

Case study 2

Kangaroo Mother Care: Simple technique, complex practice



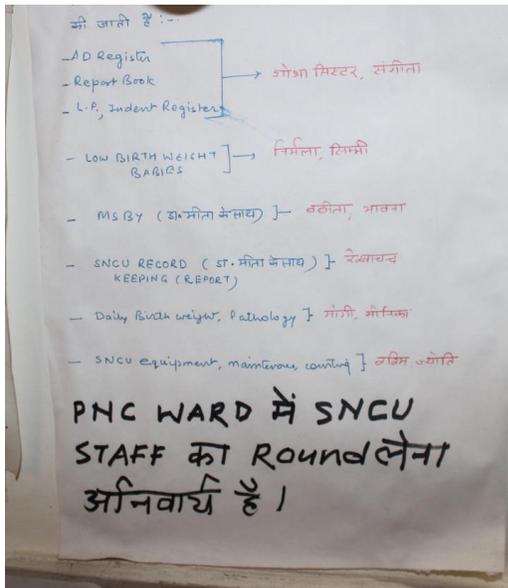
Newborn being weighed in the postnatal ward (Chain Rai Women's Hospital, Haridwar, Uttarakhand) @JSI, 2016

Government of India recommends all stable newborns with birth weight below 2000 gms should receive Kangaroo Mother Care (KMC).

It can be provided by mother, father or any other adult family member who is willing, healthy and maintains basic standards of hygiene such as hand washing, daily bath.

Babies can be breastfed in the KMC position.

The duration and frequency for providing KMC based on evidence on effectiveness, has also been recommended.



Increasing ownership of the KMC unit nurses and counsellors as done by task shifting efforts in CRW hospital, Haridwar is critical to keep them enthused about this new intervention while ascertaining that the paediatrician can attend to more pressing medical concerns.

Supportive environment for mothers/ caregivers

The initial experience in implementing KMC in both facilities indicates that most mothers once convinced about the effectiveness of KMC are willing to adopt the practice. The nurses and counsellors are upbeat about the take-up of this intervention and don't see convincing mothers to follow KMC a challenge.

"In the last six months I remember only one mother refusing to adopt KMC despite being counselled by the staff...it is generally not an issue and once initiated mothers like to do it".

Sister Jyoti (CRW Hospital, Haridwar).

In a unique case, nurses at Sadar hospital, Gumla, encouraged a mother who adopted a newborn weighing 1800 gms to provide KMC.



*Bilenta in KMC position with her adopted baby
(Sadar Hospital, Gumla, Jharkhand)
@JSI, 2017*

Both hospitals in Haridwar and Gumla respectively, have a large patient base outside the main cities, implying that mother and their attendants or entire family lives in these cities for the duration of hospital admission. Having beds in the KMC units ensures that mothers who have recently delivered a baby and discharged from the postnatal ward have a safe and hygienic place to stay and practice KMC.

However, the financial and opportunity cost of families staying in cities is huge and most babies leave the KMC unit much before they have achieved ideal weight. Mothers who need to continue KMC at home have to be closely monitored and need to make follow-up hospital visits for assessing baby's development. The latter has been a challenge.

“Convincing mothers to practice KMC is not difficult. We explain to them the benefits and explain that there are no added costs....but once they are discharged from KMC unit, follow-ups are difficult”

Kavita Sharma (Counsellor, CRW Hospital, Haridwar)



Mothers and their babies in the infant and young child feeding corner outside the SNCU and KMC unit

*(CRW Hospital, Haridwar, Uttarakhand)
@JSI, 2016*

JSI's approach to promoting KMC includes community support and follow-ups through increased awareness about KMC in the communities, training of field nurses and Accredited Social Health Activists (ASHAs) who are expected to undertake postnatal visits at home and supportive supervision of field staff, initially by JSI staff and gradually shifting this role to medical officers.