

Launch of Kangaroo Mother Care Global Position Paper and Implementation Strategy

Tuesday, 16 May 2023

- Webinar will start at 330 PM CET.
- Webinar is in English, no translations are available
- Kindly write any comments or questions in the chat - we will respond either during or after the webinar.
- We will record this meeting and email the recording and related materials to all who registered.



Welcome and introduction

Dr Anshu Banerjee

Director, Department of Maternal, Newborn, Child and Adolescent Health and Ageing, World Health Organization, Geneva, Switzerland



“Kangaroo mother care is one of the most critical, life-saving measures that can be taken to improve the survival prospects of babies born early or small, across all contexts, in high and low-income countries.”

Background



- ❑ WHO STAGE MNCAH&N provides strategic and technical advice to WHO on global priorities and emerging issues to help Member States in reaching relevant SDG targets.
- ❑ One of the many ways STAGE works is by examining priorities that are likely to have an impact, identifying interventions for which evidence is available or likely to become available, and addressing difficult problems that would benefit from bringing stakeholders together.
- ❑ STAGE recognized KMC as a priority intervention in 2021 given the underuse of KMC globally, despite a strong evidence base for its effectiveness and scalability and the need to facilitate consensus and acceptance of strategies so that governments and partners can act in a harmonized way to maximize impact.



WHO Strategic Technical Advisory Group for Maternal, Newborn, Child, and Adolescent Health and Nutrition (STAGE MNCAH&N)

Agenda

Welcome and Introduction

Anshu Banerjee

Part 1. Overview of the KMC Global Position Paper and Implementation Strategy

- Rationale- why these papers, partners, process
- Key highlights - What is important and new, and why
- Implications for health services, providers, parents and families

Rajiv Bahl
Gary Darmstadt
Betty Kirkwood

Part 2. Implementing and scaling up KMC in programmatic settings

- Ministries of Health- Bangladesh, Colombia, India, Malawi, Philippines

Moderator:
Anshu Banerjee

Part 3. Supporting countries in implementing and scaling up KMC

- World Bank, Gates Foundation, UNICEF, AAP, COINN, Parents Organization

Moderators:
Gary Darmstadt
Betty Kirkwood

Working together to make the KMC vision a reality- next steps

Anshu Banerjee

Closing remarks

Caroline Homer
(STAGE Chair)

Introduction to the KMC Global Position Paper and Implementation Strategy

Why these papers, partners and process

Dr Rajiv Bahl

Secretary to Govt. of India, Department of Health Research, Ministry of Health & Family Welfare; & Director-General, Indian Council of Medical Research, India

Formerly, Newborn Unit Head; and Head of Maternal, Newborn Child and Adolescent Health Research, Department of Maternal, Newborn, Child and Adolescent Health and Ageing, World Health Organization, Geneva, Switzerland

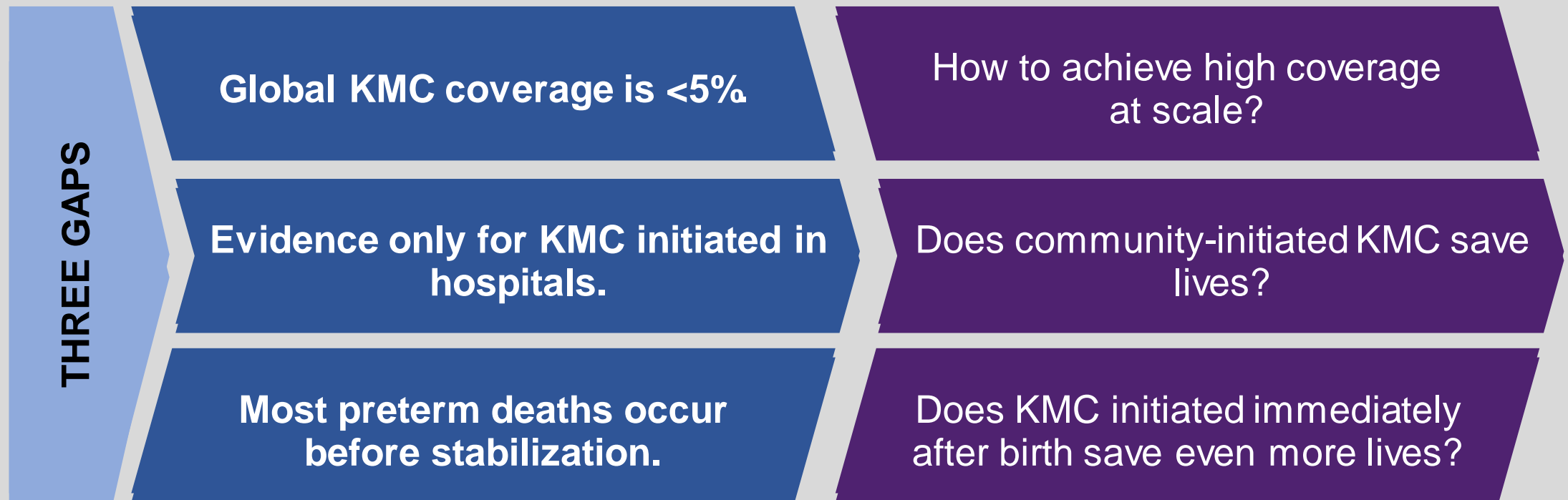


“KMC, especially immediate KMC, can serve as a strong foundation of highly efficient maternal–newborn service delivery that requires investment but will accelerate progress towards equitable coverage of life-saving care”.

What we knew and didn't know about KMC in 2015

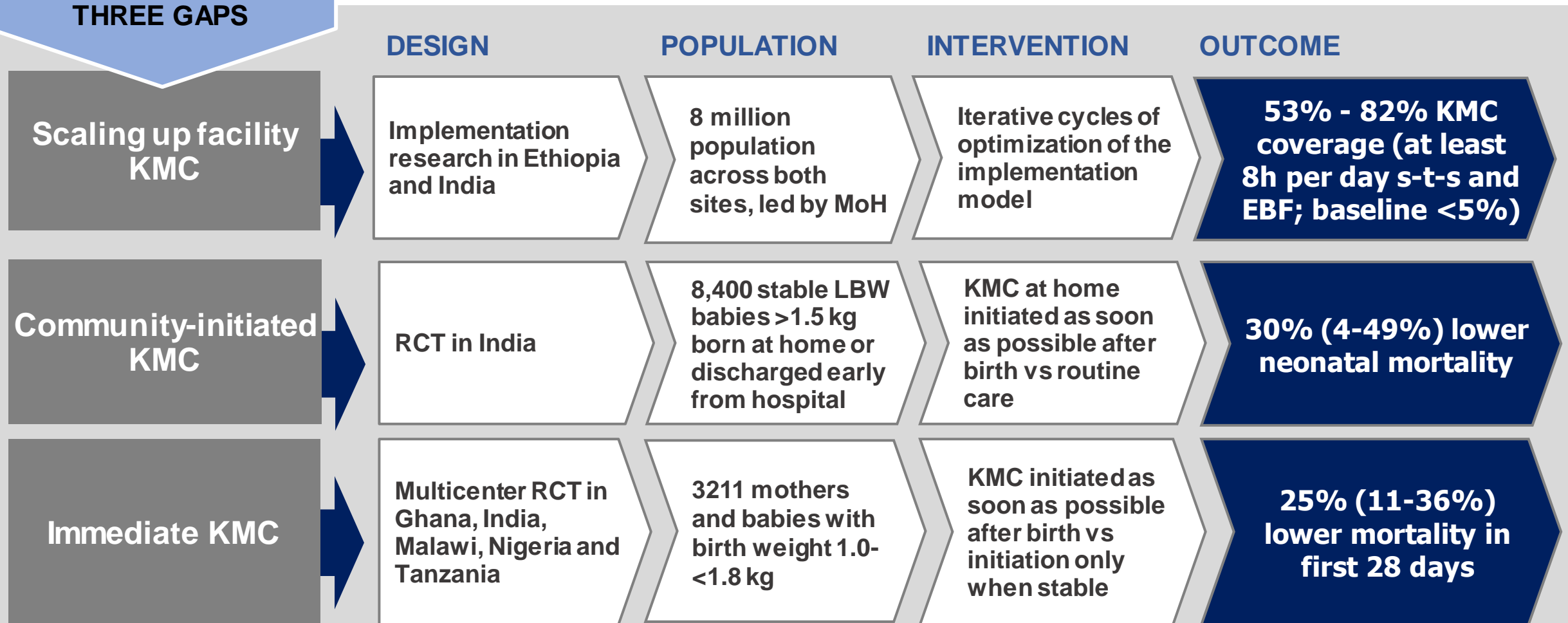
KMC improves survival in stable babies by 40%, and is recommended by WHO for about two decades

WHO-coordinated KMC research program to address three key gaps:



WHO-coordinated KMC research program

ADDRESSING THE THREE GAPS



Why did WHO STAGE recommend KMC Working Group

High potential for impact on newborn survival and development based on new findings from WHO-coordinated KMC research addressing key policy gaps:

	Deaths prevented per year
Current impact of KMC 5% coverage, 40% reduction in stable <2000g babies	10,000
Add impact of scale up implementation research 60% coverage, 40% reduction in stable <2000g babies	150,000
Add impact of community-initiated KMC research 80% coverage, 30% reduction in stable <2500g babies	250,000
Add impact of immediate KMC research 80% coverage, 30% reduction in stable <2500g babies, <u>plus</u> 80% coverage of immediate KMC, 25% reduction in <1800g babies	400,000

Consensus on approaches for implementation among all stakeholders is critical for maximizing impact

Partners: Multi-national, multistakeholder KMC Working Group

UN agencies



Bilateral agencies



Donor organizations



Professional associations and non-governmental Organizations



Parents organizations and specialized partnerships



Scientists and experts



Karolinska Institutet



SickKids



Centre for Global Child Health



Process for development of the guidance documents

KMC Working Group constituted

- Designated Chairs
- WHO as Secretariat
- Global stakeholders invited

Consensus on process of development of deliverables

- Virtual meetings and email correspondence

Draft outline of the WG documents agreed

- Broad decision on content to be covered in the Global Position Paper & Implementation Strategy

Content development with regular feedback from Chairs and Members

- Drafting, review and edits by WHO Secretariat in discussion with Chairs
- Review and edits by all Members
- Controversies discussed and resolved
- Sign off by all organizations

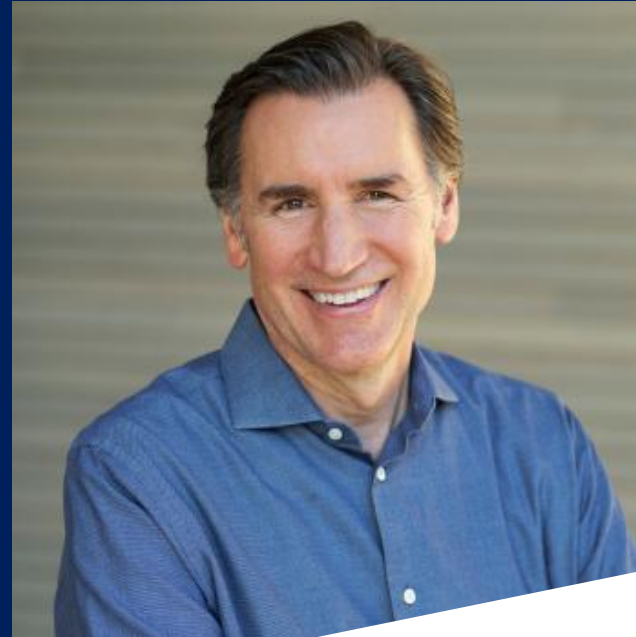
Introduction to the KMC Global Position Paper and Implementation Strategy

What is important and new, and why

Implications for health services, providers, parents or families

Prof Gary Darmstadt

Department of Pediatrics, Stanford University School of Medicine, Stanford, CA, USA



Prof Betty Kirkwood

Faculty of Epidemiology and Population Health, London School of Hygiene & Tropical Medicine, London, UK



“Delivered as part of universal health coverage KMC will promote SDG target 9.1 to develop quality, reliable, sustainable, and resilient infrastructure to support economic development and human wellbeing focused on affordable and equitable access for all.”

What is important and new and why?

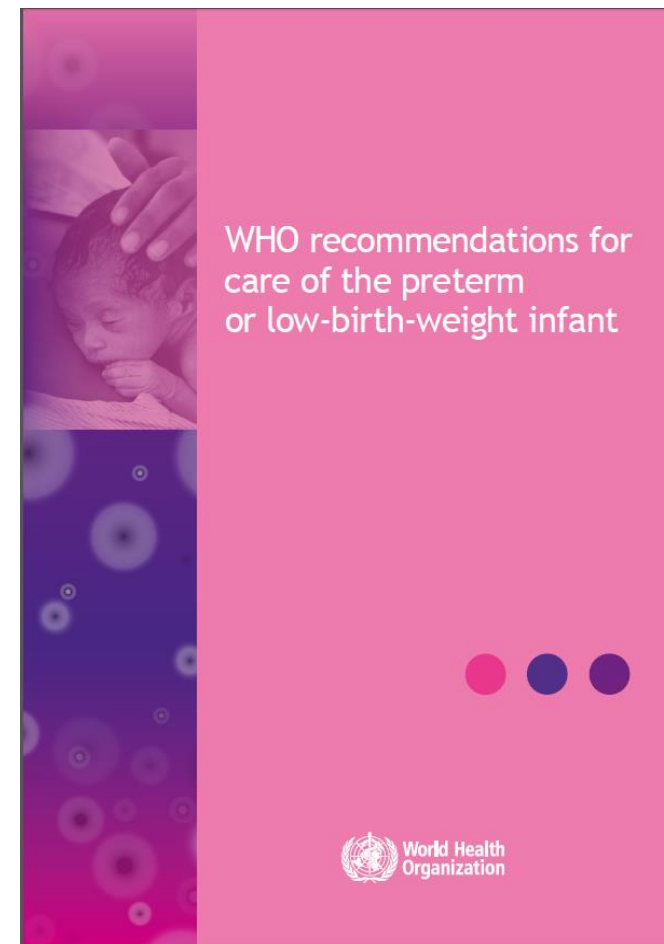
WHO recommendations for KMC updated 2022

- ❑ Kangaroo mother care (KMC) is recommended as routine care for all preterm or LBW infants. KMC can be initiated in the health-care facility or at home and should be given for 8–24 hours per day (as many hours as possible).

Strong recommendation, high-certainty evidence

- ❑ Kangaroo mother care (KMC) for preterm or LBW infants should be started as soon as possible after birth.

Strong recommendation, high-certainty evidence



What is important and new and why?

WHO recommendations for family involvement and support introduced



- ❑ Family involvement in the routine care of preterm or LBW infants in health-care facilities is recommended.

Strong recommendation, low- to moderate certainty evidence

- ❑ Families of preterm or LBW infants should be given extra support to care for their infants (eg, education, counselling & discharge planning from health workers, peer support).

Conditional recommendation

- ❑ Home visits by trained health workers are recommended to support families to care for their preterm or LBW infant.

Strong recommendation, moderate certainty evidence

- ❑ Parental leave and entitlements should address the special needs of mothers, fathers and other primary caregivers of preterm or LBW infants.

Good practice statement

What is important and new and why?

Key principles

- ❑ **KMC is prolonged skin-to-skin contact (preferably for 24 h daily, minimum of 8 h) with support for exclusive breastfeeding or breastmilk feeding.**
- ❑ KMC also features timely transition to lower levels of care within the health-care facility or to home with continued skin-to-skin contact and close monitoring.
- ❑ KMC is the foundation of care for all preterm or LBW infants, nested within comprehensive small and/or sick newborn care.
- ❑ KMC places the mother central to the care of her infant, repositioning power within health systems and humanising maternal and newborn care.

What is important and new and why?

Key principles

- ❑ The mother and her infant must remain together at all times; combined maternal-newborn care must be provided even when the mother or the newborn is sick.
- ❑ Involvement of fathers/partners and families is important to support mothers in providing KMC while in the facility and at home after discharge.
- ❑ Immediate KMC after birth is the optimal standard of care, along with other life-saving interventions, for all mothers and their preterm or LBW infants in all settings. It is not a low-resource strategy but rather superior to current high-tech strategies.
- ❑ Actions in all health system building blocks are needed for high population-based KMC coverage and scale-up.
- ❑ Implement KMC at all levels of care, including at home.

KMC Global Position Paper: A transformative innovation in health care

- ❑ Presents a new vision where KMC for all preterm or low-birth-weight (LBW) infants forms the foundation of small and/or sick newborn care within MNCH programmes.
- ❑ Aims to galvanize the international MNCH community and families to come together to support implementation to improve the health and well-being of all small newborns and their mothers and families.



Global position paper

Kangaroo mother care

A transformative innovation in health care



The new recommendations require a restructuring of maternal & neonatal units



- Change layout of SNCU/NICU infrastructure to enable mother to be together with her preterm or LBW infant even when sick.
- Postnatal and KMC wards: Accommodate fathers and other family members who can also provide KMC and ensure infants receive KMC as close to 24 h per day as possible.

The new recommendations require a change in the culture of health-care provision

- ❑ Moving away from obstetric and neonatal services that are typically organised in distinct departments with different treatment guidelines, providers, and locations.
- ❑ Towards obstetricians, midwives, paediatricians, & neonatal nurses working together to:
 - Create a conducive environment for family-centred small and/or sick newborn care with KMC at its core.
 - Provide respectful care for mothers and newborns together in one place, with families as key partners in the care of their newborns.
- ❑ And accepting, endorsing and practising keeping mother and newborns together after birth/removing all barriers to this.

Achieving KMC Implementation at Scale also requires...

- Commitment of political and programme leadership to integrate KMC as part of SSNC
- Development of KMC-supportive policies with a national KMC implementation plan
- Development and implementation of a monitoring and evaluation framework to track progress; KMC indicators included in routine health management information systems
- Increasing availability, capacity and motivation of health-care providers
- Creating a functional network of care and improve referral transport
- National planning and coordination of KMC implementation
- Adequate and sustainable financing

KMC Implementation Strategy for Scale-up

Kangaroo mother care

Implementation strategy for scale-up
adaptable to different country contexts



- Provides guidance to countries in implementing KMC according to their specific health system and cultural or social contexts.
- In order to realize the full impact of KMC in improving the survival, health and well-being of mothers and preterm or LBW infants alike, and in enhancing long term human capital.
- Scaling-up KMC is central to achieving the 2030 Sustainable Development Goals; with less than 8 years to go, action is urgent.

**Need all global stakeholders to come together to
turn this vision into a reality!**

Implementing and scaling up KMC in programmatic settings



Queen Dube
MoH, Malawi



Md. Jahurul Islam
MoH, Bangladesh



Sumita Ghosh
MoH, India



Ma Lourdes Imperial
DOH, Philippines



Faye de Ocampo



Nubia Esperanza Bautista
MoH, Colombia

Supporting countries in implementing and scaling up KMC



Mickey Chopra
World Bank



Hema Magge
Gates Foundation



Tedbabe Degefie Hailegebriel
UNICEF



Silke Mader
Parents organization- EFCNI



Janna Patterson
American Academy of Paediatrics



Karen Walker
Council of International Neonatal Nurses

Working together to make the KMC vision a reality- next steps

Dr Anshu Banerjee

Director, Department of Maternal, Newborn, Child and Adolescent Health and Ageing, World Health Organization, Geneva, Switzerland

“Ensuring mothers and babies everywhere can stay together after birth will in many cases require a radical rethink of how newborn care is provided - these new publications aim to support this process.”

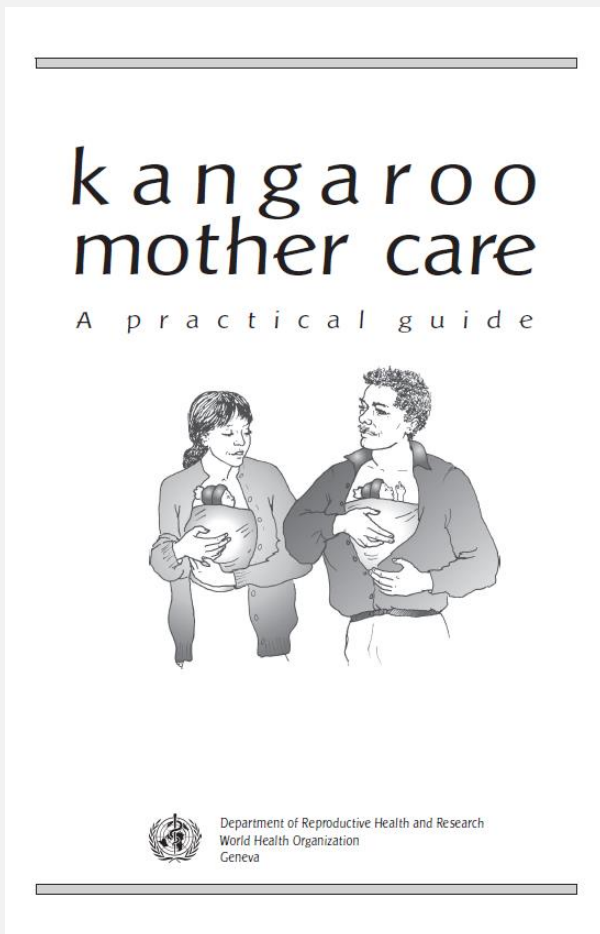


KMC is included in all major streams of newborn health work

Standards of care and quality improvement	KMC is essential to achieve the quality standards for small and/or sick newborns in health facilities, during referral and entire care pathway
Small and/or sick newborn care	ENAP Every small and/or sick newborn coverage target includes KMC as essential component of level 2 newborn units
Data and monitoring	KMC coverage indicator one of the four indicators in ENAP improvement roadmap
Essential newborn care	KMC module is included in revised and updated Essential Newborn Care Course
Nurturing care and childhood development	Focus on families and communities and responsive caregiving are integral to Nurturing Care Framework to promote child development
PHC/UHC	KMC promotes high-quality, people-centred primary care – continued policy dialogue to include it in UHC

Ongoing work

KMC Practice Guide update



Immediate KMC Implementation Research: Bangladesh, Ethiopia, India, and Nigeria

- Will develop an optimized implementation model in four countries that will add iKMC to functional systems of care for preterm or LBW infants.
- The optimized implementation model will be scaled up to multiple administrative areas in each country using a stepped-wedge design and the impact of the scale-up on quality and coverage and neonatal mortality and other health outcomes will be evaluated.
- National governments in the four countries will be supported to further scale up iKMC at sub-national and national levels

WHO will continue to engage global stakeholders at all levels

- ❑ Continued advocacy and multi-partner dialogue to drive the implementation of KMC as the foundation of small and/or sick newborn care (SSNC) within ongoing ENAP/EPMM, SSNC, quality improvement, and universal health coverage.
- ❑ Support low- and lower-middle-income countries in developing investment cases for KMC
- ❑ Develop technical materials/package/toolkit for setting up new or adapting/converting existing newborn units to maternal-newborn care units. Provide technical support to national governments to implement immediate KMC in secondary-level facilities in collaboration with implementing partners like UNICEF and USAID.
- ❑ Mobilize global, regional and country networks and collaborations to provide implementation support to countries, including training and capacity building of health workers, measurement, and monitoring.
- ❑ Support countries in the development, inclusion, and monitoring of KMC indicators in routine health information systems for monitoring of coverage and quality of KMC.

Closing remarks

Caroline Homer

Chair of STAGE MNCAH&N

Co-Program Director, Maternal and Child Health and Working Group Head; NHMRC Principal Research Fellow, Burnet Institute, Melbourne, Australia



“STAGE is so pleased to be part of this important work and we look forward to seeing the impact to mothers and newborns in every country. This is a unique opportunity to implement change for the benefit of all.”



Access key materials

- [Global Position Paper](#)
- [Implementation Strategy](#)
- [WHO recommendations for care of preterm or low-birth-weight infant](#)
- [Infographics](#)
- [Factsheet](#)
- [KMC advocacy video](#)
- [WHO press release](#)
- Lancet comment
- Webinar recording (will be emailed to all who registered)

Continue the conversation: Hashtags: #BornTooSoon #Preterm #Lowbirthweight