

KANGAROO MOTHER CARE ENDORSED BY MAJOR PEDIATRIC, OBSTETRIC, NURSING, AND MIDWIFERY ASSOCIATIONS



Joint statement says KMC has health benefits for all premature and low birthweight babies in high-, middle-, and low-income countries

Representatives of six major US and international health professional associations released an *International Policy Statement for Universal Use of Kangaroo Mother Care for Preterm and Low Birthweight Infants* at a press event held at the National Press Club in Washington, DC, November 15.

The event, timed to coincide with [World Prematurity Day](#), aimed to call attention to the effectiveness of “kangaroo mother care,” or KMC, in improving health outcomes for premature and low birthweight babies.

KMC refers to the practice of the mother (or other caretaker) carrying the newborn in early, continuous, and prolonged skin-to-skin contact, and exclusive breastfeeding or feeding with breastmilk.

According to UNICEF, complications from preterm birth are the leading cause of death for children under age 5, killing more than 1 million each year.

The World Health Organization (WHO) issued recommendations for the care of preterm infants in November 2015, providing guidance to countries seeking to reduce deaths and illness due to prematurity. Among the recommendations is use of KMC for infants weighing less than 2 kg. According to WHO, “The benefits of KMC go beyond just mortality and morbidity and include improved breastfeeding practices and bonding between mother and baby. These are desired values with known health and social benefits for families, communities as a whole, health-service providers, and policymakers.”

Dr Bina Valsangkar, a pediatrician and newborn health advisor at Save the Children, said “Research has shown that KMC can be beneficial to premature babies in all settings – rich and poor. But uptake of the practice has been slow due to multiple barriers, including misperceptions among health professional communities that KMC is a lower quality option than incubator care.”

Guidance and endorsement from WHO, and a mounting body of evidence for the benefits of KMC are helpful starts in changing professional norms, but changing the perceptions and practices of highly trained health care providers has proved more challenging.

Dr Sara Berkelhamer, speaking on behalf of the American Academy of Pediatrics (AAP), said that “health professional associations have an important role to play in ensuring the evidence for KMC is accurately interpreted and applied appropriately.” Berkelhamer added that “While the evidence alone may not always be enough for a health professional, endorsement from one’s professional association can reassure them that the recommendation has been thoroughly vetted by their peers.”

The [joint statement on KMC](#) sets forth three basic principles. First, KMC offers benefits to premature newborns in all settings and income levels. Second, the decision to invest in KMC should be guided by the evidence of the benefit KMC may offer in a given setting. And finally, KMC is an effective and efficient complementary aspect of investing in and developing more advanced neonatal care – which also includes attention to human resource needs and improved management of neonatal illnesses.

“KMC has an important role to play in all countries. It can be life-saving in low-resource settings and increase exclusive breastfeeding in high-income settings,” said Dr C.N. Purandare, president of the International Federation of Gynecology and Obstetrics (FIGO), said in a statement.

Dr Natalia Isaza, a neonatologist at Children’s National Health System in Washington, DC, leads a KMC program in the main hospital’s Level IV neonatal intensive care unit (NICU). “We are finding reductions in parental anxiety, increased breastfeeding, greater parental engagement, and bonding not only for premature infants, but also for full term babies who need NICU care,” she said. “We are certainly seeing the benefits of KMC in our hospital and applaud AAP and other professional associations for this important endorsement,” she added.

“We see our endorsement of this joint statement as an important first step,” said Dr Carole Kenner, president and CEO of the Council of International Neonatal Nurses (COINN). “But we plan to do much more. We will share the statement with our membership, advocate for inclusion of KMC in national health policies, and support its inclusion in professional training programs.”

Kate McHugh, senior technical adviser in the Department of Global Outreach at the American College of Nurse-Midwives (ACNM), said, “Advocating for KMC brings a dual benefit. For preterm and small babies, it enhances the chance of survival. For mothers and other family members, it increases their attachment to the new baby, leading to better care and family support post-hospitalization. Midwives, nurses, and other maternal-newborn care providers need education about KMC in order to become strong advocates for this form of care.”

To date the joint statement has been endorsed by the American Academy of Pediatrics (AAP), the American College of Nurse-Midwives (ACNM), the Council of International Neonatal Nurses (COINN), the International Federation of Gynecology and Obstetrics (FIGO), the American College of Obstetricians and Gynecologists (ACOG), and the International Council of Nurses (ICN).

Other professional associations are expected to endorse the joint statement in the coming weeks.

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