



PANNA DHAI MAA SUBHARTI NURSING COLLEGE
SWAMI VIVEKANAND SUBHARTI UNIVERSITY, MEERUT



Value Added Course

Starts from
August 2017

On

Register
Soon

Kangaroo Mother Care

Beneficiaries: **B.Sc (N)**

Course Coordinator:
HoD:- OBG Nursing

Date: 10-19 Aug 2017 (2-4 PM daily)

Venue:

Advance Skill OBG Lab, Panna Dhai Maa Subharti Nursing College

1. KANGAROO MOTHER CARE- Course Contents

Introduction:

The problem – improving care and outcome for low-birth-weight babies Some 20 million low-birth-weight (LBW) babies are born each year, because of either preterm birth or impaired prenatal growth, mostly in less developed countries. They contribute substantially to a high rate of neonatal mortality whose frequency and distribution correspond to those of poverty. LBW and preterm birth are thus associated with high neonatal and infant mortality and morbidity. Of the estimated 4 million neonatal deaths, preterm and LBW babies represent more than a fifth. Therefore, the care of such infants becomes a burden for health and social systems everywhere. In affluent societies the main contributor to LBW is preterm birth. The rate has been decreasing thanks to better socioeconomic conditions, lifestyles and nutrition, resulting in healthier pregnancies, and to modern neonatal care technology and highly specialised and skilled health workers

Kangaroo mother care – what it is and why it matters

Kangaroo mother care is care of preterm infants carried skin-to-skin with the mother. It is a powerful, easy-to-use method to promote the health and well-being of infants born preterm as well as full-term. Its key features are: early, continuous and prolonged skin-to-skin contact between the mother and the baby; exclusive breastfeeding (ideally); it is initiated in hospital and can be continued at home; small babies can be discharged early; mothers at home require adequate support and follow-up; it is a gentle, effective method that avoids the agitation routinely experienced in a busy ward with preterm infants.

Components of KMC Kangaroo position:

The kangaroo position consists of skin-to-skin contact (SSC) between the mother and the infant in a strictly vertical position, between the mother's breasts and under her clothes. SSC should be started as early as possible after birth and can be of two types depending upon the duration: continuous or intermittent.¹ The continuous modality is usually employed as an alternative to minimal care in an incubator for infants who have already overcome major problems while adapting to extra-uterine life, are able to suck and swallow properly and are thriving in neutral thermal environment.



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To replace incubators the kangaroo position should be maintained as long as possible, ideally 24 hr/day. The provider must sleep in a semi- reclining position to avoid the reflux in more preterm infants. The kangaroo position is maintained until the infant no longer tolerates it- he sweats and refuses the Kangaroo position. When continuous care is not possible, the kangaroo position can be used intermittently, providing the proven emotional and breastfeeding promotion benefits. The kangaroo position must be offered for as long as possible (1-2 hrs at least), provided the infant tolerates it well. This 1-2 h span is important as it provides the stimulation that the mother needs to increase the milk volume and facilitate milk let-down. This is initiated in the hospital and continued at home. Kangaroo nutrition Kangaroo nutrition is the delivery of nutrition to “kangarooed” infants as soon as oral feeding is possible. It is based on exclusive breastfeeding by direct sucking, whenever possible. Goal is to provide exclusive or nearly exclusive breastfeeding with fortification if needed. Breastfeeding is an integral component of KMC and it might contribute to significant gains in neurological development and IQ. Kangaroo discharge and follow up Early home discharge in the kangaroo position from the neonatal unit is one of the original components of the KMC intervention. If not safely possible, the mother-infant dyad can room-in together in a minimal care facility (kangaroo wards) until safe discharge is possible. Mothers at home require adequate support and follow up hence a follow-up program and access to emergency services must be ensured. Finally it is a gentle and effective method that avoids agitation routinely experienced in a busy ward with preterm infants.

Benefits of KMC:

Physiological benefits Heart and respiratory rates, respiration, oxygenation, oxygen consumption, blood glucose, sleep patterns and behavior observed in preterm/LBW infants held skin-to-skin tend to be similar to or better than those observed in infants separated from their mothers. Clinical benefits Effect on breastfeeding: An important main stay of kangaroo mother care is breastfeeding encouragement. Although evidence shows countless benefits of breastfeeding for preterm babies, the prevalence of breastfeeding in this group is quite low. Studies carried out in areas where KMC is done show that mothers who establish skin to skin contact with their preterm babies have a significantly higher milk production than their control group.


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Furthermore, these studies have also revealed that interruption of breast feeding was more frequent among mothers who were not submitted to this method. Whitelaw et al carried out a randomized trial among babies less than 1500 gm and found higher breastfeeding rates at 6 weeks in KMC group (55% vs. 28%).

Kangaroo mother care Procedure:

Kangaroo positioning procedure – Baby should be placed between the mothers breast in an upright position.

The head should be turned to one side and in a slightly extended position. This position keeps the airway open and allows eye to eye contact between the mother and her baby. The baby's hip should be flexed and abducted in a frog position, the arms also to be flexed.

The baby's abdomen should be at the level of the mother's epigastrium.

Mother's breathing stimulates the baby, thus reducing the occurrence of apnoea.

Monitoring of kangaroo mother care

Babies receiving Kangaroo mother care (KMC) should be monitored carefully especially during the initial stages.

Nursing staff should make sure that babies neck position is either too flexed or too extended, airway is clear, breathing is regular, colour is pink and baby is maintaining temperature.

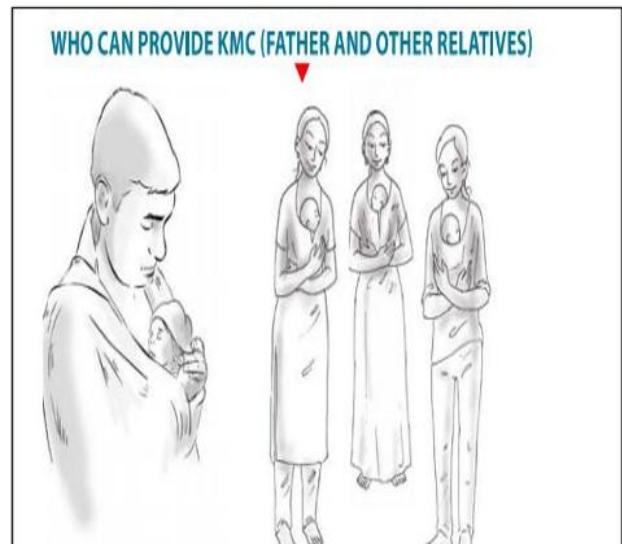
Duration for kangaroo mother care

When it comes to duration, skin to skin contact should start gradually in the nursery, with a smooth transition from conventional care to continuous kangaroo mother care (KMC). Sessions last less than one hour should be avoided because frequent handling may be stressful for the baby. The mother can sleep with the baby in Kangaroo mother care position in reclined or semi recumbent position about 30degrees from horizontal.

When to stop kangaroo mother care (KMC)

(KMC) kangaroo mother care is continued till the baby finds it comfortable and cosy. KMC may be stopped once the baby attains a weight of 2.5kg or a gestation of 37 weeks.


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How to start practicing KMC

A mother cannot successfully provide KMC to her baby all alone. She requires counseling and supervision from health care-providers.

- After learning from doctor/nurse KMC is initiated in the nursery. After discharge KMC is continued at home. A regular follow up program is crucial to ensure safe and successful KMC at home.
- Assistance and cooperation from family members helps the mother to give more attention to her low-birth-weight baby.

Privacy

KMC requires some exposure on the part of the mother. This can make her nervous and could be de-motivating. So, mother should be provided some privacy for practicing KMC.

Duration for which KMC should be practiced

To begin with, it may not be possible for the mother to provide KMC for a prolonged period of time. But each session of KMC should last at least an hour. The aim should be to provide KMC as long as possible preferably 24 hours a day.

Can the mother continue KMC during sleep and resting?

Using a comfortable chair or several pillows on an ordinary bed KMC can be provided during sleep and rest.

When should KMC be discontinued?

Babies love receiving KMC after going home. When the mother and baby are comfortable, KMC continues for as long as possible, first at the hospital then at home until the weight is 2500 g. By this time, the baby starts wriggling to show that she is uncomfortable, pulls her limbs out, cries and fusses every time the mother tries to put her back skin to skin.

Post-discharge follow-up

After discharge baby should be taken to the hospital as and when advised by doctor/nurse.

Value Added Course on Kangaroo Mother Care

The value-added course on KMC was conducted at Panna Dhai Maa Subharti Nursing College at Multipurpose Hall for the Bsc Nursing final year students. The programme was conducted on 10-19th of August 2017. The course code is VAC/SNC 07.

The total number of students registered is 70 and all the students were participated, completed the course and awarded the certificate.



Faculty Demonstrating KMC procedure

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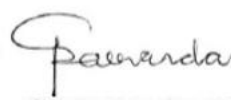
List of students attending value added course on

Kangaroo Mother Care

S. No.	Name of Student Enrolled
1	Aditya Malik
2	Akash Tyagi
3	Anuj Saini
4	Anurag Samuel
5	Asha Rani
6	Chetna
7	Chhaya Sharma
8	Gaurav Sharma
9	Heema
10	Himanshu
11	Israel
12	Jaidave
13	Jibsey John
14	Jyoti Mandal
15	Manika Pal
16	Mansi
17	Meenakshi Sharma
18	Mohd. Naseem
19	Pooja Sharma
20	Preeti
21	Priyanka
22	Priyanka
23	Priyanka Yadav
24	Sakshi
25	Sakshi Saini
26	Sarvita
27	Seeba Yadav
28	Shivakar
29	Shubham Tyagi
30	Shweta
31	Soniya Pal
32	Tanvi Chaudhary
33	Vipin
34	Vishal Tyagi
35	Jaskirat Kaur Narang

36	Komal
37	Mansi Rai
38	Mansi Sain
39	Mohd Danish
40	Mohd Uvesh Saifi
41	Mohit Singh Nagar
42	Neha Chaudhary
43	Nishu Chaudhary
44	Parul Poonia
45	Pooja Khokher
46	Priya
47	Priya Chaudhary
48	Ravi Kumar
49	Rupanshi Chaudhary
50	Sajida
51	Shaili Sharma
52	Shaily
53	Shaista Parveen
54	Shakshi
55	Shantanu Rana
56	Shweta Mathews
57	Sonam Dhaka
58	Sunny Kumari
59	Vishal Singh
60	Athullya Sasidharan
61	Chetan Bharija
62	Musarrt
63	Neha
64	Neha Pal
65	Parvez Khan
66	Sandhya Gupta
67	Shobha Rani Minj
68	Shweta Kumari
69	Soni
70	Bhoomika Khurana


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Certificate of Participation

This is to certify that Ms. /Mr. / Mrs Jyoti of B.Sc Nursing has attended the value added course (SNC-VAC-07) Kangaroo Mother Care organized by Faculty of Nursing, Swami Vivekanand Subharti University during academic session 2017-18.

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Swami Vivekanand Subharti University, Meerut

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Certificate of Participation

This is to certify that Ms. /Mr. / Mrs Gaurav of B.Sc Nursing has attended the value added course (SNC-VAC-07) Kangaroo Mother Care organized by Faculty of Nursing, Swami Vivekanand Subharti University during academic session 2017-18.

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