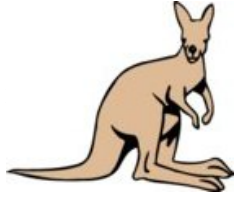


# What is Kangaroo Mother Care??

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Definition:

A universally available and biologically sound method of care for all newborns, but in premature babies, with three components ...

1. Skin-to-skin Contact
2. Exclusive breastfeeding
3. Support to the mother infant dyad.

**Skin-to-skin contact** is between the baby front and the mother's chest.

The more skin-to-skin, the better. For comfort a small nappy is fine, and for warmth a cap may be used. Skin-to-skin contact should ideally start at birth, but is helpful at any time. It should ideally be continuous day and night, but even shorter periods are helpful.

**Exclusive breastfeeding** means that for an average mother, expressing from the breasts or direct suckling by the baby is all that is needed. For very premature babies, supply of some essential nutrients may be indicated.

**Support to the dyad** means that whatever is needed for the medical, emotional, psychological and physical well being of mother and baby is provided to them, without separating them. This might mean adding ultramodern equipment if available, or purely intense psychological support in contexts with no resources.

In Bogota, Colombia, where KMC started, "early discharge" is regarded as the third part of the definition. This is also a form of support where hospitals are overcrowded, but it also requires a good community support system.

In the USA, the term Kangaroo Care (KC) is generally used. This has been defined as "intra-hospital maternal-infant skin-to-skin contact". KC is generally started later, and on stabilized prematures, and is used as an adjunct to technological care.

While KC has profound effects on the baby, KMC does so much more!

**A normal healthy baby who is not separated from its mother, will regulate its own feeding and sleeping cycles.**

**Continuation of Skin-to-Skin contact improves the infants:**

- ♥ State organization
- ♥ Temperature regulation
- ♥ Respirations
- ♥ Oxygen saturation
- ♥ Weight gain
- ♥ Earlier discharge from Hospital
- ♥ Ability to get colostrum/breastmilk since the tactile situation improves oxytocin and prolactin levels
- ♥ Ability to stimulate a combinations of hormonal responses (oxytocin/cuddling and prolactin/mothering) in mother which increases bonding instincts during this very sensitive time (first few hours after birth) *Lawrence and Lawrence, 1999,p.201*

**Skin-to-Skin reduces:**

- ♥ Apnea
- ♥ Hypothermia
- ♥ Hypoglycemia

**Factors that negatively impact this normal chain of events begin generally with the labour and birth process and care in the immediate postpartum period, such as:**

Pain medication such as an **epidural** block depressing natural instincts

- ♥ Lengthy epidurals with increased risk of temperature and sepsis workup
- ♥ Vacuum extraction or forceps delivery causing pain or a subdural or caput haematoma in the baby

## ♥ Separation of baby and mother

### First Latch

The baby should lead the first feeding, right after birth. The atmosphere of the room should be relaxed and tranquil. Baby should be skin-to-skin, held by its mother until it begins to root and attempt self-attachment. Parents should be encouraged to add this in their birth plan. Some hospital staff may not be familiar with significant impact of Skin-to-Skin contact.

Other important aspects of the first breastfeeding session should be:

- ♥ That the role of the care-giver be one of “observant non-interference”
- ♥ That the mother first be assisted into comfortable position
- ♥ Insuring that the baby is dry by just a gentle wiping of its head, trunk and legs
- ♥ That baby is placed near the breast or between the breasts on the mother’s bare chest and cover both Mom and baby with a light blanket
- ♥ Physiological concerns immediately after birth
- ♥ Maternal and infant vital signs can be monitored with minimal interruption.

The “**Primary Violation**” to any newborn as described by the biologists is **SEPARATION**

### CRYING IS BAD FOR BABY!!

Crying, the highest behavioral state, is **DETRIMENTAL** to the health of babies.

- ♥ It impairs lung functioning
- ♥ Jeopardizes the closure of the foramen ovale, (*an opening between the right and left upper chambers of the heart, closes after birth*)
- ♥ Increases intra-cranial pressure, and
- ♥ **Initiate a cascade of stress reactions**  
(G.C.Anderson 1996)

### The Four Basic Biological Needs are...

1. Oxygenation
2. Warmth
3. Nutrition
4. Protection

#### KMC – OXYGENATION

Oxygen saturation improves on Kangaroo Mother Care  
Heart rate and breathing of an infants stabilizes on KMC.

#### KMC – WARMTH

Minute by minute temperature are higher and stable. A mother’s core temperature can rise two degrees °C. If baby is cold and falls if baby is hot.

#### KMC - NUTRITION

Infants on Kangaroo Mother Care eat more and more often.

Nutrition is improved, both with respect to the mother’s ability to breastfeed, and the newborn’s ability to better utilization of the milk already fed. Even without increased milk intake, with the vagal stimulation the infant receives, the gut is better able to use the milk provided and baby grows faster.

#### KMC - Protection

Preterm infants experience prolonged severe stress with tenfold increases in **stress hormones**. Stress hormones at such levels are **neurotoxic**. Improved Immunity against diseases and infections.

#### **Kangaroo Baby...**

- has physical protection from Mother
- has immune protection from Mother’s milk
- has neurological protection from stress
- has better immunity later in life