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

- 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

- **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  →  Early discharge

- Lesser morbidity
  - 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:**
  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..)

- Baby between mother’s breasts
- Support baby’s bottom
- Head turned to one side
- Frog-leg position
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)