



FACT SHEET # 1



Kangaroo-Mother-Care

“Humanising the practice of neonatology, promoting breastfeeding and shortened hospital stays without compromising survival [KMC]”¹

KMC definition

When a baby is held in skin-to-skin contact [chest to chest] with her or his mother. Developed for use with preterm and low birth weight babies but beneficial for all babies and mothers.

Skin-to-skin contact definition

The baby is naked, except for a napkin and possibly a warm hat, and is nestled against the mother's naked chest, between her breasts, in an upright position.

Important key features

- Early initiation of KMC as soon as the preterm or unwell baby is medically stabilised.
- Prolonged skin-to-skin contact.
- Practiced in all areas of a neonatal intensive care unit or special care baby unit from the more intensive care areas [Level 3] to less intensive care areas [Level 1] and continued at home.

History

First developed by Drs Rey and Martinez in Bogota, Colombia. Used in response to, and as an alternative to, inadequate incubator care for stable preterm babies. KMC was noted to be beneficial for thermal control and mother-baby attachment with added breastfeeding advantages.

Guidelines for KMC

Guidelines for KMC practice are available below and also from the World Health Organisation²

KMC guidelines should also be further developed to specifically and contextually suit the facility and environment where they are to be used.

Indications for KMC

Individual assessment of each baby is necessary but general guidelines are presented below.

- Preterm or low birth weight babies admitted to a neonatal intensive care unit or special care baby unit when medically stabilized.
- Well preterm and low birth weight babies.
- Full term, well babies.
- To assist with maternal attachment when separation of mother and baby has occurred for some reason.
- To support lactation and to contribute positively to breastfeeding establishment.

Contraindications for KMC

Individual assessment of each baby is necessary but general guidelines are presented below.

- Medically unwell, unstable babies who may be ventilated, have pneumothoraces or be extremely low birth weight.
- Immediate post-surgical babies. KMC may recommence/commence depending on the type of surgery and medical stability of the baby.

Requirements for KMC

- A mother [or surrogate if the mother is unavailable].
- A comfortable reclining chair if possible.
- A carrying sling, as an option, for well, stable babies.
- A blanket to cover the baby's back.
- A supportive environment.

Benefits of KMC

- Kangaroo Mother Care returns the baby back to the maternal environment.
- Thermoregulation.
- Mother-baby attachment.
- Enhanced lactation and breastfeeding benefits.
- Enhanced immunological protection.
- Provides a buffer against over-stimulation and supports arousal regulation and stress reactivity
- Increases maternal confidence, competence, responsiveness and connectedness. Reduces maternal stress. Empowers mothers.

What mothers/parents need to know about KMC

- That KMC is safe
- That KMC is beneficial
- That the baby will stay warm
- Stable heart rate/respiratory rate and increased oxygenation levels in the baby
- Specific immunological protection
- Breastfeeding/milk supply benefits

Obstacles to KMC

- **Lack of a policy or guidelines for practice**
Development of a KMC policy is necessary for individual facilities undertaking KMC. A KMC framework and practice guidelines are essential to give staff confidence in implementing KMC and the collaborative creation of a policy gives value to the practice within individual settings.
- **Lack of an education programme**
Staff require KMC education and guidance to enable competent and confident practice. Novice staff will benefit from the supportive mentoring of experienced staff members.
- **Communication**
Parents may not be aware of the benefits and safety of KMC. Staff will need to disseminate KMC information which is easily understandable and up to date.
- **Lack of facilities for mothers**
Facilities may not have enough beds for mothers to room-in close to their NICU or SCBU babies. If this is the case then KMC is even more important as it will enable the mother and baby to achieve the full benefits of their time together. Facilities without adequate rooming-in facilities should consider working towards a model of non mother-baby separation as a future goal of optimal care.

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² World Health Organisation. (2003). *Kangaroo Mother Care: A practical guide*. Department of Reproductive Health and Research, WHO, Geneva.

Information compiled August, 2006 by Carol Bartle, RN.RM. Lactation Consultant [IBCLC]. PGDip Child Advocacy [University of Otago] MHealSc [University of Otago].

tango@caverock.net.nz or carol.bartle@cdhb.govt.nz

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Global Unity for Neonatal Nurses
www.coinnurses.org