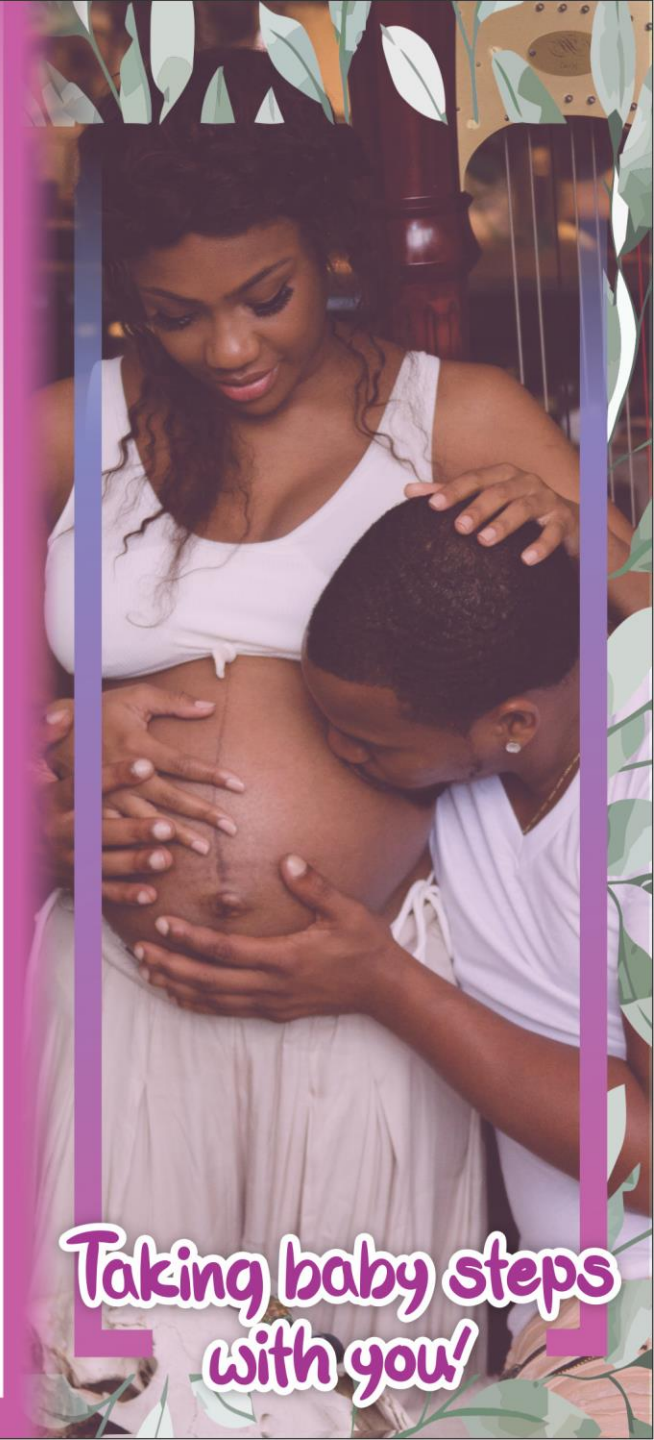


SKIN-TO-SKIN INFANT CARE

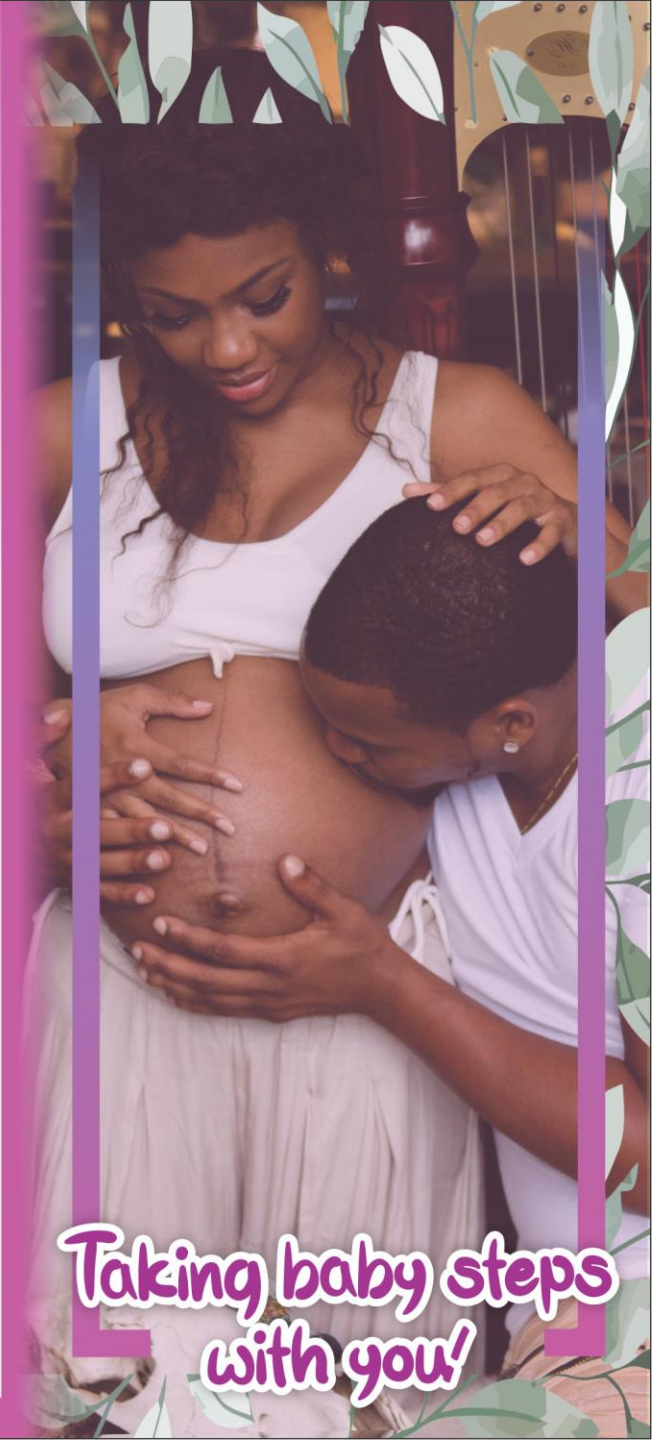


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The amazing
benefits of



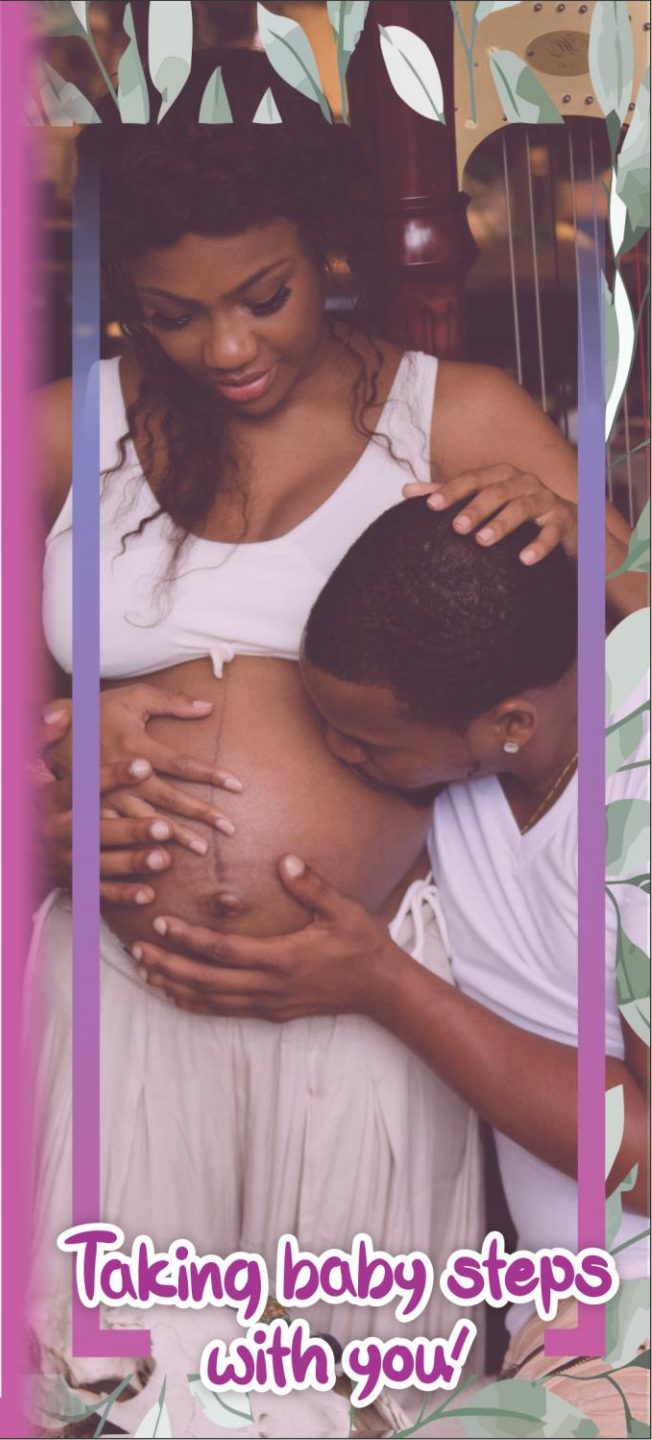
**Kangaroo
Mother Care**



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OBJECTIVES

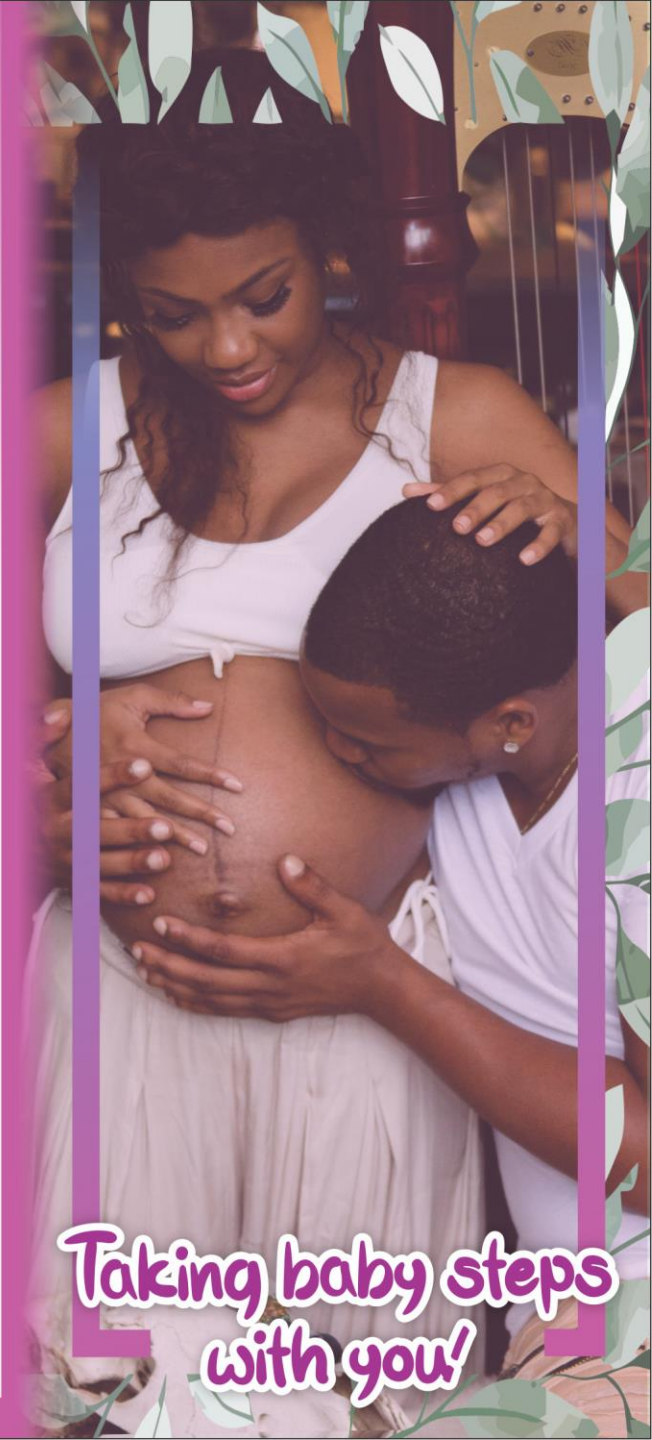
- Describe Kangaroo Mother Care
- Give the history of Kangaroo Mother Care
- List the components of Kangaroo Mother Care
- Give the advantages of Kangaroo Mother Care
- Explain the types of Kangaroo Mother Care
- References



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SKIN TO SKIN IS A LOVE LANGUAGE

- Hugging , touching , rubbing and skin to skin is love language
- Words Of Affirmation, Physical Touch, Gifts, Quality Time, Acts Of Service
- The first primary love language spoken to babies before they learn spoken (any other love) language



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WHAT IS KANGAROO MOTHER CARE?

- Kangaroo Mother Care (KMC) is care of new-born infants secured skin-to-skin to the mother
- KMC is a powerful and easy to use method to promote the health and well-being of:
 - Low birth weight (LBW) - infants with birth weight below 2500g
 - Preterm infants – infants with gestational age less than
 - 37 weeks
 - Also term infants
 - Any parent (dad as well) or primary care giver may do KMC

(WHO KMC practical guide PEP unit 43 Principles of KMC)

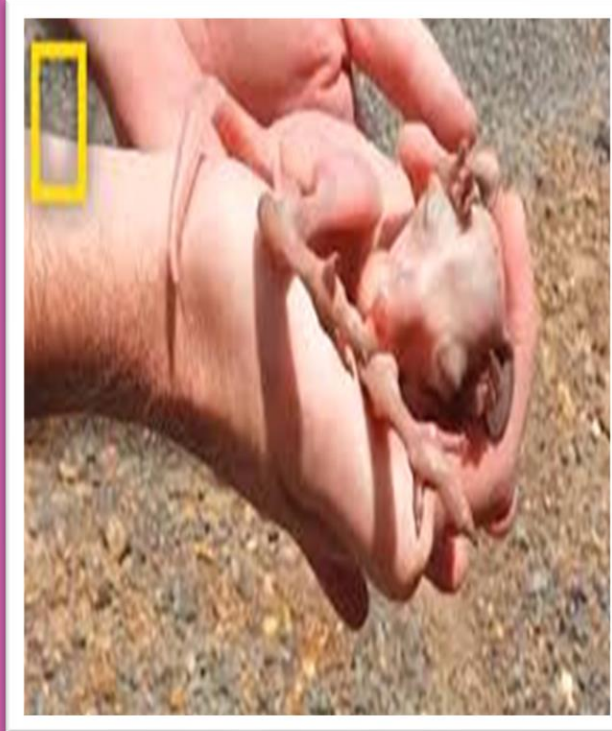


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WHY IS IT CALLED KANGAROO MOTHER CARE?

- A new-born baby kangaroo is very immature at birth and very small in size
- The mother kangaroo's pouch provides warmth, safety and a constant supply of food (milk) to the joey
- Similar to kangaroo care giving the human infant is also immature and especially the LBW infant benefits from skin-to-skin care because it provides warmth, safety and food

(Whitelaw 1985, Malawi KMC Training Manual)

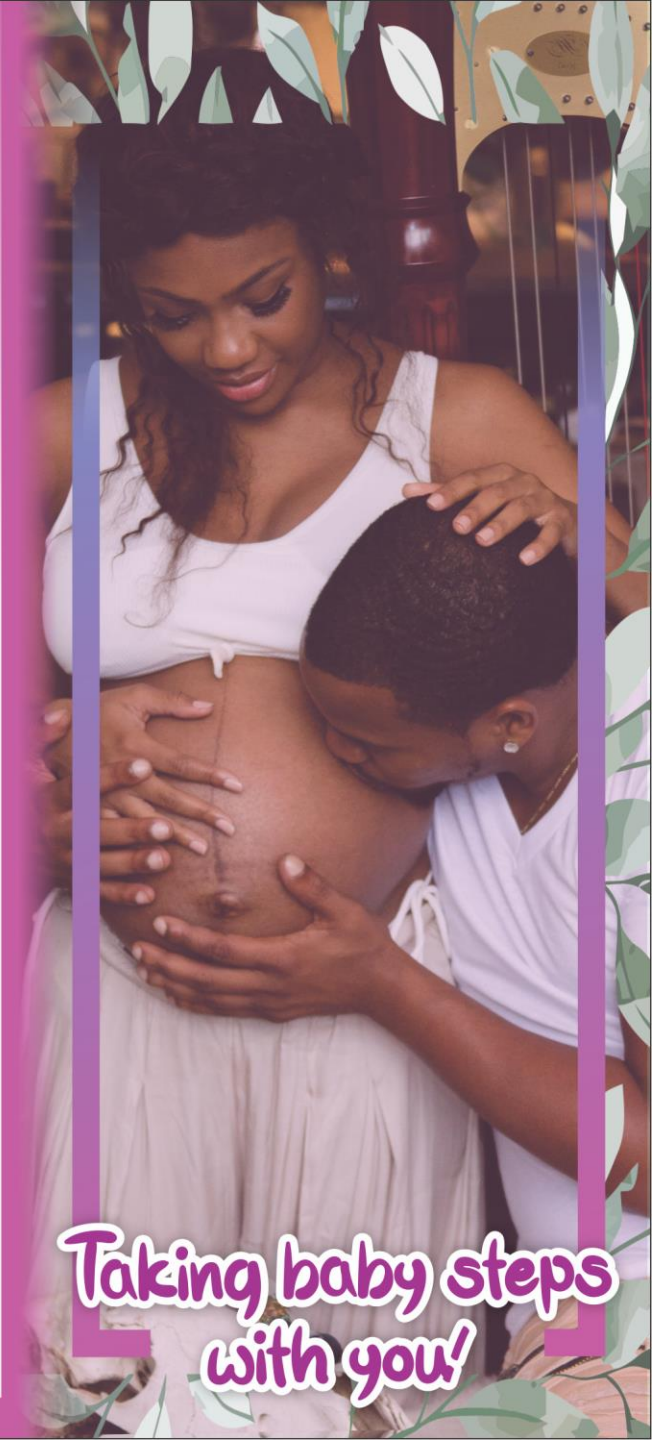


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WHY KMC WAS IMPLEMENTED?

- In 1979 Dr Edgar Rey & Hector Martinez worked in at the hospital in Bogotá, Colombia
- Large numbers of LBW & preterm infants delivered because of:
 - Poor Ante Natal Care attendance
 - High incidence of toxemia of pregnancy, anaemia & infections
 - Shortages of staff & inadequate equipment
 - High infection & mortality rate because of overcrowding
 - Large numbers of infants who were abandoned by their mothers

(Whitelaw A and Sleath K, 1985)

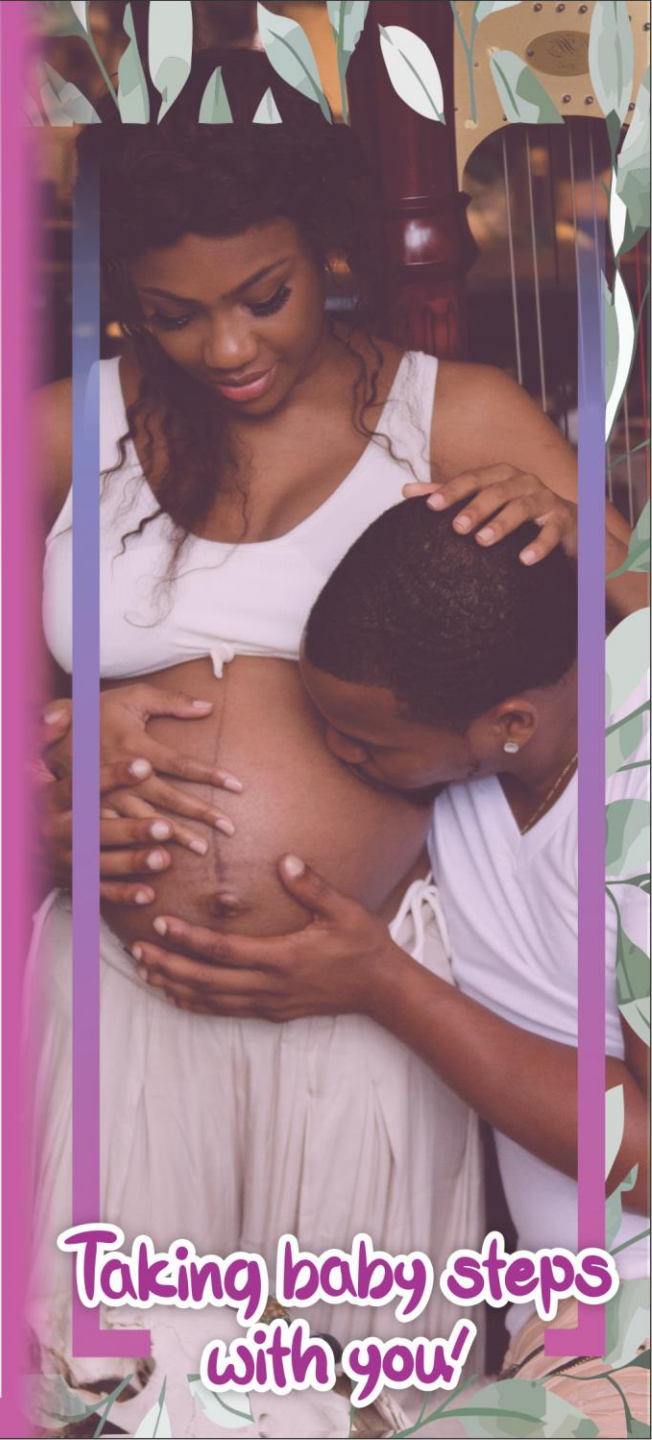


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WHY KMC WAS IMPLEMENTED?... *continued*

- Maternal-infant skin-to-skin contact was introduced to stable LBW infants surviving the first few weeks of life
- Exclusive breast-feeding was encouraged
- As long as infants could feed and were gaining weight, they were discharged home with KMC, regardless of weight

(Whitelaw A and Sleath K, 1985)

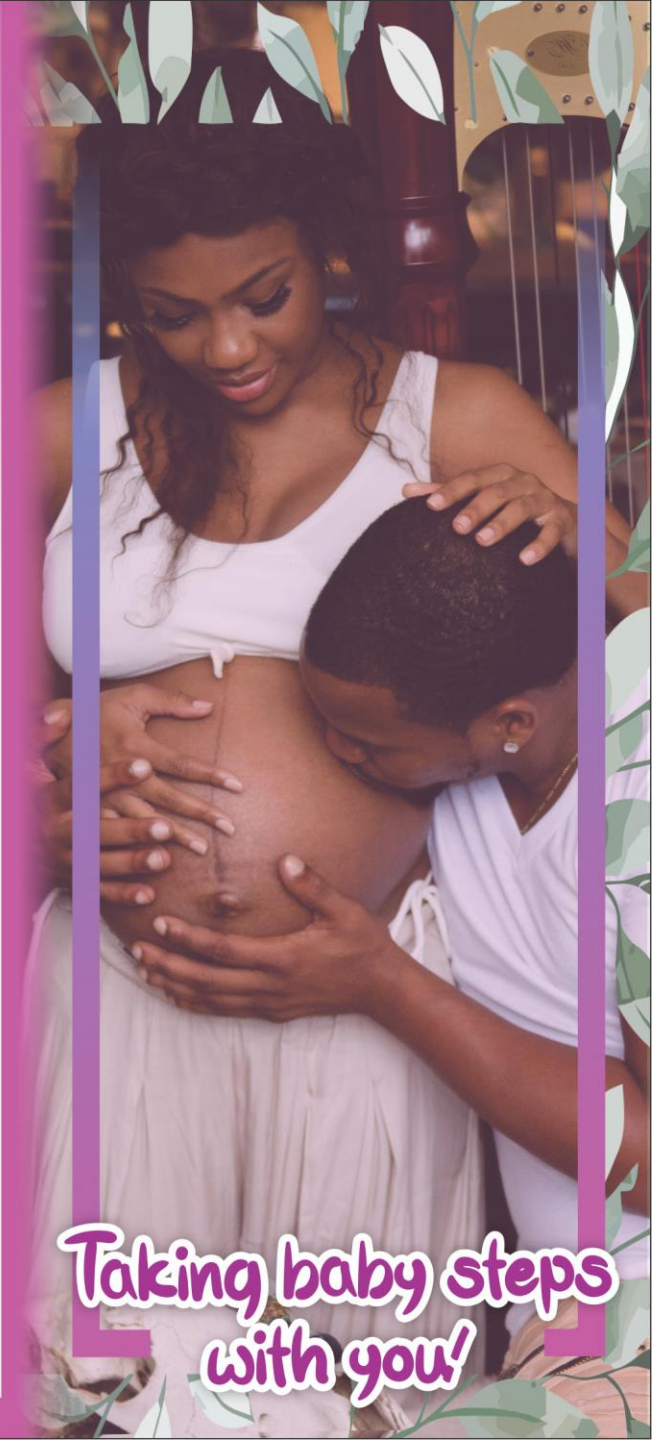


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COLOMBIA KMC OUTCOMES

- Improved outcome for LBW infants
- Humanized general care of infants in hospital
- Decreased hospitalisation time
- Less overcrowding
- Less abandoned infants
- Improved staff moral

(Whitelaw A and Sleath K, 1985)

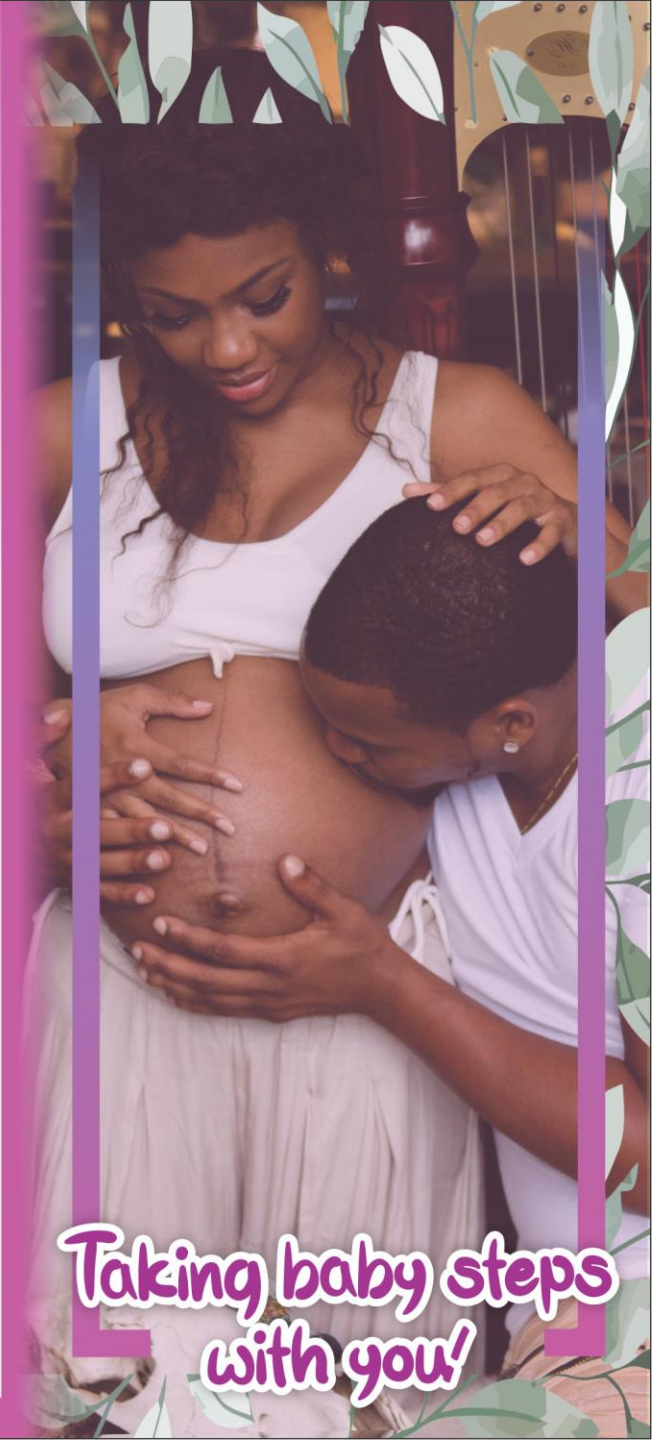


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KMC IN THE REST OF THE WORLD

- First reported by UNICEF, 1984
- Intriguing & incredible survival of “kangaroo babies” unparalleled in medical literature
- Whitelaw (UK) visited Bogotá in 1985
- 1st description of KMC in English medical literature
- Continued KMC research - found many benefits
- Other visits to Bogotá followed
- Various forms of KMC practiced in many parts of the world
- Supported by WHO and many organizations as a life saving method of care

(Whitelaw A and Sleath K, 1985)

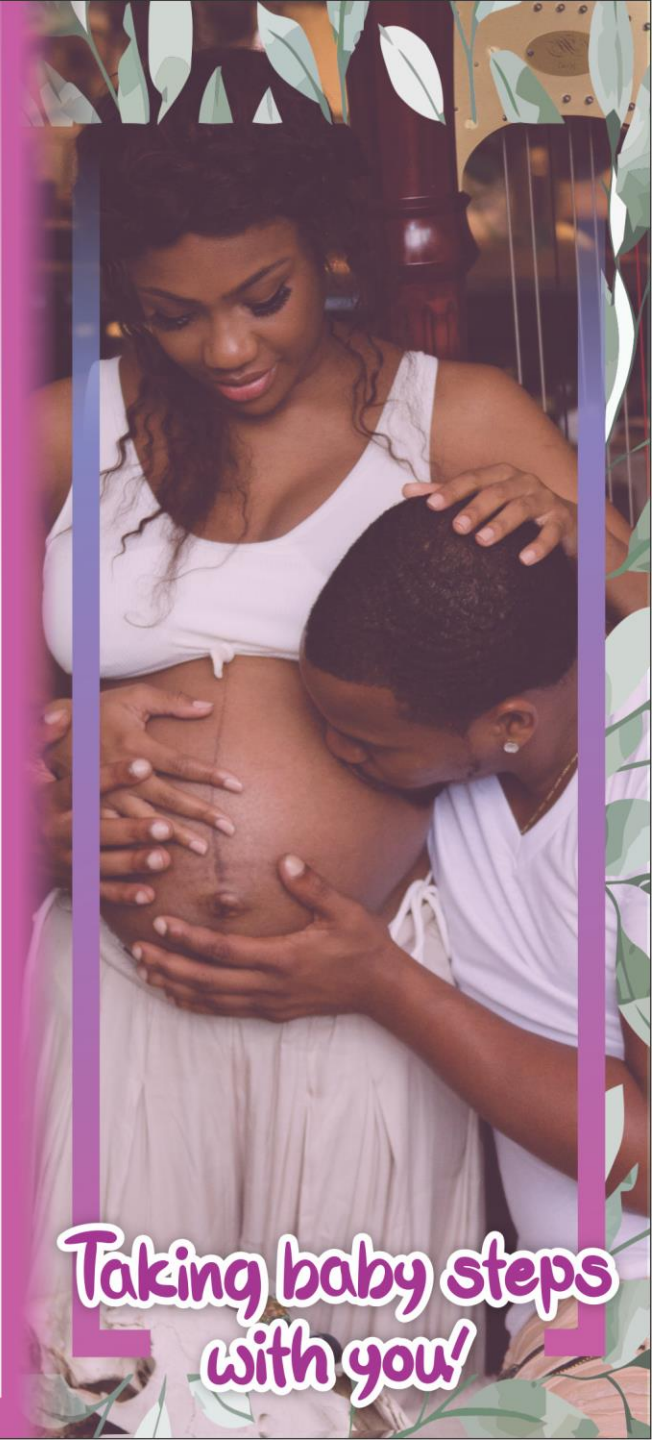


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CLOSER TO HOME

- Ukukhonga/ Go Pepa Ngwana old-age African practice - incorporation in health-care came later with face to face modifications
- National Department of Health together with Integrated Nutrition Programme rolled out the implementation of KMC in the provinces from 2002
- Several project were launched
- The Fara Ngwana ('hold the baby') outreach in August 2003
- In the Mpumalanga Province the Ukubamba Umtwana Kuwe ('hold the baby tightly') outreach
- By 2008 it was adopted as protocol in most hospitals - private and public hospitals

(Anne-Marie Bergh, Elise van Rooyen and Robert C Patterson, 2008)

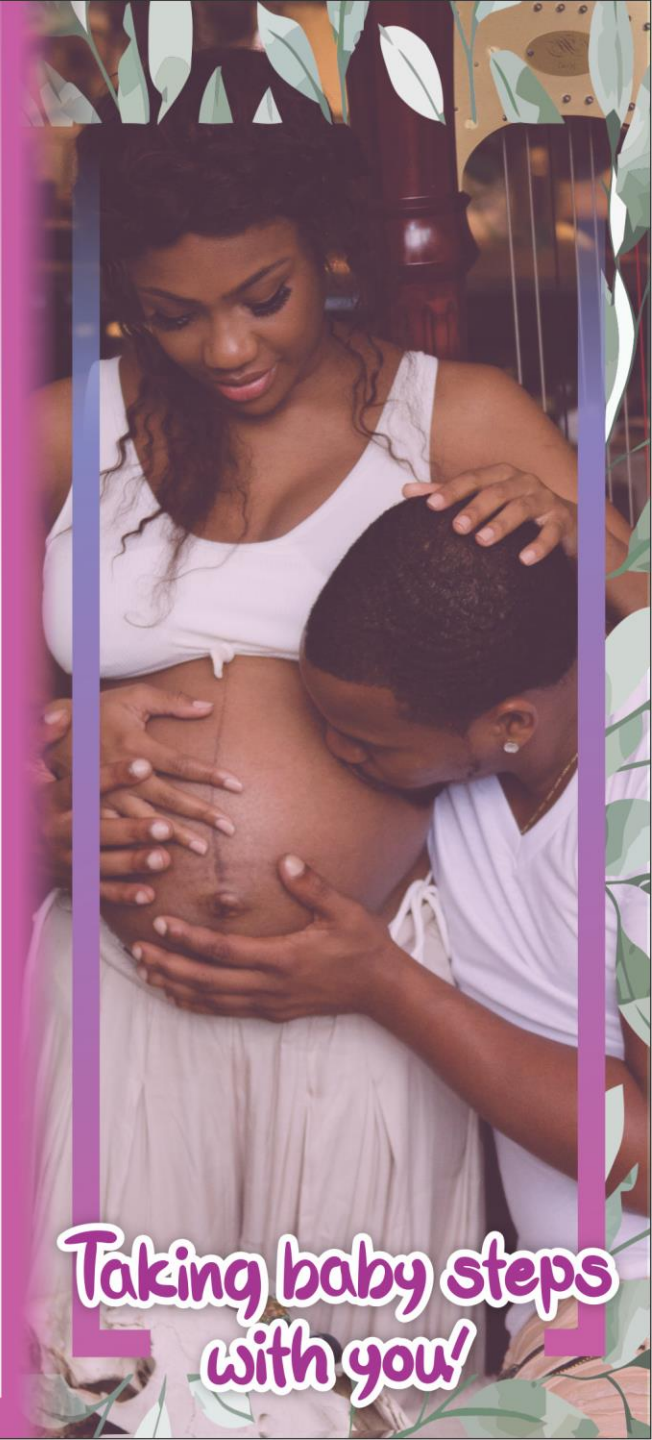


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THE COMPONENTS/ELEMENTS OF KMC

- Kangaroo position - Skin-to-skin on the mother's chest secured with a wrap
- Kangaroo nutrition - Exclusive breastfeeding whenever possible
- Kangaroo discharge -Mother continues KMC practice at home after discharge
- Kangaroo Support -Health care staff provide support to the mother to take care of her infant in the hospital
- Family/Community support - of mother in practicing KMC at home

(WHO KMC practical guide PEP unit 43 Principles of KMC)

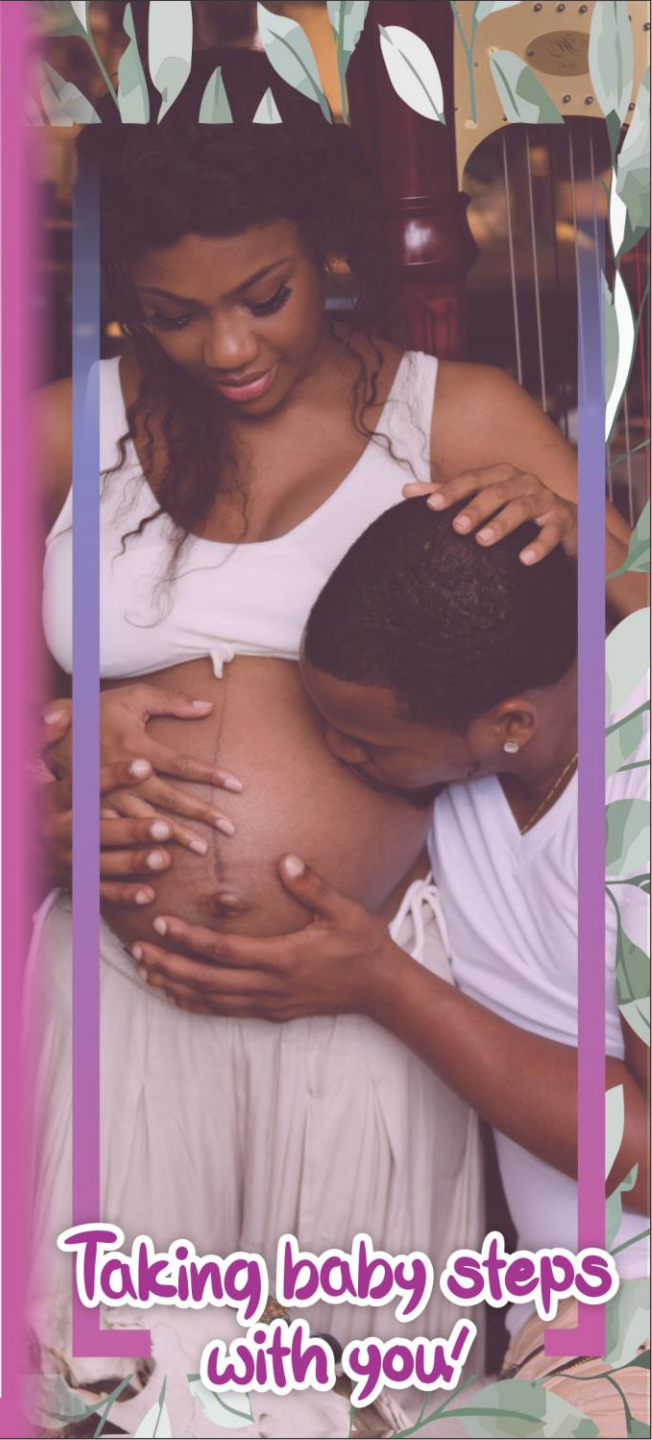


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THE COMPONENTS/ELEMENTS OF KMC

- Place the baby between the mother's breasts in an upright position
- Turn the head to the side, in a slightly extended position
- This is to keep the airway open
- It also allows eye-to-eye contact between mother and baby
- Avoid forward flexion & hyperextension of the neck
- Infant should be in a flexed position - legs & arms
- Secure baby with a binder / wrap
- The top of the binder should be at the baby's ear
- Position Skin-to-skin on mother's chest

(WHO KMC practical guide PEP unit 43 Principles of KMC)

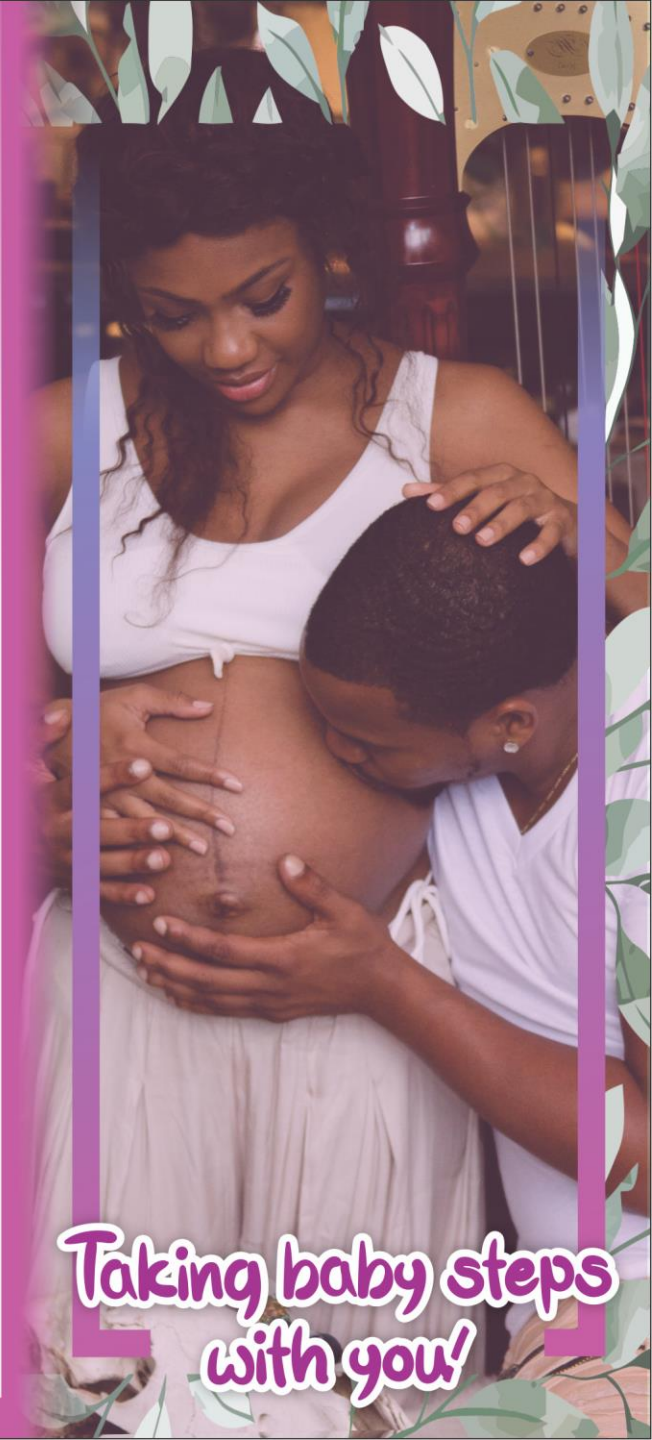


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SECURING INFANT IN KMC POSITION

- Tie the binder firmly enough so that the baby will not slide out
- Make sure that the tight part of the cloth is across the baby's chest
- The baby's abdomen should not be constricted
- Baby should have enough room for abdominal breathing
- Examples of different binders

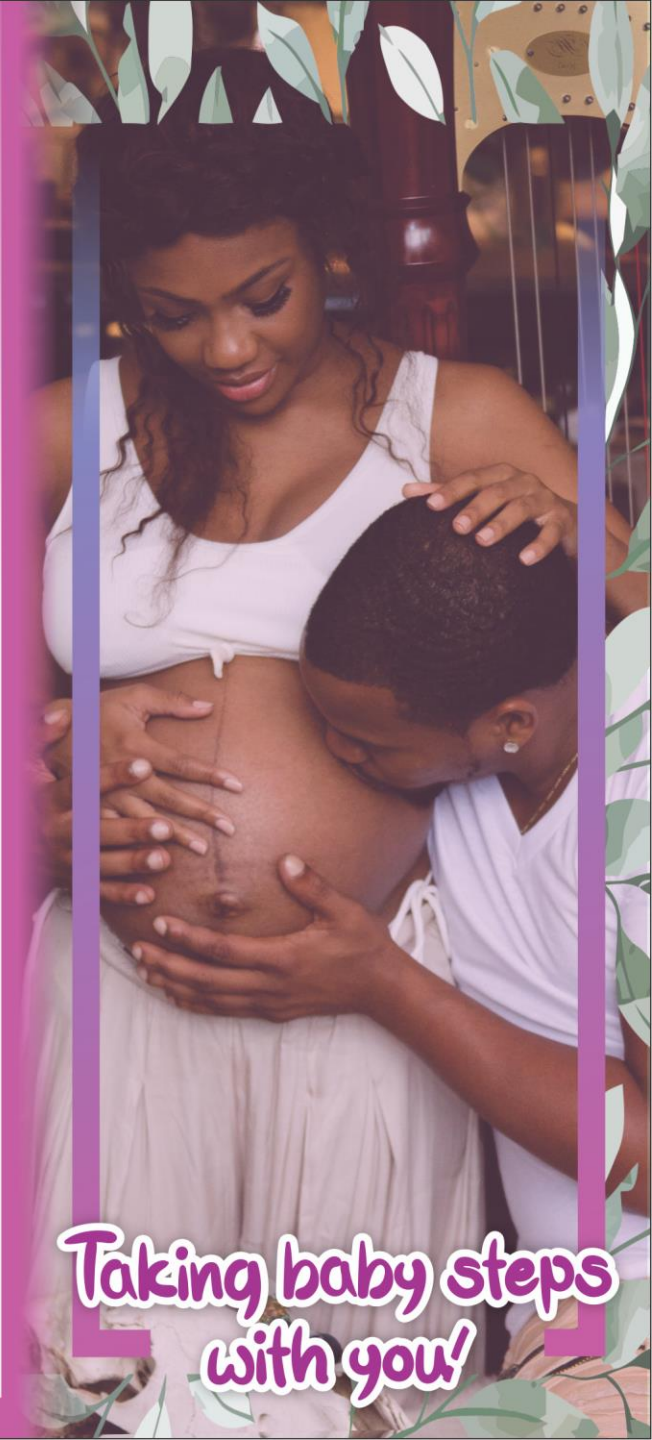
(WHO KMC practical guide PEP unit 43 Principles of KMC)



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KANGAROO NUTRITION

- Exclusive breastfeeding
- Initially tube or cup feeding before breastfeeding is established

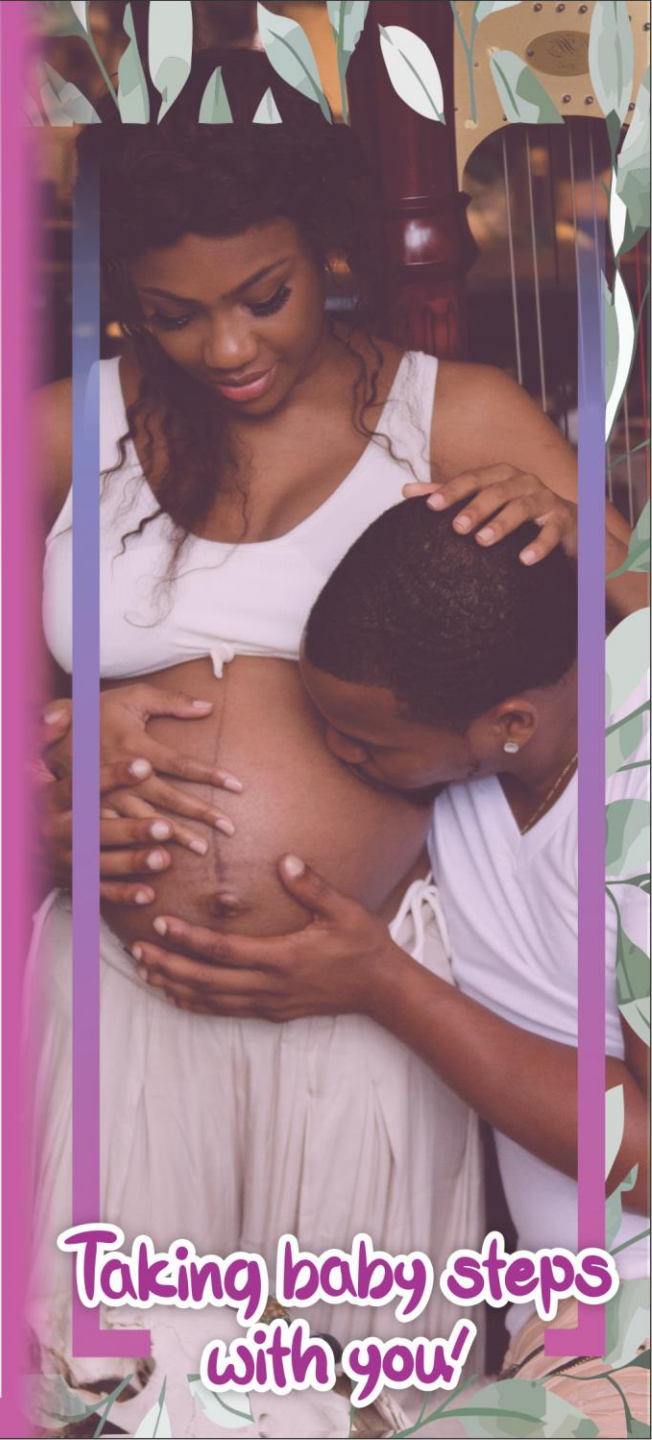


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KANGAROO DISCHARGE

- The mother continues to practice KMC after the infant is discharged home
- Once the baby is feeding well, maintaining stable body temperature in KMC position and gaining weight, mother and baby can go home

(WHO KMC practical guide PEP unit 43 Principles of KMC)

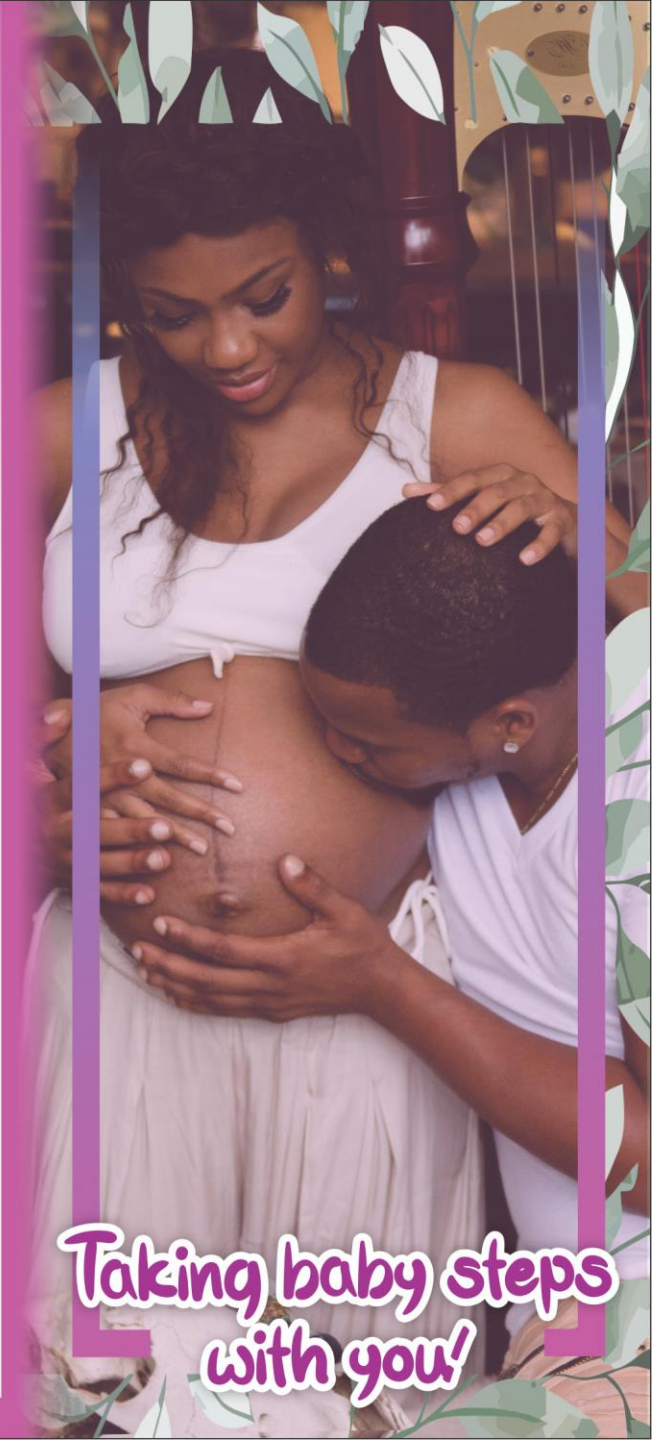


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SUPPORT

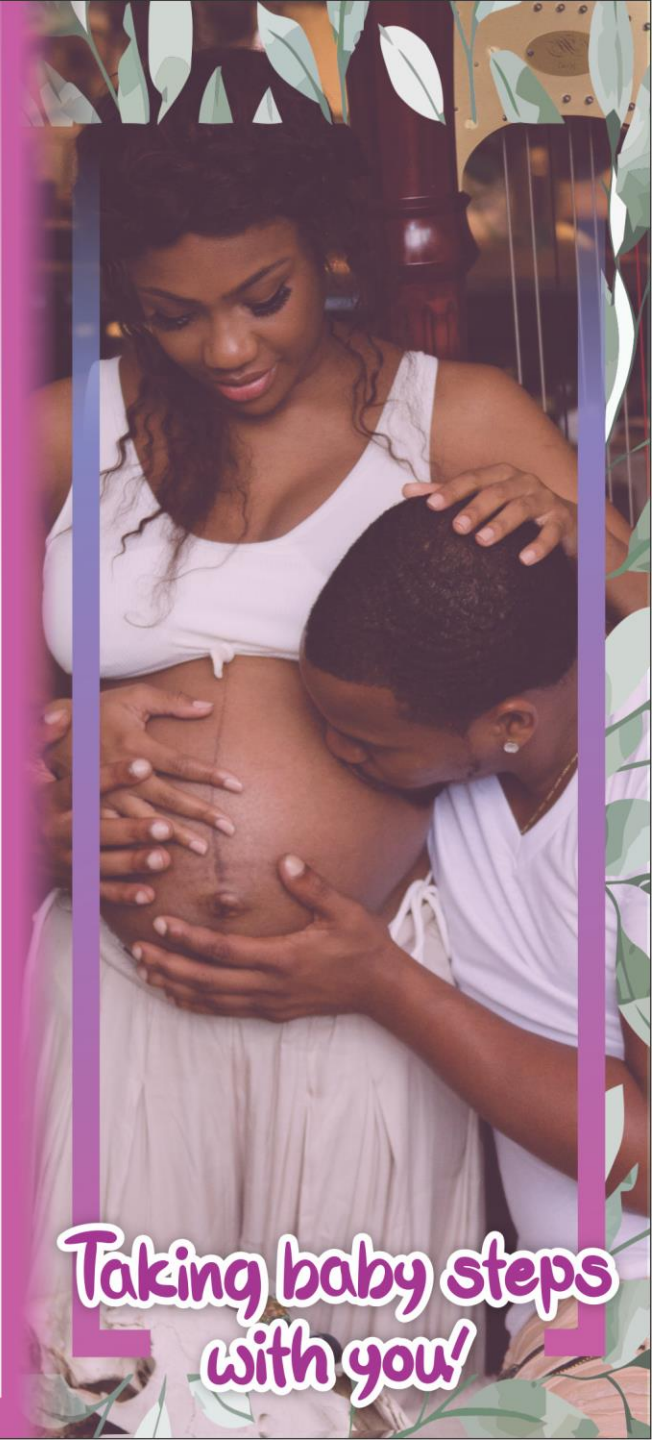
- Health care staff support in hospital
- Emotional support – The mother needs encouragement if she is to give KMC
- Teaching mothers the skill to take care of their LBW infants
- After discharge infants need regular follow-up to check satisfactory weight gain at clinics close to home and with a Paediatrician
- Support from the family at home to help mother take care of her infant and practice KMC at home

(WHO KMC practical guide PEP unit 43 Principles of KMC)



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SUPPORT

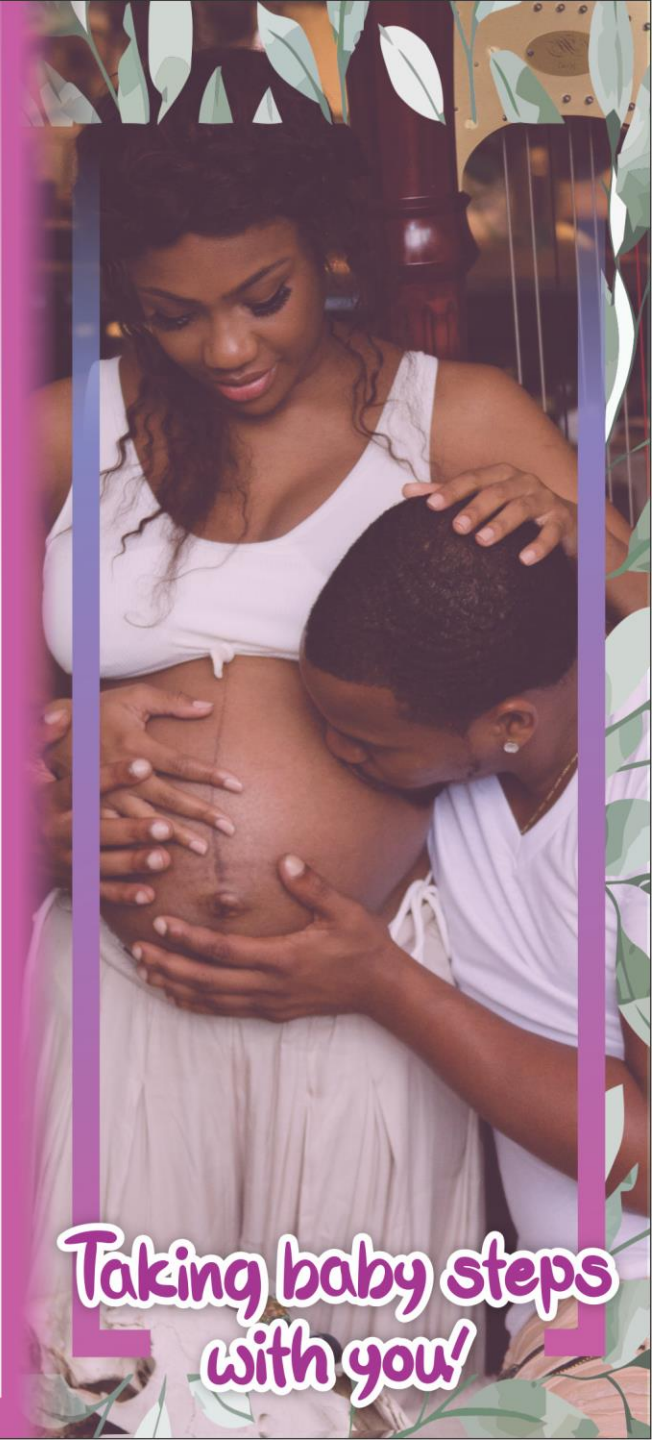


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KMC: BENEFITS TO THE BABY

- Improved cardiac and respiratory stability
- Fewer episodes of desaturation & apnoea Ludington, Bergman
- KMC can successfully treat mild respiratory distress Ludington, Hoe & Swinth 1996
- Improved gastrointestinal function
- Higher initiation & duration of breastfeeding, energy, expenditure & satisfactory weight gain

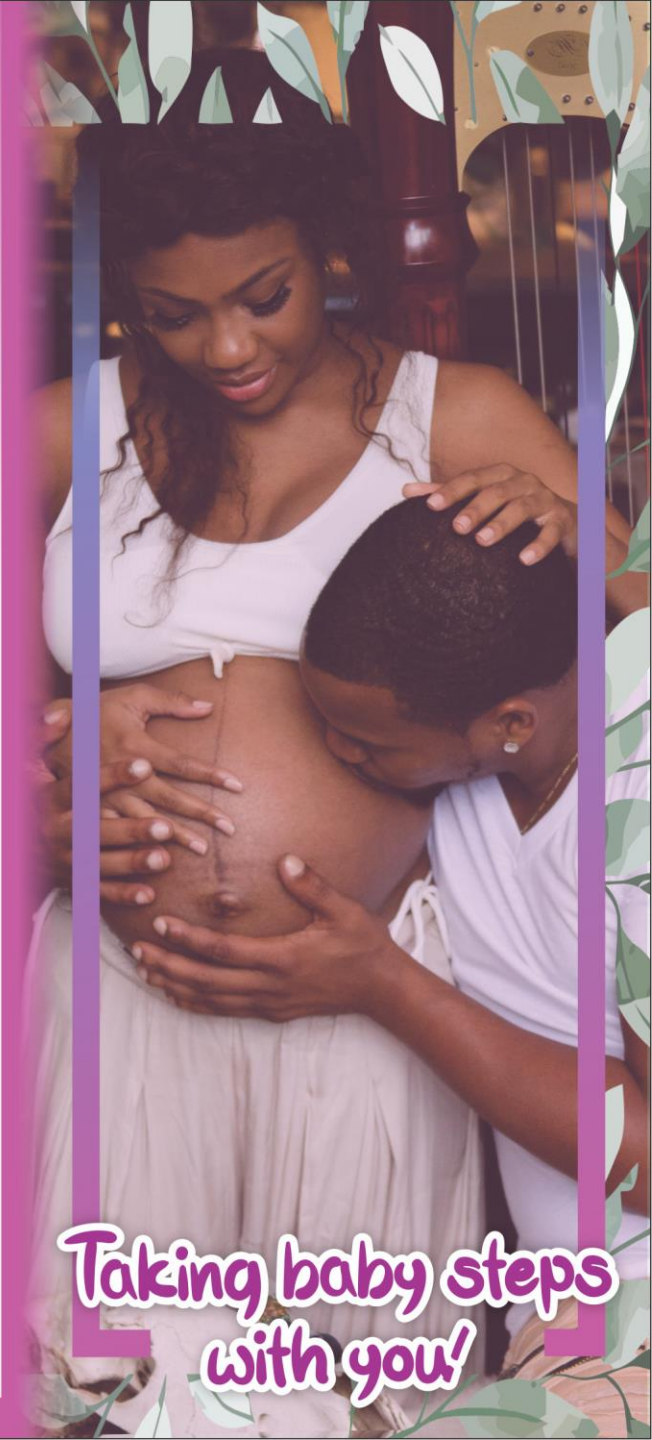
(WHO KMC practical guide, PEP unit 43 Principles of KMC)



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KMC: BENEFITS TO THE BABY...*continued*

- Effective thermal control
- Baby's temperature is maintained within a narrow temperature range
- A thermal synchrony develops between mother & baby
-
- Infants are much less stressed and this provides neurological protection to the infant and the result is: Improved neurodevelopment
- Better organised sleep patterns
- More mature and organised electrical brain activity

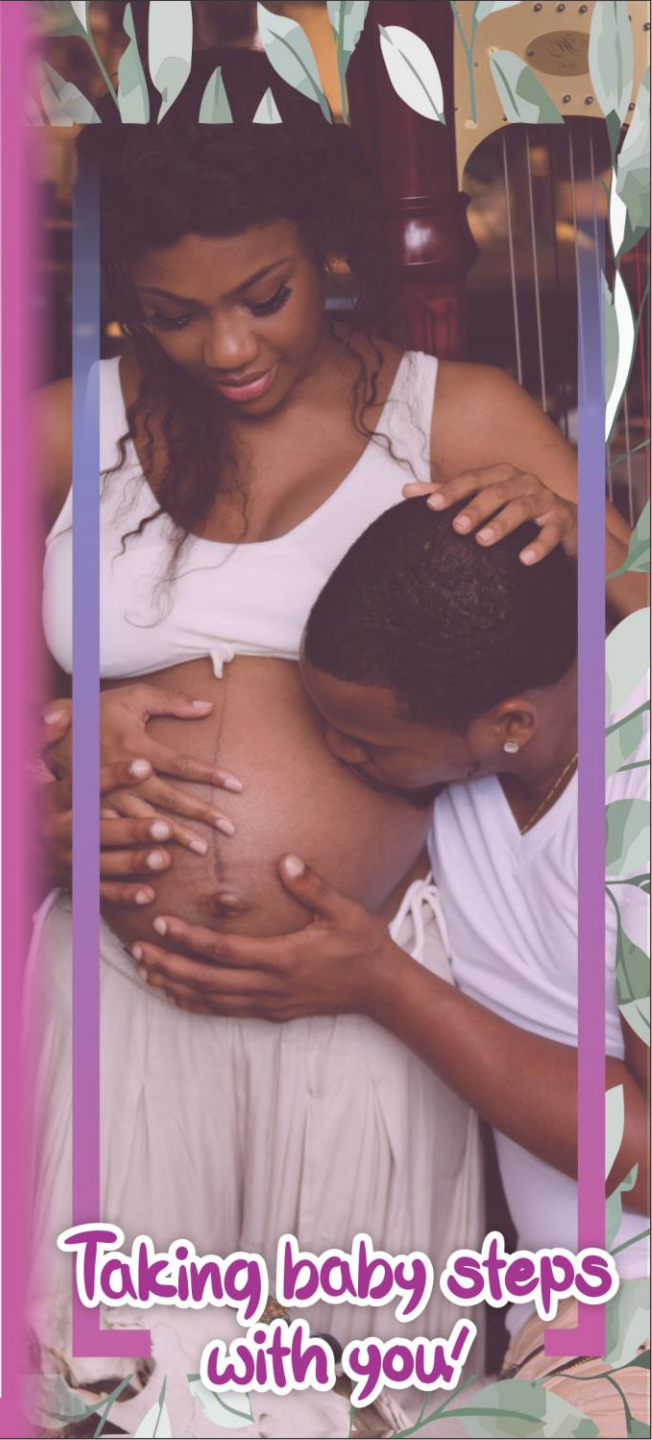


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BENEFITS TO THE MOTHER

- The mother's confidence in caring for her infant is boosted
- Improved bonding between mother and infant due to the physical closeness between them
- Mothers are empowered to play an active role in their infants care
- Mothers are enabled to become the primary care giver of their infants
- Breast feeding is promoted

(WHO KMC practical guide PEP unit 43 Principles of KMC)

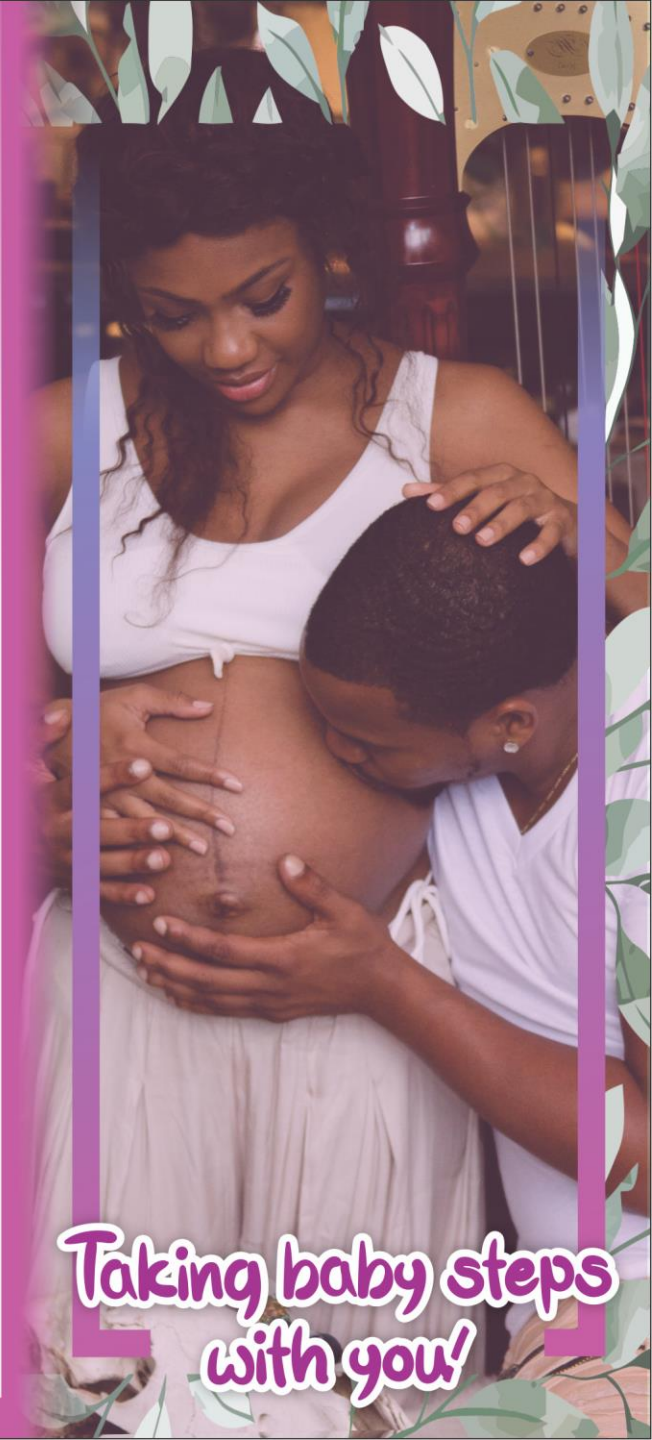


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BENEFITS TO THE HOSPITAL

- Significant cost-savings as well as better outcomes
- Less dependence on incubators
- Less nursing staff necessary
- Shorter hospital stay
- Improved morale & quality of care
- Better infant survival

(WHO KMC practical guide PEP unit 43 Principles of KMC)

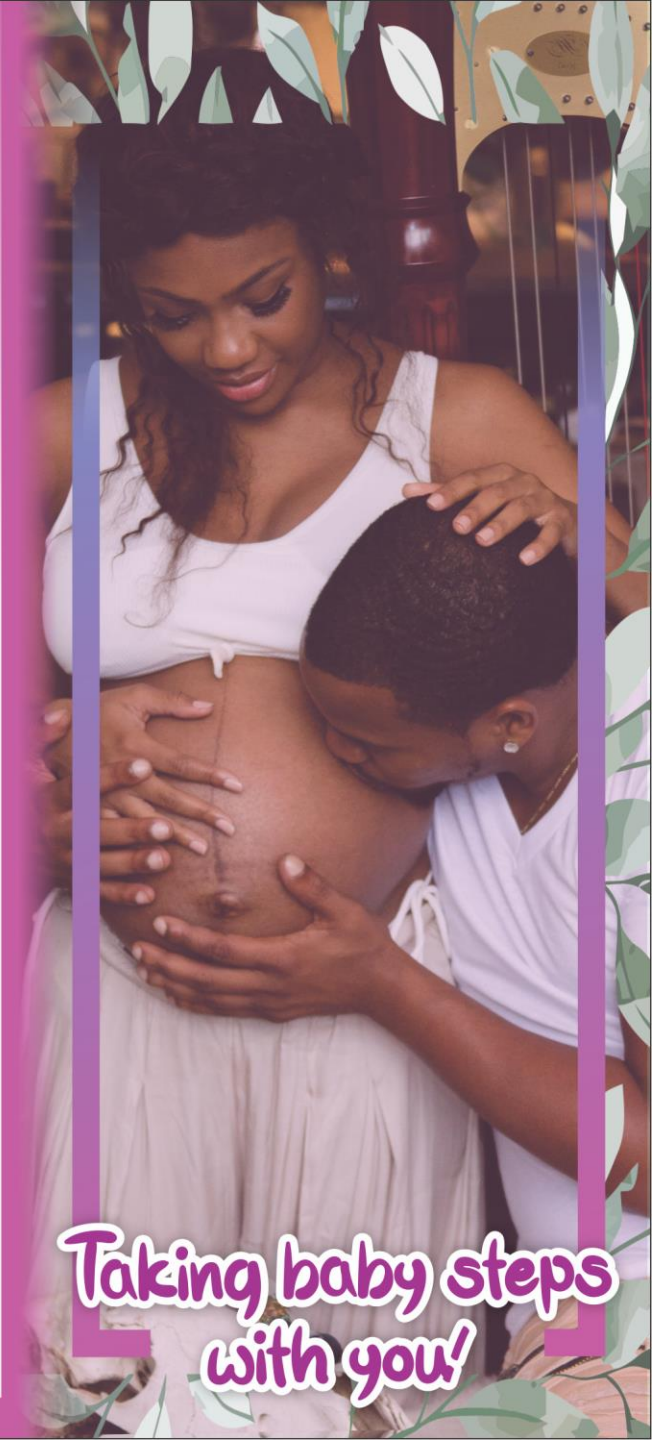


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TYPES OF KMC: CONTINUOUS

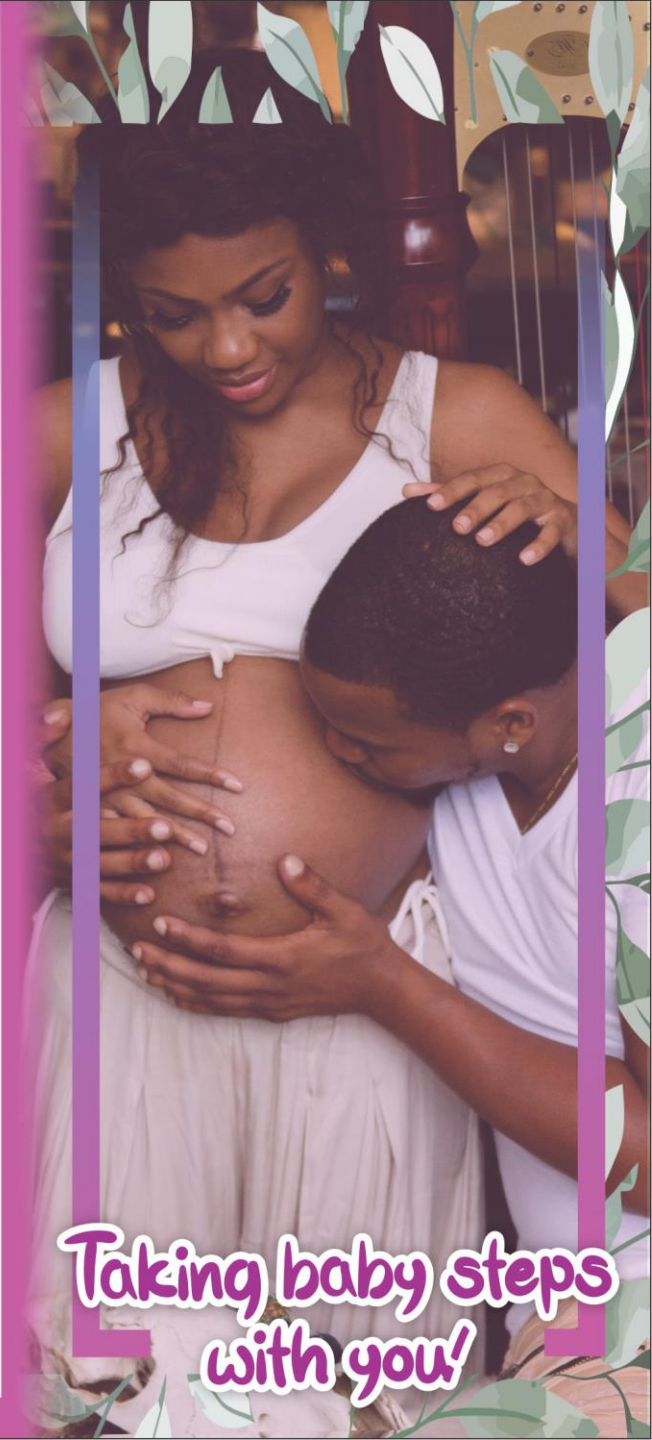
- It is KMC that is given continually, both day & night
- KMC may discontinue for very short periods when the mother has to bathe or attend to other personal needs
- It can be practiced in hospital or when doing KMC at home
- It should always be used where there are no incubators
- It requires support from the family members, including the husband
- It is the ideal type of KMC for all healthy infants including LBW infants

(WHO KMC practical guide PEP unit 43 Principles of KMC)



TYPES OF KMC: INTERMITTENT

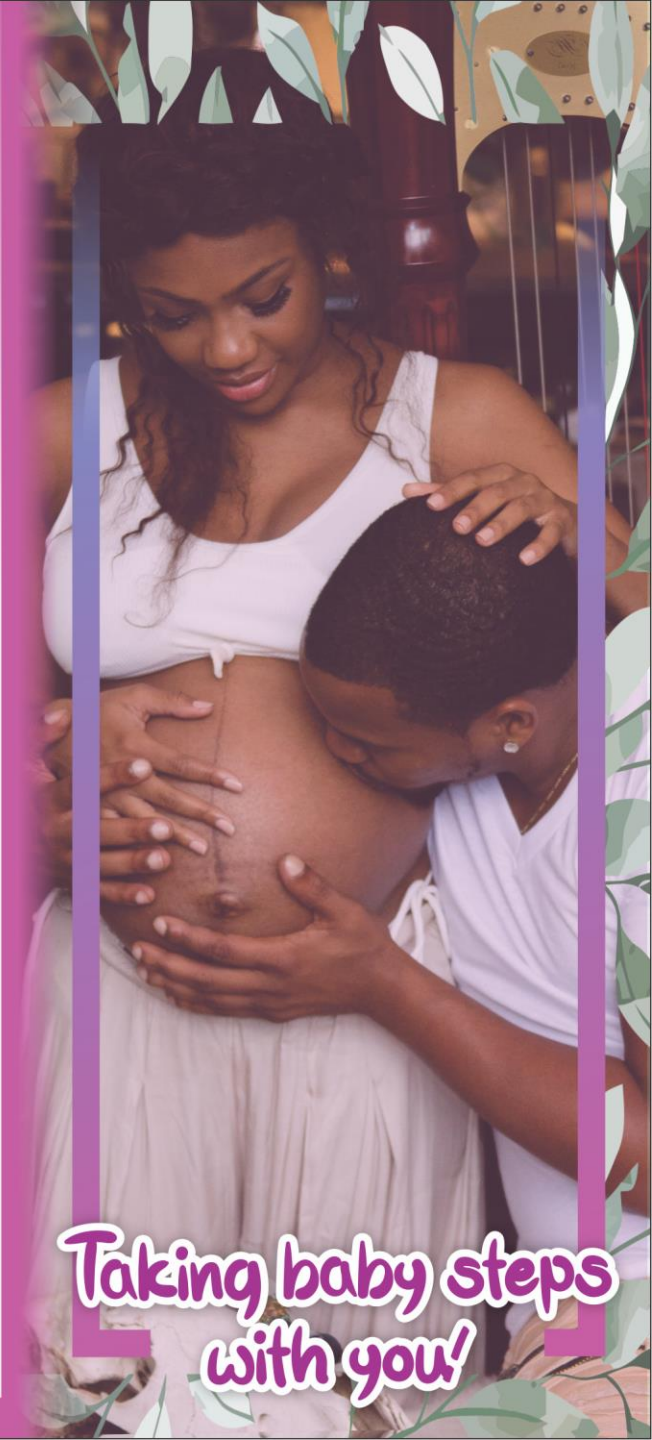
- Intermittent KMC is practiced in ff instances:
 - Where incubators or warm rooms are available
 - With infants who are very small and still need incubator care
 - With infants who are not on full oral feeds
 - With infants who are receiving oxygen therapy
- Intermittent KMC can range from many times per day to only once every few days
- The time period can vary from minutes to hours at a time
- The duration of intermittent KMC depends on the condition of the infant and the availability of the mother
- It encourages the mother to take part in care of her infant while still in the hospital



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DECLARATION

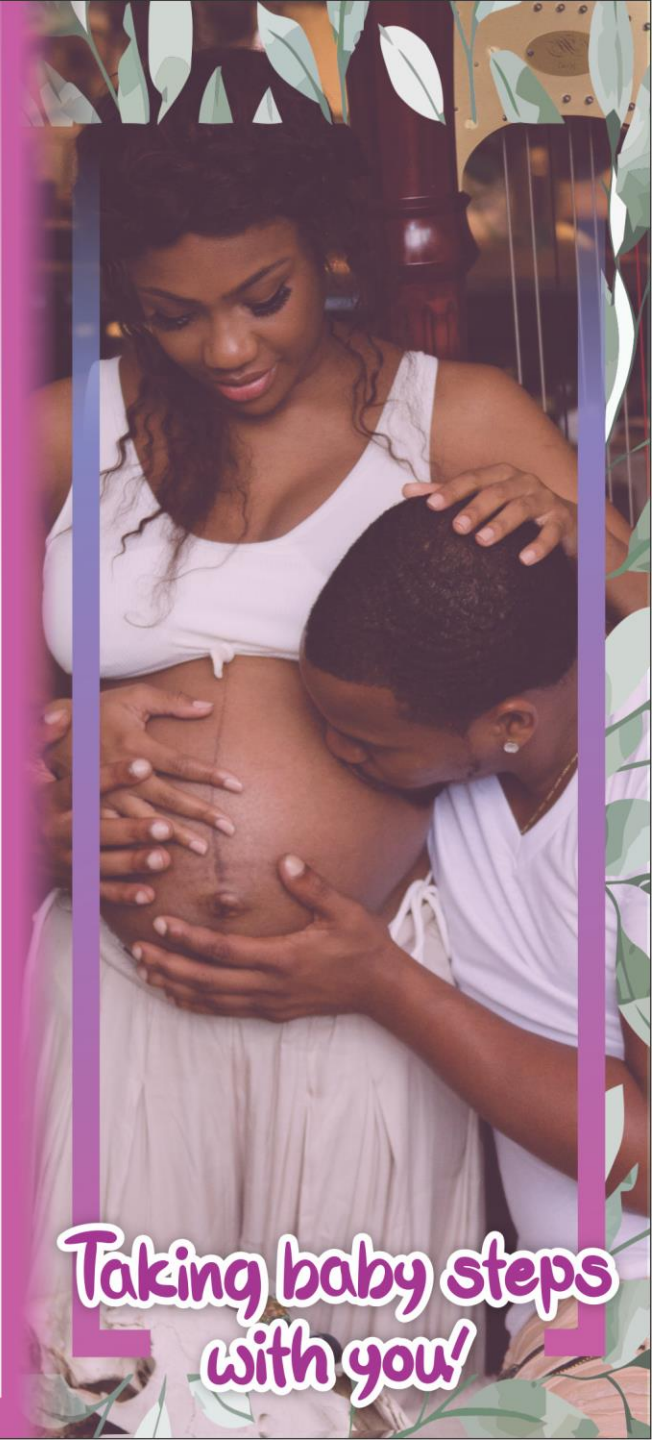
Kangaroo Mother Care is a basic right of the newborn and should be an integral part of the management of low birth weight and full term infants in all settings at all levels of care and in all communities



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DECLARATION

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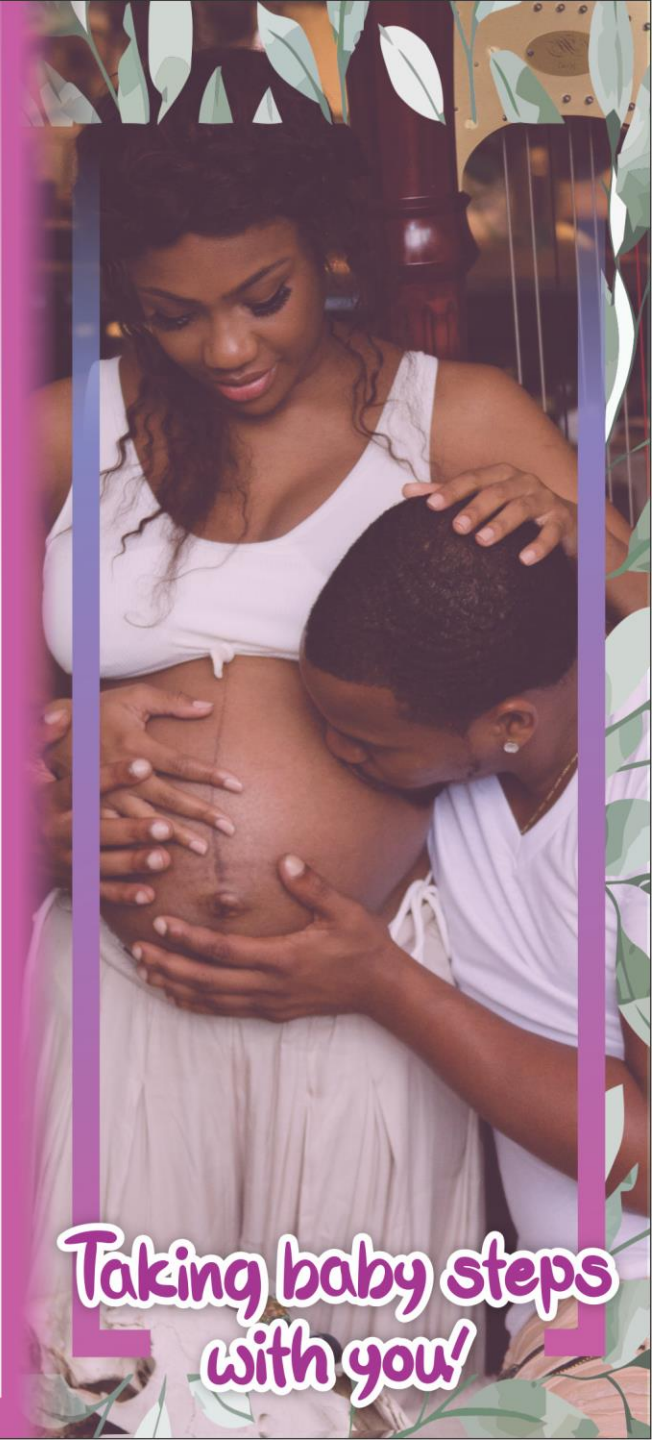


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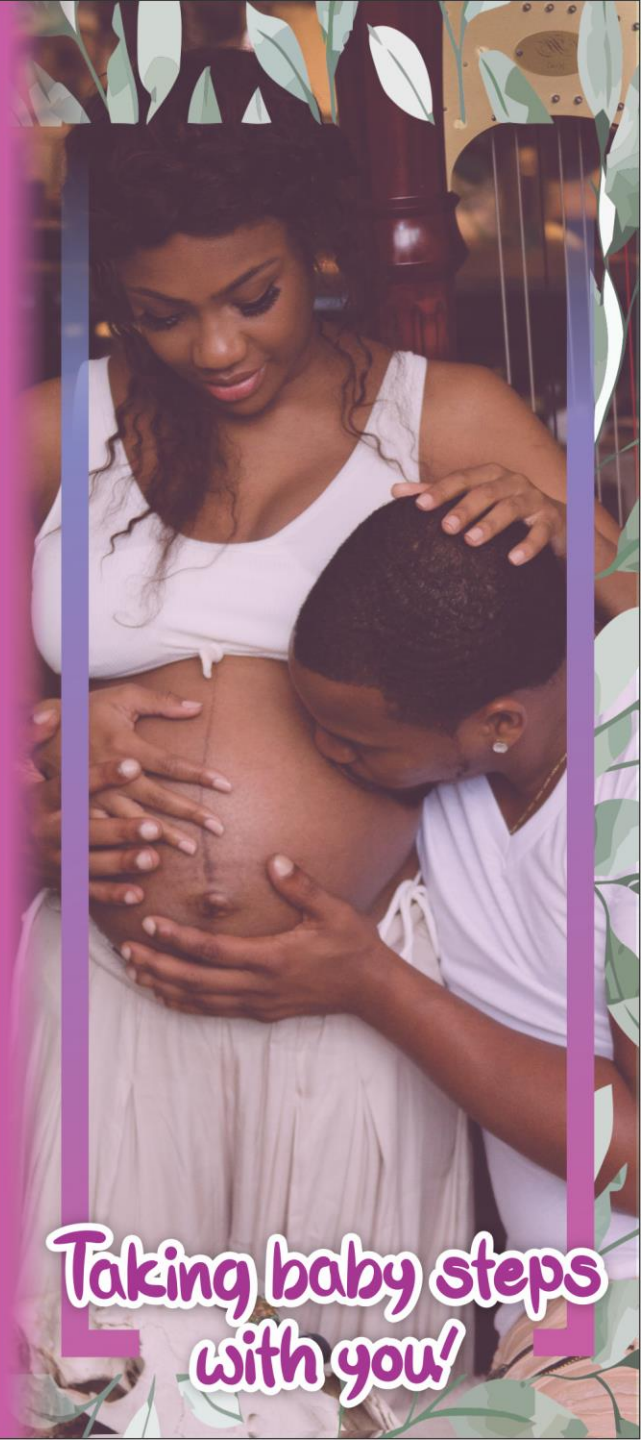
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Adapted from the work of : Prof Elise v Rooyen, University of Pretoria, South Africa



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Thank you



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