

Kangaroo Mother Care

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Kangaroo Mother care was designed to reduce hypothermia—a drop in body temperature, which poses a serious risk to newborns even in the warmest climates. When a baby is born, its temperature drops because babies are born wet and room temperature air is cold on their skin. Hypothermia can set in quickly unless steps are taken to warm the baby.

In 1979, Drs. Martinez and Rey of the Maternal Child Institute in Bogota, Colombia developed a simple method to care for LBW infants called “The Kangaroo Mother Care” (KMC) Method to overcome the inadequacies of neonatal care in developing countries.

Definition

A universally available and biologically sound method of care for all newborns, but in particular for premature and low birth weight babies, with three components:

- ♦ Skin-to-skin contact
- ♦ Exclusive breastfeeding
- ♦ Support to the mother infant dyad

Skin-to-skin Contact means it is maternal – infant skin – to – skin contact i.e. between the baby's front and mother's chest. It should ideally be continuous day and night and uninterrupted but even shorter

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periods are still helpful.

Exclusive breastfeeding means that for an average mother, expressing from the breasts or direct suckling by the baby is all that is needed.

Support to the mother infant dyad means that medical, emotional, psychological and physical well being of mother and baby is provided without separating them. This might mean adding ultra modern equipment if available, or purely intense psychological support in contexts with no resources.

Research Findings

Most studies have proven that Kangaroo Care has a major, positive impact on babies and their parents; some studies have proven there is no change; but no study has proven that Kangaroo Care has hurt either parent or baby. Some of the benefits reported in various research findings related to KMC are as follows:

♦ Healthier heart rates and respiration:

Babies who suffered from respiratory distress and stayed in Kangaroo Care positions were relieved within 48 hours without respirators. A 1998 study concluded that heart rates for infants given Kangaroo Care were more regular than babies not given the same care.

♦ Increased breastfeeding:

A 1998 study found that in-

fants held for more than 50 minutes were 8 times more likely to breastfeed spontaneously. Skin-to-skin contact also increases milk let-down. The baby smells the breast milk directly so the rooting instinct clicks in quickly and there are fewer problems with breastfeeding. It was also found that the exclusive breastfeeding was found more in babies nursed in KMC.

♦ Improved immunity:

Premature babies seem to have poor immune systems. They are susceptible to allergies, infections, feeding problems. Early skin-to-skin contact dramatically reduces these problems.

♦ Increased weight gain:

A 1997 study concluded that infants given Kangaroo Care gained weight more quickly than babies not given; weight gain can often lead to shorter hospital stays.

♦ Regulated body temperature:

“Mothers are able to control the infant's temperature better than an incubator,” Bergman says. “Core temperature can rise by two degrees centigrade if baby is cold and fall 1 degree if baby is hot.”

Benefits of KMC For babies

- ♦ Stabilizes faster on skin-to-skin care than in the in-

cubators.

- ◆ Leads to stable oxygen rates, breathing. Heart rate and the temperature is most stable
- ◆ Baby gets all benefits of breast milk including the correct milk for humans and antibodies and other protective factors from mother's milk.
- ◆ Hospitalization is reduced
- ◆ Baby is secure
- ◆ Mother and infant bond established early which will mean that the baby will receive better long term emotional stability.

For mother

- ◆ Skin-to-skin care at birth helps the mother to bond with her baby immediately.
- ◆ Breastfeeding releases hormones, which help to contract the uterus resulting in less blood loss
- ◆ For premature deliveries mothers often have a sense of guilt and anxiety and prone to postnatal depression. Holding her baby on her chest in kangaroo mother care helps her to feel that she is completing her baby's gestation and that she is giving her child the best possible care.

Kangaroo Position

- ◆ Place the baby between the mother's breasts in an upright position, chest to chest
- ◆ Secure him with the binder. The head, turned to one side, is in a slightly extended position.
- ◆ The top of the binder is just under baby's ear. This slightly extended

head position keeps the airway open and allows eye-to-eye contact between the mother and the baby. Avoid both forward flexion and hyperextension of the head.

- ◆ The hips should be flexed and extended in a "frog" position; the arms should also be flexed. Tie the cloth firmly enough so that when the mother stands up the baby does not slide out.
- ◆ Make sure that the tight part of the cloth is over the baby's chest. Baby's abdomen should not be constricted and should be somewhere at the level of the mother's epigastrium.
- ◆ This way baby has enough room for abdominal breathing. Mother's breathing stimulates the baby.

The following points must be taken into consideration when counseling on KMC:

- ◆ **Willingness:** The mother must be willing to provide KMC; full-time availability to provide care; other family members can offer intermittent skin-to-skin contact but they cannot breastfeed;
- ◆ **General health:** If the mother suffered complications during pregnancy or delivery or is otherwise ill, she should recover before initiating KMC;
- ◆ **Being close to the baby:** She should either be able to stay in hospital until discharge or return when her baby is ready for

KMC;

- ◆ **Supportive family:** She will need support to deal with other responsibilities at home;
- ◆ **Supportive community:** This is particularly important when there are social, economic or family constraints.

Conclusion

The Kangaroo Mother Care programme shows mothers how to keep their newborns warm with continuous skin-to-skin contact. By keeping mother and newborn together, Kangaroo Mother Care also encourages mother and child to bond emotionally and enables the baby to breastfeed at will, giving the baby the energy to produce its own body heat. In many cases, the programme reduces the need for incubators, which are prohibitively expensive in developing countries.

References

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