed.

Providing the parents with information about skin-to-skin contact, in the form of an easily accessible poster.

This poster informs the parents about how skin-to-skin contact connects neonates and parents.

The poster also informs relatives, and changes their views towards the baby's perspectives.

Results: The importance of skin-to-skin contact is comprehended by the parents

Calmer and more stable children

Treatment and tending situations in collaboration with the parents is facilitated

Parents aware of their child's demands

Competent parents, who bond well with their child

Conclusions: Low-cost changes at a NICU provide empowered parents with a greater knowledge about their child and a more stable parent-child bond.

(NB. The work is an implementing project, not research.

It is not required to submit to ethical board.)

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PEDIATRIC CARE ACCORDING NURSING STUDENT'S VIEWS. A QUALITATIVE STUDY

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In Spain pediatric nursing is taught generally in the last year of the Nursing Degree. The purpose of this study was to assess what kind of nursing care was provided to children and their families according to nursing student's views during their clinical rotation.

Ten students were interviewed using qualitative methods. Informed consent was obtained. Their clinical experiences were on these wards: NICU, PICU, emergency room, surgical, oncology and neonatology.

Three main categories were obtained:

1. Pediatric care.

1.1. Basic care: *The most important? That the baby is well taken care of.*

1.2. Pain: *This baby is complaining a lot (...) and I said, if he complains, something is going on (...).*

2. Family care.

2.1. Care focused on babies: *We don't intervene with mothers that much (...) care was provided to the babies.*

2.2. Immigration: *She's from abroad, she doesn't have our culture (...) her baby is crying because he's burned.*

2.3. Mum as main caregiver: *They were exhausted of being there all day long.*