KANGAROO MOTHER CARE <KMC>

KMC is desirable because it is a natural, easy to implement and cost-effective intervention to improve breastfeeding, morbidity and mortality in low birthweight babies (LBWB).

SUMMARY

- KMC is defined as early, prolonged and continuous (as allowed by circumstances) skin-to-skin contact between a mother and her newborn baby.
- Skin-to-skin (kangaroo) holding was first introduced as a therapeutic modality in 1979 in Columbia in an attempt to reduce the rate of infection in LBWB sharing incubators.
- The essential components of KMC are skin-to-skin care, breastfeeding (BF) and follow-up.
- KMC can be applied throughout all phases of hospitalisation, especially for LBWB or those with inadequate access to incubators, and continued after discharge.
- KMC is practised at primary, secondary and tertiary care level.
- KMC can be practised continuously for 24 hours per day, or intermittently for shorter periods of time, depending on the baby's and mother's condition.
- Physiologically stable babies irrespective of gestational age or birth weight can be considered for KMC.
- Fathers can also provide skin-to-skin care.
- Several studies in KMC have shown better rates and duration of BF, better growth rates, better facilitation of temperature control, improved oxygen saturations, fewer apnoeic attacks, less severe infections, improved bonding, shorter hospital stay, etc.

KMC implies:

- Continuous and prolonged skin-to-skin contact with as little as possible separation (eg. bath, toilet).
- An upright or semi-oblique position of the baby between the mother's bare breasts (no bra) inside her blouse (or button-down top). Tie the top under the infant's bottom or tuck it into the mother's trousers or skirt.
- The baby is only clothed in a small diaper, woollen cap and socks.
- The promotion of exclusive BF through sucking on the breast (from as early as 30 weeks' gestation), cup or tube feeding.
- Adequate follow-up after discharge.

KMC contraindications

- Unstable vital signs
- Acute illness

KMC in delivery room

- Skin-to-skin contact should be established directly after delivery.
- The newborn baby can be transported in the KMC position to the nursery.

Intermittent KMC

- For babies irrespective of gestational age or weight who are stable and managed in an incubator with or without ≤ 40% oxygen.
- The baby is taken from the incubator by the mother for KMC in a comfortable chair next to the incubator.
- Each contact should be a frequent as possible and last for at least 60 minutes.
- Measure the baby's axillary temperature 10 minutes after initiating KMC and then as needed (normal 36.5 - 37.0°C).
- Mother to feed her baby as mentioned.

Continuous KMC

- Ideally for stable LBWB of > 1 600 g (or > 32 weeks' gestation).
- Ideally practised continuously for 24 hours per day in a hospital KMC room (ward) or at home after discharge till the baby is at least 2 000 g or 40 weeks gestation.
- KMC ward temperature should be 20 - 25°C.
- Encourage the mother to be ambulatory during KMC.
- The mother sleeps on her back with her baby in the KMC position, with the head of the bed slightly raised.

Discharge of the KMC baby

The KMC baby to be considered for discharge if:

- Well
- Gains weight
- Weighs ≥ 1 700 g
- Maintains body temperature
- Feeds (sucks) adequately
- Mother is capable of good home care
- Adequate follow-up is possible

Implementation of KMC

References


Note:
Contact INFOMED at the Tygerberg Campus Library at mailto:infomed@sun.ac.za to request one of the above references

© Stellenbosch Updates, Faculty of Health Sciences, Stellenbosch University. All Articles are Peer Reviewed.