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

Exclusive breast feeding

Promotes lactation and facilitates feeding





Pre-requisites of KMC

- Support to the mother
 - In hospital &
 - At home

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:</p>

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 frontopen, light dress as per local culture (blouse and sari, gown or shawl)



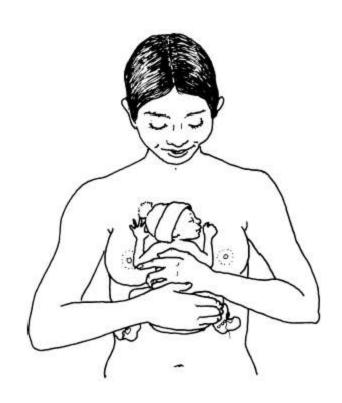


Teaching Aids: ENC

KMC-14

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-conceptional 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