Implementation of Kangaroo Mother care at Sardjito Hospital, Yogyakarta, Indonesia

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Background : Kangaroo Mother Care (KMC) at Sardjito Hospital started in 1995-1996 as a multi-center study (Indonesia, Ethiopia, Mexico). Sardjito Hospital (SH) is a teaching and tertiary hospital in Yogyakarta. KMC as an alternative method and has a beneficial effect on Low Birth Weight infants (LBWi) has been disseminated and is supported by Ministry of Health of Indonesia,newborn - associated professionals, and public health observers . They encouraged that KMC start from health facilities, then continue at home. However, it has by far been applied by a small number of people. KMC implementation is expected to continue,develop, improve,and be disseminated despite many challenges.

Objectives :

1. Number, breastfeeding, and growth of LBWi with KMC
2. Post partum depression score of KMC mother
3. Implementation KMC in health facilities outside Sardjito hospital

Method : The implementation of Kangaroo Mother Care (KMC) involves mothers,
breastfeeding, follow-up, dissemination to other health facilities, and research.
To continue and improve the KMC, adequate environment, capable and experienced trainers, and support from Directory board of the hospital were obtained. Some innovations covered records of KMC during hospitalization and at home, short message to continue KMC, and breastfeeding after discharge. Discharged LBWi received follow-up care to lactation clinic. KMC was promoted by leaflets, posters, personal counseling, video, and discussion. Training of KMC involved health personnel concerned with the LBWI care, Pediatric residents, young doctors and medical students. Coordination and evaluation of KMC with Health officials were done by training and education.

Result and Discussion : At Sardjito hospital showed 98% LBWi underwent KMC.Forty percent of KMC was conducted at other hospitals, where the management or Pediatricians were concerned with KMC, there were Pediatric residents, or they were District hospitals. Only 10% Health centers implemented KMC for some reasons. Exclusive breastfeeding at discharge was around 95%. There was higher weight at discharge. Implementation of home KMC increased weight of infants. KMC was applicable, well accepted, and beneficial in hospitalization as well as home LBWi care. Technically, it was considered simple with provision of training and instruction of care (Haksari,2002). Implementation of kangaroo method in Ulin Hospital Banjarmasin enough duration increased breastfeeding to 2 times greater compared to babies who received kangaroo method short duration (Tritunggal, 2011).

The influence of KMC on the low birth weight infant's growth is based on the index of weight/age and height/age, and head circumference on the treatment group obtains higher average score, despite no statistically significant differences between the two groups (Lely 2005). The implementation of KMC method at home at the duration of ≥4 hours/day could increase weight of infants ≥30 grams/day four times greater than infants with KMC<4 hours/day. (Muliani, 2010).

The depression score in KMC intervention was three times lower than without KMC intervention (95%-CI: 1.92-4.3). Parity and infant care method (KMC) together can predict the decreasing of postpartum depression score up to 15% (Rismintarti, 2012)

Conclusion : KMC was considered simple with provision of training and instruction of care.

Support of directory board, pediatricians and nurses were concerned with KMC, there were Pediatric residents, they were district hospitals, conducive environment, friendly NICU and family support helped the success of KMC.

Prevalence of exclusive breastfeeding at discharge increased almost 96% and remained high in out patient follow-up

KMC reduces the post-partum depression scores in mothers who have low birth weight infant

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