PPHI

Kangaroo Mother Care (KMC)-Implementation Guidelines for PPHI Health Facilities

Introduction

KMC is "the early, prolonged, and continuous skin-to skin contact between the mother (or substitute) and her low birth weight infant, both in hospital and after early discharge, until at least the 40th week of postnatal gestation age, with ideally exclusive breastfeeding and proper follow-up" (Cattaneo, Davanzo, Uxa 1998).

Evidence & Benefits

To date, more than 200 hospital-based studies have compared incubator care with KMC, in both developing and developed countries. Notably, most studies demonstrated KMC to be more effective than incubator care for stable newborns in: maintaining adequate thermal care, reducing nosocomial infections, improving exclusive breastfeeding and weight gain, and fostering greater maternal and family involvement in care—all at a lower cost than incubator care. As a result of these studies, the practice of KMC was introduced in more than 25 countries by 2004. In 2003, WHO formally endorsed KMC and published KMC practice guidelines.

The main benefits of rooming-in hospitalization in kangaroo position compared to hospitalization in minimal neonatal care units are:

- A better compliance with the kangaroo position and breastfeeding practices with the support of the health staff.
- A shorter mother and child separation, allowing for better mother-infant bonding.
- A reduction of nosocomial infection, as the mother is caring for her infant.
- It could reduce cost as it does not required complex equipment and additional personnel.

Facility-based KMC

Facility-based KMC is an underutilized, affordable and effective method suited for all premature and LBW babies, particularly those in the developing world, where need is great and resources scarce. If KMC can be provided early, a significant proportion of LBW babies born in facilities could be saved.

Setting

KMC can be implemented in various facilities and at different levels of care:

Maternity facilities

Small maternity units with several deliveries per day, these facilities are usually staffed by skilled midwives but often have no doctors and lack special equipment (incubators and radiant warmers) and supplies (oxygen, drugs and preterm formula) for the care of LBW and preterm newborn infants. If possible, such infants are transferred to a higher level of care; otherwise they are kept with their mothers and discharged early for home care.

Staffing

KMC does not require any more staff than conventional care. Existing staff (doctors and nurses) should have basic training in breastfeeding and adequate training in all aspects of KMC as described below:

- When and how to initiate the KMC method;
- How to position the baby between and during feeds;
- Feeding LBW and preterm infants; breastfeeding;
- Alternative feeding methods until breastfeeding becomes possible;
- Involving the mother in all aspects of her baby's care, including monitoring vital signs and recognizing danger signs;
- Taking timely and appropriate action when a problem is detected or the mother is concerned; deciding on the discharge;
- Ability to encourage and support the mother and the family

Facilities, equipment and supplies

KMC does not require special facilities, but simple arrangements can make the mother's and baby's stay more comfortable.

KMC Ward or room

- One room of reasonable size, where mothers can stay day and night, live with the baby, and share experience, support and companionship; at the same time they can have private visits without disturbing the others.
- The rooms should be equipped with comfortable beds and chairs for the mothers, if possible adjustable or with enough pillows to maintain an upright or semi-recumbent position for resting and sleeping.
- Curtains can help to ensure privacy in a room with several beds.
- The rooms should be kept warm for small babies (22-24°C).
- Mothers also need bathroom facilities with tap water, soap and towels and for personal hygiene.
- They should have nutritious meals and a place to eat with the baby in KMC position.
- Another warm, smaller room would be useful for individual work with mothers, discussion of private and confidential issues, and for reassessing babies. This room can also be used for the father to carry his baby without staying in the collective KMC ward where some mothers could feel uncomfortable with his presence.
- The ward should have an open-door policy for fathers and siblings.

Kangaroo Mother Care-10 steps

1 Written policy
2 Specially trained personnel
3 Well-informed women
4 Initiate as quickly as possible
5 Demonstrate
6 Skin-to-skin breast-feeding
7 Bed for both mother & child
8 Accompanied breast-feeding
9 No pacifiers and bottles
10 Assistance groups

Supplies and equipment

- Cloth for wrapping baby (from mother or facility)
- Beds, mattresses, linen
- Diapers
- Waste baskets for soiled diapers
- Graduated feeding cups
- Wall thermometer
- Body thermometer (low reading)
- Baby weighing scales (digital)
- Suction machine (foot or electrical)
- Ambu bags and masks (suitable size)
- NG tubes (size 4,5,6)
- Wall room heaters
- Kangaroo Mother Program forms (clinical records, identification cards, leaflets).
- A refrigerator for milk storage, materials for milk collection (sterile jars, syringes, gloves),
- Models or teaching resources for mothers
- KMC registration and discharge card.

Strategy for PPHI Health Facilities

- KMC will be implemented in all BHU Plus in each district. Please ensure the following for implementation:
    - Availability of health facility staff in all 3 shifts
    - Health facility staff willing to initiate KMC
    - Additional space available for KMC corner/room
    - Ambulance availability
    - BHU Plus will also serve as referral point for all nearby BHUs and the community for KMC.
- Once the site is selected, training will be conducted by MNCH Coordinators of the health facility staff where KMC will be introduced.
    - Training will comprise of 3 days
        - 1st day will be orientation to the district management team at district office which will include district manager, M&E, MO HQ, SO etc. and then 2 days training will be for health facility staff which will include theory and practical.
        - Half day training/orientation (preferably showing videos) to LHWs on KMC for referral from the community.
- District Managers need to ensure that all supplies and equipment mentioned above are available at the health facility
- KMC registers must be maintained separately (Annexure I) which includes registration and discharge
- All IEC and resource material must be present at the facility for demonstration. If possible LCD TV would be preferable but not necessary.