

# Kangaroo Mother Care



# Learning Objectives

## Describe

- When and how to use Kangaroo mother-care
- The procedure and benefits of KMC
- How to assist and support a mother using kangaroo mother-care

# What is KMC?

- Caring skin-to-skin low birth weight (LBW) babies
- It promotes
  - Effective thermal control
  - Breast feeding
  - Prevention of infection
  - Parental bonding

# Components of KMC

## 1. Skin-to-skin contact

Early, continuous and prolonged skin-to-skin contact



## 2. Exclusive breast feeding

Promotes lactation and facilitates feeding



# Pre-requisites of KMC

1. Support to the mother
  - In hospital &
  - At home
2. Post-discharge follow-up

# Benefits of KMC to the baby



## ■ Breast feeding

- Increased breast feeding rates
- Increased duration of breast feeding

## ■ Thermal control

- Effective thermal control
- Equivalent to conventional incubator care in stable babies

# Benefits of KMC to the baby



## ■ Early discharge

- Better weight gain leads to early discharge

## ■ Lesser morbidity

- Regular breathing
- Less apnea
- Protection from nosocomial infections

# Benefits of KMC to the mother



- Stronger bonding with the baby
- Deep satisfaction
- More confident parents



# Requirements for KMC implementation

- **Skills**

  - Nurses, physicians and other staff

- **Educational material**

  - Information sheets, posters and video films on KMC

- **Furniture (optional)**

  - Semi-reclining easy chairs

  - Beds with adjustable back rest

# Eligibility criteria: Baby

- **Birth weight >1800 gm:**  
Start at birth
- **Birth weight 1200-1799 gm:**  
Hemodynamically stable – takes a few days
- **Birth weight <1200 gm:**  
need specialized care due to sickness – may take weeks to initiate

**Hemodynamic stability is a MUST**

# Eligibility criteria: Mother

- Willingness
- Lack of significant illness
- Hygiene
- Supportive family
- Supportive community

# Preparing for KMC

## ■ Counseling

- Demonstrate procedure
- Ensure family support
- KMC support group

## ■ Mother's clothing

- Front-open, light dress as per the local culture

## ■ Baby's clothing

- Cap, socks, nappy and front-open sleeveless shirt or 'jhabala'

# What should the baby wear?



- Cap
- Socks
- Nappy and
- front-open sleeveless shirt or 'jhabala'

# What should the mother wear?



Any front-open, light dress as per local culture (blouse and sari, gown or shawl)



# KMC procedure: Kangaroo positioning

- Place baby between the mother's breasts in an upright position
- Head turned to one side and slightly extended
- Hips flexed and abducted in a "frog" position; arms flexed
- Baby's abdomen at mother's epigastrium
- Support baby's bottom



# KMC procedure: Kangaroo positioning (cont..)



**Maintain privacy for the mother**



# Monitoring during KMC

## Check if

- Neck position is neutral
- Airway is clear
- Breathing is regular
- Color is pink
- Temperature is being maintained

## Head position in KMC



# Initiation of KMC

- Baby should be stable
- Short KMC sessions alright even if the baby is receiving
  - IV fluids
  - Oxygen therapy
  - Orogastric tube feeding

# Duration of KMC

- Start KMC sessions in the nursery
- Practice at least one hour sessions initially
- Transit from conventional care to longer KMC
- Transfer baby to post-natal ward and continue KMC
- Increase duration up to 24 hours a day

# KMC during sleep and resting

## Resting

- Reclining or semi-recumbent position
- Adjustable bed
- Several pillows on an ordinary bed
- Easy reclining chair

## Sleep

- Supporting garment restraint for baby

# KMC during sleep



# KMC during resting



# Position for sleeping



# Any family member can do it !



Father



Grandmother

**Father & other family members can also provide skin-to-skin care**



# Discharge criteria

- Baby is well with no evidence of infection
- Feeding well (predominant breast milk)
- Gaining weight (15-20 gm/kg/day)
- Maintaining body temperature
- Mother confident of taking care of the baby
- Follow-up visits ensured

# Discontinuation of KMC

- Term gestation
- Weight ~ 2500 gm
- Baby uncomfortable
  - Wriggling out
  - Pulls limbs out
  - Cries and fusses

Mother can continue KMC after giving the baby a bath and during cold nights

# Post-discharge follow up

- Once or twice a week till 37-40 wks / 2.5-3 kg
- Thereafter, once in 2-4 wks till 3 months chronological age
- Subsequently, every 1-2 months during first year
- More frequent visits if baby is not growing well (< 15-20 gm/kg/day up to 40 weeks post-conceptual age and then < 10 gm/kg/day)

# Key messages

- KMC is a safe and effective method for caring stable LBW babies
- In addition to providing thermal control, it
  - Promotes exclusive breastfeeding
  - Decreases risk of infections
  - Promotes bonding between mother and baby