THELANCET-D-13-08330
S0140-6736(13)62293-X
Embargo: November 16, 2013—00:01 (GMT)

# Consensus on kangaroo mother care acceleration

Published Online
November 16, 2013
http://dx.doi.org/10.1016/S0140-6736(13)62293-X

On Oct 21–22, 2013, stakeholders in newborn health convened in Istanbul, Turkey, to discuss how to accelerate the implementation of kangaroo mother care (KMC) globally. Focused attention on newborn deaths, which now account for 44% of under-5 mortality,[1] is required to accelerate progress toward Millennium Development Goal 4 (to reduce child mortality by two-thirds) and beyond. KMC has been proven to reduce newborn mortality, but only a very small proportion of newborns who could benefit from KMC receive it. The Istanbul convening was assembled to accelerate the uptake of this life-saving intervention.

We affirm accelerating adoption of KMC, recognising that:

- Prematurity is a major cause of newborn death and disability globally. Each year, preterm complications account for over 1 million deaths, or 35% of all neonatal mortality.[2]
- We have an evidence-based solution for reducing preterm mortality and morbidity: KMC, which can avert up to 450 000 preterm deaths each year by 2015 if near-universal coverage is achieved.
- Investment in KMC has beneficial effects beyond survival, including healthy growth and development. KMC comprises a set of care practices for low birthweight newborns—including continuous skin-to-skin contact, establishing breastfeeding, supportive care for the mother and baby, and close follow-up after discharge from a health facility—and has been proven to reduce mortality significantly in preterm newborns. Additionally, skin-to-skin contact and exclusive breastfeeding are beneficial for all newborns and mothers, and can further accelerate reduction of newborn deaths.

Global implementation of quality KMC for preterm newborns has not kept pace with the robust, long-standing evidence for the following reasons:

- KMC is incorrectly perceived as a practice for preterm newborns in low-income countries only, as a "next-best" alternative to incubator care.
- Many health-care providers (at all levels) do not know or do not believe in the benefits of KMC, and lack the skills for effective implementation.
- Cultural and social norms related to mother and newborn practices make uptake of KMC challenging.
- Human resources for health required for KMC have been lacking, and the role of mothers and communities has been overlooked.
- KMC has not been included in many country-level government newborn agendas and policies.

We reached consensus, based on the available evidence, that KMC should be adopted and accelerated as standard of care as an essential intervention for preterm newborns. We defined success as augmented and sustained global and national level action to achieve 50% coverage of KMC among preterm newborns by the year 2020 as part of an integrated RMNCH package, and propose the following call for action to achieve this goal:

I. Revise WHO KMC guidelines and country-level government health agendas and policies to define KMC as standard of care for all preterm newborns.
II. Incorporate high-quality KMC in national RMNCH and nutrition policies, plans, and programmes.
III. Engage health professional associations in high-income countries to adopt KMC as standard of care, to mitigate beliefs that KMC is only for low-income countries.
IV. Address local and context-specific cultural barriers in the design of KMC guidelines, protocols, and education.
V. Rally communities and families to support mothers in the practice of KMC and address misconceptions and stigma associated with preterm birth, early bonding, skin-to-skin practices, and breastfeeding.
VI. Improve practitioner uptake of KMC by working with professional associations, ministries of health, and traditional leaders, who can work with local providers to overcome barriers related to workforce, skills, and cultural norms.
VII. Develop a unified advocacy narrative that culturally and medically normalises KMC, with messages that can be adapted in different contexts.
VIII. Measure our progress against our definition of success, using robust metrics and indicators.
IX. Conduct research, to better understand optimal timing, duration, and conditions for KMC, its impact

on development and survival segmented by gestational age, how to tackle barriers to KMC practice, change provider behaviours, and cost analyses of establishing KMC services.

The KMC Acceleration Convening in Istanbul was a key opportunity to build consensus for accelerated implementation of KMC. In conjunction with the upcoming *Every Newborn Action Plan*, the KMC acceleration plan outlined above can bend the curve on newborn mortality and give vulnerable newborns around the world a better chance of survival and health.

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We declare that we have no conflicts of interest.

1 UNICEF, WHO, The World Bank, UN. Levels and trends in child mortality, report 2013. Estimates developed by the UN Inter-agency Group for Child Mortality Estimation. New York: United Nations Children's Fund, 2013.
2 March of Dimes, Partnership for Maternal, Newborn and Child Health, Save the Children, WHO; CP Howson, MV Kinney, JE Lawn, eds. Born too soon: the global action report on preterm birth. Geneva: World Health Organization, 2012.