

JOINT STATEMENT

International Policy Statement for Universal Use of Kangaroo Mother Care for Preterm and Low Birthweight Infants

Commitment to Action from Professional Health Associations

This International Joint Statement is endorsed by the American Academy of Pediatrics (AAP), Council of International Neonatal Nurses (COINN), the International Council of Nurses (ICN), American College of Obstetricians and Gynecologists (ACOG), the International Federation of Gynecology and Obstetrics (FIGO), American College of Nurse-Midwives (ACNM), International Pediatric Association (IPA) and the International Confederation of Midwives (ICM).

Background

Complications of prematurity and low birthweight are now the leading cause of neonatal deaths worldwide.¹ In November 2015, The World Health Organization (WHO) issued recommendations for the care of preterm infants, including kangaroo mother care (KMC), defined as care of preterm infants carried skin-to-skin with the mother and exclusive breastfeeding or feeding with breastmilk. Although the WHO preterm guidelines apply to all settings, much of the evidence base for the recommendations comes from studies in health care facilities in low- and middle-income countries (LMIC).²

It should be noted, however, that some evidence also exists for the benefits of KMC in preterm and low birthweight infants in high-income countries (HIC). **Upon review of the evidence, we agree that KMC provides benefits to preterm and low birthweight infants in high, middle, and low income settings.**

The Evidence

Mortality analyses from a 2014 Cochrane review (11 randomized controlled trials, or RCTs) and a 2016 meta-analysis by Boundy (16 studies) found a 33 percent and 23 percent reduction in mortality at latest follow-up when comparing KMC to conventional neonatal care. In both mortality analyses, all but two of the studies included were in LMIC.^{3,4}

WHO Recommendations on Kangaroo Mother Care, 2015

- Kangaroo mother care is recommended for the routine care of newborns weighing 2000 grams or less at birth, and should be initiated in health-care facilities as soon as the newborns are clinically stable.
- Newborns weighing 2000 grams or less at birth should be provided as close to continuous kangaroo mother care as possible.
- Intermittent kangaroo mother care, rather than conventional care, is recommended for newborns weighing 2000 grams or less at birth, if continuous kangaroo mother care is not possible.

For outcomes other than mortality, the Cochrane review found overall significant reductions in hypothermia, nosocomial infection, sepsis, and length of hospital stay, as well as increases in breastfeeding, attachment, and measures of infant growth, including gain in weight, length, and head circumference. Analyses for non-mortality outcomes largely consisted of RCTs from LMIC.

The 2016 Boundy review found overall significant reductions in neonatal sepsis, hypothermia, hypoglycemia, pain measures, respiratory rate, and hospital readmissions, with increases in exclusive breastfeeding, oxygen saturation, temperature, and head circumference. Analyses for non-mortality outcomes consisted of a mix of studies from LMIC and HIC. Looking at HIC only, the Boundy review found that KMC significantly increased the likelihood of exclusive breastfeeding as compared to conventional care.

With this review of evidence and the WHO recommendations in mind, we agree on the following principles:

- *KMC (intermittent and continuous) offers benefits to preterm/low birthweight infants in all settings.* The margin of benefit for morbidity and mortality gains, however, will vary by setting. The challenges to implementation will also vary by setting.
- *The extent of investment in KMC programs should be guided by the evidence of benefit that KMC can offer in a given setting.*
- *KMC is an effective and efficient complementary aspect of investing in and developing more advanced neonatal care, including skilled nursing, appropriate staff: patient ratios, early detection and management of potentially serious bacterial infection, respiratory, and feeding disorders.* Expanded skills of neonatal care must be developed in parallel to KMC services.
- *The decision to invest in KMC programming and scale-up should be a careful consideration of quality, opportunity cost, financial cost, implementation barriers, and the substantial evidence supporting efficiency and efficacy of KMC compared to incubator care.*

Commitment to Action

Acceptance and promotion of KMC by professional associations is critical for its accelerated use to save newborn lives and improve outcomes globally. Professional associations can mobilize to:

- Accept and endorse KMC as an important component of care for all preterm newborns and disseminate this statement to all members of its organization.
- Advocate for governments to include KMC as an important component of care for all preterm newborns in health agendas and policies.
- Advocate for and support investment in further implementation research in low-resource settings.
- Advocate for the incorporation of KMC into pre-service and in-service curricula for all health workers who care for newborns to increase understanding of proper KMC implementation and to address health worker perceptions that may be barriers to its use.
- Advocate for increased investments to improve service delivery infrastructure and capacity of human resources to increase utilization and coverage with KMC.
- Promote integration of KMC coverage and quality measures into standard medical documentation and routine HMIS.
- Work with providers to educate community leaders and families about the benefits of KMC and find mutually acceptable solutions to overcoming obstacles rooted in local cultural factors.

The listed professional associations support the Every Newborn Action Plan (ENAP) and its endorsement in 2014 as a World Health Assembly resolution. ENAP focuses on improving quality of maternal and newborn care, especially around the time of birth and care for small and sick newborns, including preterm infants, and

specifically supports KMC as the standard of care for small babies. This joint statement affirms the commitment to the implementation efforts of the Every Newborn Action Plan (WHA67.10) as well as the new Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030 (A69/A/CONF./2).

Organizations are encouraged to endorse this statement and disseminate it through their communication channels.

REFERENCES

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