KMC IMPLEMENTATION IN DISTRICT HOSPITALS IN INDONESIA

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Background

Preterm infants require special care in NICU and may spend days and weeks in incubator until clinically stabilized.¹ KMC, which can be used as a substitute of incubator, has been proven to be cost-efficient and effective to prevent preterm infant death, especially in a developing country like Indonesia.² This study aims to describe KMC implementation and its impact on LBW infants during hospitalization.

Methods

A descriptive study was done involving two hospitals, Koja Hospital in Jakarta (n=111) and Karawang Hospital in West Java (n=193). Data of infants born in June to December 2015 were collected from medical records. Only infants whose weight was <2200 grams at birth were included in the study.

Results

KMC practice in Koja was carried-out among 35.1% of infants weighing \leq 2200 grams, whereas in Karawang it was done among 34.2%. Age of infants' mother hospitalized in Koja was similar to those in Karawang (mean of 28.2 years old \pm 7.3 in Koja, and 28.1 years old \pm 7.4 in Karawang). However, those who had KMC implemented in Koja were younger compare to Karawang (25.9% mothers were <20 years in Koja, whereas 9.8% mothers <20 years in Karawang). Age of mothers implementing KMC can be seen in Table 1.

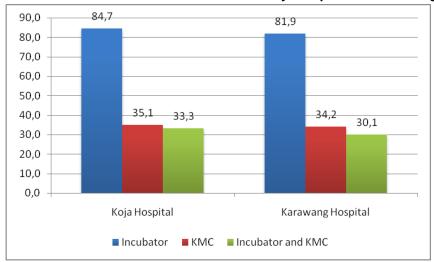


Figure 1. Incubator and KMC method for LBW care in Koja Hospital and Karawang Hospital

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Table 1. Characteristic of Infants with KMC

	Koja Hospital (n=39)		Karawang Hospital (n = 66)	
	Mean(SD)	n (%)	Mean(SD)	n (%)
Maternal age	28.2 (7.3)		28.1 (7.4)	
< 20 years		7 (25.9)		6 (9.8)
20 – 35 years		15 (55.6)		43 (70.5)
> 35 years		5 (18.5)		12 (19.7)
Referral status				
Referral infant		10 (25.6)		2 (3.03)
In born Infant		29 (74.4)		64 (96.7)

Preterm infants with KMC were more likely to be breastfed at discharge compared to non-KMC infants. In Koja Hospital, breastfed at discharge among KMC infants were 64.1% compare to 51.4% who was not KMC. In Karawang Hospital, 72.7% KMC infants were breastfed at discharge vs 40.9% non-KMC infants.

80,0% 70,0% 60,0% 50,0% 40,0% 72,7% 51,4% 56,7% 64,1% 30,0% 47,2% 20,0% 30,8% 10,0% 24,2% 5,1% 3,0% 1,4% 2,4% 0,0% **KMC KMC** no no Koja Hospital Karawang Hospital

Figure 2. Breastfed at discharge (Koja Hospital and Karawang Hospital)

Similar results were shown for infant weight gain; KMC infants had more weight gain than non-KMC infants. The percentage of weight gain infants with KMC were 84.2% compared to 66.7% non-KMC infants who had weight gain in Koja Hospital. In Karawang, the percentage of weight gain infants were 73.3% among KMC infants vs 0% among infants without KMC. Detail is describe in table 2.

■ Given breastmilk at discharge

No record

■ Not given breastmilk at discharge

Table 2. Weight Differences (birthweight vs weight discharge) among 3 weeks infants in Koja Hospital and Karawang Hospital

	Koja Hospital			Karawang Hospital			
	Weight gain	Weight loss	No progress	Weight gain	Weight loss	No progress	
КМС							
Yes	84.2 %	10.5 %	5.3 %	73.3%	26.7%	-	
No	66.7 %	33.3 %	0 %	0 %	100 %	-	



Conclusion

Although KMC implementation was not done consistently and optimally, benefit effect has already been shown regarding breastfeeding and infant weight gain for those KMC infants.

References

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