

KANGAROO MOTHER CARE

- **Definition of KMC**

Kangaroo care is a special technique used in low birth weight babies wherein the neonate is held, **skin to skin, with mother or any other adult care taker**. KMC should be given to all these babies whenever and wherever possible for maximum duration of time (and at least one hour).

- **Benefits of KMC**

- promote effective thermal control,
- promote and facilitate exclusive breastfeeding,
- prevention of nosocomial infection
- **a stronger bonding with the baby, increased confidence, and a deep satisfaction**
- Early discharge
- Less morbidity

- **Pre-requisites of KMC**

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

- **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**

- haemodynamically stable
- **Birth weight >1800grams** – Starts at birth
- **Birth weight 1200-1799grams**.- 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
- Good general health and nutrition;lack of significant illness
- Good hygiene
- Good supportive family& community

- **Preparation for KMC**
 - **Counseling –**
 - arrange a time that is convenient to the mother and her baby
 - Demonstrate her KMC procedure in a caring and gentle manner
 - Encourage her to bring her mother/ mother-in-law / husband or any other family member of the family
 - **Mother’s clothing** - front-open, light dress as per the local culture.
 - **Baby’s clothing** - dressed with cap, socks, nappy and front-open sleeveless shirt

- **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
 - **Maintain privacy for the mother**

- **Monitoring during KMC, Check if**
 - Neck position is neutral
 - Airway is clear
 - Breathing is regular
 - Color is pink
 - Temperature being maintained

- **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

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

- **Components of KMC**
 - Skin-to-skin contact
 - Early, continuous and prolonged skin-to-skin contact
 - Exclusive breast feeding
 - Promotes lactation and facilitates feeding

- **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

- **Early discharge**
 - Better weight gain leads to early discharge
- **Lesser morbidity**
 - Regular breathing
 - Less apnoea
 - Protection from nosocomial infections
- **Benefits of KMC to the mother**
 - Stronger bonding with the baby
 - Deep satisfaction
 - More confident parents
- **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
- **Discharge criteria**
 - Baby is well with no evidence of infection
 - Feeding well (predominant breast milk)
 - Gaining weight (10-15 g/kg/day)
 - Maintaining body temperature
 - Mother confident of taking care of the baby
 - Follow-up visits ensured
- **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 (< 10-15g/kg/day up to 40 weeks post-conceptual age and then ~10 g/kg/day)