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**COUNCIL OF INTERNATIONAL NEONATAL  
NURSES , Inc. (COINN)**

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**Position Statement**

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Position Type	Policy Name	Policy #
PS – Practice	Kangaroo Mother Care	PS-0020
Review Frequency	Last Reviewed	Date to Review Policy
Every 3 years	March, 2018	March, 2021

## COINN Position

COINN supports the practice of Kangaroo Mother Care (KMC) in all areas of a Neonatal Intensive Care Unit or Special Care Baby Unit. Kangaroo Mother Care is defined as “*Care of the stabilized preterm or low birthweight infant carried skin-to-skin with the mother and exclusive breastfeeding or feeding with breastmilk.*” (WHO 2003; Conde-Aguedelo and Díaz-Rossello 2016).

### Key Components (Conde-Aguedelo and Díaz-Rossello, 2016)

1. Kangaroo position, or continuous skin-to-skin contact between infant and mother or another caregiver.
2. Exclusive breastfeeding, or feeding with breastmilk, when possible.
3. Timely discharge from hospital with close follow-up.

COINN supports the continued practice of KMC at home.

“Humanising the practice of neonatology, promoting breastfeeding and shortened hospital stays without compromising survival” (Charpak et al. 2001).

## Background

Doctors Rey and Martinez in Bogota, Colombia as an alternative to inadequate or insufficient incubator care developed KMC for stable preterm babies (WHO 2003). KMC (continuous and intermittent) offers benefits to preterm and low birthweight infants in all settings. Compared to incubator care alone, KMC is a safe and effective method to reduce the risk of neonatal mortality, irrespective of weight or gestational age (WHO 2003, Conde-Aguedelo and Díaz-Rossello 2016, Boundy et al. 2016, Lawn et al. 2010). KMC provides the infant with thermal support, protection from infection, appropriate stimulation, and a nurturing environment (Boundy et al. 2016, Chan et al. 2016, Charpak et al. 2005). Long-term social and behavioral protective effects have also been reported (Charpak et al. 2017).

### WHO Recommendations (WHO 2015)

- Kangaroo mother care is recommended for the routine care of newborns weighing 2000 grams or less at birth, and should be initiated in health-care facilities as soon as the newborns are clinically stable.

- Newborns weighing 2000 grams or less at birth should be provided as close to continuous kangaroo mother care as possible.
- Intermittent kangaroo mother care, rather than conventional care, is recommended for newborns weighing 2000 grams or less at birth, if continuous kangaroo mother care is not possible.

Guidelines for KMC practice should be developed to specifically and contextually suit the facility and environment where they are to be used.

## Procedure

Individual assessment of each baby is necessary prior to initiating KMC, but general guidelines are presented below:

- Stabilised preterm or low birthweight baby admitted to a neonatal intensive care unit or special care baby unit.
- Full term, well baby.
- To assist with maternal attachment when separation of mother and baby has occurred.
- To support lactation and establish breastfeeding.

### **(A) Contraindications for KMC**

Individual assessment of each baby is necessary, but general guidelines to avoid KMC are presented below:

- Medically unwell, unstable baby who may be ventilated, have pneumothoraxes, or be extremely low birthweight.
- Immediate post-surgical baby.

KMC may commence/recommence once medically stabilized.

### **(B) Requirements for KMC (WHO 2003)**

- Mother, or another caregiver.
- A comfortable reclining chair, if possible.
- Optional carrying sling or kangaroo wrap.
- Blanket to cover the baby's back.
- Infant hat or cap.
- Adequately trained personnel with special skills to monitor mother and infant.
- Supportive environment.
- Privacy screens when practiced in open units, if possible.

### **(C) What parents and family members need to know about KMC**

- KMC is safe.
- KMC is beneficial.

- The baby will stay warm.
- KMC will stabilize heart and respiratory rate and increase oxygenation levels.
- Enhances lactation, breastfeeding, and immunological effects.

#### (D) 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 baby in the NICU or special care nursery. 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 minimizing mother-baby separation as a future goal of optimal care.

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