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TUTOR

ICON

KANGAROO MOTHER CARE

INTRODUCTION

Kangaroo Mother Care (KMC) is care of newborn infants secured skin-to-skin contact to the mother and baby. KMC is a powerful and easy to practice It is a special way of caring for Low birth weight (LBW) babies

It promotes,

Effective thermal control, Breast feeding, Prevention of infection, Parental bonding

DEFINITION

Kangaroo Mother Care (KMC) is a special way of caring of low birth weight babies. It fosters their health and wellbeing by promoting effective thermal control, breastfeeding, infection prevention and bonding.

COMPONENTS OF KMC

- ✓ Kangaroo position
- ✓ Kangaroo nutrition
- ✓ Kangaroo discharge
- ✓ Kangaroo Support

BENEFITS OF KMC CARE

- ❖ Benefits to the baby
- ❖ Benefits to mother
- ❖ Benefits to the family
- ❖ Benefits to the nation

Benefits to the baby

- Offers prolonged skin to skin contact between the mothers
- KMC facilitates physiological stability in baby
- Breastfeeding
- Thermal control

BENEFITS TO MOTHER

- KMC promote better mother infant bonding
- Mother is less stressed during KMC

BENEFITS TO THE FAMILY

- KMC is less economical to the family
- KMC promotes early discharge of baby

BENEFITS TO THE NATION

- KMC decrease neonate and infant mortality and morbidity
- KMC is simple easily applicable, cost effective
- KMC results in healthier and more intelligent babies
- Less morbidity

TYPES:

- Continuous kmc
- Intermittent kmc
- Post discharge follow up

ELIGIBILITY CRITERIA

All stable LBW babies are eligible for KMC.

Guidelines for practicing KMC include:

- ✓ **Birth weight >1800 g:** These babies are generally stable at birth. Therefore, in most of them KMC can be initiated soon after birth.
- ✓ Once KMC is implemented, nurses and other staff appreciate KMC because of the health benefits to the babies and the satisfaction expressed by the mothers.

- ✓ KMC does not require extra staff
- ✓ **Birth weight 1200-1799 g:** Many babies of this group have significant problems in neonatal period. It might take a few days before KMC can be initiated.

PREPARING FOR KMC

COUNSELING

- ❖ When baby is ready for KMC, arrange a time that is convenient to the mother and her baby.
- ❖ The first few sessions are important and require extended interaction. Demonstrate to her the KMC procedure in a caring, gentle manner and with patience.
- ❖ Answer her queries and allay her anxieties. Encourage her to bring her mother/mother in law, husband or any other member of the family.

MOTHER'S CLOTHING

- ❖ KMC can be provided using any **front-open, light dress as per the local culture.**
- ❖ KMC works well with **blouse and saree, gown or shawl.** A suitable apparel that can retain the baby for extended period of time can be adapted locally.

BABY'S CLOTHING

- ❖ Baby is dressed with **cap, socks, nappy, and front-open sleeveless shirt**

THE KMC PROCEDURE

KANGAROO POSITIONING

- The baby should be placed between the mother's breasts in an upright position.
- The head should be turned to one side and in a slightly extended position. This slightly extended head position keeps the airway open and allows eye to eye contact between the mother and her baby.
- The hips should be flexed and abducted in a "frog" position; the arms should also be flexed.
- Baby's abdomen should be at the level of the mother' epigastrium. Mother's breathing stimulates the baby, thus reducing the occurrence of apnea.

- Support the baby in bottom with a sling/binder.
- ✓ Neck position is neutral
- ✓ Airway is clear
- ✓ Breathing is regular
- ✓ Color is pink
- ✓ Temperature is being maintained

Feeding

- ✓ The mother should be explained how to breastfeed while the baby is in KMC position. Holding the baby near the breast stimulates milk production. She may express milk while the baby is still in KMC position. The baby could be fed with paladai, spoon or tube, depending on the condition of the baby.

Privacy

- ✓ KMC unavoidably requires some exposure on the part of the mother. This can make her nervous and could be de-motivating. The staff must respect mother's sensitivities in this regard and ensure culturally acceptable privacy standards in the nursery and the wards where KMC is practiced.

Time of initiation

- ✓ KMC can be started as soon as the baby is stable. Babies with severe illnesses or requiring special treatment should be managed according to the unit protocol. Short KMC sessions can be initiated during recovery with ongoing medical treatment (IV fluids, oxygen therapy). KMC can be provided while the baby is being fed via orogastric tube or on oxygen therapy.

Duration of KMC

- Skin-to-skin contact should start gradually in the nursery, with a smooth transition from conventional care to continuous KMC.
- Sessions that last less than one hour should be avoided because frequent handling may be stressful for the baby.
- The length of skin-to-skin contacts should be gradually increased up to 24 hours a day ,

From hospital to home

Criteria to transfer the baby from nursery to the ward

- Stable baby
- Gaining weight
- Mother confident to look after the baby

Discharge criteria

- Baby's general health is good and no evidence of infection
- Feeding well, and receiving exclusively or predominantly breast milk.
- Gaining weight (at least 15-20 gm/kg/day for at least three consecutive days)
- The mother and family members are confident to take care of the baby in KMC and should be asked to come for follow-up visits regularly.

Post-discharge follow up

- ✓ In general, a baby is followed once or twice a week till 37-40 weeks of gestation or till the baby reaches 2.5-3 kg of weight. (Smaller the baby at discharge, the earlier and more frequent follow-up visits should be. Thereafter, a follow up once in 2-4 weeks may be enough till 3 months of post-conceptual age.
- ✓ Later the baby should be seen at an interval of 1-2 months during first year of life.
- ✓ The baby should gain adequate weight (15-20 gm/kg/day up to 40 weeks of post-conceptual age and 10 gm/kg/ day subsequently). More frequent visits should be made if the baby is not growing well or his condition demands.

RECORDS TO BE MAINTAINED

- when KMC began (date, weight and age);
- condition of the baby;
- details on duration and frequency of skin-to-skin contact;
- whether the mother is hospitalized or is coming from home;
- predominant feeding method;
- observations about lactation and feeding
- daily weight gain

- episodes of illness, other conditions or complications;
- the drugs baby is receiving;
- when mother stopped skin-to-skin contact (date, age of the baby, weight, post-menstrual age, reasons for stopping and feeding method at weaning);