Title

Implementation and evaluation of kangaroo mother care services in India

Authors Prof. Rekha H. Udani, Prof. Suman Rao, Dr. Anne Marie Bergh

Name & credentials of the primary author

Name	Prof. Rekha H. Udani
Organization affiliation	Professor & Head, Department of Neonatology, DY Patil Medical College and Hospital & Research Centre, Nerul, Navi Mumbai
Country	India
Email	rekha.udani@gmail.com
Address	B2-1503, Elita Promonade, 7th Phase J P Nagar, RBI lay out, Bangalore-560078

Background:

Kangaroo mother care (KMC) started in India in 1994. After a national KMC conference and following training in Bogota, Columbia (2002-2004), neonatologists and neonatal nurses trained 500 trainers and 1500 providers from 2004-2006.

Methodology:

An evaluation of KMC was conducted in 2013, sampling 10 teaching institutes with staff trained in KMC. A consultant-led team interviewed key informants and observed services. A scoring model with six stages and a total score of 30 was used to score facility implementation: >10 was considered evidence of KMC practice, >17 as integrated routine KMC practice, and >24 as sustainable practice. This assessment was complemented by a survey with a short questionnaire to study KMC implementation in other parts of India.

Results:

Nine hospitals scored >10; 2 reaching some KMC integration, none showed sustainable practice. KMC space varied between 0 and 16 KMC beds. Seven hospitals had posters with KMC, breastfeeding and other health messages. Eight hospitals practiced daily intermittent KMC, 2 sporadic KMC and none continuous KMC. KMC initiation and discharge was decided by doctors. Five hospitals used KEM kangaroo bags as binder. Many babies had no caps and mothers were unaware of associated heat loss. Female relatives played an important role to support mothers and assist with twins. Discharge criteria and follow-up services varied between hospitals.

A total of 135 hospitals from 16 states responded to the questionnaire. Sixty-eight per cent of 106 hospitals reported that they provided KMC services for babies weighing <2000g. KMC was initiated in NICU (82%)and in postnatal wards (59%). Apart from the mother, 43% and 38% of institutions permitted the father or other relatives respectively to provide KMC. In-service training in KMC was noted in 57% facilities. Despite 50% hospitals having KMC space, only 15% practiced prolonged KMC (>12 hours). Most hospitals (81%) reported a follow-up system for LBW babies at a high-risk clinic.

Conclusions:

Based on the facility evaluation and the short survey questionnaire, several recommendations were made towards KMC policy, improved KMC service quality and supervision, continued capacity building, behavior change, and KMC expansion to the community with follow-up.