Weigh ALL Newborns

- Weigh all newborns even if born at home. This can be done at the first postnatal check at the health facility or outreach. If your scales are not working or if you have none, inform matron/DHMT/in-charge immediately.
- Birth weight needs to be measured in the first 24 hours
- Calibrate/balance scales before using them
- Infants who weigh less than 2.5kg are known as low birth weight, and they need special care in order to survive.
- More than one third of newborns who die in Sierra Leone are low birth weight or premature.
- The more preterm or smaller the baby, the more likely he/she is to have problems. Very small babies have feeding and breathing difficulties for a long period of time. They are at a high risk of death from complications.

KMC Key Points

- Reduces death in low birth weight babies. (CAN REDUCE DEATHS BY 50% in infants less than 2000g)
- Keeps temperature stable, and the infant uses less energy and reduces hypothermia, i.e. babies becoming clinically cold.
- Keeps the baby’s heart and breathing rates stable.
- Keeps oxygenation, oxygen consumption and blood glucose levels equal or better than infants receiving conventional treatment in an incubator.
- Reduces stress in preterm and low-birth-weight babies, which results in less crying. Sleep patterns are also maintained.
- Growth rates are equal to babies not receiving KMC and there is a larger daily weight gain whilst in hospital.
- The baby has ready access to the breast and the mother is more likely to exclusively breastfeed her baby.
- All mothers giving birth to a small baby, whether or not kangaroo mother care is being considered, should be encouraged to start expressing her breast milk as soon as possible after delivery. (see breastfeeding fact sheet which includes expression of milk).

Kangaroo Mother Care

Kangaroo mother care’ (KMC) includes thermal care through continuous skin-to-skin contact, support for exclusive breastfeeding or other appropriate feeding, and early recognition/response to illness.

1. Continuous skin-to-skin contact between the baby’s front and mother’s chest: Skin-to-skin contact starts at birth and is continued day and night.
2. Exclusive breastfeeding: The baby breastfeeds within 1 hour after birth and then every 2 hours. The cloth that wraps around the mother and baby is loosened to breastfeed.

1. Photo WHO 2009 Managing Newborns in the community Other photos Dr Helenlouise Taylor WHO and H. Good UNICEF
Benefits of KMC in the Health Facility or Hospital

- Lower mortality rates in low birth weight infants
- Lower capital investment and recurrent costs.
- There is less need for incubators, which are a source of hospital-acquired infections.
- Earlier discharge times, with reduced readmission rates. Qualify staff provide medical and nursing care to very sick infants.
- It may provide a sick baby with the only chance of survival

When to start KMC

Kangaroo mother care can begin at birth, after initial assessment and any basic resuscitation

- baby must be able to breathe on its own.
- He/she must be free of life threatening disease or malformations.
- It is not essential that the baby has the ability to coordinate sucking and swallowing.
- All mothers and small stable babies will benefit from KMC.

All mothers can do kangaroo mother care regardless of their age, parity, education, cultural background, religion and social status.

She must be willing to do it and she must be available all the time to provide the care needed. Her general health must be good. She has to be near the baby and hospital to start kangaroo mother care when her baby is ready.

She needs a supportive family like this woman who gave birth to triplets.

KMC support in the health facility

- KMC ward/unit must be clean, warm and welcoming
- Monitor vital signs 6hourly and feeding every 2-3 hours. Health staff must always be available to respond to complications or emergencies.
- The mother must keep her baby in KMC position at all times (except while she bathes)
- Good hygiene is ESSENTIAL, including hand washing after using the toilet and before feeding. Soap and water must always be available.
- Mothers can walk around the ward and outside with their babies in the KMC position if the weather is fine.

KMC nutrition (see also information page on expression of milk and quantities)

- Babies unable to suck should be fed with expressed breast milk by nasogastric tube or cup. Babies can remain in the KMC position when tube feeding. Always let the baby try to suck during the tube feed
- Babies who are ready to suckle show rooting and suckling reflexes
- Once the baby is able to suckle, allow baby to breastfeed on demand, and feed at least every two to three hours.
- Mothers who are giving replacement feeds for medical reasons can still provide KMC and cup feed.

When to Stop KMC

KMC can be stopped when the infant weighs more than 2500g. Many KMC babies will start to wriggle and this is a sign that they can start to be treated like a normal baby.
**KMC How to:**

**Dress the baby in a nappy and hat.**

Place the baby in an upright position against the mother’s bare chest, between her breasts.

If the temperature is cold, the baby should wear a sleeveless cotton shirt, open in the front to allow the baby’s face, chest, abdomen and arms and legs to be in skin-to-skin contact with the mother’s chest. Secure with a binder. The head, turned to one side, is in a slightly extended position. The top of the binder is just under baby’s ear. This head position keeps the airway open and allows eye-to-eye contact between the mother and the baby. The hips should be flexed and extended in a “frog” position; the arms should also be flexed.

**Secure the baby**

Tie the cloth firmly enough so that the baby does not slide out when the mother stands up. Make sure that the tight part of the cloth is over the baby’s chest. Baby’s abdomen should not be constricted.

You can use a wrapper/binder cloth or tuck the mother’s blouse under the baby or into her waistband.

Sometimes mothers make special pouches to carry their baby.

Whatever is used, the baby must be secure enough so that the mother can work around and carry out her daily activities without holding on her baby.

Explain and demonstrate until the mother is confident to try the kangaroo position.

Cover both mother and baby with a blanket or jacket if the room is cold.

**Moving the baby**

Hold the baby with one hand placed behind the neck and on the back; Lightly support the lower part of the jaw with her thumb and fingers to prevent the baby’s head from slipping down and blocking the airway when the baby is in an upright position; Place the other hand under the baby’s buttocks.

**KMC monitoring**

- 6 hourly heart rate, respiratory rate, temperature, activity, colour, intake and output
- Daily weight and daily KMC score (see KMC chart)
- Discharge when fully breast feeding and gaining adequate weight
- Review weekly