



PPHI

Key messages for KMC

1. Skin to Skin Care is recommended for all babies immediately after delivery to ensure warmth. It is also a recommended method when transferring sick newborns to a health facility.
2. KMC is the early, prolonged, and continuous skin to skin contact between the mother (or substitute) and her baby (premature (born before 40 weeks) and LBW (less than 2.5kg), both in hospital and after early discharge, with support for positioning, feeding (ideally exclusive breast feeding) and prevention and management of infections and breathing difficulties
3. Ensure **Warmth** by keeping the baby skin to skin with the mother or a substitute such as the father.
4. Ensure **nutrition** by supporting the mother to breastfeed her baby frequently and exclusively (or other appropriate choice as per the mother`s status).
5. KMC provides infection prevention while in the facility and is emphasized before discharge. Mothers and families are given instruction on hygiene, how to identify signs of infection if the baby is getting sick, and the importance of early care seeking.
6. Early discharge with follow up: Mother and newborn can be discharged early, once the baby is able to suckle and is growing well. Timely follow up is a necessity
7. **Continuous KMC:** It is practiced 24 hours every day and requires support from the family members as they can assist the mother with continuous KMC by keeping the baby skin to skin when the mother has to bath or attend to personal needs. It is the ideal type of KMC for stable LBW babies
8. **Intermittent KMC:** This type of KMC is not done on a 24-hour basis but only for certain periods of the day within the hospital (or from home), the mother comes to the neonatal unit to do KMC at specified times; the newborn is left in an incubator or well wrapped for the remainder of the time. Intermittent KMC is used mostly for very small and sick babies.
9. **Duration of KMC:** Both types of KMC are practiced as long as possible until the baby no longer tolerates the method. It is important to note that babies should still be breastfed and kept warm even when KMC is no longer practiced.
10. **Breast feeding:** if there is no sucking reflex or the baby is not able to swallow and to coordinate swallowing and breathing give Express Breast Milk (EBM) by gastric tube.
11. **Breast feeding:** if the baby is able to drink from a cup: Give EBM with a cup or EBM directly in babies mouth or feed with a syringe or dropper.
12. **Breast feeding:** If suckling reflexes are present exclusive breast feeding should be done.
13. The full set of **KMC indicators** as proposed by PPHI technical wing in additional summary sheet must be collected every month.