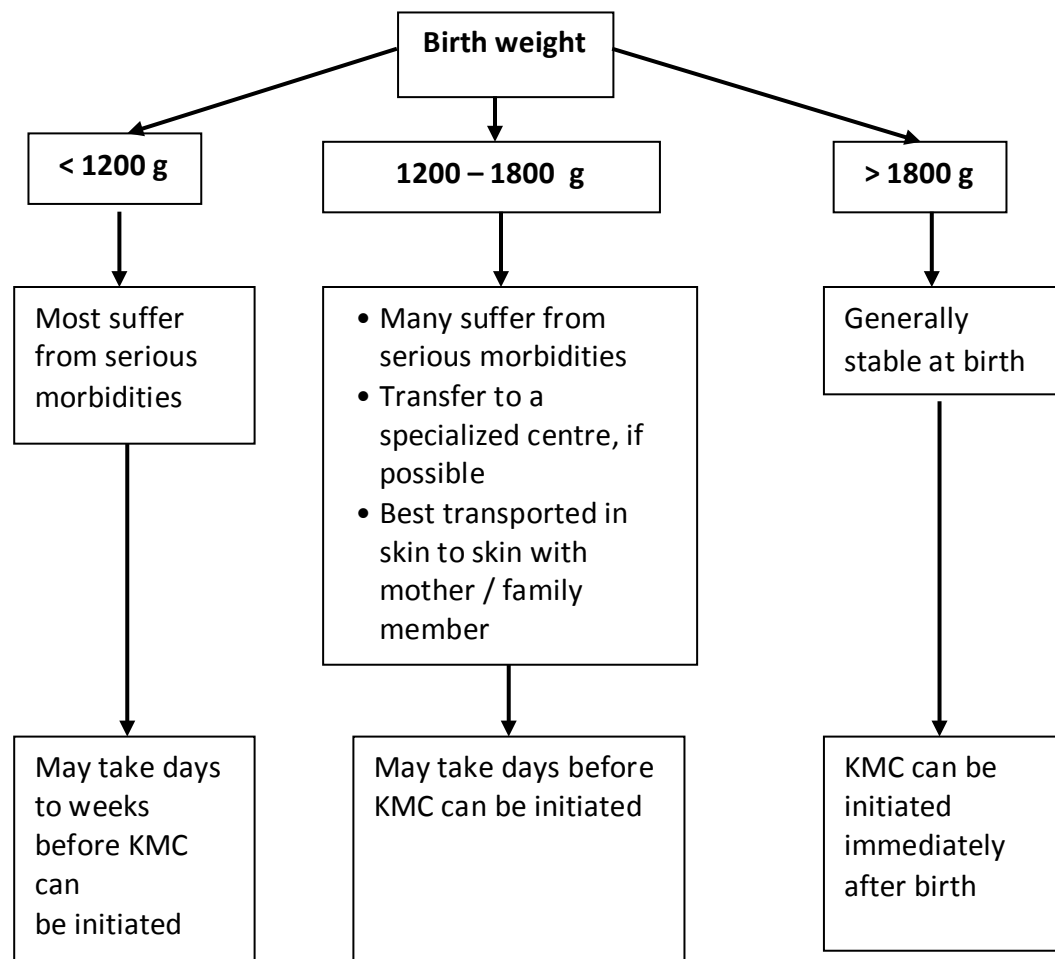


Kangaroo Mother Care (KMC)

Benefits of KMC:

- Improved exclusive breast feeding at discharge or 40 to 41 weeks' postmenstrual age
- Reduction in the risk of mortality
- Reduction in nosocomial infection/sepsis
- Reduction in hypothermia
- Reduction in length of hospital stay
- Increase in:
 - Weight gain
 - Length gain
 - Head circumference gain

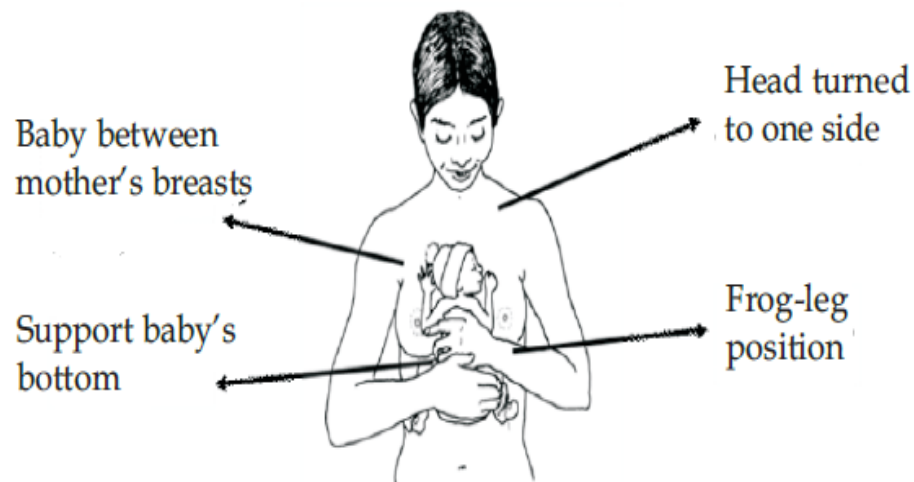
Timing of KMC initiation for different birth weight categories



KMC procedure

1. Kangaroo positioning

- a. The neonate should be placed between the mother's breasts in an upright position
- b. The head should be turned to one side and kept in a slightly extended position. This position keeps the airway open and allows eye to eye contact between the mother and her baby
- c. The hips should be flexed and abducted in a "frog" position; the arms should also be flexed. Baby's abdomen should be at the level of the mother's epigastrium. Mother's breathing stimulates the baby, thus reducing the occurrence of apnea
- d. Support the baby's bottom with a sling/binder



2. Duration

- a. Skin-to-skin contact should start gradually in the nursery, with a smooth transition from conventional care to continuous KMC
- b. Sessions that last less than one hour should be avoided because frequent handling may be stressful for the neonate
- c. The length of skin-to-skin contacts should be gradually increased up to 24 hours a day, interrupted only for changing diapers
- d. When the neonate does not require intensive care, she should be transferred to the post-natal ward where KMC should be continued