Kangaroo Mother Care



What is KMC

- A special way of caring for Low birth weight (LBW) babies
- It promotes
 - Effective thermal control
 - Breast feeding
 - Prevention of infection
 - Parental bonding

Components of KMC

Skin-to-skin contact

Early, continuous and prolonged skin-to-skin contact



Promotes lactation and facilitates feeding





Pre-requisites of KMC

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

Post-discharge follow up

Benefits of KMC

Breast feeding

- Increased breast feeding rates
- Increased duration of breast feeding

Thermal control

- Effective thermal control
- Equivalent to conventional incubator care

Benefits of KMC (cont..)

- Early discharge
 - Better weight gain →

Lesser morbidity

Early discharge

- Regular breathing
- Decreased episodes of apnea
- Protection from nosocomial infections

Benefits of KMC (cont..)

Other benefits

- Less stress to the infant
- Stronger bonding
- Deep satisfaction for mother
- More confident parents

Requirements for KMC implementation

Training

Nurses, physicians and other staff

Educational material

Information sheets, posters and video films on KMC

Furniture

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

Birth weight <1200 gm:</p>

Hemodynamically stable

Hemodynamic stability is a MUST

Eligibility criteria: Mother

- Willingness
- General health & nutrition
- 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

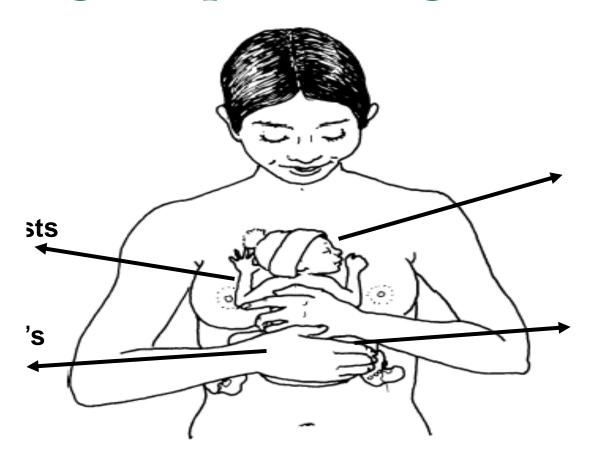
Baby's clothing

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

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..)



KMC procedure: Kangaroo positioning (cont..)



Monitoring during KMC

Check if

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

Initiation of KMC

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

Duration of Kangaroo Mother Care

- Start KMC sessions in the nursery
- Practice 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



Any family member can do it!





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

Criteria for transfer

From nursery to ward

- Stable baby
- Gaining weight
- Mother confident of looking after the baby

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 (in room 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 PCA
- 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 PCA and then < 10 gm/kg/day)